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February 17, 2021

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Supervisor Kathryn Barger

From: Fesia A. Davenport  
Chief Executive Officer

## JUSTICE METRICS FRAMEWORK BASELINE REPORT

The attached report summarizes the findings and recommendations of our work on the Justice Metrics Framework (JMF), using data from the justice, health, and homeless services systems to estimate outcomes for individuals from vulnerable populations who were involved in the County of Los Angeles' (County) justice system.

The Chief Executive Office (CEO) led the development of the report, in collaboration with a Steering Committee formed by representatives from the Alternate Public Defender, County Counsel, Health Services, Mental Health, Public Health, District Attorney, Probation, Public Defender, Sheriff, Superior Court, Countywide Criminal Justice Coordinating Committee, and Information Systems Advisory Board.

### Key Findings

- Individuals from vulnerable populations (i.e., diagnosed with severe mental illness, substance use disorders, or experiences with homelessness) represented a substantial proportion of those involved in the County's justice system, and accounted for the majority of recidivism events among the 2015 JMF Cohort (i.e., individuals who were released from jail post-adjudication or who started supervision during 2015).
- The first few months after release from custody or start of supervision constitute a critical intervention period for individuals from vulnerable populations.
- Individuals from vulnerable populations who were released from custody **without supervision** had less favorable justice and non-justice outcomes than individuals from vulnerable populations who were under supervision.

- Individuals from vulnerable populations who were on **summary probation** (that is, supervised by the Court after a misdemeanor sentence) had less favorable justice and non-justice outcomes than those from vulnerable populations who were under the supervision of the Probation Department.
- Among individuals from vulnerable populations supervised by the Probation Department, those in Assembly Bill (AB) 109 mandatory supervision (split-sentence) had the least favorable justice outcomes. Those in AB 109 post-release community supervision had the most favorable outcomes for individuals diagnosed with severe mental illness.
- For individuals under the supervision of the Probation Department, the transition to life after supervision appears to be a critical period to ensure continuity in the use of services, but additional evidence is needed on the challenges that arise during this transition and who experiences them.

## Recommendations

- Develop a strategy to monitor, on an ongoing basis, the justice and non-justice outcomes of justice system-involved individuals, particularly those from vulnerable populations, and establish targets for these metrics.
- Continue to evaluate recent efforts, and develop new strategies, for increasing engagement in needed treatment and support services for individuals from vulnerable populations at the earliest possible stage upon release from custody or start of supervision.
- Expand plans to utilize dashboards for measuring and tracking rates of linkages to services during the period immediately following release from custody or start of supervision.
- Expand existing practices and develop new strategies for effectively identifying individuals from vulnerable populations who are released from jail without supervision, preparing release plans for them, and facilitating connections to the services they need.
- Develop strategies and expand practices for effectively identifying individuals from vulnerable populations who are sentenced to summary probation, preparing service plans for them, and facilitating connections to the services they need.
- Continue using data analysis to improve our understanding of the factors that influence justice and non-justice outcomes among individuals under different types of supervision.
- Leverage the insights developed from data analyses to help improve linkages to services and outcomes for individuals on supervision.

Each Supervisor  
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- Conduct additional analyses on service utilization and outcomes for individuals completing supervision, as well as whether different metrics or types of analyses are needed to understand the needs of these individuals.

### **Next Steps**

The CEO will continue to build on this effort by providing data that justice partners can use to drive decision-making in the County's justice system. Additional data relevant to current justice reform priorities (e.g., from the Substance Abuse Prevention and Control program and the Office of Diversion and Reentry), as well as data from more recent justice cohorts, will be added to the Chief Information Office (CIO) Information Hub. In addition, CIO will ensure that future work aligns with and informs the activities of the Alternatives to Incarceration Initiative.

Should you have any questions concerning this matter, please contact me or Ricardo Basurto-Davila, Principal Analyst, at (213) 253-5636 or [rbasurto@ceo.lacounty.gov](mailto:rbasurto@ceo.lacounty.gov).

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Attachment

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Health Services  
Probation  
Public Defender  
Countywide Criminal Justice Coordinating Committee  
Information Systems Advisory Board



ATTACHMENT

# Justice Metrics Framework

## Baseline Report

**October 2020**

**CEO**  
Chief Executive Office  
COUNTY OF LOS ANGELES



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## Preface

On October 18, 2016, the County of Los Angeles (County) Board of Supervisors (Board) approved a motion by former Supervisor Don Knabe and Supervisor Hilda Solis that instructed the County's Chief Executive Officer (CEO) to "pilot a new County metrics framework by identifying a set of outcome measures for one priority area. CEO shall ensure that these outcome measures are aligned with the County Strategic Plan."

In response to this request, CEO and the Countywide Criminal Justice Coordination Committee (CCJCC) engaged partners in the justice, health, and social services sectors to develop the Justice Metrics Framework (JMF), a foundational effort to align and coordinate measurement efforts across the justice system continuum. In accordance to the Board's instructions, JMF:

- (1) Focuses on measuring outcomes, rather than only service provision.
- (2) Is aligned with Objective I.3.1 of the County's Strategic Plan: *Reduce the incidence of involvement with the justice system among vulnerable populations: Increase the number of justice-involved juveniles and adults linked to appropriate health, mental health, and substance use disorder services.*

This report constitutes the first tangible product of this effort, focusing on adults involved in the justice system and their service utilization and outcomes in the mental health and homeless services systems. Data from other populations (e.g., juveniles, those with substance use disorders) will be added to JMF deliverables as it becomes available. The development of the report was guided by the Justice Metrics Steering Committee, which is composed of the following members:

- Ali Farahani, Information Systems Advisory Board (ISAB)
- Amy Naamani, County Counsel (CoCo)
- Deni Butler, Los Angeles Superior Court (Court)
- Gina Satriano, District Attorney (DA)
- John Connolly, formerly, Department of Public Health, Substance Abuse Prevention and Control (DPH/SAPC)
- Karen Bernstein, Department of Health Services, Correctional Health Services (DHS/CHS)
- Karen Streich, Department of Mental Health (DMH)
- Mark Delgado, CCJCC
- Mark Glatt, Sheriff's Department (Sheriff)
- Michael Goodman, Alternate Public Defender (APD)
- Paul Arns, DMH
- Peter Loo, CEO/Office of the Chief Information Officer (OCIO)
- Reaver Bingham, Probation Department (Probation)
- Ricardo Basurto-Davila, CEO/OCIO
- Tiana Murillo, CEO/Strategic Integration Branch
- Vanessa Martin, Department of Health Services, Office of Diversion and Reentry (DHS/ODR)
- Thomas Moore, Public Defender (PD)

# Acknowledgements

The preparation of this report was led by Ricardo Basurto-Davila, PhD, from the OCIO.

Chun Liu, MPA (OCIO) and Irene Vidyanti, PhD (OCIO) contributed through data preparation, data analysis, discussions to ensure we used the data properly, and invaluable advice on numerous decisions made throughout the project. They also led the analyses reported in Section VI.

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The individuals listed below had significant contributions in multiple ways and at various times during the timeline of this project.

Andy Perry (CEO)  
Brenda Doyle (DHS/CHS)  
Bryan Borys (Superior Court)  
Charles Lennon (DMH)  
Christopher Thompson (DMH)  
Corrin Buchanan (formerly DHS/ODR)  
David Hoang (Sheriff)  
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Erika Anzoategui (APD)  
Estella Morales (Probation)  
Eugene Cabrera (ISAB)  
Fernando Angell (ISAB)  
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# Executive Summary

**Definitions** of key terms can be found in the *Glossary and Acronyms* section, which starts on page 66.

## Introduction

Individuals from certain vulnerable populations (e.g., those diagnosed with severe mental illness, substance use disorders, or who have experienced homelessness) have high rates of involvement in the justice system and are more likely than the general population to experience repeated justice system involvement.

In this report, we use Los Angeles County data from the justice system and other sectors to provide estimates of (1) the magnitude of this challenge in Los Angeles County, (2) the services used by justice system-involved individuals, and (3) their justice and non-justice outcomes. It is important to note that this report provides baseline estimates; continued measurement of these metrics—and identification of focus areas for future analyses—will allow us to assess the success of County investments in initiatives that seek to break this cycle of justice system involvement, and thus improve decision-making.

We focus on the 2015 Justice Metrics Cohort: all adults who—post-conviction—were released from County jail or started community supervision in Los Angeles County during 2015. We follow this population over a three-year period using data in the County Information Hub (InfoHub), a data warehouse managed by the County's Office of the Chief Information Officer.

## The 2015 Justice Metrics Cohort

In 2015, a total of 120,948 adults were released from Los Angeles County jail or started community supervision in Los Angeles County after being convicted. We call this group the *2015 JMF Cohort*. As shown below, individuals in the Cohort were largely male (79%), young (69% were ages 18-39), and members of Non-White racial/ethnic populations (72% were either Hispanic or Non-Hispanic Black).

*Table 0-1. Demographic Characteristics of Individuals in 2015 JMF Cohort*

|                    | Number | Percent of Cohort |
|--------------------|--------|-------------------|
| Sex                |        |                   |
| Male               | 94,965 | 79%               |
| Female             | 25,742 | 21%               |
| Age                |        |                   |
| 18-25              | 29,606 | 25%               |
| 26-39              | 53,289 | 44%               |
| 40-64              | 36,243 | 30%               |
| 65 and older       | 1,575  | 1%                |
| Race/Ethnicity     |        |                   |
| Non-Hispanic White | 19,539 | 16%               |
| Non-Hispanic Black | 23,463 | 19%               |
| Asian              | 1,050  | 1%                |
| Hispanic           | 63,633 | 53%               |
| Other              | 7,817  | 6%                |
| Unknown            | 5,446  | 5%                |

We classified individuals in the Cohort into the following justice subgroups:

- *Summary probation*: supervised by the Superior Court after a misdemeanor sentence that may or may not include County jail;
- *Formal probation*: supervised by Probation after a felony sentence that may or may not include County jail;
- *Post-release community supervision (PRCS)*: supervised by Probation after serving a prison sentence—in state prison—for a non-serious, non-violent, non-sexual felony offense;
- *Mandatory supervision*: supervision by Probation after serving a state prison sentence locally—i.e., in County jail—for a non-serious, non-violent, non-sexual felony offense; and
- *Released from custody without supervision*: released from County jail after serving either a jail sentence or state prison sentence locally—i.e., in County jail—for either a misdemeanor offense or a non-serious, non-violent, non-sexual felony offense, and not placed under any type of community supervision.

The Cohort's distribution across subgroups is shown below. Because a person could be released from jail or start supervision multiple times in a year, these groups are not mutually exclusive.

*Table 0-2. Distribution of 2015 JMF Cohort Across Justice Subgroups*

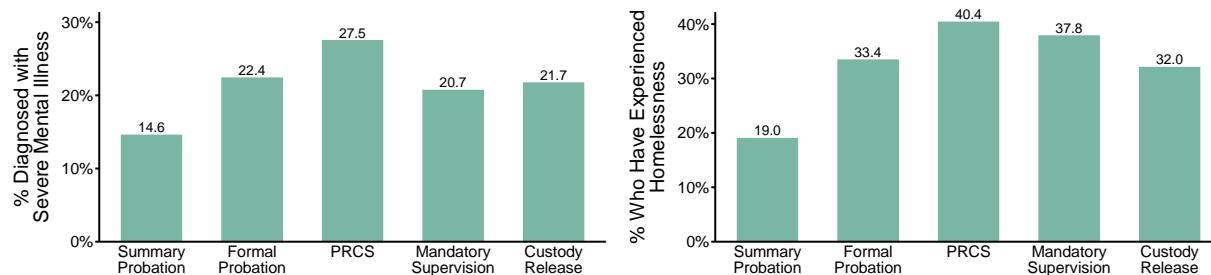
|                       | <b>Summary<br/>Probation</b> | <b>Formal<br/>Probation</b> | <b>Post-Release<br/>Community<br/>Supervision</b> | <b>Mandatory<br/>Supervision</b> | <b>Custody<br/>Release, No<br/>Supervision</b> |
|-----------------------|------------------------------|-----------------------------|---|----------------------------------|--|
| Number of Individuals | 84,581                       | 12,309                      | 5,742   | 846                              | 40,401   |
| Percent of Cohort     | 70%                          | 10%                         | 5%  | 0.7%                             | 33%  |

*The number of individuals adds up to more than the size of the cohort (and percentages to more than 100) because an individual can be in more than one group. For example, the same person may have been granted summary probation and post-release community supervision at different times during 2015.*

For the purposes of this report, we use the term *vulnerable populations* to refer to individuals diagnosed with severe mental illness, diagnosed with substance use disorders, and those who have experienced homelessness or chronic homelessness; this is not meant to imply that these are the only—or the most—vulnerable populations in the justice system.

Substantial proportions of the Cohort were in the identified vulnerable populations. For example, 20,188 (17% of the Cohort) have been diagnosed with a severe mental illness (SMI) and 27,983 (23%) have experienced homelessness. Overall, 38,191 individuals in the Cohort (32%) belonged to at least one vulnerable population. The highest proportions were in the justice subgroups supervised by Probation. In particular, more than half (52%) of individuals in the PRCS subgroup were members of at least one vulnerable group.

*Figure 0-1. Individuals in 2015 JMF Cohort Who Have Been Diagnosed with Severe Mental Illness and Who Have Experienced Homelessness, by Justice Subgroup*



## Recidivism

Without reaching agreement as to whether it was an appropriate way to measure recidivism in general, the JMF Steering Committee agreed to use CCJCC's Returns to Custody Framework to evaluate recidivism for this JMF Baseline Report.<sup>1</sup> The Returns to Custody Framework identifies recidivism as any of these qualifying events: (1) *convictions*, (2) *felony arrests*, (3) *misdemeanor arrests*, (4) *supervision revocations*, and (5) *flash incarcerations*. We measured each of these types of events over the three-year period following the date an individual was last released from County jail or last started community supervision (index date). Because we used data from County departments and the Los Angeles Superior Court, our estimates do not include events that occurred outside the County or those captured in state or federal data systems.

As seen in the table below, recidivism rates varied by type of qualifying event and justice subgroup.

Table 0-3. Three-Year Recidivism Rates for Individuals in the 2015 JMF Cohort, by Qualifying Event in CCJCC's Returns to Custody Framework and Justice Subgroup

|                         | Full Cohort    | Summary Probation | Formal Probation | PRCS  | Mandatory Supervision | Custody Release |
|-------------------------|----------------|-------------------|------------------|-------|-----------------------|-----------------|
| Convictions             | <b>36%</b>     | 33%               | 45%              | 49%   | 60%                   | 47%             |
| Felony Arrests          | <b>24%</b>     | 20%               | 35%              | 51%   | 48%                   | 34%             |
| Misdemeanor Arrests     | <b>31%</b>     | 31%               | 34%              | 35%   | 46%                   | 42%             |
| Supervision Revocations | <b>5%</b>      | 3%                | 23%              | 15%   | 25%                   |                 |
| Flash Incarcerations    | <b>2%</b>      |                   |                  | 35%   |                       |                 |
| Overall (All Events)    | <b>41%</b>     | 38%               | 54%              | 61%   | 68%                   | 54%             |
| Number of Individuals   | <b>120,948</b> | 84,581            | 12,309           | 5,742 | 846                   | 40,401          |

Hereafter, to simplify the presentation of results, we report recidivism estimates using only one type of qualifying event, **convictions**. This choice is not meant to imply that convictions are a preferable recidivism metric than others used in this report. Analyses using all qualifying events in CCJCC's Returns to Custody Framework led to similar findings.

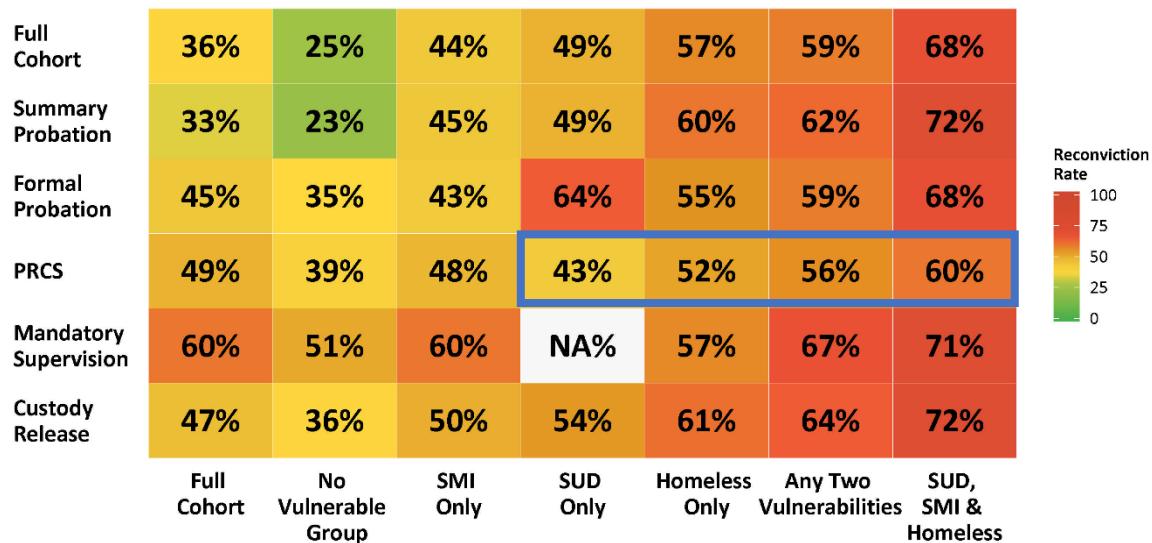
Conviction rates, shown in the figure below, were higher for the justice subgroups with individuals convicted of more serious offenses (e.g., mandatory supervision, PRCS). Focusing on vulnerable populations, we find that conviction rates were higher for vulnerable populations and increased as individuals faced more vulnerabilities. Moreover, once we account for vulnerable status, differences in conviction rates between justice subgroups become smaller. For example, while the summary probation and the mandatory supervision subgroups had overall conviction rates of 33% and 60%, respectively (first column in graph), if we focus only on individuals within those subgroups who have experienced homelessness (fifth column), we find conviction rates of 60% for summary probation and 57% for mandatory supervision.

Notably, as highlighted in the box with the **blue outline** below, individuals in the PRCS subgroup had the *lowest* conviction rates among all five justice subgroups for four different combinations of vulnerabilities. For example, the last column in the figure shows conviction rates for individuals who suffered from all three vulnerabilities; among this group, the three-year

<sup>1</sup> In Section III, we provide additional background information on the JMF Steering Committee's discussions on the estimation of recidivism and on the CCJCC Returns to Custody Framework.

reconviction rates for the PRCS subgroup was 60%, while for the other justice subgroups it ranged from 68% to 72%.

Figure 0-2. Three-Year Reconviction Rates for Individuals in 2015 JMF Cohort, by Vulnerable Status

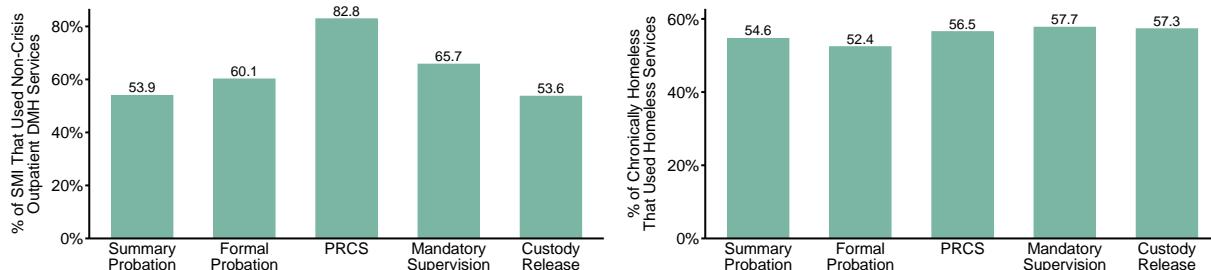


## Service Utilization and Outcomes While in the Community

Non-crisis outpatient mental health treatment can help individuals with an SMI diagnosis manage their condition and prevent mental health crises. We found that 57% of SMI individuals in the Cohort used these services during the three-year period following the index date. As the figure on the left below shows, SMI individuals supervised by Probation—PRCS in particular—had the highest rates (60% to 83%) of utilization of non-crisis mental health services during the three-year follow-up period.

Conversely, utilization of homeless shelters and street outreach services indicate that a person may be experiencing homelessness. We found that 56% of individuals in the Cohort who had a history of chronic homelessness used these services during the three-year follow-up period.<sup>2</sup> Homeless services utilization rates were similar across all justice subgroups.

Figure 0-3. Use of Non-Crisis Outpatient Mental Health and Homeless Services by SMI and Chronically Homeless Individuals

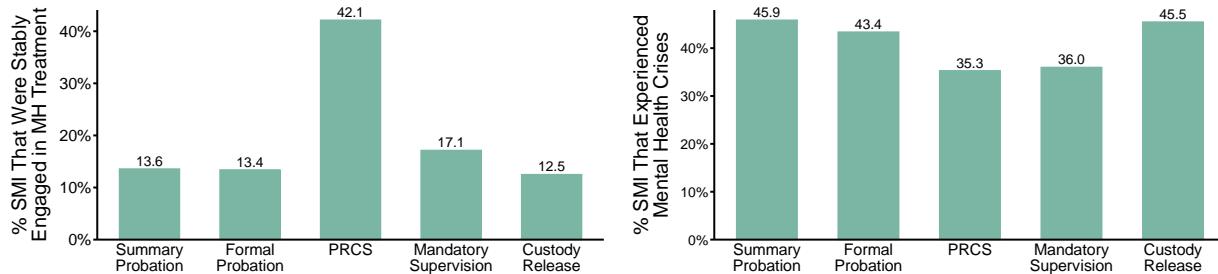


A key goal of the Justice Metrics Framework was to define *outcome metrics* to capture the impact of public interventions on improving the lives of justice system-involved individuals. We identified two outcome metrics for individuals who have been diagnosed with SMI. The first is

<sup>2</sup> Above, we mentioned that 23% of individuals in the 2015 Cohort have experienced homelessness. This graph focuses on those who have experienced *chronic* homelessness, which represent 3% of the Cohort.

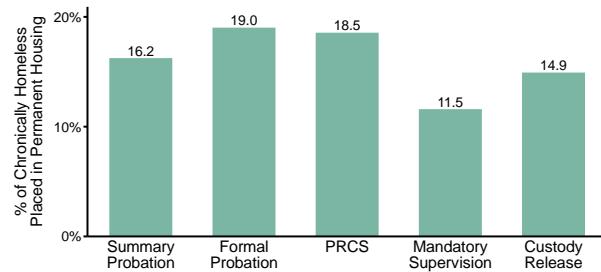
stable engagement in mental health treatment. We found that 16% of SMI individuals in the 2015 JMF Cohort were stably engaged in treatment during the first year after their return to the community. Notably, the rate of stable engagement in treatment for the PRCS subgroup (42%) was substantially higher than for any other subgroup. The second outcome metric we identified for SMI individuals is the occurrence of *mental health crises* during the three years after their return to the community. We found that 44% of SMI individuals in the Cohort experienced at least one mental health crisis during that period. SMI individuals in the PRCS and mandatory supervision subgroups had the lowest rates of mental health crises among all justice subgroups.

*Figure 0-4. Outcome Metrics for Individuals Diagnosed with Severe Mental Illness*



Finally, we identified *placement in permanent housing* during the three-year follow-up period as an outcome metric for individuals who have experienced chronic homelessness. We found that 17% of the chronically homeless population was placed in permanent housing during the follow-up period. Placement rates were lowest for the mandatory supervision and custody release subgroups but did not vary substantially.<sup>3</sup>

*Figure 0-5. Housing Outcomes for Individuals Who Have Experienced Chronic Homelessness*



## Service Utilization and Outcomes During and After Supervision

For individuals sentenced to supervision, and especially those from vulnerable populations, the transition to life after supervision can be a critical period. We measured service utilization and outcomes during the last year of supervision and during the first year after completing supervision for individuals in the formal probation, PRCS, and mandatory supervision subgroups.

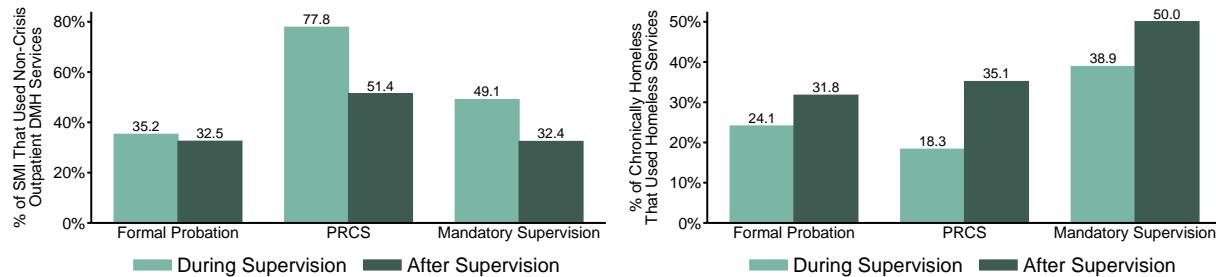
Use of mental health services among SMI individuals, shown in the figure on the left below, decreased after they completed supervision (from 52% during supervision to 40% after supervision). This decrease was more pronounced among individuals in the PRCS subgroup, although their utilization after supervision remained higher than for the other two subgroups.

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<sup>3</sup> Due to small sample size, the rate for the mandatory supervision subgroup is not reliable. Just one more housing placement in this subgroup would have increased its placement rate to 16%, near the average for the Cohort.

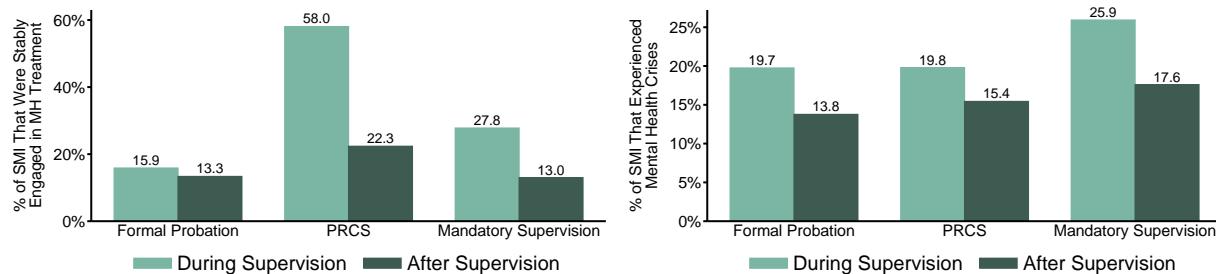
Utilization of homeless services among chronically homeless individuals increased after they completed supervision, indicating an increase in the number of individuals who experienced homelessness after they completed supervision. The trends in both graphs are worrisome and highlight the need to support these populations during their transition to life after supervision.

*Figure 0-6. Utilization of Mental Health and Homeless Services, During and After Supervision*



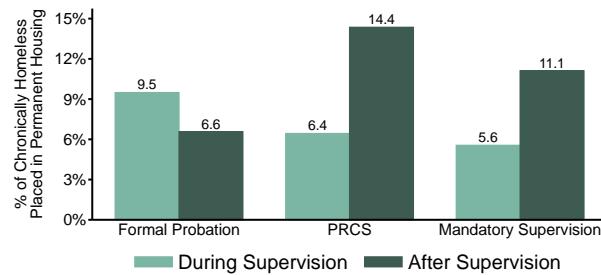
Trends in outcome metrics during and after supervision paint a more complex picture. Figure 0-7 shows that stable engagement in mental health treatment declined after supervision. The most pronounced changes were among AB 109 populations, which experienced reductions in relative terms of 60% (PRCS) and 50% (mandatory supervision) in their engagement in mental health treatment. On the other hand, the percent of individuals who experienced mental health crises, graph on the right side below, also declined, which suggests an improvement in mental health among individuals with an SMI diagnosis. Without additional analyses, it is difficult to explain why we find seemingly contradictory trends in these outcomes.

*Figure 0-7. Mental Health Outcomes for Individuals Diagnosed with Severe Mental Illness, During and After Supervision*



Housing outcomes also show a mixed trend. Overall, more chronically homeless individuals were placed in permanent housing in the year after supervision than in their last year of supervision, but that was not the case for formal probationers. Differences in permanent housing placements during supervision between justice subgroups could be due to the longer supervision periods for formal probationers, which, combined with long waits for housing units to become available, could lead to more placements after supervision among individuals in the AB 109 subgroups.

*Figure 0-8. Housing Outcomes for Individuals Who Have Experienced Chronic Homelessness, During and After Supervision*



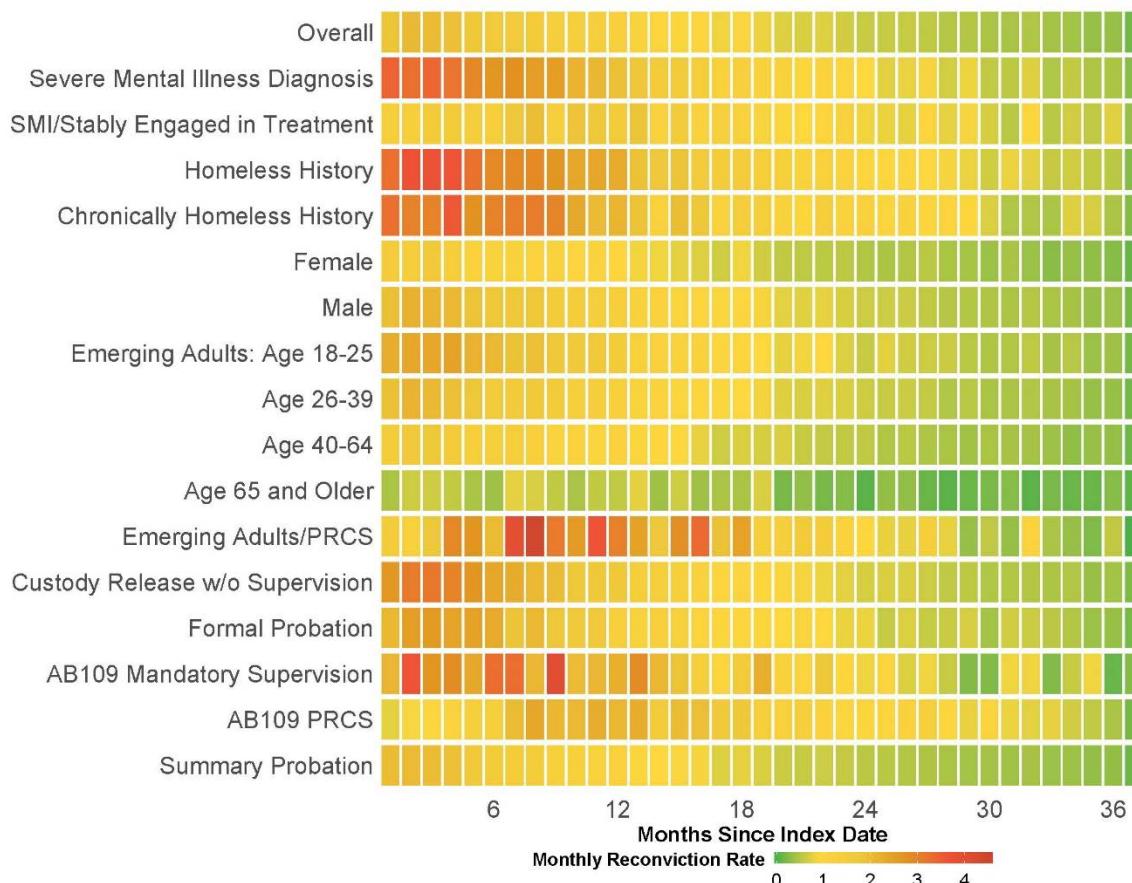
## Insights into Individual Outcomes

We used other statistical methods to identify *critical periods* during which interventions could have the largest impact in preventing recidivism. The figure below shows monthly reconviction rates for the 2015 JMF Cohort and several other subpopulations of interest. The pattern in the top row—shifting to lighter yellow shades and eventually to green—shows that monthly reconviction rates for the full Cohort were relatively even, with a gradual decline over time. We found similar patterns in breakdowns of the sample by demographic characteristics (gender and age).

On the other hand, reconviction patterns were considerably different for individuals from vulnerable populations, particularly in the first four to five months after their return to the community. For example, after only four months, one in seven individuals in the cohort who have experienced homelessness had already committed an offense for which they were convicted.

A notable exception were individuals with an SMI diagnosis who were stably engaged in mental health treatment (third row in graph), which had a completely different reconviction pattern when compared to the full SMI population (second row). Although this association found in the graph is correlational (i.e., we cannot determine whether engagement in mental health treatment causes lower reconviction rates or if other unobserved characteristics cause both), at the very least, it suggests the potential value of measuring and tracking stable engagement in mental health treatment for individuals involved in the justice system.

Figure 0-9. Monthly Reconviction Rates During Three-Year Follow-Up Period, Selected Populations of Interest



We also explored whether there are optimal pathways of engagement in mental health treatment that could lead to better justice outcomes. We identified four different groups (clusters) of individuals according to their engagement in mental health treatment: (1) those who consistently had low engagement; (2) those who increased their engagement over time; (3) those who decreased their engagement over time; and (4) those who consistently had high engagement.

We found that individuals with *high levels of engagement* had the lowest reconviction rates (44%) and longest median time to recidivate (13 months). Conversely, those who *decreased their engagement* over time had the highest reconviction rates (62%) and shortest median time to recidivate (7 months) among the four clusters. Notably, 90% of individuals in the 2015 Cohort's SMI population were in the three groups with the least favorable outcomes.

*Table 0-4. Justice Outcomes for SMI Individuals, by Mental Health Treatment Engagement Group*

| Mental Health Treatment Cluster | Reconviction Rate | Median Time to Reconviction Offense Date | Percent of SMI Cohort in Cluster |
|---------------------------------|-------------------|--|----------------------------------|
| High Engagement                 | <b>44%</b>        | <b>13 months</b>                         | 10%                              |
| Increasing Engagement           | 54%               | 10 months                                | 10%                              |
| Low Engagement                  | 53%               | 11 months                                | 64%                              |
| Decreasing Engagement           | <b>62%</b>        | <b>7 months</b>                          | 16%                              |

Moreover, combining these clusters with data on housing placements for individuals who had an SMI diagnosis *and* a history of chronic homelessness, we find an even stronger association: for individuals who decreased their engagement in mental health services and were not placed in permanent housing, the reconviction rate was nearly *twice* the reconviction rate of those who had high engagement and were placed in permanent housing (77% vs 39%).

### Key Takeaways, Recommendations, and Next Steps

From the analyses described above, we derived the following key takeaways and recommendations. The JMF Steering Committee will continue its work on justice metrics, leading the implementation of some of these recommendations and working with County agencies to develop strategies to carry out the others.

- Individuals from vulnerable populations represented a large proportion of those involved in the County's justice system and accounted for the majority of recidivism events in the 2015 JMF Cohort.

**Recommendation #1.** Develop a strategy to monitor, on an ongoing basis, the justice and non-justice outcomes of justice system-involved individuals, particularly those from vulnerable populations, and establish targets for these metrics.

- The first few months after release from custody or start of supervision constitute a critical intervention period for individuals from vulnerable populations.

**Recommendation #2.** Develop strategies for increasing engagement in needed treatment and support services for individuals from vulnerable populations at the earliest possible stage upon release from custody or start of supervision.

**Recommendation #3.** Develop plans for measuring and tracking linkage rates during this critical intervention period, immediately following release from custody or start of supervision.

- Individuals from vulnerable populations who were ***released from custody without supervision*** had less-favorable justice and non-justice outcomes than individuals from vulnerable populations in other justice subgroups.

**Recommendation #4.** Develop strategies and expand practices for effectively identifying individuals from vulnerable populations who are released from jail without supervision, preparing release plans for them, and facilitating connections to the services they need.

- Individuals from vulnerable populations in the ***summary probation*** subgroup had less-favorable justice and non-justice outcomes than those from vulnerable populations in other justice subgroups.

**Recommendation #5.** Develop strategies and expand practices for effectively identifying individuals from vulnerable populations who are sentenced to summary probation, preparing service plans for them, and facilitating connections to the services they need.

- Among individuals from vulnerable populations supervised by Probation, those in mandatory supervision had the least favorable justice outcomes. Those in PRCS had the most favorable outcomes for individuals diagnosed with severe mental illness.

**Recommendation #6.** Continue using data analysis to improve our understanding of the factors that determine variation in justice and non-justice outcomes among individuals under different types of supervision.

**Recommendation #7.** Leverage the insights developed from data analyses to help improve linkages to services and outcomes for individuals on supervision.

- For individuals under the supervision of Probation, the transition to life after supervision appears to be a critical period to ensure continuity in the use of services, but additional evidence is needed on the challenges that arise during this transition and on who experiences them.

**Recommendation #8.** Conduct additional analyses on service utilization and outcomes for individuals completing supervision, as well as whether different metrics or types of analyses are needed to understand the needs of these individuals.

The Justice Metrics Steering Committee and OCIO will continue to work on developing and operationalizing justice metrics and using data to drive decision-making in the justice system. We have identified the following potential next steps for our work:

- Incorporate metrics for individuals with substance use disorders in an update to this report later this year;
- Identify and report metrics for victims and survivors of crime;
- Incorporate metrics for clients of the County's diversion and reentry services, including release planning;
- Incorporate metrics for utilization of health services, such as emergency rooms;
- Continue estimating and publishing the metrics in this report for other justice cohorts; data for the 2016 Cohort will be available in a few months; metrics for additional cohorts could be reported soon if we move from three- to two- or one-year follow-up periods; and
- Address the data gaps and limitations described in the Technical Appendix.

# Section I. Introduction

**Definitions** of key terms can be found in the *Glossary and Acronyms* section.

Individuals involved in the criminal justice system suffer from high rates of mental illness and substance use disorders.<sup>1,2</sup> In addition, in Los Angeles County, a significant proportion of people experiencing homelessness become involved in the justice system.<sup>3</sup> Individuals who suffer from these issues often deteriorate further while they are in custody. If they are released without a treatment or service plan, many find themselves again involved in the justice system in short order. This repeated process is commonly known as the *revolving door in the justice system*.<sup>4</sup>

In recent years, the County has made significant investments in efforts to break this vicious cycle by providing dedicated programming and coordinating services for individuals on supervision, diverting vulnerable populations away from justice system involvement, increasing release planning, and strengthening reentry services.<sup>5</sup> In order to assess the success of these and other efforts—and on a more basic level, understand the magnitude of the challenge and its trends over time—we need to use data not only from the justice system, but also from those sectors where the relevant services (e.g., mental health treatment) are provided.

The goal of this report is to provide a baseline assessment of these challenges by answering the following questions:

1. What are the demographic and socioeconomic characteristics of individuals involved in the County's justice system?
2. What are the rates of justice system involvement of vulnerable populations?
3. What are the outcomes for each of those populations in the justice and other public systems?
4. Are non-justice services or treatment associated with better justice outcomes?

To answer these questions, in collaboration with the JMF Steering Committee, we initially used the sequential intercept model (SIM) of the justice system to identify key intervention points for which we needed to develop metrics. The SIM was developed in 2006 as a

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<sup>1</sup> Council of State Governments. (2002). Criminal Justice/Mental Health Consensus Project.

<sup>2</sup> Blue Ribbon Commission on Public Safety. (2018). Report to the Los Angeles County Board of Supervisors.

<sup>3</sup> Toros H., Flaming, D., Burns, P. (2019). Early Intervention to Prevent Persistent Homelessness. *Economic Roundtable*. Table A-3: 22% of individuals experiencing *persistent homelessness* (they were homeless more than once within 3 years) had been jailed in the last year.

<sup>4</sup> Denckla, D., Berman, G. (2001). Rethinking the Revolving Door. *Center for Court Innovation*.

<sup>5</sup> Throughout this report, the term *vulnerable populations* refers primarily to individuals diagnosed with severe mental illness or who have experienced homelessness. We also report certain metrics for individuals with a history of substance use disorders but, as explained in the Technical Appendix, our data for that vulnerable group is not as robust as it is for others.

conceptual model to inform community-based responses to the involvement of people with mental health and substance use disorders in the criminal justice system and can be adapted and refined to accommodate other vulnerable populations.<sup>6</sup> A simplified representation of the model used by the JMF Steering Committee—which could be different from SIM versions used by others—is shown in the graph below.

Outcomes in the last box can be measured for individuals and interventions in multiple intercepts. For example, mental health outcomes could be measured for individuals diverted away from further justice involvement in Intercept 1 or for those who start supervision in Intercept 4.

*Figure I-1. Simplified Version of Sequential Intercept Model Used by JMF Steering Committee*



Guided by this model, we identified several indicators in Intercepts 3, 4, and 5, as well as outcome metrics in the social, health, and social services sectors, that can be measured using data provided by County departments and other partner agencies to the County InfoHub, a data warehouse that receives individual-level records from several County departments and partner agencies.<sup>7</sup> These indicators are listed in the table below.

Indicators for other intercepts and outcomes will be incorporated into the JMF as the relevant data becomes available.

*Table I-1. Core Set of Indicators Measured in the Justice Metrics Framework*

| Cohort Characteristics  | Service Utilization  | Non-Justice Outcomes  | Justice Outcomes  |
|---|--|---|---|
| <ul style="list-style-type: none"> <li>• Justice subgroups</li> <li>• Sex</li> <li>• Race/ethnicity</li> <li>• Age</li> <li>• Diagnosed with severe mental illness</li> <li>• Experienced homelessness</li> <li>• Experienced chronic homelessness</li> </ul> | <ul style="list-style-type: none"> <li>• Non-crisis outpatient mental health services</li> <li>• Homeless shelter stays</li> <li>• Receiving street outreach services</li> </ul> | <ul style="list-style-type: none"> <li>• Stable engagement in mental health treatment</li> <li>• Mental health crises</li> <li>• Placements in permanent housing</li> </ul> | <ul style="list-style-type: none"> <li>• Reconvictions</li> <li>• Felony arrests</li> <li>• Misdemeanor arrests</li> <li>• Supervision revocations</li> <li>• Flash incarcerations</li> </ul> |

To provide *baseline* estimates of the metrics in the table, we focus on the *2015 JMF Cohort*: all adults who were released (post-adjudication) from County jail or who started community supervision in Los Angeles County between January 1, 2015 and December 31,

<sup>6</sup> Munetz, M.R. and Griffin, P.A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57, 544-549.

<sup>7</sup> Data was de-identified before being accessed by the staff that conducted the analyses in this report. A unique enterprise identifier (EID) allowed analysts to link data from each person across multiple systems. Additional details can be found in the Technical Appendix.

2015.<sup>8</sup> We follow the Cohort over a three-year period, tracking their service utilization and outcomes in the justice, mental health, and homeless services sectors, and exploring insights into how County agencies can help improve individual outcomes.

We should note that there is no current consensus among policy makers or researchers on how to define *justice system involvement*.<sup>9</sup> For the purposes of this report, because we focus on a group of individuals that—post-conviction—were released from County jail or started supervision, *justice system-involved* refers to those who have been convicted of a crime. As explained in Section VII, in the future we plan to add metrics for other populations, such as those diverted away from incarceration and victims and survivors impacted by crime, which will expand this definition.

The report is organized as follows. In Section II, we describe the 2015 Cohort, including its demographic characteristics and membership in vulnerable populations. In Section III, we turn our attention to the estimation of recidivism through the lens of CCJCC’s Returns to Custody Framework, estimating each component of this framework by justice and vulnerable subgroup. In Section IV, we describe service utilization and outcomes for individuals with severe mental illness and a history of chronic homelessness. In Section V, we turn our attention to the transition to life after supervision for the same vulnerable populations. In Section VI, we do more complex analyses, seeking insights that could help County agencies identify intervention points and optimal service pathways to achieve better outcomes. Section VII concludes the report, identifying key takeaways and outlining next steps. A Glossary of terms and acronyms used in the report can be found after Section VII. Additional details on the data used for our analysis and how we used it can be found in the Technical Appendix.

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<sup>8</sup> For the purposes of this report, *community supervision* refers to any of the following types of community supervision: summary probation, formal probation, AB 109 post-release community supervision, and AB 109 mandatory supervision. Details can be found in Section II.

<sup>9</sup> National Academy of Sciences, Engineering, and Medicine. (2017). *Improving Collection of Indicators of Criminal Justice System Involvement in Population Health Data Programs: Proceedings of a Workshop*. Washington, DC: The National Academies Press.

## Section II. The 2015 Justice Metrics Cohort

In this section, we introduce the 2015 JMF Cohort, the population of justice system-involved individuals who were—post-conviction—released from County jail or started community supervision in 2015. For the purposes of this report, County jail releases include those who served their sentence, early releases, and other types of post-adjudication releases; the Cohort does not include individuals released from County jail pre-trial or those released from state or federal prisons. Community supervision refers to post-conviction supervision by either Probation or the Superior Court; the Cohort does not include individuals under state or federal parole supervision.<sup>13</sup>

We classify individuals in the Cohort into justice subgroups, depending on whether they were under supervision or not, and the type of supervision. This classification is important for at least a couple of reasons:

1. The types and severity of offenses for which an individual is convicted are important determinants of the type, if any, of supervision to which they are sentenced. Thus, individual characteristics and vulnerable status (e.g., mental illness, homelessness) are likely to vary across these groups.
2. The type of supervision, or lack of it, can significantly affect an individual's post-sentencing experience, which in turn can affect outcomes in the justice system and other sectors.

We next describe the Cohort's demographic characteristics, including sex, age, and race/ethnicity. Finally, we describe their vulnerable status (severe mental illness and history of homelessness), which is critical to understand their needs for services and treatment and could also be helpful in explaining their outcomes in later sections. We break down these descriptive analyses—and most analyses throughout the rest of the report—by justice subgroup.

### Justice Subgroups

The JMF Cohort includes individuals who in 2015:

- started **summary probation**, a form of informal supervision after a misdemeanor sentence, which may or may not include County jail, where the Court supervises an offender's compliance with probation terms (e.g., classes, counseling, community service);
- started **formal probation**, supervision in the community by Probation of an offender's compliance with probation terms, after a felony sentence that may or may not include County jail;

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<sup>13</sup> See Technical Appendix for additional details.

- started **post release community supervision (PRCS)** under the 2011 Assembly Bill 109 (AB 109), the California Public Safety Realignment Plan, which mandates that local probation departments supervise offenders released from state prison after serving a state prison sentence on a non-serious, non-violent, and non-sexual felony offense; previously, these offenders were supervised by the California Department of Corrections and Rehabilitation (CDCR);
- started **mandatory supervision** as part of a *split* sentence—i.e., including custody and supervision—under Section 1170(h) of the California Penal Code; these offenders are supervised by Probation after serving a state prison sentence locally in County jail on a non-serious, non-violent, and non-sexual felony offense; before AB 109, these offenders would have served their sentence in state prison and would have been supervised by CDCR; and
- were **released from County jail without community supervision** during the rest of 2015, after serving either a County jail or state prison sentence in County jail for either a misdemeanor or felony offense.

We should note that there are important differences between these justice subgroups that may explain variation in justice and non-justice outcomes. First, the levels of the offenses for which offenders were convicted vary across subgroups:

- Individuals in the summary probation subgroup were convicted of misdemeanor offenses, less serious crimes punishable by up to one year in County jail;
- Individuals in the formal probation, PRCS, and mandatory supervision subgroups were convicted of felony offenses, more serious crimes punishable by longer custody sentences and/or community supervision; and
- Some individuals in the custody release subgroup were convicted of misdemeanor offenses while others were convicted of felony offenses; in addition, some individuals in this group (*straight sentences*) received state prison sentences but served their sentence in County jail due to the implementation of California's public safety realignment.<sup>14</sup>

Second, supervision—or lack of supervision—characteristics also vary across subgroups:

- Individuals in the summary probation subgroup are considered low-risk offenders, and thus are under a more informal form of supervision than other subgroups; judges have discretion in setting conditions of supervision for summary probation (e.g., attending counseling, paying restitution, performing community labor), but no probation officer is assigned to the offender; summary probation typically lasts from one to three years, although it can be as long as five years;
- The terms and conditions of supervision for individuals in the formal probation subgroup are established by the sentencing judge; probation officers require a court hearing to ask a judge to change the terms or conditions and prosecutors can

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<sup>14</sup> Due to data limitations, we cannot identify “straight sentence” individuals separately from those who served a *County jail* sentence and are released without supervision.

argue for or against any modifications; formal probation lasts from three to five years;

- Probation officers have significantly more discretion to modify the terms and conditions of supervision for individuals in the PRCS subgroup; as long as the conditions are related to the criminal case or the individual's criminal history or risk factors (e.g., a history of substance abuse), probation officers can set the conditions at any point during supervision; supervision for individuals in the PRCS subgroup can be as short as six months and no longer than three years;
- Like formal probation, the terms and conditions of supervision for the mandatory supervision subgroup are established by the sentencing judge, and a court hearing is required to modify them; the length of mandatory supervision depends on the length of the sentence to custody and can be shorter or considerably longer than other types of supervision; and
- Individuals in the custody release subgroup are under no type of supervision after their release from County jail; thus, they have no assigned probation officer, no reporting requirements, no conditions of release, and retain certain rights that individuals in other supervision subgroups do not have.

## **Data Used to Identify Individuals in Justice Subgroups<sup>15</sup>**

### *Summary Probation*

We used data from the Superior Court's Trial Court Information System (TCIS) to identify all individuals sentenced to summary probation in Los Angeles County in 2015.<sup>16</sup>

### *Formal Probation*

We used data from the Probation's Adult Probation System (APS) to identify all individuals who started formal probation in Los Angeles County in 2015.

### *Post-Release Community Supervision*

We used data from APS to identify all individuals who started post-release community supervision in Los Angeles County in 2015.

### *Mandatory Supervision*

We used data from APS to identify all individuals who started mandatory supervision in Los Angeles County in 2015.

### *Custody Release without Supervision*

We used data from the Sheriff Department's Automated Justice Information System (AJIS), TCIS, and APS to identify individuals in this subgroup. First, we identified all individuals in AJIS who were released from Los Angeles County jail in 2015 after serving their sentence.<sup>17</sup> Second, we excluded those who appeared in TCIS or APS as starting any type of community supervision after their jail release date and before the end of 2015.

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<sup>15</sup> Additional details are provided in the Technical Appendix.

<sup>16</sup> Data from TCIS was extracted by ISAB staff from the Consolidated Criminal History Reporting System (CCHRS), a data repository that gathers criminal history information from various information systems.

<sup>17</sup> Thus, this group excludes individuals who were released during the pre-trial period.

## Justice Subgroups in the 2015 JMF Cohort

The JMF Cohort consists of 120,948 adults who were—post-conviction—either released from County jail or started community supervision during 2015. Because a person can be released from County jail or start community supervision multiple times in the same year, the justice subgroups in this report are not mutually exclusive. That is, the same individual could be in, for example, both the summary probation and formal probation subgroups.

**120,948**

**Adults were released from County jail or started community supervision in 2015**

The distribution of the Cohort across justice subgroups is shown in Table II-1. Nearly 85,000 individuals (70%) in the Cohort were in the summary probation group. The Probation was responsible for supervising about 19,000 individuals (15%) in the Cohort through either formal probation or AB 109-related supervision (PRCS or mandatory supervision).<sup>18</sup> Finally, just over 40,000 individuals (33%) in the Cohort were released from County jail without any form of supervision through the end of 2015.

Table II-1. Distribution of 2015 JMF Cohort Across Justice Subgroups

|                       | <b>Summary<br/>Probation</b> | <b>Formal<br/>Probation</b> | <b>Post-Release<br/>Community<br/>Supervision</b> | <b>Mandatory<br/>Supervision</b> | <b>Custody<br/>Release, No<br/>Supervision</b> |
|-----------------------|------------------------------|-----------------------------|---|----------------------------------|--|
| Number of Individuals | 84,581                       | 12,309                      | 5,742   | 846                              | 40,401   |
| Percent of Cohort     | 70%                          | 10%                         | 5%  | 0.7%                             | 33%  |

*The number of individuals adds up to more than the size of the cohort (and percentages to more than 100) because an individual can be in more than one subgroup. For example, the same person may have been granted summary probation and post-release community supervision at different times during 2015.*

Breaking down the 40,401 individuals in the **custody release without supervision** subgroup by *index offense level* (that is, the level of the offense for which they were convicted before their release from jail on the index date), we find 18,472 individuals (46% of the subgroup) with felony index offenses, and 21,929 (54% of the subgroup) individuals with misdemeanor index offenses.<sup>19</sup>

<sup>18</sup> There were 18,742 unique individuals across formal probation, PRCS, and mandatory supervision.

<sup>19</sup> Custody release without supervision is the only subgroup in which this breakdown is necessary. As explained above, with few exceptions, individuals in the summary probation subgroup were originally sentenced for misdemeanor offenses and individuals in the formal probation, PRCS, and mandatory supervision subgroups were sentenced for felony offenses.

## Demographic Characteristics

### Data Used to Measure Demographic Characteristics

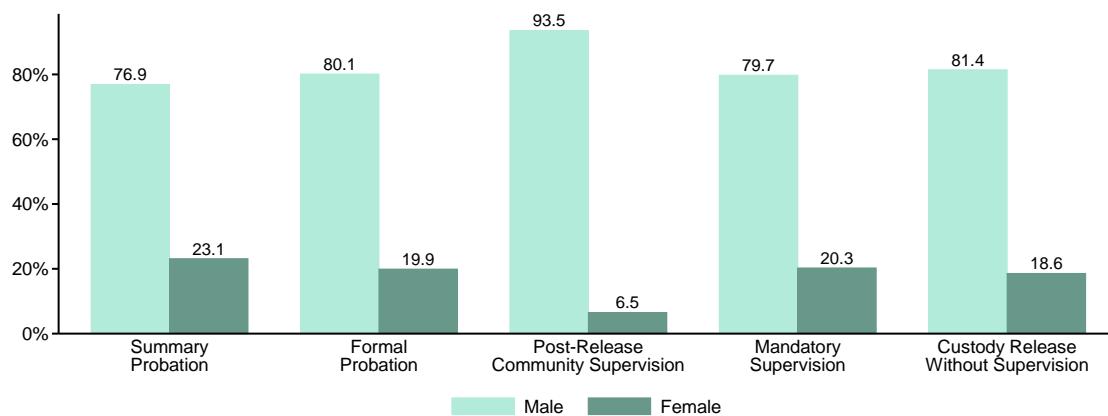
The County InfoHub receives data on the demographic characteristics (sex, date of birth, race/ethnicity) of County clients through the Countywide Master Data Management System (CWMDM), described in more detail in the Technical Appendix.

Because CWMDM creates unique identifiers for each individual, the InfoHub fills gaps in data from any individual system by using information from other systems. That is, if a person's race/ethnicity is missing from one system (e.g., APS) but is available in any other system that contributes data to the InfoHub, the available information can be associated to that person's information across all InfoHub participating systems.<sup>20</sup>

### Demographic Characteristics of the 2015 JMF Cohort

Nearly 80% of individuals in the Cohort were male. The male/female ratio was similar for most justice subgroups, except for the PRCS subgroup, which was 93% male. The largest percent of females (23%) was in the summary probation subgroup.

Figure II-1. Sex of Individuals in 2015 JMF Cohort, by Justice Subgroup

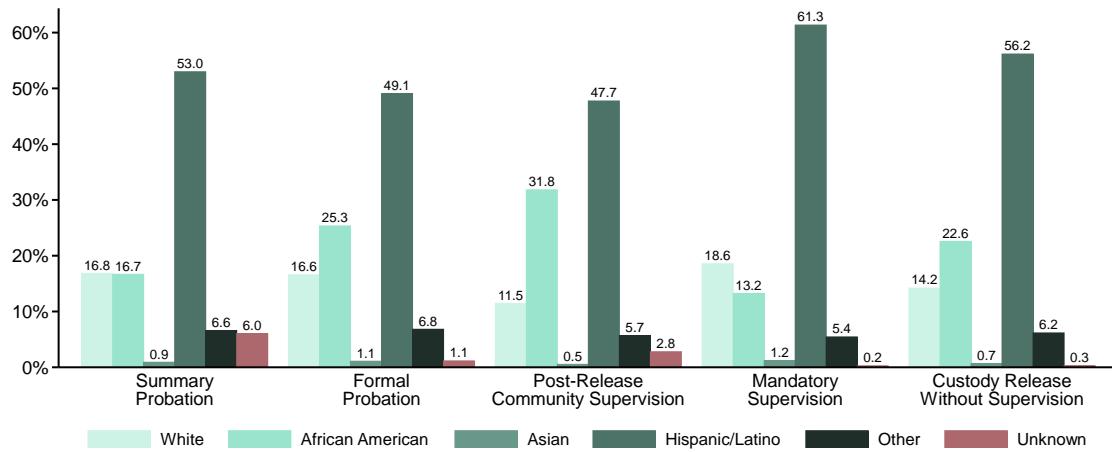


Note: Sex is other/unknown for 0.2% of the 2015 JMF Cohort.

The 2015 Cohort was largely composed of individuals from Non-White racial/ethnic groups. Just over 23,000 individuals (19%) in the Cohort were Non-Hispanic Black and nearly 64,000 (53%) were Hispanic. The Cohort's distribution varied more significantly by racial/ethnic groups than it did by sex groups. The proportion of Non-Hispanic Blacks was highest in the PRCS (32%), formal probation (25%), and custody release (23%) subgroups. Hispanics were the largest racial/ethnic population in all justice subgroups, accounting for more than half of individuals in the mandatory supervision (61%), custody release (56%) and summary probation (53%) subgroups. Race/ethnicity was unknown for 5% of the 2015 Cohort.

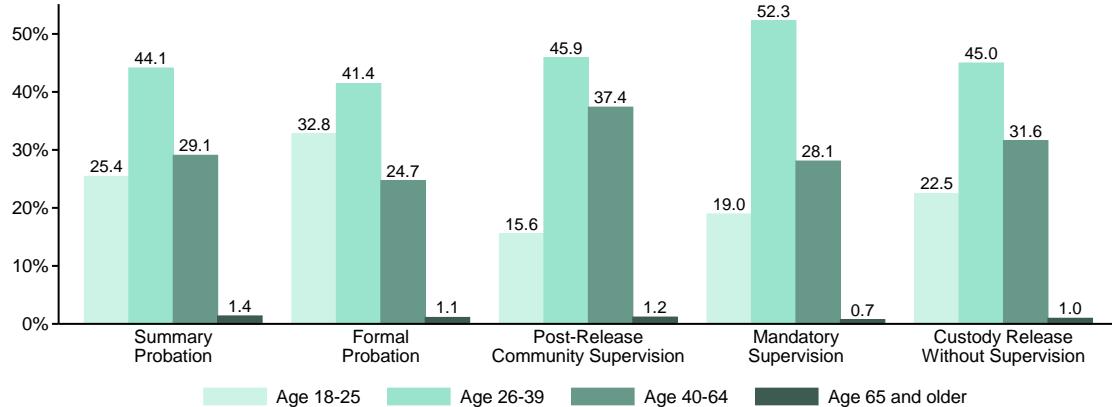
<sup>20</sup> The Technical Appendix includes additional information on the systems that contribute data to the InfoHub, the standardization of values across systems, and how inconsistencies in the data are resolved.

Figure II-2. Race/Ethnicity of Individuals in 2015 JMF Cohort, by Justice Subgroup



The 2015 JMF Cohort was largely young. Nearly 30,000 individuals (24%) in the Cohort were emerging adults (ages 18-25) and 53,000 (44%) were of ages 26-39. The percentage of emerging adults was highest among formal probationers (33%) and lowest among the PRCS group (16%), where nearly 40% were of age 40 and older. The proportion of individuals 65 and older was low (between 0.7% and 1.4%) in all subgroups.

Figure II-3. Age Distribution of Individuals in 2015 JMF Cohort, by Justice Subgroup



Note: Age is other/unknown for 0.2% of the 2015 JMF Cohort.

## Vulnerable Populations

The expression *vulnerable population* is an umbrella term used to describe groups of individuals—e.g., economically disadvantaged, racial and ethnic minorities, elderly, etc.—who are at higher risk of poor outcomes in various domains, such as the social, health, or justice systems.

For the purposes of this report, we use the term *vulnerable populations* to refer to the following groups of individuals: those who have been diagnosed with severe mental illness; those who have experienced homelessness or chronic homelessness; and those who have been diagnosed with substance use disorders. This is not meant to imply that these are the only—or the most—vulnerable populations in the justice system; rather,

these groups are often the focus of justice reform efforts, and the County InfoHub includes data that allows us to identify them.

## **Data Used to Identify Individuals in Vulnerable Populations**

### *Diagnosed with Severe Mental Illness (SMI)*

We used data from the DMH to identify all individuals who have been diagnosed with any of the following mental disorders: schizophrenia, schizoaffective disorder, psychotic disorders, major depressive disorders, bipolar disorders, and borderline personality disorder. These diagnoses were made either directly by DMH staff or by service providers contracted out by DMH.

DMH data in the InfoHub is available starting in July 2010 for inpatient psychiatric admissions, and in July 2014 for outpatient mental health services. Although the data includes the date mental health services were provided, we are unable to determine when a specific diagnosis was given; therefore, our service utilization and outcomes for the SMI population may include individuals who were first diagnosed after their index date (the date they were last released from County jail or last started supervision in 2015).

### *Individuals Who Have Experienced Homelessness*

Multiple County departments capture information on a person's homeless status. Because the operational definitions, and how data is captured, vary across departments, it was not possible for us to create a single definition of homelessness to use in this report. Instead, we use a broad approach: we identify a person as having experienced homelessness if they have been identified as homeless in any of the systems that capture this information and contribute it to the InfoHub.

We should note that an advantage of having a centralized platform like the InfoHub is that it allows us to use information on homeless history captured in the information systems of departments that provide services not included in this report, such as Children and Family Services (DCFS), Health Services (DHS), Public Social Services (DPSS), and Workforce Development, Aging and Community Services (WDACS).

As with SMI, due to limitations in how homeless information is currently captured in the InfoHub, we are unable to determine the date a person was identified as homeless in the source systems. Therefore, the homeless population in this report may include individuals who were identified as experiencing homelessness after their index date.

### *Individuals Who Have Experienced Chronic Homelessness*

The U.S. Department of Housing and Urban Department (HUD) defines chronically homeless as:

*"A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where*

*the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.*<sup>21</sup>

Therefore, (1) the group of individuals who have experienced chronic homelessness is a subset of the homeless population, and (2) this is essentially a population that has struggled to remain stably housed over a long period of time, and thus is more likely to need housing services than the homeless population overall.

Among the InfoHub's source systems, only the Homeless Management Information System (HMIS) captures data on an individual's chronically homeless status. Again, due to limitations in how information is currently captured in the InfoHub, we are unable to determine the date a person was first identified as chronically homeless in HMIS. Therefore, the chronically homeless population in this report may include individuals who were identified as experiencing chronic homelessness after their index date.

#### *Diagnosed with Substance Use Disorders (SUD)*

Data from the Department of Public Health's SAPC is not yet available in the InfoHub. Therefore, *we are unable to estimate and report the number of justice system-involved individuals who have been diagnosed with substance use disorders, utilization of substance abuse treatment, or treatment outcomes for this population.*<sup>22</sup>

However, a sizable group of individuals who received DMH services have a secondary SUD diagnoses, and a smaller group who received services from WDACS self-reported having a SUD history. For those individuals, we estimate and report certain metrics, such as reconviction rates for those that SUD is their only identified vulnerability and for those who have co-occurrence of SUD and other vulnerabilities.

### **Vulnerable Populations in the 2015 JMF Cohort**

#### *Diagnosed with Severe Mental Illness*

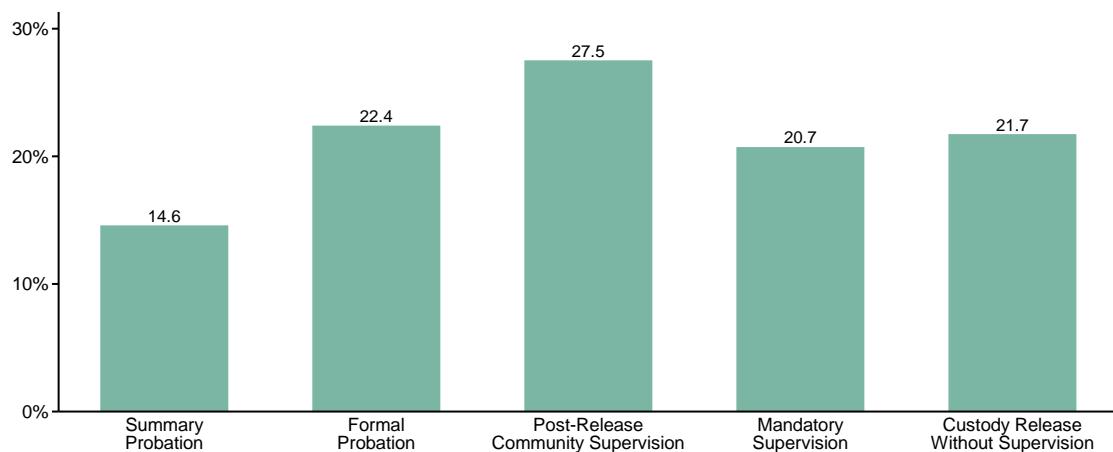
A total of 20,188 individuals (17%) in the 2015 Cohort have been diagnosed with a severe mental illness (SMI). There were significant differences in proportions of SMI diagnosis across justice subgroups. The highest proportion was among the AB 109 PRCS subgroup, where 1,578 individuals (28%) had an SMI diagnosis, while the lowest proportion was in the summary probation subgroup, where 12,307 (15%) had been diagnosed with SMI.

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<sup>21</sup> Department of Housing and Urban Development. (2015). *Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless."* Federal Register, Vol. 80, No 233.

<sup>22</sup> Data from SAPC is expected to be onboarded into the InfoHub later this year and will be included in future JMF reports.

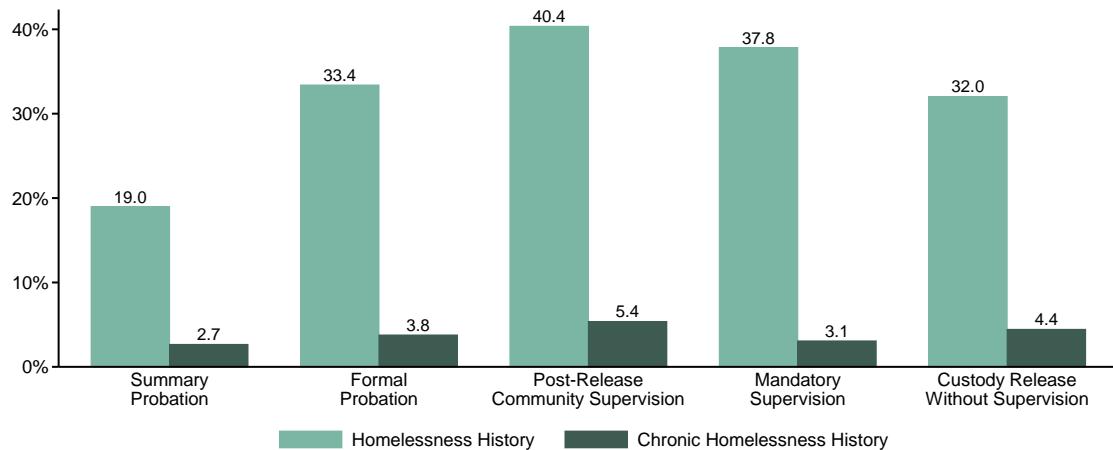
*Figure II-4. Percent of Individuals in the 2015 JMF Cohort Who Have Been Diagnosed with Severe Mental Illness (SMI), by Justice Subgroup*



#### *History of Homelessness and Chronic Homelessness*

Nearly 28,000 individuals (23%) in the Cohort have experienced homelessness and 3,820 (3%) have experienced chronic homelessness (both percentages are across all groups, not shown in the graph). The proportion of individuals who have experienced homelessness varied across justice subgroups. Other than summary probation (19%), at least 32% of individuals in all subgroups had experienced homelessness. Individuals supervised by Probation (formal probationers, PRCS, and mandatory supervision) had the three highest rates of homelessness history. Notably, 40% and 5% of individuals in the PRCS subgroup had a history of homelessness and chronic homelessness, respectively.

*Figure II-5. Percent of Individuals in 2015 JMF Cohort Who Have Experienced Homelessness and Chronic Homelessness, by Justice Subgroup*



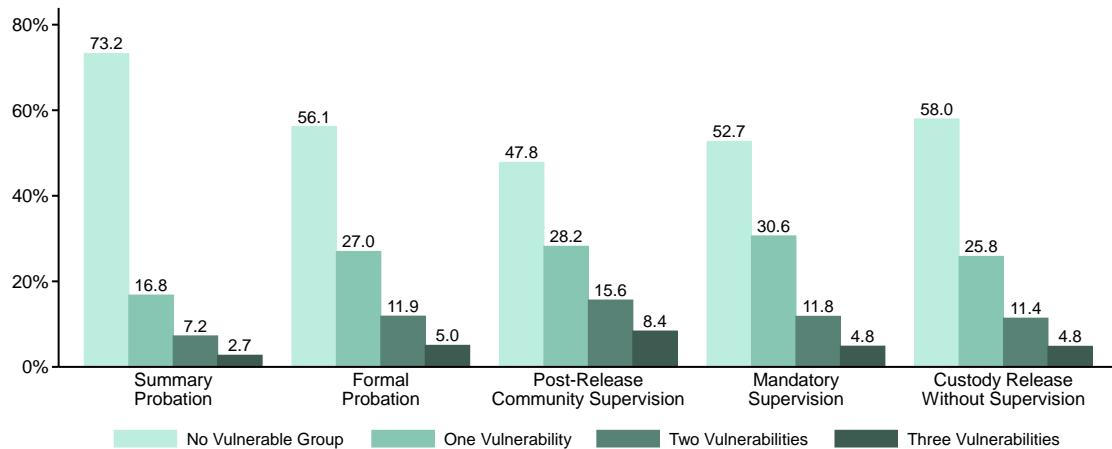
#### **Co-occurring Vulnerabilities**

The graphs above do not capture the degree to which individuals may suffer from multiple types of vulnerabilities. The graph below shows the proportions of individuals in the 2015 Cohort that suffered from zero, one, two, or all three of the vulnerabilities identified in this report (severe mental illness, homelessness, or substance use disorders). Nearly 83,000 individuals in the Cohort (68%) did not suffer from any of these vulnerabilities, while just over 38,000 (32%) suffered from at least one of them (averages across all five justice

subgroups, not shown in the graph). The proportion of individuals with at least one vulnerability varied across justice subgroups. The lowest rates were for summary probation (27%) and custody release without supervision (42%). The highest rates were for the justice subgroups supervised by Probation: formal probation (44%), mandatory supervision (47%), and PRCS (52%).

The graph also shows that individuals who suffered from vulnerabilities often experienced more than one of them.<sup>23</sup> Just over 10,000 individuals (9% of the Cohort) suffered from two vulnerabilities and nearly 4,200 (3.5%) suffered from all three of them (totals across the Cohort, not shown in the graph). Moreover, in all justice subgroups except for summary probation, at least 11% of individuals suffered from two vulnerabilities and at least 5% of them suffered from all three. PRCS was the subgroup with the highest co-occurrence: more than half of individuals (52%) in this subgroup suffered from at least one vulnerability, 24% suffered from two or more, and 8% experienced all three.

*Figure II-6. Co-occurrence of Vulnerabilities Among Individuals in 2015 JMF Cohort, by Justice Subgroup*



<sup>23</sup> We do not report estimates for the total number of individuals with a history of substance use disorders (SUD) because, as explained above, we do not have data from SAPC, and thus we know we would underestimate the size of this population. However, using data mainly from DMH, we identified 8,716 individuals who have a SUD diagnosis. This graph includes those individuals in the one-, two-, and three-vulnerability groups.

## Section III. Recidivism

Recidivism—a person’s relapse into criminal behavior—is one of the most fundamental concepts in criminal justice. While recidivism is not the only important justice system outcome, it is a critical indicator to assess justice system trends, effectiveness of policies and interventions, and impacts to public safety. Moreover, for the purposes of this report, estimating recidivism is important because it helps us identify groups of individuals (whether defined by justice subgroups or vulnerable populations) that struggle to reduce their involvement with the justice system.

The JMF Steering Committee considered three different methodologies to evaluate recidivism:

- (1) *Reconvictions*: A conviction for a new felony or misdemeanor committed within three years of release from custody or committed within three years of placement on supervision for a previous criminal conviction (Definition used by the California Board of State Community Corrections).
- (2) *Re-arrests with charges filed*: An arrest resulting in a charge within three years of an individual's release from incarceration or placement on supervision for a previous criminal conviction (Definition used by the California Department of Justice).
- (3) *Qualifying returns to custody*: A return to custody within the three years following the release from custody (jail, prison, or other alternative sentencing options) or placement on supervision. (CCJCC's Returns to Custody Framework, described in more detail below).

Without reaching agreement as to whether it was an appropriate way to measure recidivism in general, the JMF Steering Committee agreed to use the CCJCC's Returns to Custody Framework to evaluate recidivism for this JMF Baseline Report.

### **CCJCC's Returns to Custody Framework**

Recognizing that recidivism is often defined and presented in different ways, CCJCC convened a multi-agency group effort in 2013 to develop a framework for capturing recidivism-related data and presenting it in a structured manner. Representatives from defense agencies, law enforcement, probation, and prosecution agencies participated in the effort.

The framework—focused on qualifying returns to custody—was not intended to offer a singular definition of recidivism. Rather, it was developed to support the capture of recidivism event data in a comprehensive manner while also allowing flexibility for presenting relevant recidivism information that stakeholders identify for particular needs.

As the JMF data infrastructure was developed, effort was made to accommodate the framework developed by the CCJCC member agencies. However, it should be noted that while the JMF Steering Committee agreed to use the CCJCC's Returns to Custody

Framework to evaluate recidivism for this JMF Baseline Report, varied perspectives remain on what is the most meaningful way to present recidivism in general. Without reaching agreement as to whether it was an appropriate way to measure recidivism in general, the JMF Steering Committee agreed to use the five types of qualifying events in CCJCC's Returns to Custody Framework for this JMF Baseline Report:<sup>1</sup>

- Convictions;
- Felony arrests where there has been a finding of probable cause through a preliminary hearing or grand jury indictment;
- Misdemeanor arrests where there has been a new criminal filing or a violation in lieu of a new criminal filing;
- Revocations of community supervision; and
- Flash incarcerations.

Some members of the JMF Steering Committee expressed a preference to utilize returns to custody for a *felony* reconviction to measure recidivism. Other Committee members expressed a preference to utilize *all types* of returns to custody together from the CCJCC framework to measure recidivism. We estimate and report both of these metrics in this section, in addition to the five metrics in the Returns to Custody Framework.

## Estimation of Returns to Custody Framework

The following definitions, common in the estimation of recidivism, were used for the estimation of all components of the Returns to Custody Framework.

**Index Date:** In estimates for the *full cohort*, this is the date an individual was last released from County jail or last started supervision in 2015, whichever occurred last. In estimates for a specific justice *subgroup*, the index date for each individual is the date of the last event relevant to the *subgroup*; for example, in estimations of recidivism for the PRCS subgroup, an individual's index date is the date of their last PRCS start in 2015.

**Exposure Period:** For each individual in the Cohort or in a subgroup, this is the three-year period (1,095 days) following the index date. Because index dates vary across individuals, the exposure period is also different for each individual. In addition, because the same individual may have different index dates in different subgroups, exposure periods for an individual could also vary across subgroups.

Because the data in the **County InfoHub** does not allow us to exactly measure all components of the Returns to Custody Framework, the JMF Steering Committee and CEO

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<sup>1</sup> Originally, the JMF Steering Committee agreed to also measure recidivism using the definition developed by the California Board of State and Community Corrections (BSCC), which focuses on reconvictions. As we further discussed CCJCC's Returns to Custody Framework, we agreed on an approach that made the Framework's *Convictions* component equivalent to BSCC's definition, thus making it redundant to report BSCC's estimate separately. Regardless, our approach to measure the Returns to Custody Framework was guided significantly by BSCC's Guidelines for Recidivism Studies, which can be found here: <http://www.bscc.ca.gov/wp-content/uploads/Recid-Guidelines.pdf> (last accessed on June 1, 2020.)

decided to operationalize the estimation of qualifying events as described in the table below.

As additional data becomes available, future analyses will be adjusted to more closely represent the framework's components.

*Table III-1. Measurement of Qualifying Events in CCJCC's Returns to Custody Framework*

| <b>Qualifying Event in CCJCC's Returns to Custody Framework</b> | <b>Measurement of the Qualifying Event, Using Data in the County InfoHub</b>  |
|---|---|
| <b>Convictions</b>  | Convictions for a new felony or misdemeanor offense with a case filing date during the exposure period <sup>2</sup> .   |
| <b>Felony arrests</b>   | Arrests during the exposure period for a new felony offense, for which the individual was arraigned in the Los Angeles Superior Court <sup>3</sup> .                              |
| <b>Misdemeanor arrests</b>                                      | Arrests during the exposure period for a new misdemeanor offense, for which the individual was arraigned in the Los Angeles Superior Court.                                       |
| <b>Supervision revocations</b>                                  | Revocations with remand to custody during the exposure period of formal probation, AB 109 post-release community supervision, AB 109 mandatory supervision, or summary probation. |
| <b>Flash incarcerations</b>                                     | Flash incarcerations during the exposure period.  |

The definition of each component and the data used to estimate them are described below.

### **Convictions**

A conviction is a formal declaration that someone is guilty of a criminal offense, made by the verdict of a jury or the decision of a judge. We used data from the Los Angeles Superior Court's Trial Court Information System (TCIS) to identify all felony and misdemeanor convictions in the County during the exposure period, for individuals in all subgroups.

Following BSCC's guidelines for recidivism studies, we count all convictions in Los Angeles County for new offenses committed during the exposure period, even if the conviction date was after the exposure period.<sup>4</sup> We should note that, although we follow BSCC's guidelines, there are certain limitations to our estimates of conviction rates. First, we use data from the Los Angeles Superior Court, and thus our estimates do not include convictions outside Los Angeles County or those captured by state or federal data systems. Second, we used the case filing date as a proxy for the date the conviction offense occurred, which is not available in the InfoHub.

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<sup>2</sup> A conviction that occurred after the exposure period will be counted if the filing date (used here as a proxy for the date the offense was committed) occurred within the exposure period.

<sup>3</sup> Arraignment is used in lieu of a finding of probable cause (felony arrests) or of a new criminal filing (misdemeanor arrests).

<sup>4</sup> <http://www.bscc.ca.gov/wp-content/uploads/Recid-Guidelines.pdf> (last accessed on June 1, 2020.)

## **Felony Arrests**

A felony arrest is the act of apprehending and taking into custody a person suspected of having committed a crime considered serious and that is punishable by longer custody sentences and/or community supervision. We used data from the Sheriff's Department's Automated Justice Information System (AJIS) to identify felony arrests during the exposure period of individuals in all subgroups, in which the individual was booked by any law enforcement agency in Los Angeles County. Thus, our estimates do not include arrests that occurred outside Los Angeles County or arrests by state or federal law enforcement.<sup>5</sup>

As described in the table above, we only count arrests in which the individual was arraigned in the Los Angeles Superior Court, so we exclude any arrests that did not have a corresponding Court case. Finally, to ensure that the arrest was for a *new* offense, we excluded arrests where the corresponding case filing date was before the index date.<sup>6</sup>

## **Misdemeanor Arrests**

A misdemeanor arrest is the act of apprehending and taking into custody a person suspected of having committed a crime considered of "lesser" seriousness and that is punishable less severely than felony crimes. The data, criteria, and limitations for the estimation of misdemeanor arrests were the same as for felony arrests.

## **Supervision Revocations**

When an individual is under community supervision and violates the terms of supervision, the sentencing judge may decide to revoke and terminate community supervision and remand the defendant to custody.

For individuals in the summary probation subgroup, we used data from TCIS to identify supervision revocations in Los Angeles County during the exposure period, in which the individual was remanded to custody. For individuals in the formal probation, PRCS, and mandatory supervision subgroups, we used data from Probation's APS to identify supervision revocations in Los Angeles County during the exposure period, and in which the offender was remanded to custody. Thus, our estimates do not include revocations of supervision outside Los Angeles County or of supervision by state or federal law enforcement.

Some individuals in the custody release without supervision subgroup were convicted for a new offense and sentenced to supervision during the three-year follow-up period, and thus could have their supervision revoked. However, because this is a small subset within the custody release without supervision subgroup, we do not estimate supervision revocations for the subgroup.

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<sup>5</sup> AJIS captures bookings from all law enforcement agencies in Los Angeles County and cite/releases from the Sheriff's Department. Therefore, some arrests by local law enforcement are not captured in AJIS; for example, if an individual is arrested by the Los Angeles Police Department but *not booked*, the arrest is not included in this report.

<sup>6</sup> In addition, due to limitations in the data, we excluded certain arrests for new offenses in which the individual was only booked after the sentencing date, which likely led to an undercounting of felony and misdemeanor arrests. Additional details are provided in the Technical Appendix.

## **Flash Incarcerations**

A flash incarceration is a period of detention in a local jail that can be used by the probation departments in California to sanction individuals under parole supervision who violate their terms of supervision. The length of detention can range from one to ten days. During the period covered by this report (2015-2018), the County's Probation department used flash incarcerations for multiple functions (e.g., sanctions to address non-compliance with supervision terms, on warrants and violations to hold the person in custody for court hearings), some of which are no longer used.

For individuals in the PRCS subgroup, we used data from APS to identify flash incarcerations in Los Angeles County during the exposure period. We did not estimate flash incarceration rates for any other subgroups.<sup>7</sup> As in other cases mentioned above, our estimates do not include flash incarcerations that occurred in other counties in California.

## **Recidivism Estimates for the 2015 Cohort**

### **Full Cohort**

Estimates of each type of qualifying event in CCJCC's Returns to Custody Framework for the 2015 Cohort are shown in the table below. For example, 43,331 out of 120,948 individuals in the Cohort (36%) were **convicted of** a new offense committed within the three-year follow-up period.<sup>8</sup>

Nearly 29,000 individuals in the Cohort (24%) were **arrested for felony offenses** and just over 37,000 (31%) were arrested for **misdemeanor offenses**. Combining both types of arrests,<sup>9</sup> we find that 45,609 individuals (38%) in the cohort were arrested during the three-year follow-up period (not shown in the table).

Just under 5,500 individuals in the Cohort (5%) had a **supervision revocation** with remand to custody. As can be seen below in this section, this rate is low mainly because summary probationers (the largest justice subgroup in the Cohort) have a rate significantly lower than all other subgroups. **Flash incarcerations** were the least common type of recidivism (only 2% of the Cohort), which is not surprising since only PRCS individuals were subject to them.

Overall, 49,661 individuals (41%) in the Cohort had at least one type of qualifying event occur during the exposure period.

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<sup>7</sup> Although flash incarcerations can be used on individuals under mandatory supervision, a probation officer needs to obtain a waiver of a hearing from the offender prior to imposing a flash incarceration; thus, flash incarcerations are less commonly used for individuals in this subgroup and we do not report them here.

<sup>8</sup> As explained above, we use the Court case filing date as a proxy for the date of the offense.

<sup>9</sup> The same individual could have felony and misdemeanor arrests during the follow-up period.

Table III-2. Recidivism Estimates for 2015 Cohort, by Qualifying Event in CCJCC's Returns to Custody Framework

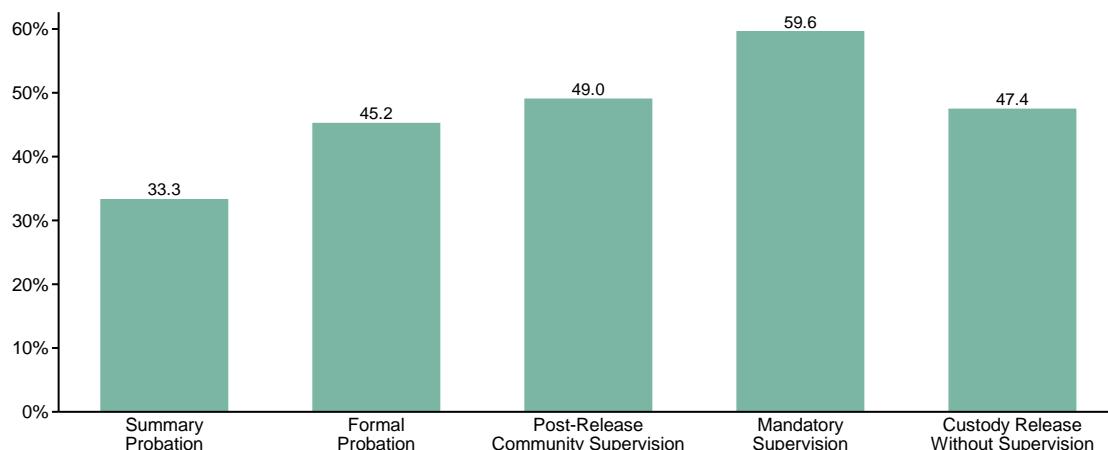
|                       | <b>Convictions</b> | <b>Felony Arrests</b> | <b>Misdemeanor Arrests</b> | <b>Supervision Revocations</b> | <b>Flash Incarcerations</b> | <b>Any Type</b> |
|-----------------------|--------------------|-----------------------|----------------------------|--------------------------------|-----------------------------|-----------------|
| Number of Individuals | 43,331             | 28,807                | 37,252                     | 5,485                          | 1,931                       | 49,661          |
| Percent of Cohort     | 36%                | 24%                   | 31%                        | 5%                             | 2%                          | 41%             |

### Conviction Rates by Justice Subgroup

Overall, 43,331 individuals in the Cohort (36% of the Cohort, not shown in the graph) were convicted during the three-year follow-up period.

The graph below shows three-year conviction rates for the individuals in each justice subgroup. Three-year conviction rates ranged from 33% for summary probationers to 60% for individuals on mandatory supervision. Individuals in the formal probation, PRCS, and custody release without supervision subgroups had three-year conviction rates between 45% and 49%.<sup>10</sup>

Figure III-1. Three-Year Conviction Rates for Individuals in 2015 JMF Cohort, by Justice Subgroup



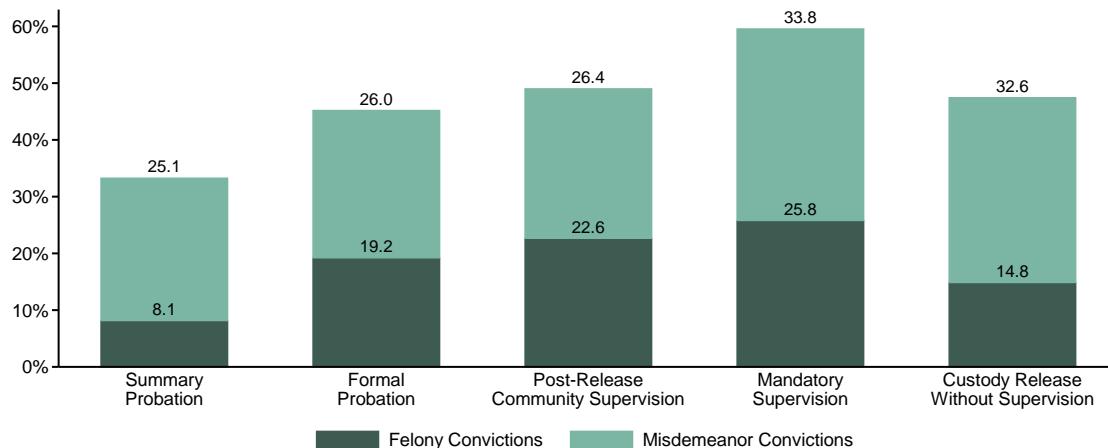
We also estimated three-year convictions separately by offense level (felony and misdemeanor convictions), shown in the graph below. **Convictions for felony offenses** show a somewhat similar distribution across justice subgroups to overall convictions in the graph above; for example, individuals in the summary probation and mandatory supervision subgroups had the lowest and highest felony conviction rates, respectively.

On the other hand, **misdemeanor convictions** had a significantly different distribution when compared to all convictions. Misdemeanor conviction rates were similar (25%-26%) for individuals in the summary probation, formal probation, and PRCS subgroups, while

<sup>10</sup> These and other rates described below for the full cohort are not weighted averages of rates by justice subgroup. For any individual in the Cohort, the index date in analyses for the full Cohort may be different from the index date in analyses for a justice subgroup. Thus, the follow-up periods could be different and the individual may have a conviction or other type of recidivism event in one analysis and not have it in another.

the highest misdemeanor conviction rates were for individuals in the mandatory supervision (34%) and custody release without supervision (33%) subgroups.

*Figure III-2. Three-Year Felony and Misdemeanor Conviction Rates for Individuals in 2015 JMF Cohort, by Justice Subgroup*



As explained in the previous section, **custody release without supervision** is the only subgroup that includes some individuals who were *originally* sentenced for felony *index offenses* (the offense for which they were convicted before their release from jail on the index date) and other individuals sentenced for misdemeanor index offenses.<sup>11</sup> For this subgroup, we estimated conviction rates by index offense level and by (re)conviction offense level. Results are summarized in the table below and are consistent with the estimates for the other four subgroups, given their offense levels. For example, individuals in the custody release subgroup with felony index offenses had similar felony conviction rates (22%) to individuals in the formal probation (19%), PRCS (23%), and mandatory supervision (26%) subgroups. Similarly, individuals in this subgroup with misdemeanor index offenses had similar felony conviction rates (9%) to individuals in the summary probation (8%) subgroup.

We will use similar tables to show estimates of three-year rates for each of the remaining four types of returns to custody events in CCJCC's Returns to Custody Framework.

*Table III-3. Three-Year Conviction Rates for Individuals in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

|   | <b>Felony Convictions</b> | <b>Misdemeanor Convictions</b> | <b>Overall Convictions</b> |
|---|---------------------------|--------------------------------|----------------------------|
| Felony Index Offense (n=18,472)         | 22%                       | 31%                            | 53%                        |
| Misdemeanor Index Offense (n=21,929)    | 9%                        | 34%                            | 43%                        |
| <b>Custody Release Subgroup Overall</b> | <b>15%</b>                | <b>33%</b>                     | <b>47%</b>                 |

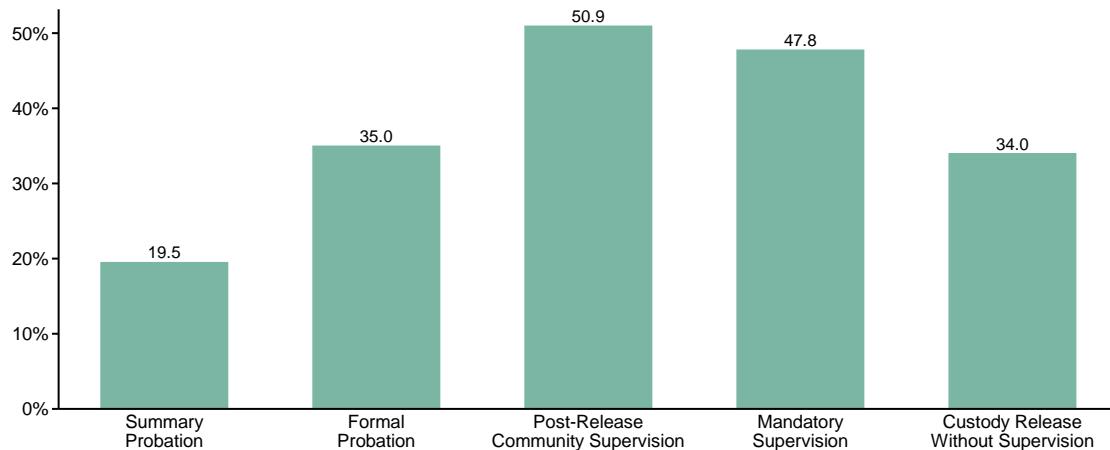
### **Felony Arrests by Justice Subgroup**

Overall, 28,807 individuals (24% of the Cohort) had at least one felony arrest during the follow-up period, for which they were arraigned. The distribution of felony rearrests

<sup>11</sup> As also explained in the previous section, with few exceptions, individuals in the summary probation subgroup were sentenced for misdemeanor offenses and individuals in the formal probation, PRCS, and mandatory supervision subgroups were sentenced for felony offenses.

across justice subgroups was similar to that of felony reconvictions. However, PRCS individuals had the highest rate of felony rearrests (51%), slightly higher than individuals in mandatory supervision (48%). Formal probationers and those released from custody without supervision had similar rates of felony rearrests (35% and 34%, respectively), while summary probationers had the lowest rate (20%).

*Figure III-3. Three-Year Felony Arrest Rates for Individuals in 2015 JMF Cohort, by Justice Subgroup*



The table below shows three-year felony arrest rates for individuals in the *custody release without supervision subgroup*. As before, these rates are consistent with those of the other subgroups, given their index offense levels. Individuals in the custody release subgroup who had a felony index offense had a three-year felony arrest rate (45%) similar to those of individuals in the PRCS (51%) and mandatory supervision (48%) subgroups, while those who had a misdemeanor index offense had a three-year felony arrest rate (24%) similar to individuals in the summary probation (20%) subgroup.

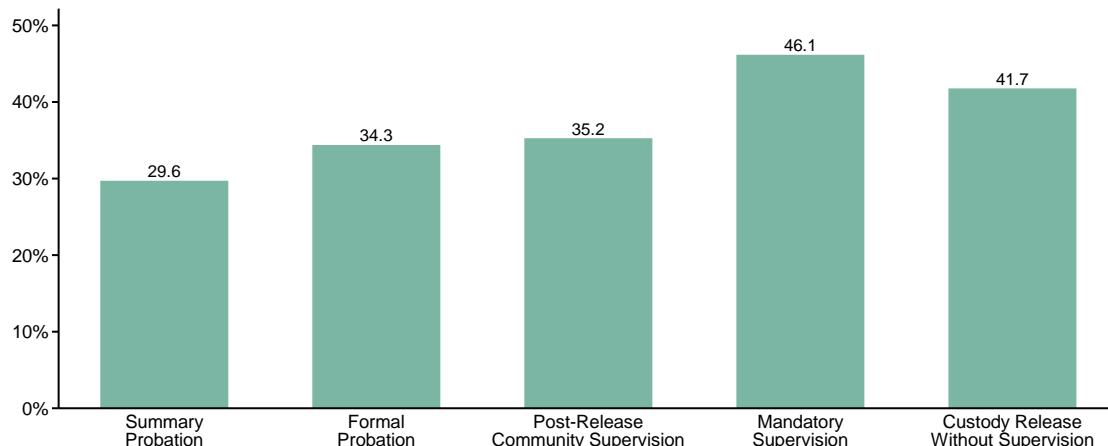
*Table III-4. Three-Year Felony Arrest Rates for Individuals in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

| <b>Felony Arrests</b>                   |            |
|---|------------|
| Felony Index Offense (n=18,472)         | 45%        |
| Misdemeanor Index Offense (n=21,929)    | 24%        |
| <b>Custody Release Subgroup Overall</b> | <b>34%</b> |

### **Misdemeanor Arrests by Justice Subgroup**

Overall, 37,252 individuals in the Cohort (31%) had at least one misdemeanor arrest for which they were arraigned during the three-year follow-up period. Misdemeanor arrest rates had a distribution similar to misdemeanor reconvictions, with the summary probation, formal probation, and PRCS subgroups having similar rearrest rates (all of them between 30% and 35%), while the highest misdemeanor rearrest rates were for the mandatory supervision (46%) and custody release (42%) subgroups.

Figure III-4. Three-Year Misdemeanor Arrest Rates for Individuals in 2015 JMF Cohort, by Justice Subgroup



Three-year misdemeanor arrest rates for individuals in the *custody release without supervision subgroup* are shown in the table below. In this case, we find that individuals in this subgroup who had a felony index offense had a three-year misdemeanor arrest rate (44%) higher than all other justice subgroups, except for mandatory supervision, while individuals in this subgroup who had a misdemeanor index offense had a misdemeanor arrest rate (40%) higher than individuals in the summary probation, formal probation, and PRCS subgroups.

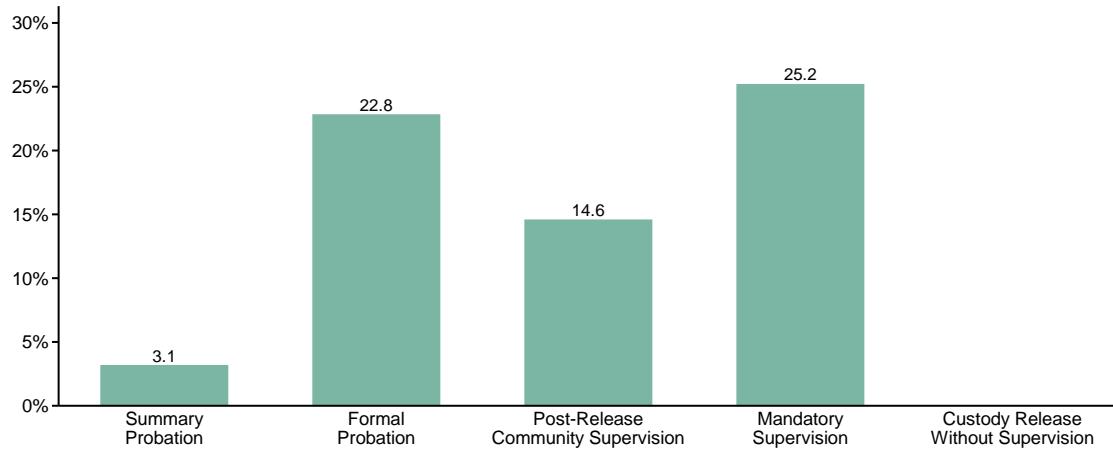
Table III-5. Three-Year Misdemeanor Arrest Rates for Individuals in the Custody Release Without Supervision Subgroup, by Level of Index Offense

|   | <b>Misdemeanor Arrests</b> |
|---|----------------------------|
| Felony Index Offense (n=18,472)         | 44%                        |
| Misdemeanor Index Offense (n=21,929)    | 40%                        |
| <b>Custody Release Subgroup Overall</b> | <b>42%</b>                 |

### Supervision Revocations by Justice Subgroup

Overall, 5,485 individuals in the Cohort (5%) had a supervision revocation with remand to custody during the follow-up period. There were significant differences in rates of supervision revocations across the four supervision subgroups. Only 3% of individuals in the summary probation subgroup had their supervision revoked during the three-year follow-up period, compared to 25% of individuals in the mandatory supervision, 23% of individuals in the formal probation subgroups, and 15% of individuals in the PRCS subgroup. As explained above, we did not measure supervision revocations for the custody release subgroup, since they were not under supervision after their release from custody.

*Figure III-5. Three-Year Supervision Revocation Rates for Individuals in 2015 JMF Cohort, by Justice Subgroup*

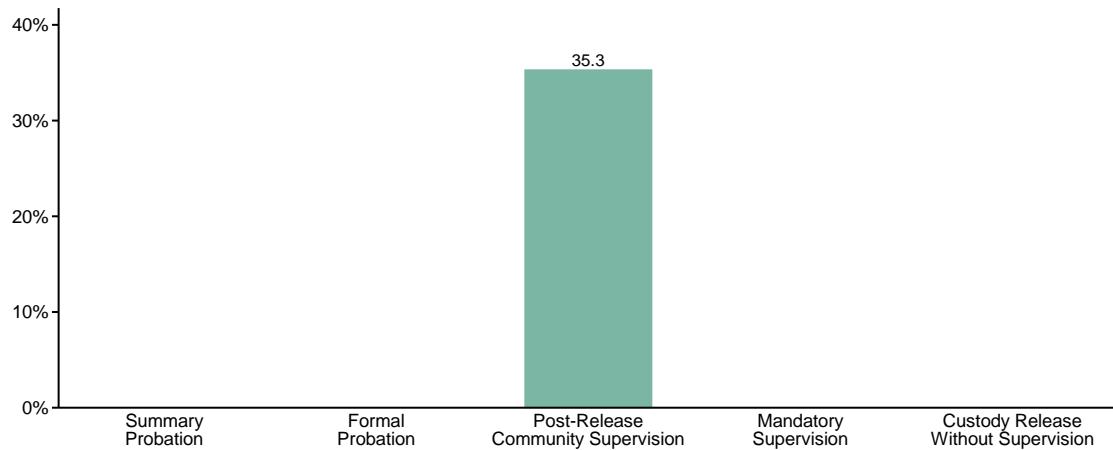


### **Flash Incarcerations**

As explained above, we only measure flash incarcerations for the PRCS subgroup. Just over 2,000 of the 5,742 individuals in this subgroup (35%) had a flash incarceration during the three-year period following their start of post-release community supervision.

Although it is outside the scope of this report to track trends over time, Probation remarked during the meetings of the JMF Steering Committee that the use of flash incarcerations has decreased significantly since 2015, due to changes in the law and in Department policy; this should be reflected in lower rates of flash incarcerations for future JMF Cohorts.

*Figure III-6. Three-Year Flash Incarceration Rates for Individuals in 2015 JMF Cohort, PRCS Subgroup Only*



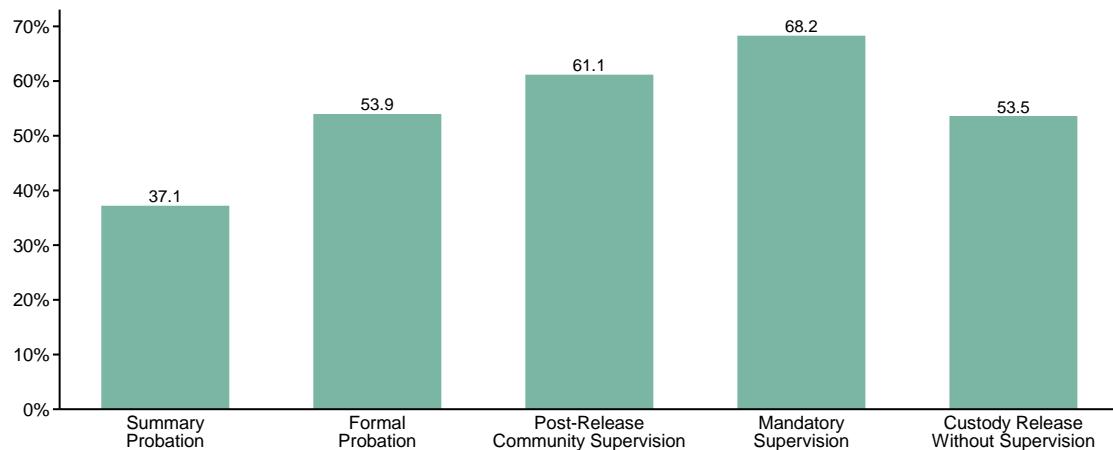
### **Overall Rate of Return to Custody by Justice Subgroup**

The chart below shows the three-year recidivism rate when measured as having any type of qualifying event in CCJCC's Returns to Custody Framework during the three-year exposure period. Overall, 49,661 individuals (41% of the Cohort) had at least one of these events during the follow-up period.

Consistent with most estimates above, summary probationers had the lowest rate (37%), followed by those released from custody without supervision and formal probationers

(both 54%). The two AB 109 subgroups had the highest returns to custody rates, with PRCS at 61% and mandatory supervision at 68%.

*Figure III-7. Three-Year Recidivism Rates for Individuals in 2015 JMF Cohort, Measured Using All Types of Qualifying Events in CCJCC's Returns to Custody Framework, by Justice Subgroup*



Three-year rates of any type of return to custody event for individuals in the custody release without supervision subgroup are shown in the table below. Individuals in this subgroup who had a felony index offense had a return to custody rate (60%) similar to individuals in the formal probation (54%) and PRCS (61%) subgroups. Individuals in this subgroup who had a misdemeanor index offense had a return to custody rate (48%) significantly higher than individuals in the summary probation (37%) subgroup, but lower than the other three subgroups.

*Table III-6. Three-Year Recidivism Rates for Individuals in the Custody Release Without Supervision Subgroup, Measured Using All Types of Qualifying Events in CCJCC's Returns to Custody Framework, by Level of Index Offense*

| Any Return to Custody Event             |            |
|---|------------|
| Felony Index Offense (n=18,472)         | 60%        |
| Misdemeanor Index Offense (n=21,929)    | 48%        |
| <b>Custody Release Subgroup Overall</b> | <b>54%</b> |

## Reconviction Rates for Vulnerable Populations

In the remainder of this report, to simplify the presentation of results, we report recidivism estimates using only one type of qualifying event, **convictions**. This choice was made to avoid confusion by having too many estimates of recidivism in every analysis, and is not meant to imply that convictions are a preferable recidivism metric than others used in this report. We found similar results in analyses using the overall rate of returns to custody (i.e., the occurrence of any type of event in CCJCC's Returns to Custody Framework) instead of the reconviction rate.

### Reconvictions by Vulnerable Status

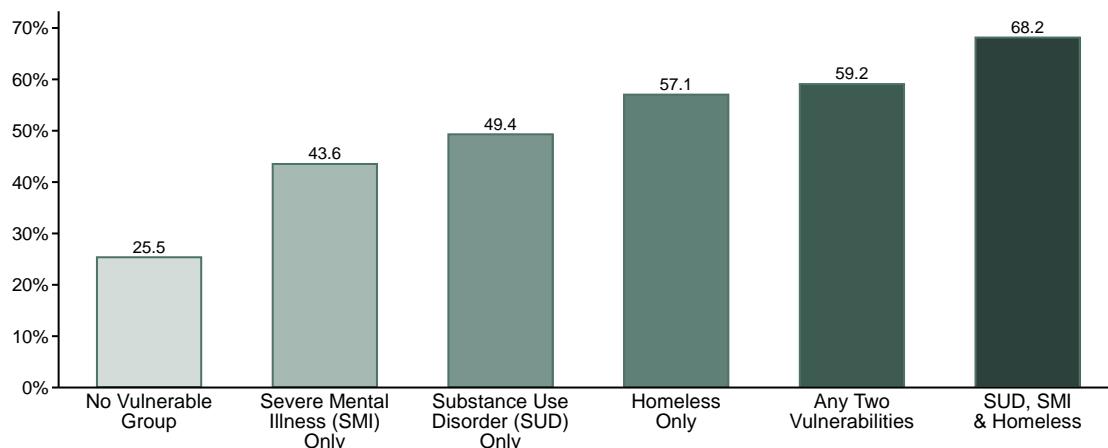
In the previous section, we found that 38,191 individuals in the Cohort (32%) were part of at least one vulnerable population (diagnosed with severe mental illness, suffering from

substance use disorders, or having a history of homelessness), and 14,517 of them (12% of the Cohort) experienced co-occurrence of two or more of these vulnerabilities.

The graph below shows three-year **reconviction** rates for groups based on the type and number of co-occurring vulnerabilities. For individuals that belonged to one or more vulnerable populations, the reconviction rate was 58% (not shown in the graph, includes individuals from all bars except for the first one).

As shown in the figure, conviction rates were positively correlated with the number of challenges individuals faced. By far, the lowest three-year conviction rate (26%) was among individuals who did not belong to any vulnerable population. Conviction rates were progressively higher for individuals who had one or two vulnerabilities. The highest conviction rate (68%) was among individuals who had co-occurring SMI, SUD, and homeless vulnerabilities; this rate was nearly three times as large as that for individuals who were not in any vulnerable population.<sup>12</sup>

*Figure III-8. Three-Year Conviction Rates for Individuals in 2015 JMF Cohort, by Vulnerable Status*



### Reconvictions by Vulnerable Status and Justice Subgroups

The heatmap below shows reconviction rates for combinations of justice subgroups and vulnerable populations. In general, the pattern seen above remains: individuals with more difficult situations had higher reconviction rates. When we focus on justice subgroups, we also see that some of the patterns seen earlier remain evident in this graph. For example, in most cases, the mandatory supervision subgroup had higher reconviction rates than other groups, regardless of vulnerable status.

In other cases, however, the patterns change. One such example is the summary probation subgroup, which as a whole, had considerably lower reconviction rates than all other justice subgroups. For individuals with *no vulnerabilities*, that remains the case, as the reconviction rate for such individuals in the summary probation subgroup (23%) was

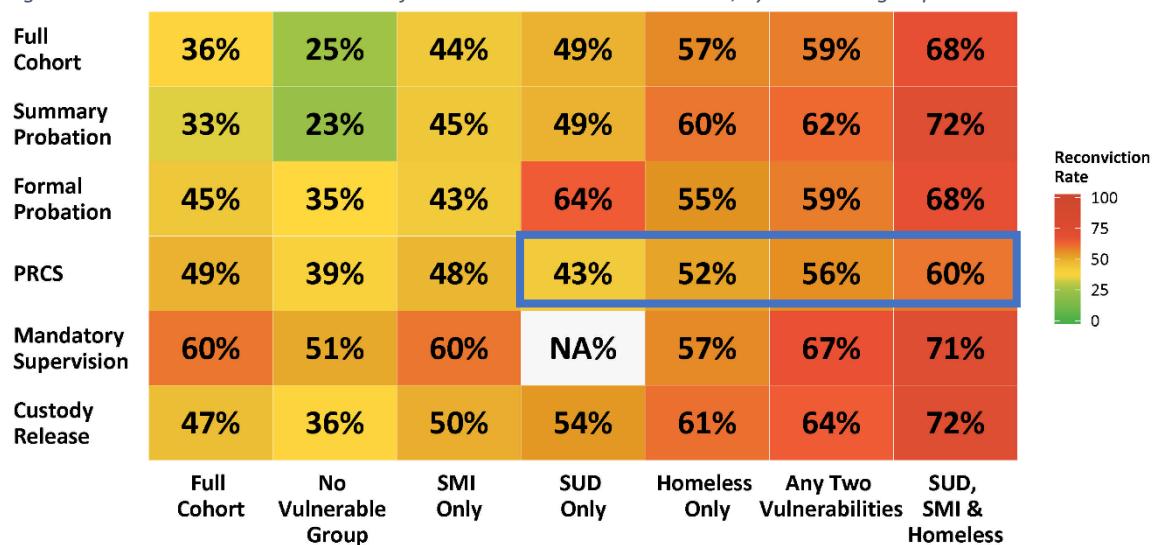
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<sup>12</sup> If we replicate this figure, but defining recidivism as having any of the five types of qualifying events in CCJCC's Returns to Custody Framework, the pattern is similar, but recidivism rates ranged from 29% for those who were not in any vulnerable group to 77% for those who suffered from all three vulnerabilities.

lower than for individuals with *no vulnerabilities* in any other subgroup (reconviction rates for other subgroups ranged from 35% to 51%). However, for individuals with vulnerabilities, the reconviction rates for the summary probation subgroup are closer, and sometimes higher, to those of the other subgroups. In fact, for individuals who suffered from all three vulnerabilities, the reconviction rate for the summary probation subgroup was the highest (72%), tied with the custody release without supervision subgroup.

Notably, as highlighted by the **blue-outlined** box in the graph, although the PRCS group had the second highest overall reconviction rate (49%), several vulnerable populations in the PRCS subgroup had significantly lower reconviction rates than the same populations in other justice subgroups. For example, among individuals who suffered from all three vulnerabilities, the reconviction rate for the PRCS subgroup was 60%, whereas for the other subgroups it ranged from 68% to 72%. This finding suggests that: (1) the high reconviction rate among the PRCS subgroup could be at least partially a function of the high proportion of individuals with vulnerable status in that subgroup; (2) once we account for differences in the prevalence of vulnerabilities within justice subgroups, individuals in the PRCS subgroup have more favorable justice outcomes than individuals in other subgroups; and (3) individuals who suffer from multiple vulnerabilities may be less likely to recidivate and be reconvicted when placed under supervision.

*Figure III-9. Three-Year Conviction Rates for Individuals in 2015 JMF Cohort, by Justice Subgroup and Vulnerable Status*



## **Section IV. Service Utilization and Outcomes While in the Community**

In this section, we focus on two vulnerable populations: those with a severe mental illness diagnosis and those with a history of chronic homelessness. When individuals in these populations are in the community, they should receive the appropriate services to address their needs and thus help improve their outcomes. Measuring service utilization is important not only because it helps us understand the needs of individuals involved in the justice system, but also because it allows us to identify opportunities (i.e., their interactions with County agencies) to help these individuals address those needs.

Service utilization alone, however, does not capture the impact of County services on the lives of our clients. Just like recidivism is a fundamental outcome measure for the justice system, we need to identify and measure outcome indicators in other domains (e.g., health, housing) that help us determine if services are having a positive impact on individuals who use them. In this section, we first report utilization of mental health and homeless services, and then examine mental health and housing outcomes for vulnerable populations in the 2015 JMF Cohort.

### **Individuals Diagnosed with Severe Mental Illness**

#### **Metrics and Data**

Proper treatment and illness management can help individuals with SMI improve their ability to function in the community and live more fulfilling lives. Although data in the County InfoHub currently does not allow us to determine if individuals had a treatment plan and were complying with it,<sup>1</sup> most individuals with an SMI diagnosis should utilize *non-crisis outpatient mental health services* (e.g., counseling, group therapy, medication support).

We used data from DMH to estimate whether individuals with an SMI diagnosis in the 2015 JMF Cohort used these services during the three-year period following the index date. We included all outpatient encounters, except for those that indicated a mental health crisis, such as crisis stabilization services or crisis interventions (e.g., encounters with crisis response teams like DMH's Psychiatric Mobile Response Teams—PMRT—or Sheriff's Mobile Evaluation Teams—MET). Because we focus on the SMI population, higher rates of service utilization are desirable.

In consultation with DMH, we identified *stable engagement in mental health treatment* during the first year after the index date as an outcome metric for individuals with an SMI diagnosis. Individuals stably engaged in mental health treatment (1) use mental health services regularly and during a period of time long enough to effect change (i.e., they do

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<sup>1</sup> Data in InfoHub includes information on mental health diagnoses and services received, but not prescribed treatments or medications.

not drop out of treatment after having multiple visits in a short period); and (2) have low utilization of crisis services, thus reflecting the positive impact of their engagement in treatment. Using DMH data, we defined the following criteria for an individual to be considered as having been stably engaged in mental health treatment during the first year after the index date:

- Met *either* of these utilization criteria:
  - Had six or more non-crisis outpatient encounters, spread across at least four months;
  - Had three or more medication support service encounters, spread across at least six months;
- *And* had no more than one crisis intervention encounter (i.e., crisis stabilization or acute psychiatric hospitalization) during those 12 months.

In addition, we identified the occurrence of one or more *mental health crises* as a second outcome indicator for SMI individuals. A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others, and/or prevents them from being able to care for themselves or function effectively in the community. For this report, we determined that an individual had a mental health crisis during the three years following the index date if we found any of the following events in DMH data during that period:

- Psychiatric admission to an acute inpatient facility;
- Crisis stabilization encounter at a psychiatric emergency room or psychiatric urgent care center; or
- Crisis intervention encounters (e.g., with emergency response teams like PMRT or MET).

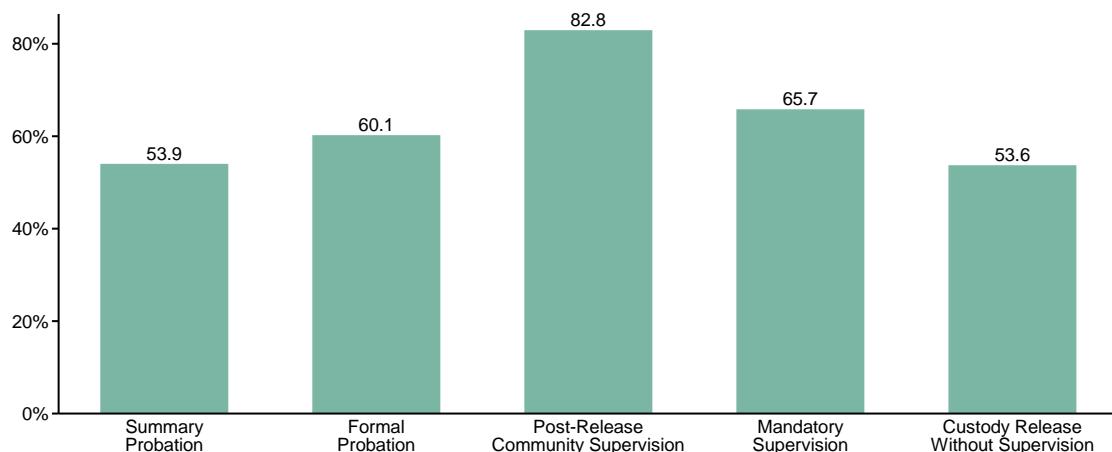
## Estimates for the 2015 JMF Cohort

### *Utilization of Non-Crisis Outpatient Mental Health Services*

Figure IV-1 shows the percent of individuals with an SMI diagnosis within each justice subgroup who used non-crisis outpatient services during the three-year period following the index date. Out of the 20,188 individuals in the Cohort with an SMI diagnosis, 8,673 had at least one non-crisis outpatient mental health encounter during the three-year follow-up period, for a utilization rate of 57% (not shown in the graph).

We found substantial differences in service utilization between justice subgroups. Individuals with no or less intense supervision (i.e., those in the custody with no supervision and in the summary probation subgroups) had the lowest rates of utilization of mental health services (both 54%). The formal probation and mandatory supervision subgroups came next, with rates of 60% and 66%, respectively. By far, the SMI individuals with the highest utilization of non-crisis outpatient mental health services were in the PRCS subgroup, where 83% of them used these services during the three-year follow-up period.

*Figure IV-1. Percent of Individuals Diagnosed with Severe Mental Illness Who Used Non-Crisis Outpatient Mental Health Services During Three-Year Follow-Up Period, by Justice Subgroup*



As we did for recidivism, we estimated service utilization for individuals in the *custody release without supervision* subgroup separately by the level of the index offense. There were 8,767 individuals with an SMI diagnosis in this subgroup, just over half of them (52%) had a felony index offense and 48% had a misdemeanor index offense. As shown in the table below, utilization of non-crisis outpatient mental health services did not vary by index offense level, as utilization rates were 54% for both groups.

*Table IV-1. Utilization of Non-Crisis Outpatient Mental Health Services by SMI Individuals in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

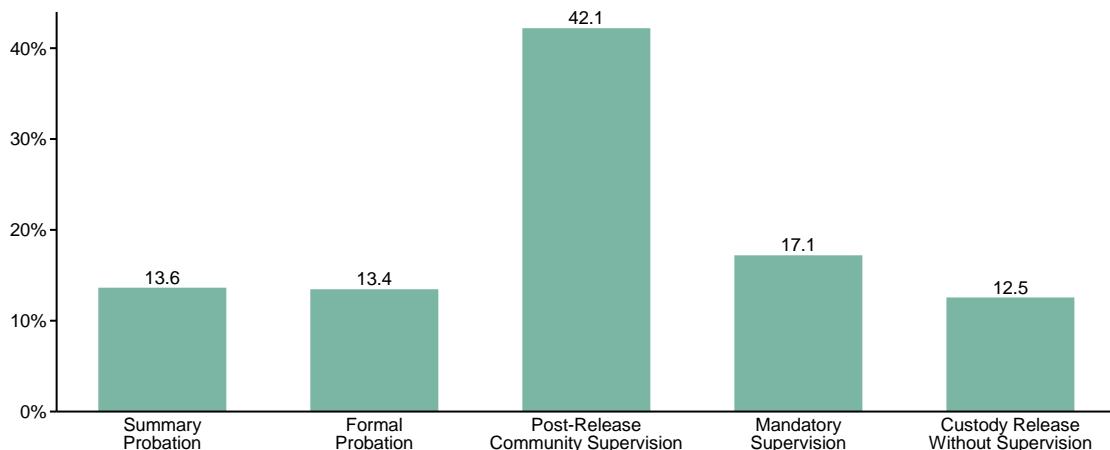
| <b>Used Non-Crisis<br/>Outpatient Mental<br/>Health Services</b> |              |
|--|--------------|
| Felony Index Offense (n=18,472)                                  | 53.5%        |
| Misdemeanor Index Offense (n=21,929)                             | 53.6%        |
| <b>Custody Release Subgroup Overall</b>                          | <b>53.6%</b> |

#### *Stable Engagement in Mental Health Treatment*

The figure below shows the percent of individuals with an SMI diagnosis who were stably engaged in mental health treatment during the first year after the index date, by justice subgroup. Overall, 16% of the 20,188 individuals with an SMI diagnosis in the 2015 Cohort were stably engaged in mental health treatment during this period (not shown in the graph).

Rates of stable engagement in mental health treatment were similar to the overall average (between 13% and 17%) for four justice subgroups. Once again, the PRCS subgroup was a notable exception: 42% of SMI individuals in this group were stably engaged in mental health treatment during the 12 months following the index date.

*Figure IV-2. Percent of Individuals with a Severe Mental Illness Diagnosis Who Were Stably Engaged in Mental Health Treatment During the First Year After the Index Date, by Justice Subgroup*



For individuals in the custody release without supervision subgroup, engagement rates did not vary substantially by index offense level; they were 13% for those with a felony index offense and 12% for those with a misdemeanor index offense.

*Table IV-2. Stable Engagement in Mental Health Treatment by SMI Individuals in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

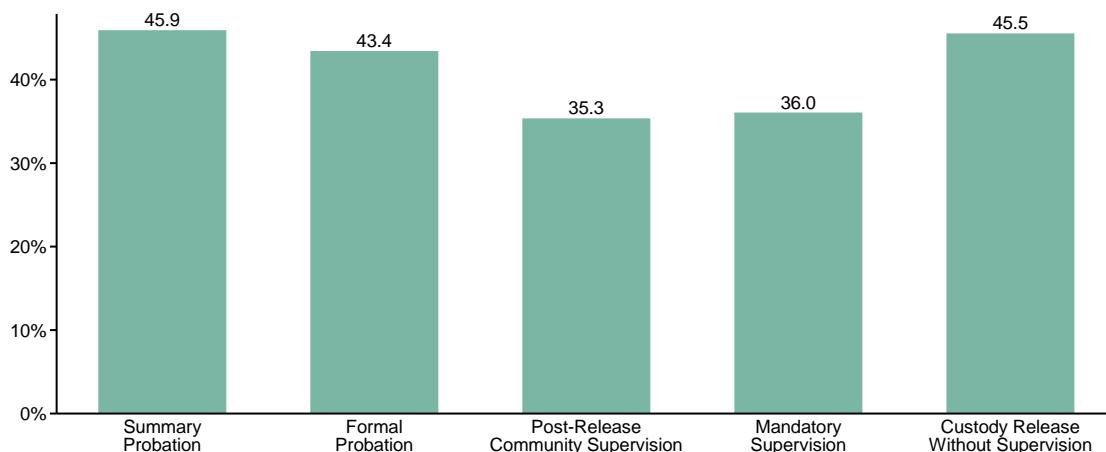
| <b>Stably Engaged in Mental Health Treatment</b> |              |
|--|--------------|
| Felony Index Offense (n=18,472)                  | 13.1%        |
| Misdemeanor Index Offense (n=21,929)             | 11.9%        |
| <b>Custody Release Subgroup Overall</b>          | <b>12.5%</b> |

#### *Mental Health Crises*

The figure below shows the percent of individuals with an SMI diagnosis who experienced at least one mental health crisis during the three-year follow-up period, by justice subgroup. Overall, 8,846 (44%) of the 20,188 individuals with an SMI diagnosis in the 2015 Cohort experienced at least one mental health crisis during this period (not shown in the graph).

The rates of mental health crises for summary probationers (46%), formal probationers (43%), and the custody release (46%) subgroups were similar to the overall average, while the rates for individuals in the AB 109 subgroups were significantly lower (35% for PRCS and 36% for mandatory supervision).

*Figure IV-3. Percent of Individuals with a Severe Mental Illness Diagnoses Who Experienced At Least One Mental Health Crisis During the Three-Year Follow-Up Period, by Justice Subgroup*



The rate of mental health crises was lower (43%) for individuals in the custody release subgroup with a felony index offense than for those with a misdemeanor index offense (48%). The mental health crisis rate for those with a felony index offense in this subgroup was similar to the rate for individuals in the formal probation subgroup (43%) but higher than for the other subgroups with felony index offenses (PRCS and mandatory supervision).

*Table IV-3. Three-Year Mental Health Crisis Rates for SMI Individuals in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

| Had One or More Mental Health Crises    |              |
|---|--------------|
| Felony Index Offense (n=18,472)         | 43.1%        |
| Misdemeanor Index Offense (n=21,929)    | 48.1%        |
| <b>Custody Release Subgroup Overall</b> | <b>45.5%</b> |

## Individuals Who Have Experienced Chronic Homelessness

### Metrics and Data

Ideally, we would prefer to measure service utilization and outcomes for individuals who experienced homelessness immediately after the index date—i.e., those who were “released into homelessness”—or for those who experienced homelessness during the exposure period (the three-year follow-up period after the index date).

While the data in the County InfoHub allows us to identify individuals who have experienced homelessness, it does not allow us to determine the exact timing of their homeless episodes. This is problematic because we cannot know which or how many of the 27,983 individuals in the 2015 JMF Cohort who have experienced homelessness needed homeless services or placement in permanent housing during the exposure period.

There is a vulnerable population, however, likely to need homeless services and permanent housing placement after their release from jail or start of supervision: individuals who have experienced chronic homelessness. Individuals in this population typically have complex and long-term conditions that make it difficult for them to secure and retain

housing. Therefore, we measure and report service utilization and outcomes for the 3,820 individuals in the 2015 JMF Cohort who have experienced chronic homelessness.

We measure utilization of homeless shelters and street outreach services in Los Angeles County during the three-year period following the index date for all individuals in the 2015 JMF Cohort who were identified as having experienced chronic homelessness. Homeless shelters are service agencies that provide temporary residence for individuals and families who are experiencing homelessness. Street outreach programs identify and engage people living in unsheltered locations, such as cars, parks, abandoned buildings, encampments, and on the streets. We should remark that the use of homeless shelters or street outreach services suggests that a person is experiencing homelessness. Therefore, unlike in the mental health sector, where the use of non-crisis outpatient services by SMI individuals is beneficial, for individuals who have experienced chronic homelessness, the utilization of these homeless services can be a worrisome indicator.<sup>2</sup>

In addition, we identified placements in permanent housing during the three-year follow-up period as an outcome metric for individuals who have a history of chronic homelessness. This outcome included any of the following types of placements: permanent supportive housing, housing with services, housing only, rapid rehousing, as well as housing secured by the individual without public support. We should note that, instead of estimating permanent housing placements for the chronically homeless population, we could estimate placements only for individuals who used shelters and street outreach services during the exposure period, since, as mentioned above, the use of those services indicates that they experienced homelessness during that period. Although we do not report them here, we estimated placement rates for these individuals, and found these rates not very different from those we report for the chronically homeless population.

We used data from the Los Angeles Homeless Services Authority's (LAHSA) HMIS to identify chronically homeless individuals, measure their utilization of homeless shelters and street outreach services, and measure their placement in permanent housing during the three-year follow-up period. HMIS captures data on services provided by all agencies in Los Angeles County that receive funding from the U.S. HUD—these agencies are required to use HMIS to report the services they provide. Other providers are encouraged—but not required—by LAHSA to use HMIS. Los Angeles County departments that provide homeless services, including the departments of Health Services and Mental Health, participate in HMIS.

## **Estimates for the 2015 JMF Cohort**

### *Utilization of Homeless Shelters and Street Outreach Services*

The figure below shows use of homeless services—shelters and street outreach—during the three-year period following the index date by individuals who have experienced chronic

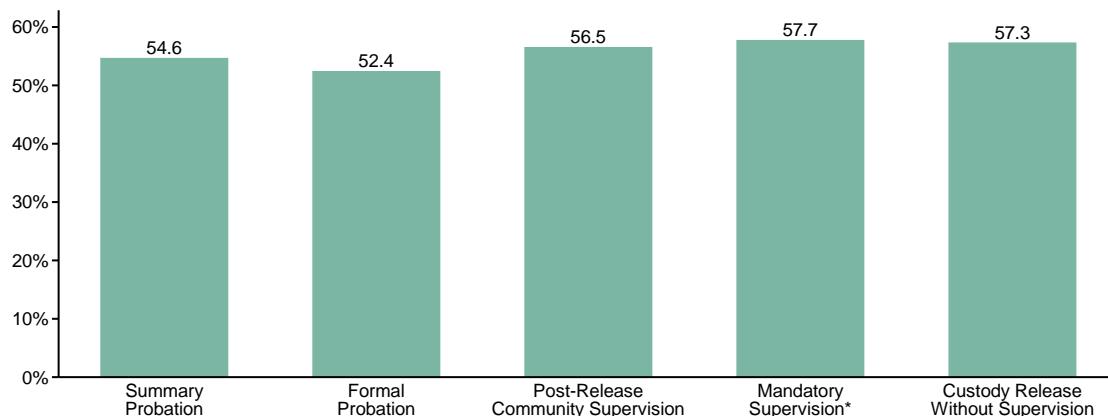
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<sup>2</sup> It is important to note that, if we knew with certainty that a person was experiencing homelessness, then we would consider the use of shelters and street outreach services a positive indicator, since we want individuals experiencing homelessness to be connected to services. Here, the use of these services serves as an indicator of homeless status.

homelessness. Overall, 2,147 out of the 3,820 (56%) individuals who have experienced chronic homelessness used these services during the exposure period.

Homeless service utilization rates were similar across all justice subgroups, ranging from 52% for individuals in the formal probation subgroup to 57% for those in the custody release without supervision subgroup. Results in the graph suggest that most chronically homeless individuals in the Cohort experienced homelessness during the three-year period after their release from jail or start of supervision.

*Figure IV-4. Percent of Individuals Who Have Experienced Chronic Homelessness That Used Homeless Services During Three-Year Follow-Up Period, by Justice Subgroup<sup>3</sup>*



\* See footnote on this page regarding mandatory supervision subgroup.

Among individuals in the custody release without supervision subgroup, utilization of homeless services varied only slightly by index offense level; 58% of chronically homeless individuals in this subgroup with a felony index offense used homeless services, compared to 57% of those with a misdemeanor index offense.

*Table IV-4. Utilization of Homeless Shelters and Street Outreach Services by Individuals Who Have Experienced Chronic Homelessness in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

| Used Homeless Services                  |              |
|---|--------------|
| Felony Index Offense (n=18,472)         | 57.7%        |
| Misdemeanor Index Offense (n=21,929)    | 56.8%        |
| <b>Custody Release Subgroup Overall</b> | <b>57.3%</b> |

#### *Permanent Housing Placements*

The figure below shows the percent of individuals with a history of chronic homelessness in the 2015 JMF Cohort who were placed in permanent housing during the three years following the index date. Only 17% (636 out of 3,820) were permanently housed during that period.

Although individuals in the mandatory supervision subgroup had the lowest placement rate (12%), this estimate is not reliable because only 26 individuals in this group had a

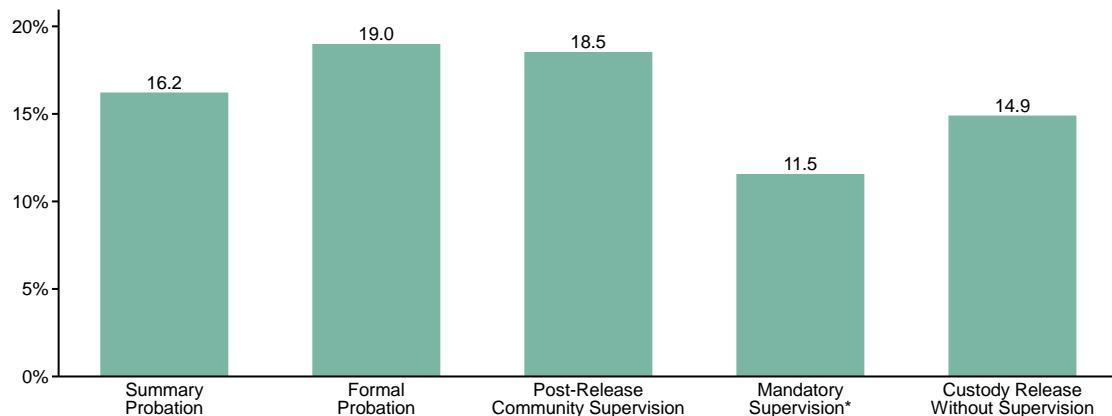
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<sup>3</sup> Only 26 individuals in the mandatory supervision subgroup have experienced chronic homelessness. Therefore, estimates of homeless service utilization and outcomes for this subgroup are unreliable.

history of chronic homelessness. Thus, just one more permanent housing placement in this subgroup would have raised its placement rate to 16%, just below the overall average.

Placement rates were relatively similar for all other justice subgroups, ranging from 15% for individuals in the custody release without supervision subgroup to 19% for those in the PRCS and formal probation subgroups.

*Figure IV-5. Percent of Individuals with a History of Chronic Homelessness Who Were Placed in Permanent Housing During the Three-Year Follow-Up Period, by Justice Subgroup<sup>4</sup>*



\* See footnote on this page regarding mandatory supervision subgroup.

Housing placement rates did not vary much by level of index offense within the custody release subgroup either. Just over 15% of chronically homeless individuals in this subgroup with a felony index offense were placed in permanent housing, compared to 14% of those with a misdemeanor index offense.

*Table IV-5. Three-Year Rates of Permanent Housing Placement for Individuals Who Have Experienced Chronic Homelessness in the Custody Release Without Supervision Subgroup, by Level of Index Offense*

| Placed in<br>Permanent Housing          |              |
|---|--------------|
| Felony Index Offense (n=18,472)         | 15.3%        |
| Misdemeanor Index Offense (n=21,929)    | 14.4%        |
| <b>Custody Release Subgroup Overall</b> | <b>14.9%</b> |

## Association Between Non-Justice and Justice Outcomes

Mental health and housing outcomes are certainly important on their own, but their measurement becomes even more important if we find evidence that they are also associated to justice outcomes, more specifically recidivism. The graphs below illustrate the association between two of the outcomes mentioned above (stable engagement in mental health treatment and permanent housing placements) and reconviction rates. In both cases, we see that individuals from vulnerable populations have significantly lower reconviction rates when they have better outcomes in other sectors.

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<sup>4</sup> Only 26 individuals in the mandatory supervision subgroup have experienced chronic homelessness. Therefore, estimates of homeless service utilization and outcomes for this subgroup are unreliable.

Among the 20,188 individuals who have a diagnosis of severe mental illness, 3,237 (16%) were stably engaged in mental health treatment during the 12 months following the index date; 43% of those stably engaged in mental health treatment were reconvicted during the follow-up period, while the reconviction rate was 59% for those not stably engaged in mental health treatment. Therefore, in absolute and relative terms, conviction rates were 16 percentage points and 39% higher, respectively, for individuals not stably engaged in mental health treatment.

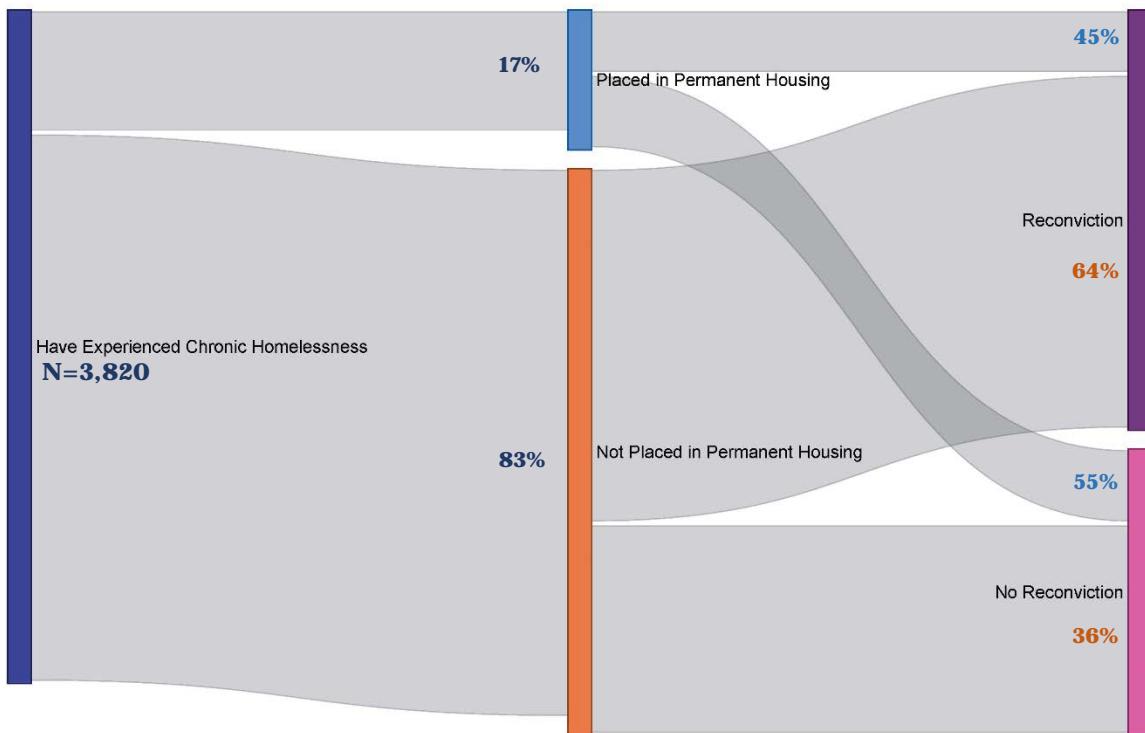
Among the 3,820 individuals who have experienced chronic homelessness, 636 (17%) were placed in permanent housing during the three-year follow-up period; 45% of those placed in permanent housing were reconvicted during the follow-up period, while the reconviction rate was 64% for those not placed in housing. Therefore, in absolute and relative terms, conviction rates were 19 percentage points and 41% higher, respectively, for individuals not placed in permanent housing.

Although these graphs do not demonstrate a causal relationship—other types of analyses would be needed to make that determination—they suggest that improving mental health and housing outcomes could have the added value of also improving justice outcomes. Moreover, these relationships highlight the value of measuring not only justice outcomes, but also outcomes in other sectors that could help identify gaps and opportunities in addressing the needs of justice system-involved individuals.

*Figure IV-6. Association Between Stable Engagement in Mental Health Treatment and Reconviction Rates*



*Figure IV-7. Association Between Permanent Housing Placements and Reconvictions*



## **Section V. Service Utilization and Outcomes During and After Supervision**

We now turn our attention to the period in which individuals shift from being under the supervision of Probation to not being supervised. This could be a critical transition period for vulnerable populations because preparedness for life after supervision may be more challenging for them. We explored whether this transition is disruptive by measuring and comparing service utilization and outcomes for the SMI and chronically homeless populations during the last year of supervision and during the first year after they completed supervision.

For obvious reasons, in the analyses in this section, we excluded individuals released from custody without supervision; in addition, because their supervision is more moderate, and thus the transition period is less likely to be disruptive, we excluded individuals who were on summary probation. To ensure valid comparisons between the during- and after-supervision periods, we limited the analyses to individuals who: (1) were continuously under supervision for at least 12 months; (2) had a supervision end date before December 31, 2018, so we have a full year of data in the post-supervision period; and (3) were not under any type of supervision for at least 12 months after their supervision ended.

### **Individuals Diagnosed with Severe Mental Illness**

#### **Metrics and Data**

The metrics and data for individuals diagnosed with severe mental illness used in this section were the same as those used in the previous section for the same vulnerable population.

The sample that met the criteria for during- vs after-supervision analyses included 2,824 individuals diagnosed with severe mental illness, which represents 63% of all individuals in the 2015 JMF Cohort who were supervised by Probation and who had an SMI diagnosis.

#### **Estimates for the 2015 JMF Cohort**

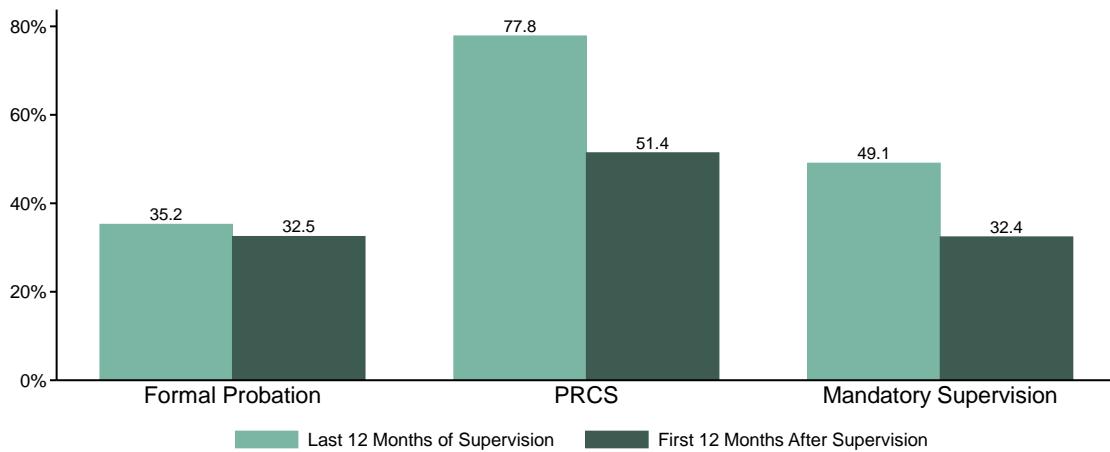
##### *Utilization of Non-Crisis Outpatient Mental Health Services*

Out of the 2,824 individuals with an SMI diagnosis in this sample, 52% used non-crisis mental health services during the last year of supervision and 40% used them during the first year after supervision. Figure V-1 shows these percentages for each of the three justice subgroups that are the focus of this section.

Several interesting patterns can be seen in the figure. First, during both periods, SMI individuals in the PRCS subgroup had a higher rate of utilization of mental health services than those in other subgroups. Second, in all subgroups, the rate of service utilization decreased from the *during-* to the *after-supervision* period. Third, the decrease in utilization of mental health services was significantly more dramatic for the AB 109 subgroups than for formal probationers; however, even after those larger decreases, the utilization of mental health services in the after-supervision period was significantly

higher for the PRCS justice subgroup (51%) than for the other two subgroups (33% for formal probation and 32% for mandatory supervision).

*Figure V-1. Percent of Individuals With a Severe Mental Illness Diagnosis Who Used Non-Crisis Outpatient Mental Health Services, During and After Supervision, by Justice Subgroup Supervised by Probation*



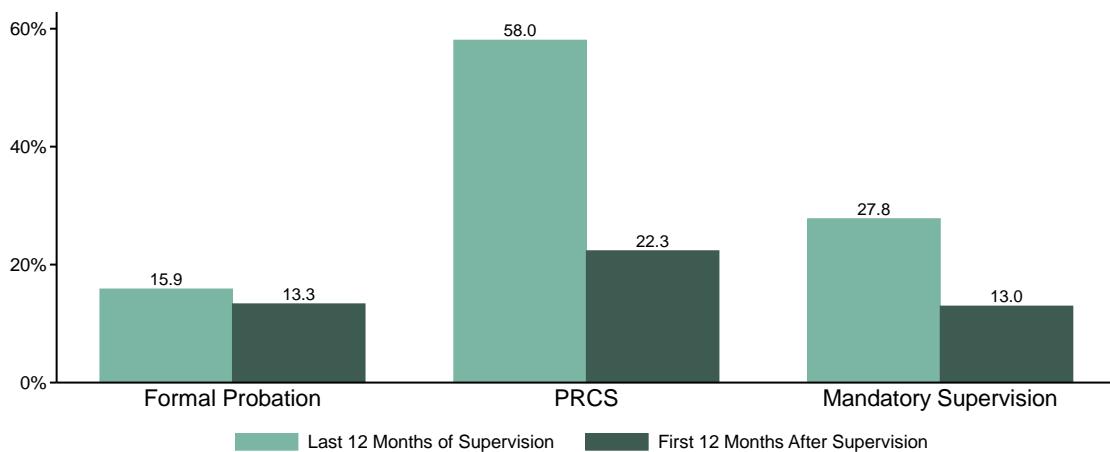
#### *Stable Engagement in Mental Health Treatment*

Out of the 2,824 individuals with an SMI diagnosis in this sample, 32% were stably engaged in mental health treatment during the last year of supervision. This proportion decreased to 17% during the first year after supervision.

The figure below shows these percentages by justice subgroup. Consistently with the trends we saw above, we find decreases in engagement in mental health treatment in all subgroups after supervision. As we also saw above, this change was significantly more pronounced among AB 109 populations. The PRCS subgroup experienced an absolute decrease in engagement in mental health treatment of 36 percentage points (62% in relative terms), while engagement in the mandatory supervision subgroup decreased by 15 percentage points (53% in relative terms).

Despite the substantial decrease in engagement after supervision, however, individuals in the PRCS subgroup still had a post-supervision rate of engagement in mental health treatment about twice as large as those in the other groups (22% PRCS vs 11% formal probation and 13% mandatory supervision).

*Figure V-2. Percent of Individuals With a Severe Mental Illness Diagnosis Who Were Stably Engaged in Mental Health Treatment, Before and After Supervision, by Justice Subgroup Supervised by Probation*

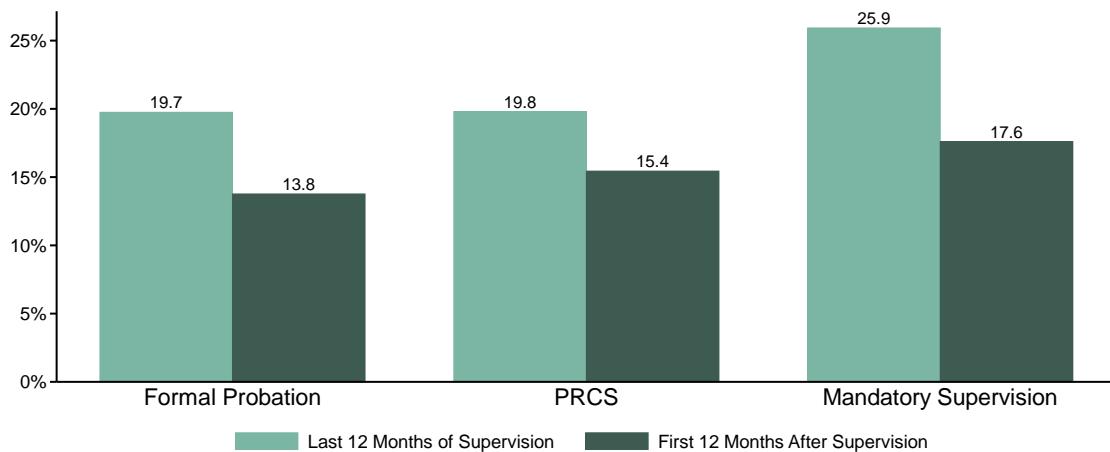


#### *Mental Health Crises*

Although the results shown above for utilization of non-crisis mental health services and stable engagement in mental health treatment show trends in the “wrong” direction after supervision, the opposite is true for mental health crises. Among the 2,824 SMI individuals in the sample in this section, 20% experienced one or more mental health crises during the last year of supervision; the proportion who experienced mental health crises decreased to 15% in the first year after supervision.

The figure below shows these results by justice subgroup. For all three subgroups, we see a post-supervision improvement in this outcome, as fewer individuals experienced mental health crises after they completed supervision than in the last year of supervision. Changes between the two periods were similar for all three justice subgroups.

*Figure V-3. Percent of Individuals With a Severe Mental Illness Diagnosis Who Experienced a Mental Health Crisis, During and After Supervision, by Justice Subgroup Supervised by Probation*



Without further analyses, it is difficult to explain why we see seemingly contradictory trends in mental health outcomes in the transition between these two periods.<sup>1</sup>

## Individuals Who Have Experienced Chronic Homelessness

### Metrics and Data

The metrics and data for individuals who have experienced chronic homelessness used in this section were the same as those used in the previous section for the same vulnerable population. The sample that met the criteria for during- vs after-supervision analyses included 493 individuals who have experienced chronic homelessness, which represents 62% of all individuals in the 2015 JMF Cohort who were supervised by Probation and that have experienced homelessness.

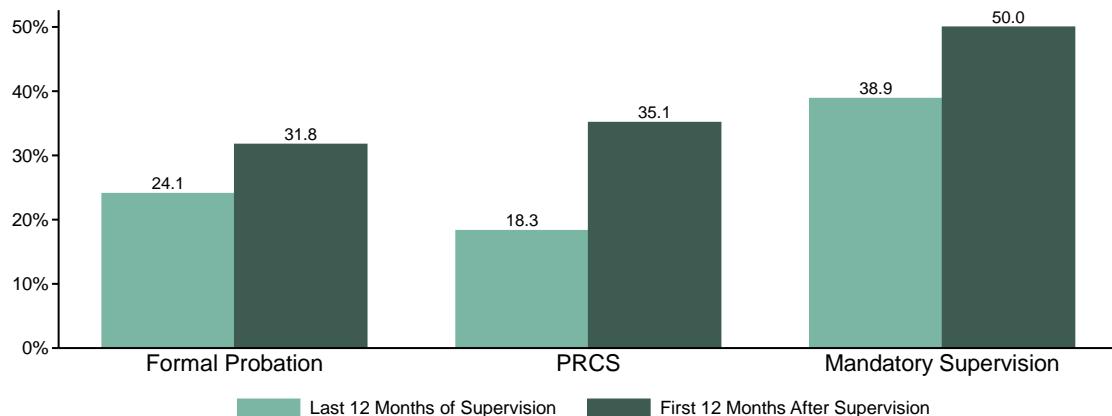
### Estimates for the 2015 JMF Cohort

#### *Utilization of Homeless Shelters and Street Outreach Services*

Of the 493 individuals in this section's sample who have experienced chronic homelessness, 22% used homeless services during the last year of supervision and 34% used them during the first year after supervision, a relative increase of 52%.

Figure V-4 shows these figures by justice subgroup. Across all subgroups, we find an increase in the use of homeless services after supervision. The largest increase was in the PRCS subgroup, where the proportion of chronically homeless individuals who used homeless services nearly doubled, increasing from 18% during the last year of supervision to 35% during the first year after supervision.

*Figure V-4. Percent of Individuals With a History of Chronic Homelessness Who Used Homeless Shelters or Received Street Outreach Services, During and After Supervision, by Justice Subgroup Supervised by Probation<sup>2</sup>*



\* See footnote on this page regarding mandatory supervision subgroup.

<sup>1</sup> A potential explanation is that individuals in our sample may spend more time in custody after completing supervision, which would make them less likely to both use mental health services and experience mental health crises in the community. We explored this possibility and found that the average number of days in County jail was higher during supervision (65 days) than after supervision (47 days), which makes this explanation unlikely.

<sup>2</sup> Only 18 individuals in the mandatory supervision sample in this section had experienced chronic homelessness. Therefore, estimates for this group are unreliable.

We should restate that utilization of homeless shelters and street outreach services is an indication that an individual was experiencing homelessness. Therefore, the trends shown in Figure V-4 suggest that there was an increase in homelessness after the transition to life after supervision among chronically homeless individuals in the 2015 JMF Cohort.

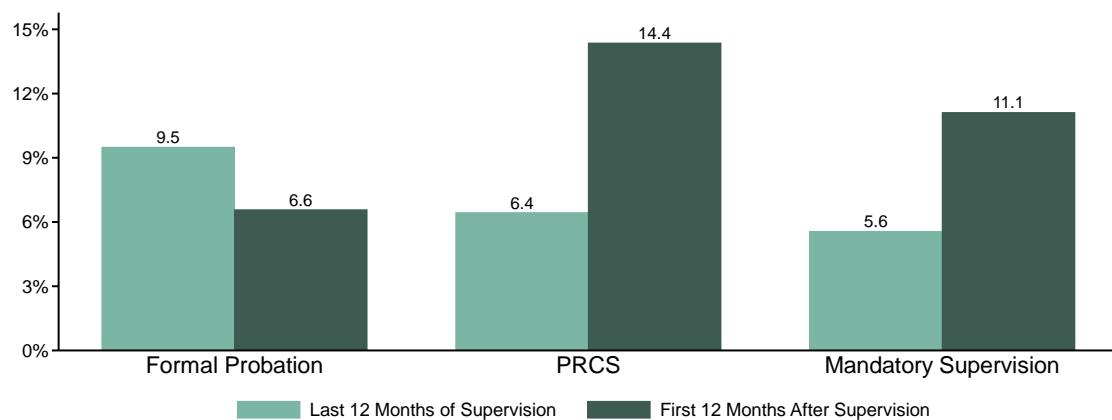
#### *Permanent Housing Placements*

Of the 493 individuals in this sample who have experienced chronic homelessness, 8% were placed in permanent housing during the last year of supervision and 10% were placed in permanent housing during the first year after supervision. Figure V-5 shows a mixed trend across justice subgroups. Fewer formal probationers were placed in housing during the first year after completing supervision than during the last year of supervision, while the opposite is true for individuals in the two AB 109 subgroups.

Because the wait for a housing unit could be long, many placements after supervision could be for individuals who enrolled in housing programs while under supervision. So, it is also helpful to estimate the overall percent of individuals placed in permanent housing across the two periods. We find that 15% of chronically homeless individuals in the formal probation subgroup were placed in permanent housing over the two periods, while the percentages were 20% for PRCS and 11% for mandatory supervision.<sup>3</sup>

In addition, variation in placement rates between subgroups *during supervision* could be due to different lengths in supervision periods. For example, individuals in the formal probation sample spent on average 2.4 years in supervision, while average supervision length was 1.6 years for PRCS and 1.9 years for mandatory supervision. Thus, although the figure focuses on the last year of supervision, formal probationers had more time throughout their full supervision period to be placed in housing than those in AB 109 subgroups.

*Figure V-5. Percent of Individuals With a History of Chronic Homelessness Who Were Placed in Permanent Housing, Before and After Supervision, by Justice Subgroup Supervised by Probation<sup>4</sup>*



<sup>3</sup> These numbers are lower than the sum of the percentages in the figure for the during and after periods because a person could have been placed in permanent housing in both periods.

<sup>4</sup> Only 18 individuals in the mandatory supervision sample in this section had experienced chronic homelessness. Therefore, estimates for this group are unreliable.

## Section VI. Insights into Individual Outcomes

In this section, we go beyond the descriptive analyses of previous sections by using different statistical methods to provide insights into how individual outcomes could be improved. These insights could help County departments and, in general, organizations that work with justice system-involved individuals identify opportunities to better target their efforts and help improve their clients' outcomes.

### Critical Intervention Periods

We used survival analysis, a branch of statistics that focuses on analyzing the expected time until an event happens,<sup>1</sup> to identify critical intervention periods for different populations, defined by their demographic characteristics, vulnerable status, or justice subgroup. By critical intervention period, we mean the time during which different groups are at highest risk of recidivating; thus, interventions applied before this period could potentially have the largest impact in preventing recidivism. As with the previous two sections, in this section, we use only one of the qualifying events in CCJCC's Returns to Custody Framework—convictions—to measure recidivism.

The heatmap in the figure below shows the results of our survival analysis of reconviction rates for various populations. For example, each cell in the top row represents the monthly reconviction rate for all 120,948 individuals in the 2015 Cohort. During the first 30 days after their index dates, 2,254 of them had a Court case filed against them in Los Angeles County and were eventually convicted.<sup>2</sup> Thus, the reconviction rate for the entire Cohort during the first month was 1.9%, as depicted by the darker yellow color of the top-left cell.

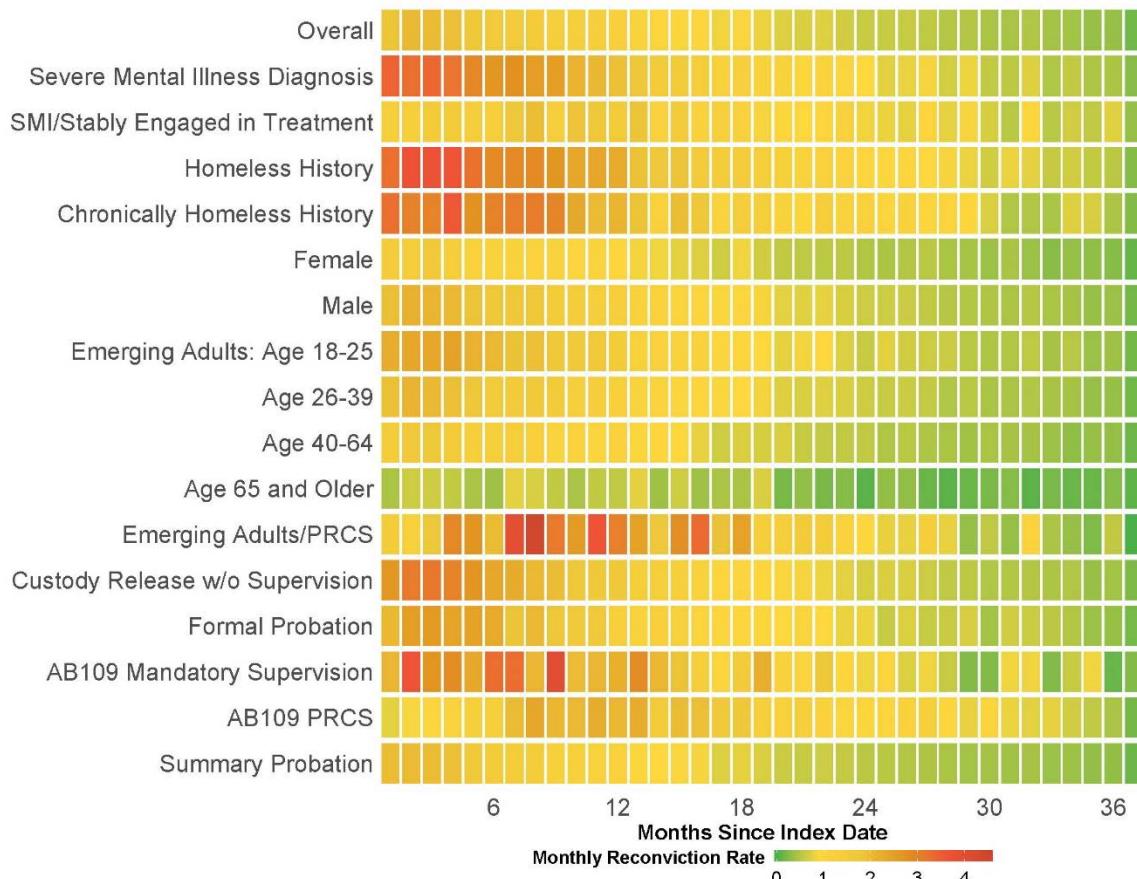
As a second example, we identified 27,983 individuals in the Cohort who have experienced homelessness. Of them, 4,029 were reconvicted of an offense committed within the first 120 days following their index date. Thus, their cumulative recidivism during this four-month period was 14.4%, evidenced by the four consecutive dark orange or red cells in the fourth row in the heatmap. The implication of this number is that one out of seven individuals in the 2015 Cohort who have experienced homelessness had already committed an offense (for which they were reconvicted) after their first four months in the community.

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<sup>1</sup> Questions that are typically answered using survival analysis include: When is something (e.g., recidivism) most likely to happen? How do individual characteristics or circumstances affect the probability that something will happen earlier or later?

<sup>2</sup> As explained before, the recidivism date for convictions is the date the offense was committed, not the conviction date. Because our data does not have the date of the offense, we use the case filing date as a proxy.

Figure VI-1. Monthly Reconviction Rates During Three-Year Follow-Up Period, by Various Populations of Interest



Several other noteworthy patterns can be found in the figure. Most demographic groups (men, women, middle-aged adults) and individuals in the summary probation subgroup had relatively even reconviction patterns during the first 12 to 18 months following the index date, as we do not see much variation in cell colors over that period in the rows for those groups. Over time, there is a slow decline in reconviction rates, which can be seen by the increasing number of green cells on the right side of the graph.

On the other hand, the vulnerable populations that were the focus of the previous two sections show much higher reconviction rates soon after the index date, particularly in the first 4-5 months. We already mentioned the four-month reconviction rate of 14.4% for individuals who have experienced homelessness. Four-month reconviction rates were 13.4% for the SMI population and 12.9% for those with a history of chronic homelessness. Thus, early intervention and “warm hand offs” could be critical to avoid recidivism among these populations.<sup>3</sup>

Perhaps the most noteworthy pattern in the graph is for individuals with a severe mental illness diagnosis who were *stably engaged in mental health treatment during the first year following the index date*.<sup>4</sup> Despite having an SMI diagnosis, their recidivism pattern

<sup>3</sup> Warm hand off is the process of transferring the case management of an individual before they return to the community. It involves reentry planning, linkages to services, and enrollment in benefit programs.

<sup>4</sup> See Section IV for the definition of stable engagement in mental health treatment.

is completely different from the full SMI group. For example, their four-month reconviction rate was only 5.7%. Moreover, their monthly reconviction rates were remarkably even (cell colors are similar shades of yellow throughout the first 18-24 months), indicating lower recidivism rates in the first few months when compared to the full SMI group.

We should remark that the associations shown in Figure VI-1 are purely correlational. That is, we cannot determine whether, for example, stable engagement in mental health treatment causes the lower and more even pattern of recidivism over time that we see in the figure; it is entirely possible that other unobserved personal or social factors that help an individual remain stably engaged in treatment also help reduce their likelihood of reconviction. Regardless, the striking differences in conviction patterns between the full SMI population and SMI stably engaged in mental health treatment suggest that engagement in mental health treatment can be a valuable indicator to track for justice system-involved individuals.

Focusing now on justice subgroups in the bottom rows of the heatmap, we see that several of them also exhibit higher conviction rates during the 4-8 months after the index date. Two notable exceptions are summary probationers—which we already found have the lowest recidivism among all justice subgroups—and individuals in the PRCS subgroup, which had unusually uniform reconviction rates (i.e., we see few orange or red cells in the row for this subgroup) during the entire three-year follow-up period. The pattern for the PRCS subgroup is particularly noteworthy, given that this subgroup had the second highest reconviction rate among all justice subgroups.<sup>5</sup>

Finally, the emerging adult population (ages 18-25) within the PRCS subgroup also had a noteworthy recidivism pattern. This group exhibited low recidivism rates during the first three months and then experienced multiple peaks in recidivism during months 4-18. After the first 18 months, their recidivism rates stabilized through the rest of the three-year follow-up period. Overall, PRCS emerging adults had a 65% reconviction rate, significantly higher than the 49% rate for the overall PRCS justice subgroup.

## Optimal Pathways of Mental Health Service Utilization

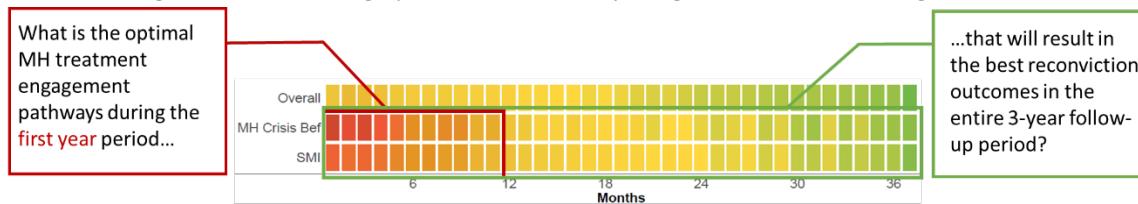
Having identified periods in which it is critical for vulnerable populations to be engaged in services, we try to answer the question: *What should that engagement be like?* That is, is there an optimal (and conversely, sub-optimal) way for individuals to engage services in order to maximize their justice outcomes?

To answer this question (illustrated in the figure below), we use latent growth modeling (LGM), a statistical method to identify clusters of individuals who follow similar progressions of behavior over time, and then we examine the justice outcomes (reconviction rates) of individuals in each cluster.

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<sup>5</sup> As explained in the Technical Appendix, Probation's data in the County InfoHub may not always have the correct start of supervision for the PRCS subgroup, which may explain the low reconviction rates in the first one or two months, but not the overall pattern for this group seen in the graph.

Figure VI-2. Determining Optimal Service Pathway Using Latent Growth Modeling Methods

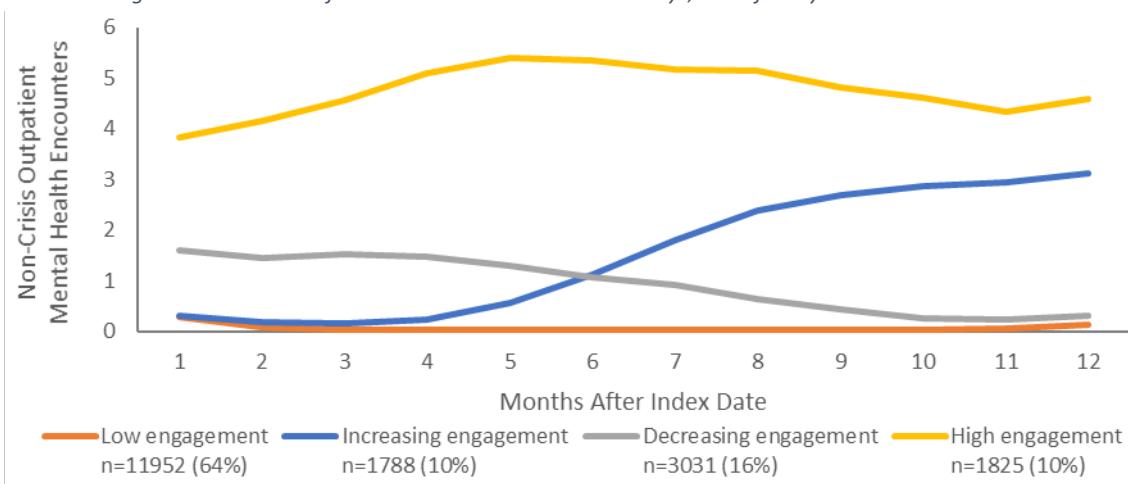


After applying LGM to data from the DMH for individuals in the Cohort who have an SMI diagnosis, we identified four clusters of individuals that followed distinct patterns of engagement in treatment during the 12 months after the index date:

1. *Low Engagement*: These individuals had a low number of outpatient services early on, and the number remained low throughout these 12 months.
2. *Increasing Engagement*: Individuals in this group had a low number of outpatient mental health services early on after the index date, but the number of visits grew over time during the first year.
3. *Decreasing Engagement*: Individuals in this group had a moderate number of outpatient visits soon after the index date, but the number of visits decreased over time, until it became (on average) nearly as low as the *low engagement* group.
4. *High Engagement*: Individuals in this group had a high number of visits soon after the index date and the number of visits remained high (on average, above 4/month) throughout the first year.

The four pathways of mental health treatment identified by LGM are illustrated in Figure VI-3. The figure's legend shows the percent of the SMI population in each of the clusters. For example, 1,825 out of the 18,664 SMI individuals in the sample (10%) were in Cluster 4 (*High Engagement*).<sup>6</sup> Notably, 80% of the SMI population were in Clusters 1 and 3 (*Low Engagement* and *Decreasing Engagement*), which presumably, represent sub-optimal patterns of engagement in mental health treatment.

Figure VI-3. Clusters of Mental Health Treatment Pathways, Identified by Latent Growth Models



<sup>6</sup> There were 20,188 individuals with an SMI diagnosis in the Cohort, but we excluded 1,592 of them from the sample because they spent 6 months or more in jail during the first year.

After identifying these clusters, we now estimate reconviction rates and median time to recidivate for the individuals in each cluster.<sup>7</sup> The findings are shown in the table below. The cluster with the lowest reconviction rate and longest median time to recidivate is highlighted in green font. Conversely, the cluster with the highest reconviction rate and shortest median time to recidivate is highlighted in red font.

Not surprisingly, the lowest reconviction rate (44%) and longest median time to recidivate (13 months) were among individuals in the *High Engagement* cluster, which included only 10% of individuals in the SMI sample. Notably, the highest reconviction rate and shortest median time to recidivate among the four clusters were for individuals in the *Decreasing Engagement* cluster, which included 16% of the sample; individuals in this cluster had a reconviction rate of 62% (18 percentage points—or, in relative terms, 41%—higher than the *High Engagement* group) and a median time to recidivate of only seven months, nearly half the median time for the *High Engagement* group.

*Table VI-1. Reconviction Rates and Median Time to Recidivate for SMI Individuals, by Mental Health Treatment Engagement Pathway Identified Through Latent Growth Models*

| Mental Health Treatment Cluster | Reconviction Rate | Median Time to Recidivation Offense Date | Percent of SMI Cohort in Cluster |
|---------------------------------|-------------------|--|----------------------------------|
| High Engagement                 | <b>44%</b>        | <b>13 months</b>                         | 10%                              |
| Increasing Engagement           | 54%               | 10 months                                | 10%                              |
| Low Engagement                  | 53%               | 11 months                                | 64%                              |
| Decreasing Engagement           | <b>62%</b>        | <b>7 months</b>                          | 16%                              |

Although we cannot determine whether there was a causal relationship between engagement pathways and justice outcomes,<sup>8</sup> these findings suggest the following hypotheses, which could be explored in future analyses:

- It may not be enough for SMI individuals to become engaged in mental health treatment immediately after their release from jail or start of supervision. Sustained engagement may be critical, as highlighted by the fact that individuals who reduced their engagement during the first year in the community had the least-favorable justice outcomes among the four clusters; and
- Because 90% of SMI individuals were in the three clusters with the least favorable outcomes, there could be substantial value in helping individuals engage and remain engaged in treatment.

Going one step further, we explored whether placement in permanent housing is associated with outcomes for individuals in these clusters who have experienced chronic homelessness, in addition to their SMI diagnosis. The table below shows reconviction rates and median time to recidivate for these individuals. The estimates are shown by each

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<sup>7</sup> Median time to recidivate refers to the length of time until half of the reconvicted individuals committed the offense for which they were convicted.

<sup>8</sup> Although we cannot rule out the possibility that unobserved factors lead to both higher engagement in mental health services and lower reconviction rates, the analyses in this section controlled for characteristics like gender, age, and history of homelessness.

of the four pathways of mental health treatment engagement and whether they were placed in permanent housing or not during the three-year follow-up period.

Within each of the two housing placement groups—that is, moving vertically within each column—we again find that the *High Engagement* cluster had most-favorable justice outcomes (lowest reconviction rate and longest median time to recidivate), while the *Decreasing Engagement* cluster had the highest reconviction rate and shortest time to recidivate. Moreover, within each engagement cluster—moving horizontally within each row—we see that placement in permanent housing is consistently associated with more desirable justice outcomes. For example, in the *High Engagement* cluster, the reconviction rate for those with no housing placement is 52%, while it is 39% for those in the same cluster but that were placed in housing.

*Table VI-2. Reconviction Rates and Median Time to Recidivate for SMI and Chronically Homeless Individuals, by Mental Health Treatment Engagement Pathway and Placement in Permanent Housing*

| SMI and Chronic. Homeless,<br>No Housing Placement |                      | SMI and Chronic. Homeless,<br>Placed in Permanent Housing |                      |  |
|--|----------------------|---|----------------------|--|
|  | Reconviction<br>Rate | Median Time<br>to Reconviction<br>Offense Date            | Reconviction<br>Rate | Median Time<br>to Reconviction<br>Offense Date |
| High Engagement                                    | 52%                  | 13 months   | <b>39%</b>           | <b>12 months</b>                               |
| Increasing Engagement                              | 59%                  | 11 months   | 40%                  | 9 months                                       |
| Low Engagement                                     | 61%                  | 10 months   | 48%                  | 12 months                                      |
| Decreasing Engagement                              | <b>77%</b>           | <b>11 months</b>  | 58%                  | 8 months                                       |

The difference in reconviction rates associated with engagement in mental health services and housing placements is striking: decreasing engagement in mental health treatment and lack of housing placement were associated with a reconviction rate nearly twice as large (77% vs 39%) when compared to individuals who had high engagement in mental health treatment and were placed in permanent housing. However, engagement in treatment and housing placement were associated with only a one-month delay in the median time to recidivating.

## Section VII. Postscript

### Key Takeaways and Recommendations

From the analyses described in the previous sections, we derived the following key takeaways and recommendations. The JMF Steering Committee will continue its work on justice metrics, leading the implementation of some of these recommendations and working with County agencies to develop strategies to carry out the others.

#### **1. Individuals from vulnerable populations represented a large proportion of those involved in the County's justice system and accounted for the majority of recidivism events in the 2015 Cohort.**

Nearly one-third of all individuals released from jail or who started community supervision in Los Angeles County in 2015 (38,191 of 120,948) were members of one of the vulnerable populations identified in this report. In addition, reconviction rates for individuals from vulnerable populations (58%) were more than double the reconviction rates for individuals who did not belong to any of the identified vulnerable populations (26%).

Higher rates of repeat involvement in the justice system are reflected in an overrepresentation of vulnerable populations in all types of recidivism events in CCJCC's Returns to Custody Framework. As shown in the table below, despite representing 32% of the justice system-involved population in the 2015 Cohort, over the three-year exposure period, individuals from vulnerable populations accounted for the majority of recidivism events in CCJCC's Returns to Custody Framework.

| Type of Event           | Full Cohort<br>(N=120,948) | Vulnerable Populations<br>(N= 38,191) | Vulnerable as % of Total<br>(32%) |
|-------------------------|----------------------------|---------------------------------------|-----------------------------------|
| Convictions             | 43,331                     | 22,263                                | 51%                               |
| Felony Arrests          | 28,807                     | 16,786                                | 58%                               |
| Misdemeanor Arrests     | 37,252                     | 19,756                                | 53%                               |
| Supervision Revocations | 5,485                      | 3,380                                 | 62%                               |
| Flash Incarcerations    | 1,931                      | 1,248                                 | 65%                               |

The County's Strategic Plan establishes reducing the involvement of these populations in the justice system as a key objective, and the County has made significant investments in efforts related to this objective. However, rates of involvement are not regularly tracked, and no specific targets have been established to monitor progress in reducing this involvement or in improving outcomes for these populations. This report provides baseline estimates that can inform the establishment of target levels for justice and non-justice outcomes for individuals from these populations, which would then enable regular monitoring of progress in achieving those targets.

**Recommendation #1.** Develop a strategy to monitor, on an ongoing basis, the justice and non-justice outcomes of justice system-involved individuals, particularly those from vulnerable populations, and establish targets for these metrics.

**2. The first few months after release from custody or start of supervision constitute a critical intervention period for individuals from vulnerable populations.**

For the vulnerable populations identified in this report (i.e., diagnosed with severe mental illness or with a history of homelessness or chronic homelessness) and for emerging adults (ages 18-25), we found considerably higher reconviction rates during the first few months after the index date than for the full Cohort or other demographic subgroups (e.g., men, women, other ages).

In addition, our analyses of optimal pathways of engagement in mental health treatment found that early and continued high utilization of non-crisis mental health services was associated with lower reconviction rates. Crucially, we found that 90% of SMI individuals in the 2015 JMF Cohort were in sub-optimal treatment engagement patterns, which suggests the potential for significant value in improving engagement in treatment. Targeting co-occurring vulnerabilities appears to yield additional benefits, since the lowest reconviction rates among the chronically homeless were for those who utilized mental health services early, continued using them during the first year after the index date, and were placed in permanent housing.

Multiple current efforts seek to increase early engagement in treatment and linkages to services (e.g., release planning, warm hand offs upon release from custody, co-location of services in AB 109 hubs, etc.), but there is no systematic tracking of their success in ensuring that individuals from vulnerable groups are connected and remain connected to services soon upon their return to the community.

**Recommendation #2.** Develop strategies for increasing engagement in needed treatment and support services for individuals from vulnerable populations at the earliest possible stage upon release from custody or start of supervision.

**Recommendation #3.** Develop plans for measuring and tracking linkage rates during this critical intervention period, immediately following release from custody or start of supervision.

**3. Individuals from vulnerable populations who were released from custody without supervision had less favorable justice and non-justice outcomes than individuals from vulnerable populations in other justice subgroups.**

The custody release without supervision subgroup was the subject of multiple conversations among JMF Steering Committee members. It was: (1) the second largest subgroup, with 40,401 individuals, more than three times the size of the third

largest subgroup (formal probation); (2) the only subgroup that included some individuals with felony index offenses (i.e., the offenses for which they were originally convicted and sentenced to custody before their release) as well as individuals with misdemeanor index offenses; and (3) the only subgroup that included individuals from an AB 109 population (individuals sentenced to serve a state prison sentence in County jail with unsupervised release, also called straight sentences) and non-AB 109 individuals (those sentenced to County jail without supervision).

In terms of recidivism for the full 2015 JMF Cohort, this subgroup ranks somewhere in the middle. It has the third highest reconviction rate (47%), fourth highest felony arrest rate (34%), and the second highest misdemeanor arrest rate (42%) among the five justice subgroups. However, for individuals from *vulnerable populations*, this subgroup consistently ranks among the highest rates. For example, reconviction rates for individuals released from custody without supervision were the second highest (50% vs the lowest rate of 43% in all subgroups) among those who had an SMI diagnosis, highest (61% vs 52%) among those who had experienced homelessness, second highest (64% vs 56%) among those with two vulnerabilities, and tied for highest (72% vs 60%) for individuals who had experienced all three vulnerabilities.

A potential explanation for these justice outcome patterns arises from the findings in Section IV. Individuals from this subgroup ranked low in rates of utilization of non-crisis mental health services (54% vs the highest utilization rate in all subgroups of 83%), low in stable engagement in mental health treatment (13% vs 42%), high in mental health crises (46% vs 35%), and low in permanent housing placements (15% vs 19%). These findings indicate that many individuals who are released from custody without supervision may not be accessing the services they need, which then may lead to higher rates of reinvolvement with the justice system.

As mentioned above, this subgroup includes a heterogenous mix of individuals. Therefore, there may not be a single solution to increase their engagement in services. Nevertheless, one thing this group does have in common is that they spend time in custody, which creates an opportunity to assess their needs and identify those who may require more supports than they currently receive.

**Recommendation #4.** Develop strategies and expand practices for effectively identifying individuals from vulnerable populations who are released from jail without supervision, preparing release plans for them, and facilitating connections to the services they need.

**4. Individuals from vulnerable populations in the *summary probation* subgroup had less favorable justice and non-justice outcomes than those from vulnerable populations in other justice subgroups.**

The summary probation subgroup had lower rates of vulnerabilities than other groups (only 15% had an SMI diagnosis and only 19% have experienced homelessness; both much lower than for other subgroups). However, because it had 84,581 individuals, the largest among all subgroups, summary probation accounted for large proportions

of vulnerable populations: 61% of the 20,188 SMI individuals, 57% of the 27,983 who have experienced homelessness, and 59% of the 3,820 chronically homeless.

Overall, the summary probation subgroup had the lowest conviction (33%), felony arrest (20%), misdemeanor arrest (31%), and supervision revocation rates (3%) among all subgroups. However, similar to those in the custody release without supervision subgroup, individuals from vulnerable populations in the summary probation subgroup had less desirable justice outcomes than those in other subgroups: reconviction rates for summary probationers were the second highest (60% vs the lowest rate of 52%) among those who had experienced homelessness, third highest (62% vs 56%) among those with two vulnerabilities, and highest—tied with the custody release subgroup—(72% vs 60%) among those with all three vulnerabilities.

Once again, a potential explanation for these patterns can be found in Section IV. Individuals in the summary probation subgroup ranked fourth (54% vs the highest rate of 83%) in the rate of utilization of non-crisis mental health services, third (14% vs 42%) in the rate of stable engagement in mental health treatment, last (46% vs 35%) in mental health crises, and third (16% vs 19%) in permanent housing placements.

Many of the County's current efforts to support rehabilitation in the community for individuals from vulnerable populations target individuals under the supervision of Probation (e.g., AB 109 co-located services, the shift to the Coordinated Optimal Rehabilitative Efforts—CORE—supervision model for formal probationers), and thus do not reach individuals who are on summary probation. In addition, the informal nature of supervision under summary probation may not allow the Court to provide significant support to help individuals in this subgroup become connected to services. Therefore, new strategies may need to be developed, targeting individuals in this population and help improve their non-justice and justice outcomes.

**Recommendation #5.** Develop strategies and expand practices for effectively identifying individuals from vulnerable populations who are sentenced to summary probation, preparing service plans for them, and facilitating connections to the services they need.

5. **Among individuals from vulnerable populations supervised by Probation, those in mandatory supervision had the least favorable justice outcomes. Those in PRCS had the most favorable outcomes for individuals diagnosed with severe mental illness.**

There was considerable variation on the metrics in this report among individuals supervised by Probation. The table below summarizes some of these findings, ranking metrics for individuals from **vulnerable populations** from lowest to highest. Because higher values are desirable for some metrics and lower values for others, we highlighted in green font the two most desirable values, in red font the two least desirable values, and in black font the middle value among all justice subgroups.

| Metric                            | Formal Probation                   | PRCS                               | Mandatory Supervision               |
|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| <b>Recidivism</b>                 |                                    |                                    |                                     |
| Convictions                       | 2 <sup>nd</sup>                    | 1 <sup>st</sup> ( <b>lowest</b> )  | 5 <sup>th</sup> ( <b>highest</b> )  |
| Felony Arrests                    | 2 <sup>nd</sup>                    | 5 <sup>th</sup> ( <b>highest</b> ) | 4 <sup>th</sup>                     |
| Misdemeanor Arrests               | 2 <sup>nd</sup>                    | 1 <sup>st</sup> ( <b>lowest</b> )  | 3 <sup>rd</sup>                     |
| Overall (all qualifying events)   | 2 <sup>nd</sup>                    | 3 <sup>rd</sup>                    | 5 <sup>th</sup> ( <b>highest</b> )  |
| <b>Severe Mental Illness</b>      |                                    |                                    |                                     |
| Use of Non-Crisis MH Services     | 3 <sup>rd</sup>                    | 5 <sup>th</sup> ( <b>highest</b> ) | 4 <sup>th</sup>                     |
| Stable Engagement in MH Treatment | 2 <sup>nd</sup>                    | 5 <sup>th</sup> ( <b>highest</b> ) | 4 <sup>th</sup>                     |
| Experienced Mental Health Crises  | 3 <sup>rd</sup>                    | 1 <sup>st</sup> ( <b>lowest</b> )  | 2 <sup>nd</sup>                     |
| <b>Chronically Homeless</b>       |                                    |                                    |                                     |
| Used Homeless Services            | 1 <sup>st</sup> ( <b>lowest</b> )  | 3 <sup>rd</sup>                    | 5 <sup>th</sup> ( <b>highest</b> )* |
| Placed in Permanent Housing       | 5 <sup>th</sup> ( <b>highest</b> ) | 4 <sup>th</sup>                    | 1 <sup>st</sup> ( <b>lowest</b> )*  |

\* Due to small sample size, estimates for chronically homeless individuals in the mandatory supervision subgroup are unreliable.

Although not always consistent, the patterns in the table above suggest the following:

- Individuals from vulnerable populations in the PRCS subgroup had:
  - Among the most favorable justice outcomes, except for felony arrests;
  - The most favorable mental health utilization and outcome metrics; and
  - Mid-level homeless service and outcome metrics.
- Individuals from vulnerable populations in mandatory supervision had:
  - Among the least favorable justice outcomes;
  - Favorable mental health utilization and outcome metrics; and
  - Among the worst homeless service and outcome metrics.
- Individuals from vulnerable populations in formal probation had:
  - Favorable justice outcomes;
  - Mid-level mental health utilization and outcome metrics; and
  - The most favorable homeless service utilization and outcome metrics.

Disentangling the factors that explain these patterns likely requires more context than can be extracted from the analyses done in this report. Findings from related work and conversations with staff from Probation provide some insights:

- A recent evaluation of AB 109 services and outcomes led by CCJCC, Probation, and OCIO found that PRCS individuals who had mandated mental health treatment in their conditions of supervision had considerably higher rates of engagement in treatment, and lower reconviction rates, than those without mandated mental health treatment in their conditions of supervision.
- Probation has significantly more discretion in setting and modifying the terms and conditions of supervision—e.g., mandated mental health treatment—for individuals in the PRCS subgroup; for individuals in the formal probation and mandatory supervision subgroups, sentencing judges establish the terms and

conditions of supervision and a court hearing—which could take weeks or even months to schedule—is required to modify them.

- Before an individual starts supervision, Probation has access to more complete information on the needs and vulnerable status history for those in the PRCS subgroup (released from state prison; the information comes from the California Department of Corrections and Rehabilitation) than for those in the mandatory supervision subgroup (released from County jail) or in the formal probation subgroup (some sentenced directly to supervision, others serve a County jail sentence before starting supervision).
- Dedicated AB 109 funding makes it possible for individuals in the PRCS and mandatory supervision subgroups to use mental health and housing services—and benefit from service coordination—that are not available to formal probationers:
  - DMH clinicians are co-located at AB 109 Pre-Release Center (PRC) HUB and supervision offices, where mental health needs for PRCS individuals are identified by reviewing clients' history and treatment needs before their release from state prison and referrals to services are made prior to a client's release from state prison; this information is usually not available to Probation for individuals sentenced to formal probation or mandatory supervision before they start the supervision period;
  - Throughout the duration of their supervision, individuals on PRCS and mandatory supervision can easily be referred to DMH and housing services co-located at HUBs if Deputy Probation Officers (DPOs) determine they are needed. Probation has a contract with a community-based organization to provide housing services to the AB 109 population (PRCS and mandatory supervision), and dedicated funding is available to provide housing to AB 109 clients whenever needed;
  - DMH is also co-located at the AB 109 violation Court, where clinicians conduct assessments and linkages to services for those in violation, prior to their release from custody. Those with higher needs are released in a coordinated effort to residential treatment or outpatient services and housing. Probation has an officer assigned to residential facilities who collaborate with the providers and provide orientations and supervision while in treatment; and
  - Coordination between Probation and its AB 109 partners (DMH, Court, SAPC, linkages providers) is mandated by law; management-level staff meet regularly to discuss and make decisions on AB 109 implementation plans. AB 109 implementation plans cannot be easily adopted for the formal Probation population due to differences in funding mechanisms and flexibility inherent to AB 109.

Whether the factors described above explain the variation in outcomes we found between the different supervision subgroups—and the relative importance of each factor on explaining this variation—is beyond the scope of this report. However, this

is a potentially important issue that could inform the improvement of programs, practices, and policies, and thus should be explored further.

**Recommendation #6.** Continue using data analysis to improve our understanding of the factors that determine variation in justice and non-justice outcomes among individuals under different types of supervision.

**Recommendation #7.** Leverage the insights developed from data analyses to help improve linkages to services and outcomes for individuals on supervision.

**6. For individuals under the supervision of Probation, the transition to life after supervision appears to be a critical period to ensure continuity in the use of services, but additional evidence is needed on the challenges that arise during this transition and on who experiences them.**

We found a few worrisome trends after individuals from vulnerable populations complete supervision: utilization of non-crisis outpatient mental health services and stable engagement in mental health treatment declined, while utilization of homeless services increased. However, we also found a decrease in mental health crises and higher rates of placement in permanent housing for two of the three subgroups supervised by Probation.

Some of these seemingly contradictory trends may be due to factors we did not explore, like variation in length of supervision, time spent in custody during supervision and after supervision, and others. Therefore, additional analyses are needed before we better understand the criticality of this transition period and which populations experience the most significant challenges after supervision.

**Recommendation #8.** Conduct additional analyses on service utilization and outcomes for individuals completing supervision, as well as whether different metrics or types of analyses are needed to understand the needs of these individuals.

## What Comes Next

The Justice Metrics Steering Committee and the Office of the Chief Information Officer will continue to work on developing and operationalizing justice metrics and using data to drive decision-making in the justice system. We have identified the following potential next steps for our work:

- Onboard data for individuals with substance use disorders from SAPC to the County InfoHub by the end of summer; metrics for this vulnerable group will be part of an updated version of this report, expected to be released later this year.
- Identify metrics for victims and survivors of crime, and explore data sources that can be used to report these metrics.

- The original goal for this report was to include more information on outcomes for clients of programs managed by the Office of Diversion and Reentry (ODR), as well as for individuals with release plans prepared by Correctional Health Services (CHS), but this data was not available to us at the time we prepared the report; ODR and CHS are represented in the JMF Steering Committee, and we hope to include metrics for their efforts in future reports.
- We will incorporate metrics for utilization of health services, such as emergency rooms.
- This report provides estimates of metrics for the 2015 Justice Metrics Cohort. These baseline metrics help us understand *what happened* to this cohort, but not whether we have done better since then. In a few months, we will be able to re-estimate the same metrics for the *2016 JMF Cohort*, which will allow us to assess progress over time. Moreover, if the JMF Steering Committee determines it appropriate, we could estimate trends for several more cohorts if we switch to one- or two-year follow-up periods, instead of three years as done in this report.
- The Technical Appendix describes gaps and limitations in the data used to produce this report; we will continue to try to fill these gaps and address the limitations as we continue working in this project.

## Glossary and Acronyms

**Acute Inpatient Mental Health Admission.** Intensive mental health services in which patients are admitted for overnight or longer stays to acute inpatient facilities, usually during acute phases of severe mental illness.

**AJIS.** The Automated Justice Information System, the Sheriff's jail information management system, which captures, among other information, data on bookings into County jail.

**BSCC.** The California Board of State and Community Corrections. Upon instructions from the state legislature, BSCC drafted a definition of recidivism and developed guidelines to estimate it. Although in this report we use other recidivism metrics, their estimation was significantly informed by BSCC's guidelines.

**CCHRS.** The Consolidated Criminal History Reporting System, a data repository managed by the Information Systems Advisory Board (ISAB) that gathers criminal history information from various source systems for the use of local judges, prosecutors, and law enforcement agencies in Los Angeles County. TCIS and AJIS data in the County InfoHub is extracted from CCHRS.

**CCJCC.** The Countywide Criminal Justice Coordination Committee, an advisory body established in 1981 by the Board of Supervisors to improve the effectiveness and efficiency of the local criminal justice system.

**CEO.** The County of Los Angeles Chief Executive Office. The County department responsible for managing the strategic direction and day-to-day operations of County government.

**Chronically Homeless.** Per the U.S. HUD, a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

**Community Supervision.** (Often also called community corrections). The supervision of criminal offenders in the resident population, as opposed to confining them in correctional facilities.<sup>1</sup> For the purposes of this report, community supervision refers to post-conviction supervision by either Probation or the Superior Court; it does not include State or Federal parole supervision. Therefore, the following types of supervision are

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<sup>1</sup> Bureau of Justice Statistics, Corrections Terms & Definitions. Available online at [https://www.bjs.gov/index.cfm?ty=tp&tid=1#terms\\_def](https://www.bjs.gov/index.cfm?ty=tp&tid=1#terms_def), last accessed on July 23, 2020.

within the scope of the report: summary probation (supervision by the Superior Court after a misdemeanor sentence that may or may not include County jail); formal probation (supervision by Probation after a felony sentence that may or may not include County jail); post-release community supervision (PRCS; supervision by Probation after release from state prison on a non-serious, non-violent, non-sexual offense); and mandatory supervision (supervision by Probation after serving a state prison sentence locally—i.e., in County jail—for a non-serious, non-violent, non-sexual felony offense).<sup>2</sup>

**County InfoHub.** A data warehouse managed by the County's Chief Information Office. Two of its key components are the Countywide Master Data Management system (CWMDM) and the service data store. CWMDM creates unique enterprise identifiers (EIDs) for clients of participating departments. The service data store receives data on services provided to those clients (e.g., mental health treatment, homeless services, etc.) and their justice system involvement (e.g., bookings, community supervision, sentencing), which can be linked across systems using EIDs.

**DMH.** The County of Los Angeles Department of Mental Health, the largest county-operated mental health department in the United States. DMH provides mental health services directly and through contracted providers.

**Exposure Period.** The three-year follow-up period that begins after the **index date** and in which individuals are “eligible” to recidivate. (That is, if an event that qualifies as recidivism occurs during this period, it is counted as recidivism. If it occurs outside the exposure period, it is not counted.) In addition to recidivism (reconvictions, rearrests, etc.), we also measure service utilization and non-justice outcomes during this period.

**Felony Offense.** In California, a crime that carries a maximum sentence of more than a year in custody—either County jail or state prison. Alternatively, a judge may sentence a felony offender to formal probation. Felony offenses are more serious than misdemeanor offenses.

**Formal Probation.** Supervision by Probation after a felony sentence that may or may not include County jail.

**HMIS.** The Homeless Management Information System, a system managed by LAHSA to collect client-level data on the provision of housing and services funded by the U.S. HUD to individuals and families who have experienced homelessness.

**Homelessness.** For the purposes of this report, a person is considered to have experienced homelessness if they have been flagged as *homeless* in any of the information systems that contribute data to the County's.

**IBHIS.** DMH's Integrated Behavioral Health Information System, the system that captures data on mental health services provided directly by DMH and its contracted providers.

**Index Date.** This term has different definitions, depending on whether it is used in the context of the full JMF Cohort, or one of the justice subgroups. In analyses for the full

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<sup>2</sup> Individuals in the PRCS and mandatory supervision subgroups could have *prior* convictions for serious, violent, or sexual offenses.

JMF Cohort, it is the date of an individual's last release from County jail, or the date of his/her last supervision start in 2015, whichever occurred last. In analyses by justice subgroup, the date of the last event relevant to the subgroup in 2015. For example, in analyses for the formal probation subgroup, the index date is the date of an individual's last start of formal probation in 2015.

**Index Offense.** The offense for which an individual was originally convicted and that led to their release from custody or start of supervision on the **index date**. For example, for an individual released from custody without supervision on January 1, 2015, the index offense is that for which they finished serving their sentence on that date.

**ISAB.** The Information Systems Advisory Board, a multi-agency, multi-jurisdictional policy sub-committee of CCJCC, established in 1982 to oversee the coordination, planning, and development of major justice information systems. ISAB manages CCHRS, the data repository from where booking and Court data is extracted and submitted to the County InfoHub.

**JMF Cohort (or the Cohort).** The group of all adults who were released (post-adjudication) from Los Angeles County jail or who started community supervision in Los Angeles County in a particular year (this report focuses on the 2015 JMF Cohort). For the purposes of this report, community supervision refers to post-conviction supervision by either Probation or the Superior Court; it does not include state or federal parole supervision. Therefore, the following types of supervision are within the scope of the report: summary probation (supervision by the Superior Court after a misdemeanor sentence that may or may not include County jail); formal probation (supervision by Probation after a felony sentence that may or may not include County jail); post-release community supervision (PRCS; supervision by Probation after release from state prison on a non-serious, non-violent, non-sexual offense); and mandatory supervision (supervision by Probation after serving a state prison sentence locally—i.e., in County jail—for a non-serious, non-violent, non-sexual felony offense).<sup>3</sup> The Cohort also includes individuals released from County jail without supervision. The Cohort excludes individuals who were released from County jail pre-trial, those who were released from state prison (other than PRCS), and those who were under state or federal parole supervision.

**Justice System Involvement.** There is no current consensus among policy makers or researchers on how to define justice system involvement.<sup>4</sup> For the purposes of this report, *justice system-involved* refers to individuals who have been convicted of a crime, since that is the group of individuals for which we estimate metrics in this report. As explained in Section VII, in the future, we plan to add metrics for other populations, such as those diverted away from incarceration and victims and survivors impacted by crime, which will expand this definition.

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<sup>3</sup> Individuals in the PRCS and mandatory supervision subgroups could have *prior* convictions for serious, violent, or sexual offenses.

<sup>4</sup> National Academy of Sciences, Engineering, and Medicine. (2017). *Improving Collection of Indicators of Criminal Justice System Involvement in Population Health Data Programs: Proceedings of a Workshop*. Washington, DC: The National Academies Press.

**Law Enforcement Mental Evaluation Team (LET).** Any of the programs that involve collaborations between DMH and a law enforcement agency in the County. The largest LET programs are SMART (collaboration between DMH and LAPD) and MET (collaboration between DMH and the Sheriff's Departments). LET programs comprise co-response teams, partnering law enforcement deputies and mental health clinicians, especially trained to de-escalate situations in which an individual is experiencing a mental health crisis and is reported to 911. LET can also assist PMRT.

**Mandatory Supervision.** Supervision by Probation after serving a state prison sentence locally—i.e., in County jail—for a non-serious, non-violent, non-sexual felony offense. Individuals in this subgroup could have *prior* convictions for serious, violent, or sexual offenses.

**Mental Health Crisis.** Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community.<sup>5</sup> For this report, we determined that an individual had a mental health crisis during the three years following the index date if we found any of the following events in DMH data during that period: psychiatric admission to an acute inpatient facility, crisis stabilization encounter at a psychiatric emergency room or psychiatric urgent care center, or crisis intervention encounters (e.g., PMRT, MET).

**Misdemeanor Offense.** In California, a crime for which the maximum sentence is no more than one year in County jail. A misdemeanor is more serious than an infraction but less serious than a felony.

**Non-Crisis Outpatient Mental Health Encounter.** Generally voluntary services delivered by DMH directly operated, or contracted mental health providers under DMH's authority as the County's safety net provider and the Local Mental Health Plan (LMHP) Administrator for Medi-Cal specialty mental health services. These outpatient services include psycho-diagnostic assessment, psychotherapy, rehabilitation, targeted case management, and medication support services, and may be delivered in a mental health clinic, by a mental health clinician co-located in another provider-type agency or County department, or in a variety of field settings (e.g., a client's home, a school, etc.). In this report, Mental Health Non-Crisis Outpatient Encounter excludes outpatient crisis intervention services, such as those delivered by Psychiatric Mobile Response Teams (PMRT) or Mental Evaluation Law Enforcement Teams (LET).

**OCIO.** The County of Los Angeles Office of the Chief Information Officer, which provides strategic leadership and partners with County departments in areas related to technology, information security, and data analytics.

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<sup>5</sup> Brister, T. (2018). *Navigating a Mental Health Crisis*. National Alliance on Mental Illness. Available online at <https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis>, last accessed on June 30, 2020.

**Permanent Housing Placement.** In this report, any placement in permanent housing captured in the HMIS, the information system managed by the LAHSA. It includes permanent housing with and without supportive services.

**PRCS.** Post-Release Community Supervision. A form of supervision provided by Probation to an offender who has been released from the California Department of Community Corrections and Rehabilitation (CDCR) after serving a state prison sentence for a non-serious, non-violent, non-sexual felony offense. Before the Post Release Community Supervision Act of 2011, these offenders were supervised by CDCR. Individuals in this subgroup could have *prior* convictions for serious, violent, or sexual offenses.

**Psychiatric Mobile Response Team (PMRT).** Emergency teams consisting of DMH licensed clinical staff that respond to mental health emergencies. Teams have legal authority per Welfare and Institutions Code 5150 and 5585 to initiate applications for evaluation of involuntary detention of individuals determined to be at risk of harming themselves or others, or who are unable to provide food, clothing, or shelter as a result of a mental disorder.

**Qualifying returns to custody events (qualifying events).** See *recidivism* below.

**Recidivism.** Per the National Institute of Justice, a person's relapse into criminal behavior. In this report, we measure recidivism using CCJCC's Returns to Custody Framework, which establishes five types of events that qualify as recidivism events: convictions, felony arrests, misdemeanor arrests, supervision revocations, and flash incarcerations. We measure each of these types of events using data from the Superior Court, Sheriff, and Probation. Details on the estimation of each type of recidivism and the data used can be found in the Technical Appendix.

**Severe Mental Illness.** Having been diagnosed with any of the following mental disorders: schizophrenia, schizoaffective disorder, psychotic disorders, major depressive disorders, bipolar disorders, and borderline personality disorder.

**Stable Engagement in Mental Health Treatment.** For the purposes of this report, we consider a person to have been stably engaged in mental health treatment if, *over a period of 12 months*, they: (1) either (a) received six or more non-crisis outpatient services, spread across at least 4 months, or (b) received three or more medication support services, spread across at least 6 months; and (2) had no more than one outpatient crisis stabilization or inpatient admission in an acute care psychiatric facility. We should note that there is no standard definition of proper engagement in mental health treatment. Although the criteria listed above—based solely on service utilization patterns—may be considered somewhat arbitrary, it was established in close consultation with staff from the County's Department of Mental Health.

**Street Outreach Services.** Homeless programs that identify and engage people living in unsheltered locations, such as in cars, parks, abandoned buildings, encampments, and on the streets. This report includes services reported to the LAHSA through the HMIS, which include those provided by County departments, such as the Department of Health Services (DHS) and DMH.

**Summary Probation.** Supervision by the Superior Court after a misdemeanor sentence that may or may not include County jail.

**Supervision Revocation.** When a judge repeals a defendant's community supervision after it is determined that he or she violated the conditions of supervision. Revocation typically implies returning to jail and serving the original sentence. In this report, we only consider as recidivism a supervision revocation in the County where the defendant was remanded to custody.

**TCIS.** Trial Court Information System, the system used by the Superior Court (and all other Superior Courts in California) to manage and process the County's criminal cases from inception to disposition.

**Vulnerable Populations.** Umbrella term used to describe groups of individuals—e.g., economically disadvantaged, racial and ethnic minorities, elderly, etc.—who are at higher risk of poor outcomes in various domains, such as health, justice, or social. For the purposes of this report, we use the term *vulnerable populations* to refer to individuals who have been diagnosed with severe mental illness and those who have experienced homelessness or chronic homelessness. This is not meant to imply that these are the only—or the most—vulnerable populations in the justice system, but rather reflects groups that are often the focus of justice reform efforts and for which data is available in the County InfoHub.

**Warm Hand off.** The process of transferring the case management of an individual before they return to the community. It involves reentry planning, linkages to services, and enrollment in benefit programs.

# Technical Appendix

## The County InfoHub

The County InfoHub is a platform managed by the OCIO, designed to link person identities between County systems, share information with and between those systems, and support the coordination of care and services, as well as data-driven decision-making.

The InfoHub consists of three core components:

- Countywide Master Data Management (CWMDM): Resolves and links identities across participating (source) systems;
- Data Integration Services: Enables the secure exchange of data; and
- Data Hosting: Stores data on service utilization and other types of encounters (assessments, arrests, supervision episodes, etc.).

The CWMDM and Data Hosting components receive data from participating departments on a regular frequency (weekly in some cases, monthly in others). Thus, the InfoHub keeps a historical record of County clients and the services they received, which can be used for performance measurement, evaluation, and research.

## Data Sharing and Security

The Office of the County Counsel, with support from an external law firm, conducted a comprehensive legal analysis of federal, state, and local regulations around data for adults in the justice, health, and social service sectors.

Following the completion of this legal analysis, the County's Chief Executive Office (CEO) executed data sharing agreements (DSAs) with every agency that now contributes data to the County InfoHub. Each of these DSAs—which were reviewed by County Counsel to ensure consistency with the findings from their legal analysis—outlines allowable uses for the data, identifies authorized users, and describes measures to be taken by CEO to protect confidentiality and privacy.

## Data Used for this Report

To create this report, we used data from the agencies and source systems listed in the table below. Specific fields within each source system, and how they were used, are described in the rest of this Technical Appendix.

*Table A-1. Source Agency, System, and Type of Information for Data Used in This Report*

| <b>Agency</b>                                   | <b>Systems</b>          | <b>Type of Information</b>   |
|---|-------------------------|--|
| Department of Mental Health (DMH)               | IBHIS<br>IS             | <ul style="list-style-type: none"> <li>• Diagnosis codes</li> <li>• Type of outpatient service</li> <li>• Outpatient service date</li> <li>• Inpatient admission date</li> <li>• Service mode</li> <li>• Service function code</li> <li>• Provider code</li> <li>• Substance abuse flag</li> </ul> |
| Los Angeles Homeless Services Authority (LAHSA) | HMIS                    | <ul style="list-style-type: none"> <li>• Chronically homeless flag</li> <li>• Project type</li> <li>• Project start date</li> <li>• Project exit date</li> <li>• Destination</li> <li>• Move-in date</li> <li>• Substance abuse flag</li> </ul>  |
| Los Angeles Superior Court                      | TCIS<br>(through CCHRS) | <ul style="list-style-type: none"> <li>• Case number</li> <li>• Case filing date</li> <li>• Booking number</li> <li>• Charge level (felony, misdemeanor)</li> <li>• Disposition</li> <li>• Disposition date</li> <li>• Sentence description</li> </ul>   |
| Probation Department                            | APS                     | <ul style="list-style-type: none"> <li>• Case number</li> <li>• Supervision grant date</li> <li>• Supervision type</li> <li>• Supervision closing date</li> <li>• Disposition code</li> <li>• Disposition date</li> </ul>  |
| Sheriff's Department                            | AJIS<br>(through CCHRS) | <ul style="list-style-type: none"> <li>• Booking number</li> <li>• Court case number</li> <li>• Booking date</li> <li>• Release date</li> <li>• Release reason</li> <li>• Charge level</li> </ul>  |
| Various others                                  | Others                  | <ul style="list-style-type: none"> <li>• Sex</li> <li>• Race/ethnicity</li> <li>• Birth year</li> <li>• Homeless history</li> </ul>  |

## Justice Subgroups

We classified individuals into justice subgroups as described below. These groups are not mutually exclusive; thus, a person could be in more than one of them.

### *Summary Probation*

This group included all individuals who had a Court case in TCIS for which they were sentenced to summary probation between January 1, 2015 and December 31, 2015.

We used the *sentence description* and *disposition date* fields from the Court's TCIS data to determine the individuals who met these criteria.

#### *Formal Probation*

This group included all individuals who started formal probation under the supervision of Probation between January 1, 2015 and December 31, 2015.

We used the *supervision grant date* and *supervision type* fields from Probation's APS data to determine the individuals who met these criteria.

#### *Post-Release Community Supervision (PRCS)*

This group included all individuals who started post-release community supervision under the supervision of Probation (after their release from state prison) between January 1, 2015 and December 31, 2015.

We used the *supervision grant date* and *supervision type* fields from Probation's APS data to determine the individuals who met these criteria.

#### *Mandatory Supervision*

This group included all individuals who started mandatory supervision by Probation (after their release from County jail) between January 1, 2015 and December 31, 2015.

We used the *supervision grant date* and *supervision type* fields from Probation's APS data to determine the individuals who met these criteria.

#### *Custody Release without Supervision*

This group included all adults who were released *post-adjudication* from County jail between January 1, 2015 and December 31, 2015, and did not start any type of supervision for the rest of the year; that is, between their release date and December 31, 2015. To be in this group, individuals had to meet **all** criteria below:

- Have a booking record in AJIS with a release date between January 1, 2015 and December 31, 2015;
- The release reason for the corresponding booking in AJIS was any of these:
  - Time served
  - Sentence expired
  - Early release
  - Percent release
  - Short sentence—release forthwith
- The individual did not have any supervision start in APS between the jail release date and December 31, 2015; and
- The individual did not have any sentence to summary probation in TCIS between the release date and December 31, 2015.

### **Demographic Characteristics**

*Sex, race/ethnicity, and age* were determined using the relevant fields—when they were available—from all source systems that participate in the InfoHub.

### *Sex*

Only two source information systems in the InfoHub capture information on gender identity, and neither of them had a significant overlap with the 2015 JMF Cohort. Therefore, we decided to categorize individuals according to sex (male, female), which was available for 99.8% of individuals in the Cohort.

When we found conflicting values within or between source systems, we resolved them according to the rules below:

1. If there is only one value, use that value;
2. If there are two different values, and one of them is *Unknown* (decline to state, null, etc.), use the other value;
3. If there are two or more different values that are not *Unknown*, use the most recent value; and
4. If the only value is *Unknown*, keep as is.

### *Date of Birth*

Date of birth was available for 99.8% of the 2015 JMF Cohort.<sup>1</sup> When we found conflicting values within or between source systems, we resolved them according to the rules below:

1. If there is only one value, use that value;
2. If there are two different values, and one of them is *Unknown* (decline to state, null, etc.), use the other value;
3. If there are two or more different values that are not *Unknown*, use the most recent value; and
4. If the only value is *Unknown*, keep as is.

### *Race/Ethnicity*

Race/ethnicity was available for 95.5% of individuals in the 2015 JMF Cohort. A few systems captured detailed information on race/ethnicity, which we collapsed into more commonly used categories. (For example, we categorized Japanese as *Asian* and Salvadoran as *Hispanic/Latino*.)

Most systems only allowed for a single race/ethnicity value, with the exception of DMH, which allowed for up to five different values to be entered for an individual. Whenever a person reported more than one value in DMH's data, we classified them as *Two or More Races*.

Then, we used the rules below to resolve conflicts within and between all source systems. These rules seek to replicate reporting criteria used by the U.S. Census Bureau, which treats Hispanic ethnicity as separate from race, and thus any person who identifies as Hispanic is reported to be Hispanic, regardless of any additional racial identification.

1. If there is only one value, use that value;

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<sup>1</sup> The OCIO data scientists that conducted the analyses in this report only had access to *year of birth*. Therefore, there could be minor errors in the age distribution reported in Section II.

2. If there are two different values, and one value is *Unknown* (decline to state, null, etc.), use the other value;
3. If there are two or more different values, and one is *Two or More Races*, use *Two or More Races*;
4. If there are two or more different values, and one is *Hispanic/Latino*, use *Hispanic/Latino*;
5. If there are two or more different values, and neither is *Hispanic/Latino*, use *Two or More Races*; and
6. If the only value is *Unknown*, keep as is.

Finally, after applying the rules above, we collapsed the following groups, which had relatively few individuals in them, into the “Other” race/ethnicity category: *Native American/Alaska Native*, *Native Hawaiian/Pacific Islander*, *Two or More Races*.<sup>2</sup>

### **Determination of Vulnerable Status**

As explained in Section II, for the purposes of this report we use the term *vulnerable populations* to refer to individuals who have been diagnosed with severe mental illness and those who have experienced homelessness or chronic homelessness. This is not meant to imply that these are the only—or the most—vulnerable populations in the justice system, but rather reflects groups that are often the focus of justice reform efforts and for which data is available in the County InfoHub.

#### *Diagnosed with Severe Mental Illness*

An individual was identified as having been diagnosed with SMI if their diagnoses in IBHIS/IS included any of the codes listed in the table below.<sup>3</sup> All codes in the table correspond to the *International Classification of Diseases, version 10*, commonly known as *ICD-10*. When diagnoses codes used the previous ICD version (ICD-9), we used a crosswalk table provided by DMH staff to convert them to ICD-10.

Data in the InfoHub does not allow us to determine the date of the diagnosis.

*Table A-2. ICD-10 Codes Used to Determine Severe Mental Illness Diagnoses*

| <b>Diagnosis Description</b> | <b>ICD-10 Codes</b>   |
|------------------------------|---|
| Schizophrenia                | F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9  |
| Schizoaffective Disorders    | F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9  |
| Psychotic Disorders          | F28, F29, F30.10, F30.12, F30.13, F30.2, F30.8, F30.9   |
| Major Depressive Disorders   | F32.1, F32.2, F32.3, F32.81, F32.89, F32.9, F33.1, F33.2, F33.3, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39 |

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<sup>2</sup> Only 3.6% of the JMF Cohort fell into one of these three categories. An additional 2.9% were already in the “Other” category, because that was the value in the source systems. Therefore, we end up with 6.5% of the Cohort in the “Other” race/ethnicity category.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2016). *Behind the Term: Serious Mental Illness*. Available online at <https://www.hsl.org/?abstract&did=801613>, last accessed June 30, 2020.

| <b>Diagnosis Description</b>    | <b>ICD-10 Codes</b>   |
|---------------------------------|---|
| Bipolar Disorders               | F31.0, F31.10, F31.12, F31.13, F31.2, F31.30, F31.32, F31.4, F31.5, F31.60, F31.62, F31.63, F31.64, F31.81, F31.89, F31.9 |
| Borderline Personality Disorder | F60.3   |

#### *History of Homelessness*

Multiple County departments capture information on a person's homeless status. Because the operational definitions, and how data is captured, vary across departments, it was not possible to create a single definition of homelessness to use in this report.

Instead, we use a broad approach: we identify a person as having experienced homelessness if they have been flagged as *homeless* in any of the systems that capture this information and contribute it to the InfoHub; this includes the systems of the following agencies:

- Department of Children and Family Services (DCFS);
- Department of Health Services (DHS);
- Department of Public Social Services (DPSS);
- Los Angeles Homeless Services Authority (LAHSA);
- Probation Department (Probation) and
- Workforce Development, Aging and Community Services (WDACS).

We should note that, even though we did not use service data from DCFS, DHS, DPSS, or WDACS for any service utilization or outcome metrics in this report, we are able to leverage their data to determine not only homelessness history, but also demographic characteristics of individuals in the Cohort who have had contact with these departments.

Due to limitations in how homeless information is currently captured in the InfoHub, we are unable to determine the date a homeless flag was assigned.

#### *History of Chronic Homelessness*

From the systems that contribute data to the InfoHub, chronic homelessness is only captured in LAHSA's HMIS, which uses the U.S. HUD definition of chronically homeless:

*"A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions"*

*must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.”<sup>4</sup>*

Thus, the chronically homeless population is a subset of the group of individuals who have experienced homelessness.

## Estimation of Recidivism

The following key terms are important to understand the estimation of recidivism<sup>5</sup>:

- **Index Date for the Full Cohort:** The date of an individual’s last release from County jail in 2015 or the date of the individual’s last start of supervision in 2015, whichever occurred last. That is, if an individual has multiple releases from County jail and/or multiple supervision starts, the date the last of them occurred will be the index date.
- **Index Date in Analyses for a Justice Subgroup:** The date of an individual’s last relevant event to the subgroup. For example, when we estimate any type of recidivism for the *formal probation subgroup*, the index date for any individual is the date of their last start of *formal probation* in 2015. Similarly, in analyses for the custody release subgroup, the index date is the date of a person’s last release from County jail in 2015.
- **Exposure Period:** The follow-up period during which individuals are “eligible” or “at risk” of recidivating. In this report, the exposure period is the three-year period immediately following the index date.

Below, we describe how we estimated each type of recidivism in CCJCC’s Returns to Custody Framework. For all definitions below, the recidivism rate was calculated by the formula:

$$\text{Recidivism Rate} = \frac{\# \text{ of individuals in the Cohort who met recidivism criteria}}{\# \text{ of individuals in the Cohort}} \times 100$$

### *Convictions*

A person was determined to have recidivated, as defined by convictions, if all these conditions were met:

- The individual had a Court case with a filing date within the exposure period<sup>6</sup>;

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<sup>4</sup> Department of Housing and Urban Development. (2015). *Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Chronically Homeless.”* Federal Register, Vol. 80, No 233.

<sup>5</sup> To define these terms—and, in general, to estimate recidivism—we rely heavily on this reference: Howell, D. (2015). *Guidelines for Recidivism Studies. Measuring Criminal Justice Outcomes for Local Programs.* State of California Board of State and Community Corrections (BSCC). Available online at <http://www.bscc.ca.gov/wp-content/uploads/Recid-Guidelines.pdf> last accessed on June 30, 2020. Even though these guidelines are specific to BSCC’s definition of recidivism, they are easily adaptable to other approaches to measure recidivism, including the one we use in this report.

<sup>6</sup> We use the case filing date as a proxy for the date of the offense, which is not available in the InfoHub.

- The charges for the case included at least one misdemeanor, felony, or wobbler<sup>7</sup>;
- The disposition code for at least one of those charges indicated any of the following:
  - Convicted (by the Court, jury, or unspecified)
  - Found guilty
  - Pleaded guilty
  - Pleaded no contest
  - Prop. 36 sentence
- The individual was sentenced by the Court.

To ensure that the conviction was for a new offense, we **excluded** cases with convictions where either the Court case number OR the booking number in TCIS were found in Sheriff's (AJIS) data, AND the arrest date for the corresponding booking record preceded the index date.

#### *Felony Arrests*

We used data from the Sheriff's Department's Automated Justice Information System (AJIS) to identify felony arrests during the exposure period of individuals in all subgroups, in which the individual was booked by any law enforcement agency in Los Angeles County. Thus, our estimates do not include arrests that occurred outside Los Angeles County or arrests by state or federal law enforcement<sup>8</sup>.

A person was determined to have recidivated, as defined by felony arrests, if **all** these conditions were met:

- The individual had a booking record in AJIS that included at least one felony charge.
- The arrest date in AJIS fell within the exposure period.
- A Court arraignment was associated with the booking record; this was determined when either of these was true:
  - The booking number in AJIS was entered in TCIS for a Court arraignment; or
  - A Court case number was entered in AJIS and the corresponding Court case in TCIS indicates the individual was arraigned.
- The arrest was for a new offense; that is:
  - The filing date for the Court case associated with the booking was after the index date;

<sup>7</sup> A "wobbler" is an offense that is punishable as a felony or a misdemeanor. A wobbler can be charged in the discretion of the prosecutor as either a felony or a misdemeanor, or, if charged by the prosecutor as a felony, can be reduced, in the discretion of the prosecutor or the court, or sentenced in the discretion of the court as either a felony or a misdemeanor.

<sup>8</sup> AJIS captures bookings from all law enforcement agencies in Los Angeles County and cite/releases from the Sheriff's Department. Therefore, some arrests by local law enforcement are not captured in AJIS; for example, if an individual is arrested by the Los Angeles Police Department but *not booked*, the arrest is not included in this report.

- If there was a sentence for the Court case associated with the booking, the disposition date did not precede the booking date<sup>9</sup>; and
- For individuals who were on active supervision at the time of the arrest, the Court case number associated with the booking was different from the Court case number(s) associated with active supervision cases.

#### *Misdemeanor Arrests*

The data, criteria, and limitations for the estimation of misdemeanor arrests were the same as for felony arrests.

A person was determined to have recidivated, as defined by misdemeanor arrests, if **all** these conditions were met:

- The individual had a booking record in AJIS that included at least one misdemeanor charge.
- The arrest date in AJIS fell within the exposure period.
- A Court arraignment was associated with the booking record; this was determined when either of these was true:
  - The booking number in AJIS was entered in TCIS for a Court arraignment; or
  - A Court case number was entered in AJIS and the corresponding Court case in TCIS indicates the individual was arraigned.
- The arrest was for a new offense; that is:
  - The filing date for the Court case associated with the booking was after the index date;
  - If there was a sentence for the Court case associated with the booking, the disposition date did not precede the booking number<sup>10</sup>; and
  - For individuals who were on active supervision at the time of the arrest, the Court case number associated with the booking was different from the Court case number(s) associated with active supervision cases.

#### *Revocations of Community Supervision with Remand to Custody*

For individuals in the summary probation subgroup, we used data from TCIS to identify supervision revocations in Los Angeles County during the exposure period, in which the individual was remanded to custody. For individuals in the formal probation, PRCS, and mandatory supervision subgroups, we used data from Probation's APS to identify supervision revocations in Los Angeles County during the exposure period, and in which the offender was remanded to custody. Thus, our estimates do not include revocations of

<sup>9</sup> This condition is meant to prevent our counting of arrests that are not for new offenses, since there are several different circumstances in which an individual can be arrested in connection to a case for which they were already sentenced before. However, due to limitations of the data, we are unable to identify certain cases in which a booking for a new offense occurs after the date of sentencing. Therefore, we likely undercount felony arrests for new offenses.

<sup>10</sup> See previous footnote. The same justification and caveats apply to misdemeanor arrests.

supervision outside Los Angeles County or of supervision by state or federal law enforcement.

A person was determined to have recidivated, when defined by revocations of community supervision, if all these conditions were met:

- For individuals who were on formal probation, post-release community supervision, or mandatory supervision:
  - There was a disposition code in APS that indicated revocation of community supervision with remand to custody<sup>11</sup>; and
  - The corresponding disposition date in APS was within the exposure period.
- For individuals who were on summary probation:
  - There was a record in TCIS with a disposition that indicated probation was revoked;
  - The revocation disposition preceded a disposition that indicated a custody length that exceeded the original custody length sentence<sup>12</sup>;
  - The two dispositions described above were for the same Court case and charge count for which the individual had been originally sentenced to summary probation; and
  - The disposition date for the latest revocation disposition preceding an increase in custody length was within the exposure period<sup>13</sup>.

#### *Flash Incarcerations*

For individuals in the PRCS subgroup, we used data from APS to identify flash incarcerations in Los Angeles County during the exposure period. We did not estimate flash incarceration rates for any other subgroups.<sup>14</sup> As in other cases mentioned above, our estimates do not include flash incarcerations that occurred in other counties in California.

A person under PRCS was determined to have recidivated, when defined by flash incarcerations, if all these conditions were met:

- There was a disposition code in APS that indicated a flash incarceration; and
- The corresponding disposition date was within the exposure period.

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<sup>11</sup> There are multiple disposition codes (or combinations of disposition codes) in APS that indicate revocation of community supervision with remand to custody.

<sup>12</sup> The only way to determine that a revocation of summary probation resulted in remand to custody was by determining if there was an increase in custody time.

<sup>13</sup> There can be multiple instances of revocation of summary probation and not all of them necessarily lead to remands to custody. This condition ensures that a revocation with remand to custody occurred within the exposure period.

<sup>14</sup> Although flash incarcerations can be used on individuals under mandatory supervision, a probation officer needs to obtain a waiver of a hearing from the offender prior to imposing a flash incarceration; thus, flash incarcerations are less commonly used for individuals in this subgroup and we do not report them here.

## **Mental Health Services and Outcomes**

### *Outpatient Encounters*

DMH data for outpatient services includes one record per service. Because multiple services can be provided during an outpatient encounter, we grouped services that had the same values of all the following fields to identify unique encounters:

- Enterprise ID (i.e., unique identifier for the individual);
- Provider code; and
- Date.

That is, we considered all services that had identical values of all these fields as part of the same outpatient encounter.

### *Crisis and Non-Crisis Outpatient Services*

Crisis outpatient mental health services included those that met either of the following criteria:

- Service type was crisis stabilization; or
- Service function code was for a crisis intervention (SFC=77).

Outpatient services that did not meet any of the criteria above were considered non-crisis outpatient mental health services.

### *Mental Health Crisis*

We identified mental health crisis events when individuals used services that met either of the following criteria:

- Inpatient psychiatric admission where the facility type was acute services; or
- Outpatient services that met the criteria for crisis services listed above.

### *Stable Engagement in Mental Health Treatment*

Individuals with a severe mental illness diagnosis were considered stably engaged in mental health treatment if, over a 12-month period, they met the following criteria:

- Either:
  - Received six or more non-crisis outpatient services (as defined above), spread across at least four months; or
  - Received three or more medication support services (identified based on combinations of service mode and service function codes), spread across at least six months;
- And:
  - Had no more than one outpatient crisis stabilization or psychiatric admission in an acute inpatient facility.

## **Homeless Services and Outcomes**

Data in the InfoHub does not allow us to determine with certainty whether an individual experienced homelessness on a specific date.<sup>15</sup> Therefore, we focused our analyses of homeless services and outcomes on individuals who have experienced *chronic homelessness*, since they are more likely to require assistance to secure permanent housing once they are back in the community.

### *Shelter Utilization*

Data in the InfoHub captures shelter utilization reported to LAHSA through HMIS.<sup>16</sup> We determined that an individual who has experienced chronic homelessness used homeless shelters during a certain period (e.g., exposure period, last year of supervision, first year after completing supervision) by applying the criteria below to HMIS data:

- The *project start date* fell within the period; and
- The *project type* was either:
  - Day shelter; or
  - Emergency shelter.

### *Street Outreach Services*

Data in the InfoHub captures street outreach services reported to LAHSA through HMIS, including those provided by other County departments, like DHS and DMH.

We determined that an individual who has experienced chronic homelessness received these services during a certain period (e.g., exposure period, last year of supervision, first year after completing supervision) by applying the criteria below to HMIS data:

- The *project start date* fell within the period; and
- The *project type* was street outreach.

### *Permanent Housing*

Data in the InfoHub captures permanent housing reported to LAHSA through HMIS. This outcome included the following: placements into permanent supportive housing (PSH), placements into housing with services (PH-S), placements into housing only (PH-H), placements into rapid rehousing (RR), and housing secured by the individual without public support.

We determined that an individual who has experienced chronic homelessness was placed into permanent housing during a certain period (e.g., exposure period, last year of supervision, first year after completing supervision) by applying the criteria below to HMIS data:

- *Project type* included any of the following: PSH, PH-S, or PH-H;

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<sup>15</sup> Although the use of homeless shelters and street outreach services indicate that a person was experiencing homelessness, the opposite is not true. That is, not using these services does not necessarily imply that they were not homeless.

<sup>16</sup> According to conversations we had with LAHSA staff, certain organizations who manage homeless shelters (e.g., faith-based) do not report data in HMIS.

- And entry date fell within the period;
- OR project type was RR;
  - And move-in date fell within the period<sup>17</sup>;
- OR the exit destination indicates any type of permanent housing<sup>18</sup>;
  - And the exit date fell within the period.

## **Additional Data Considerations**

In addition to the data sources that are not yet included in the County InfoHub, described in Section VII, there are other considerations to the data we used in this report. None of the items listed below significantly impact our findings or conclusions.

First, certain relevant data sources were missing from our analyses:

- We identified felony and misdemeanor arrests using booking data from Sheriff's AJIS system. Every Sheriff arrest and every booking in Los Angeles County—regardless of the arresting agency—is entered in AJIS. However, some arrests by other law enforcement agencies (e.g., LAPD's cite and releases) are only captured in their information systems, not in AJIS. In addition, AJIS does not capture arrests outside of the County or by State or Federal agencies. Therefore, we likely undercount arrests, particularly for misdemeanors.
- Data on homeless services and permanent housing placements came exclusively from LAHSA's HMIS system. Certain services (e.g., DMH shelters) and permanent housing programs (e.g., DHS' Housing for Health and ODR Housing) are not always captured in HMIS, and thus we likely underestimate services and placements for the homeless population.
- Data on mental health services came exclusively from DMH's data warehouse, which includes records from the Integrated System (IS) and Integrated Behavioral Health Information System (IBHIS). These systems captured mental health services provided directly by DMH or by its contracted providers. Thus, only a small proportion of services provided by private practices or billed to private insurers are included in our analyses. However, we believe that the bulk of mental health services received by justice system-involved individuals is captured in IBHIS.

Second, the historical coverage varies between data sources, which could result in incomplete estimates of certain services or outcomes:

- HMIS data is only available since 2016. Thus, we are likely underestimating service utilization and housing placements for individuals who had index dates early in 2015.

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<sup>17</sup> Per conversations with analysts familiar with HMIS data, the *move-in date* should be used for rapid rehousing programs and the *entry date* for other types of permanent housing.

<sup>18</sup> Multiple destination types indicate exit to permanent housing, including the three project-based permanent housing types listed above, housing owned by client, housing rented by client, etc.

- IS/IBHIS data for outpatient services is only available since 2014, which means we had limited ability to estimate SMI diagnoses before the index date<sup>19</sup>.
- Although the data from the Superior Court’s TCIS system is updated regularly (e.g., we currently have it through May 2020), there may be offenses committed during the exposure period (that is, the three years after the index date) for which there will be a conviction, but it has not occurred yet. Thus, we may slightly underestimate the conviction rate and, moreover, the estimate for the 2015 Cohort could continue to change as convictions in TCIS are updated.

Finally, our data did not include certain dates:

- Because we do not have offense dates, we had to use case filing dates as a proxy for them in our estimation of conviction rates. Because sometimes a case filing occurs much later than the offense, we may be underestimating the number of convictions for offenses that occurred during the exposure period.
- Currently, we are unable to determine the date a person was “flagged” as homeless or chronically homeless in the source systems. Therefore, our estimates for homeless and chronically homeless populations could include individuals who experienced either status after the index date.
- Similarly, we do not know the date a person was diagnosed with severe mental illness. As a result, some individuals in our SMI analyses may have been diagnosed after the index date.
- In the Adult Probation System, the start of PRCS supervision is not necessarily the date the person is released to the community. This could explain the low reconviction rate we found in Section VI for this group during the first month of supervision.

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<sup>19</sup> Data on psychiatric inpatient admissions goes back to 2010.