The Justice Lab
2019 Year End Report

LONG BEACH JUSTICE LAB

Introduction

Launched in January 2018, the Justice Lab mission is to reduce the recidivism-rate among the City of Long Beach (City) High Frequency Utilizers (HFUs) by getting individuals connected to treatment and care. As a Data-Driven pilot-site, funded by Arnold Ventures, the Justice Lab is committed to achieving this mission by using a data-driven approach to better understand our population, improve protocols, and to create new interventions. The Justice Lab was created after a rigorous human-centered research process conducted by the City's Innovation Team, funded by Bloomberg Philanthropies. The primary objective of the team was to better understand the experience of HFUs. The combined approach of data analysis and human-centered design successfully provided a nuanced understanding that informed the development of the Justice Lab.

The Justice Lab is composed of a a series of initiatives aimed at disrupting the cycle of incarceration. Initiatives fall under three main categories: service delivery, data governance and integration, and technology (Figure 1).

Service Delivery

- Clinician in the Jail Program
- Connection to Care (C2C) Transportation Pilot
- Priority Access Diversion Program (PAD)
- Multidisciplinary Team (MDT) Intervention

Data Governance and Integration

- Inter Department Data Sharing Administrative Regulation (AR8-32)
- Data Governance Committee

Technology

- Government User Integrated Diversion Enhancement System (GUIDES)
- Data Warehouse, Open Lattice
- Client Lookup Tool

This past year was filled with experimentation, new partnerships, and cross-departmental coordination. The Clinician in the Jail went from a pilot to a fully funded initiative, funded by LBPD for a second year; a new transportation pilot, Connection to Care (C2C), was developed and launched. through the MacArthur Foundation Safety and Justice Challenge.

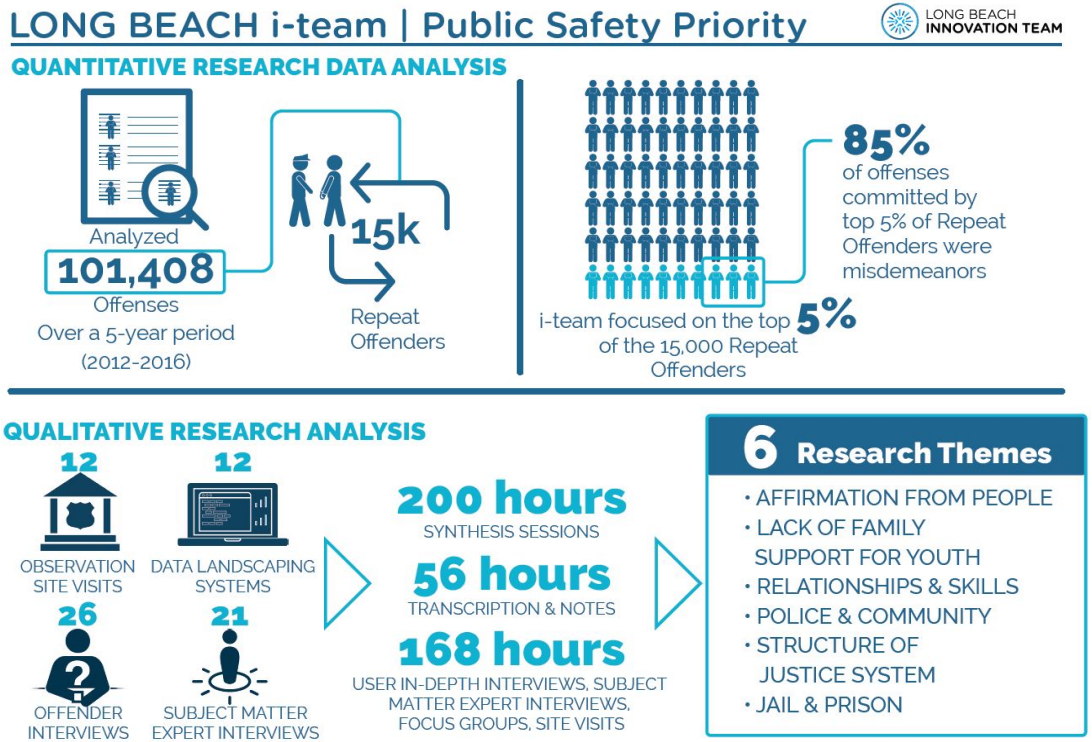
We continued our efforts in building-out a data-driven approach by establishing the early stages of a data governance structure and adoption of a platform, Open Lattice, to securely upload, integrate, and conduct analysis of cross-departmental administrative datasets. Lastly, this year we successfully developed and conducted a feasibility study of a homegrown intervention, Multidisciplinary Team (MDT).

Defining the Population

An analysis of 101,408 arrest and citation records was conducted by the City's innovation team found nearly 15,000 residents accounted for 62%of all offenses in the city over the five years.

The team focused on a subset of 875 residents, who were arrested 11 times or more in the five-year time period. The i-team found that 85%of their offenses were misdemeanors. Understanding the nature of their offenses and learning more about their lives were critical to developing the right interventions to help reduce recidivism and break the cycle of incarceration.

Most of these residents did not have stable housing: 47 % did not have a permanent address and 11% used alternative addresses, listing a motel or P.O box. The data showed that nearly half of HFUs were residents experiencing homelessness or struggling with mental health or substance abuse issues.



High Frequency Utilizers

Building from the i-team's research, the Justice Lab updated the criteria of High Frequency Utilizers (HFUs) in 2019 as:

- Individuals with 3 or more arrests in the prior 18 months,

- and-

- Individuals with 2 arrests in the prior 18 months who also meet at least one of the following criteria:

  (a) Nonviolent crime arrest in the past 18 months, or
  (b) Identified by police department record as transient, or
  (c) At least one substance abuse charge in the past 18 months

Analyzing the charges for the population with 3 or more arrests show that a majority of charges are misdemeanors, such as simple possession of a controlled substance and paraphernalia, and Quality of Life (QOL) related charges, such as camping/loitering in parks and beaches.

HFU citation and jail booking arrests trends for 2017, 2018, 2019 top three charges:

- 27% Possession of unlawful paraphernalia
- 20% Parks and beaches loitering
- 13% Outstanding warrants for misdemeanor
- 13% Outside warrant for felony
- 10% Disordering conduct with alcohol

Long Beach Police Department Quality of Life Team.

25% Top ten percent of repeat utilizers account for roughly a quarter of all charges.

50% of total repeat offenses are misdemeanor citations

85 days is the mean days between arrests among repeat offenders.

**For the purpose of this analysis, an arrest is defined as either a jail booking or a misdemeanor citation (for example, some misdemeanor citations result in a field release without a jail booking).*

Meet the Justice Lab Leaders

***LBPD Specialized Units & City Jail*:** The Quality of Life (QOL) team serves as a liaison to connect homeless individuals to services. The Mental Evaluation Team (MET) consists of sworn officers who are partnered with clinicians from LA County Dept. Lastly, the City Support Bureau, Jail Division houses a full-time mental health professional that assess the needs of HFUs and refers them to services.

The Guidance Center (TGC): TGC has a long history of providing comprehensive services to the Long Beach community. Through a partnership with LBPD, TGC provides a mental health professional with expertise in treating trauma in the jail.

LBFD (Fire) HEART: The Homeless Education And Response Team (HEART) is comprised of four firefighter/paramedics that provide rapid response to people experiencing homelessness.

Health and Human Services (LB Health): The Multi-Service Center (MSC) provides services to individuals and families experiencing homelessness. Through the C2C transportation pilot, as of Nov 2019 a Social Worker from the Community Impact Division started conducting in-reach in the City Jail for inmates experiencing homelessness.

The City Prosecutor's Office (CPO): CPO provides eligible clients with treatment options in lieu of doing county jail time through their Priority Access Diversion (PAD 2.0) program. Additionally, the CPO will be focused in 2020 building out the Government User Integrate Diversion Enhancement System (GUIDES) application.

Ascent, Office of Diversion & Re-entry (ODR): LA County ODR Whole Person Care (WPC)Program, is implemented by a locally based nonprofit, Ascent, who provides clients being released from City Jail with a Community Health Worker (CHWs) to help navigate the re-entry system.

Building a Long Beach Reentry Service Network!

In July of 2019 the **Long Beach Community Action Partners (CAP)**, was created by the Health Department, Ascent, and Brilliant Corners. CAP is an alliance of organizations that have an interest in re-entry efforts to reduce recidivism. These meetings connect service providers and work on three (3) goals annually to reduce recidivism in Long Beach.

Sequential Intercept Model

The Justice Lab uses the Sequential Intercept Model as a framework to strategically organize participating City departments, LA County, and nonprofit partnerships. Having a framework facilitates the development of new protocols, cross-site collaboration, and new interventions. In 2018 (Figure 2) the model included three intercepts (1) Community/Street, (2) Jail Intercept, (2) and the (3) Pre-Trial County Jail intercepts.

In 2019, the Justice Lab developed its fourth intercept, LA County Jail (Figure 3). The street/community intercept was enhanced due to our growing partnership with LA County Office of Diversion and Reentry (ODR) through their locally contracted Reentry Intensive Case Management Services (R-ICMS) provider, Ascent.

As of October 2019, LBPD and Long Beach Department of Health and Human Services (LB Health) teamed up to place a social worker in the jail a few hours a week, through the C2C transportation pilot. Inmates are asked if they are interested in direct transportation to an overnight shelter and/or services upon jail release. Learn more about the C2C pilot on page 10.

Figure 2: Intercept Model in 2018

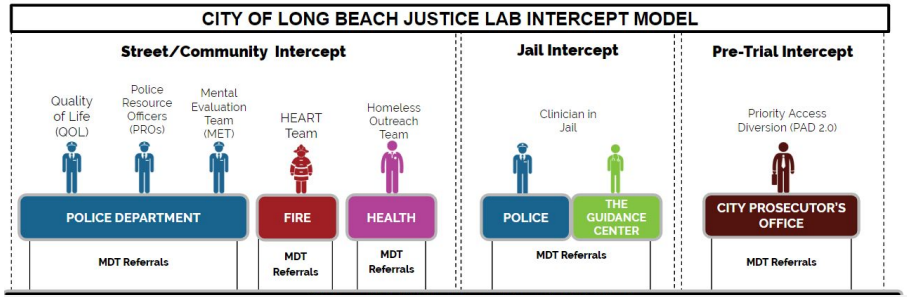
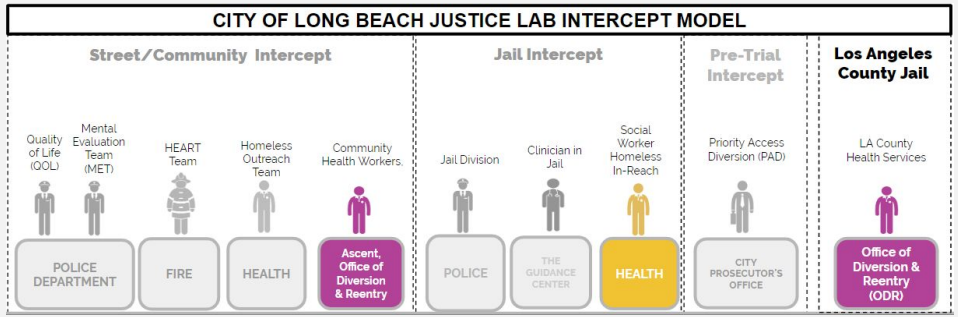


Figure 3: 2019 Intercept Model Enhancements



Release Type and Time Analysis

Unlike Law Enforcement and Fire who operate in a 24-hour cycle, social services are typically available between 7:30am - 3:00 pm (07:30 -15:00) with the exception of overnight shelters and urgent crisis centers. Currently, the CIJ provides 40 hours a week coverage between 12:00 pm - 9:00 pm (12:00 - 21:00). As of November 2019 the C2C Reentry Service Coordinator, conducts homeless in-reach in the jail between 3:00 - 6:30 pm (15:00 - 18:00) seven hours a week.

Using the CIJ reporting tool, a total of 485 releases were analyzed between January - December 2019. The analysis shows that:

68% **of releases were to LA County Custody intercept**

37% **of releases were to the Street / Community intercept**

15% **of releases occurred during the ideal timeframe to coordinate service connection**

The following insights were developed by analyzing 34 successful connections when factoring in release type and times:

- **It was critical to develop the LA County Jail intercept.** Twenty-one of the successful connections were with individuals who were transferred into LA County custody. The connections were to Whole Person Care (WPC) or to the Multi-Service Center upon county jail release.
- **Expanding the window of opportunity to coordinate services is worth the effort.**
- **It's advantageous to provide transportation services to an overnight shelter when possible.** From the total seven rides conducted, through the C2C pilot, 43% (n=3) were coordinated during a timeframe when coordination and connection were very difficult.

The analysis of 181 street/community releases in 2019 shows that:

8% of releases =	01:00 - 07:30
15% of releases =	07:30 15:00
41% of releases =	15:00 - 19:00
36% of releases =	19:00 - 24:00

The goal is to continuously expand the window of opportunity to coordinate services

8 Hours = Ideal Time for Coordination & Connection of Services

4 Hours = Coordination to Shelter

12 Hours = VERY difficult to Coordinate and Connect to Services

Clinician in Jail Program

The Clinician in Jail program is an innovative initiative created to provide mental health services and resources to inmates. This initiative is a unique partnership with LBPD and The Guidance Center, a local mental health service provider located in Long Beach.

The initiative was created after an in-depth research process conducted by the City's Innovation Team, that showed that many frequently involved misdemeanants (HFUs), are caught in a cycle of arrest and incarceration due to inadequate mental health treatment and social service connection.

Since April of 2018, a full-time embedded mental health professional has been in the jail to divert individuals away from the criminal justice system who require mental or behavior health support. The Clinician conducts assessments and provides pre-release planning through service referrals.

A Day in the Life of the Clinician

- The Clinician first identifies individuals in custody who meet the HFU criteria through the City's Client Lookup Tool application.
- The Clinician works directly with jail staff and the medical team to create a list of folks who are in need of special attention but who may not meet the criteria of an HFU
- Once the priority list is created, the Clinician proceeds to assess individuals needs for
- Immediate hospitalization or provides the client with a Pre-release plan, that lays out next steps.
- Plans consist of mental health, substance abuse, and homeless services referrals. Referrals may also go to the City Prosecutor Office for possible diversion opportunities.

Sequential Intercept Model

To date, the Clinician has had over 1,000 interactions and seen over 900 unique clients since April 2018.

Between January - December 2019 the Clinician has had a total of:

519	Interactions
491	Individuals
174	In-depth pre-release plans
57%	Of individuals met the criteria of a HFU

HFU client asked to speak with the Clinician while in custody. The client is currently experiencing chronic homelessness, struggles with addiction and has a poor support network. Client was provided with a mental health assessment and a pre-release plan.

Client was successfully enrolled in services with WPC and the MSC. As a result of WPC, the client has built a strong supportive relationship with their Community Health Worker (CHW). The CHW accompanies the client to appointments and help navigate social services. Client is receiving wraparound programming at Mental Health America (MHA) Los Angeles that provides housing and services from a MSC Case Worker.

From January - December 2019 a total of 442 referrals were analyzed, of which 47% of referrals were to homeless services followed by 27% mental health, and 26% to substance abuse. Through an in-depth pre-release plan done by the Clinician, clients typically leave with multiple referrals.

Whole Person Care (WPC) Referrals

84 WPC referrals through the LA County's Office of Diversion and Reentry (ODR).

71% of referrals were with individuals who were transferred to LA County custody compared to 29% of individuals who were released back to the street/community intercept.

25% of WPC referrals resulted in being enrolled or connected to a CHW.

Homeless Services Referrals

95 Referrals were to the City's MSC,

41% of individuals illustrates a past history of receiving services through the Long Beach Homeless Services Continuum of Care (CoC).

35% of referrals were with clients who were directly released from City jail to the street/community intercept, compared to 65% who were released to LA County custody.

6% of these referrals resulted in a direct connection.

"You come in and you're looking for a glimmer of hope or just some kind of light . . . the way she (the Clinician) spoke to me, it gave me hope to get through the day and I started thinking I could make it out of here with some kind of productivity." - CIJ Client

The Clinician, when necessary, coordinates appropriate support for urgent care such as 5150s assessment or immediate de-escalation interventions. Defined by CA Welfare and Institutions Code, 5150s authorizes a qualified officer or clinician to involuntarily confine a person, up to 72 hours, that illustrates a danger to self, others, or displays grave disability.

In 2019 a total of . . .

14 5150s were conducted,

5 of which resulted in hospitalization and

4 5150s were successfully de-escalated

The Clinician in Jail Program has been widely viewed as a success for its effectiveness in deploying public safety resources while giving individuals access to timely health services. A key factor to the program's success is the productive partnership between LBPD and The Guidance Center, each willing to enter into the new, unconventional alliance and adapt as the program evolves.

The photo above demonstrates the positive impact made by the program. In the picture Melissa Mojica,LMF Public Safety Clinician, stands in support of Ernesto Portillo who went through specialized counseling in with a clinician in the Long Beach jail as part of the City's Justice Lab portfolio. Photo by Thomas R. Cordova.

Priority Access Diversion Program (PAD 2.0)

The City of Long Beach Prosecutor Office is responsible for prosecuting all adult misdemeanor crimes committed within the city. Examples of cases prosecuted by the Prosecutor include petty theft, vandalism, trespass, graffiti, loitering, public intoxication, disturbing the peace, and under the influence of drugs.

The pre-trial program through the City Prosecutor's Office (CPO) offers a unique opportunity for residential mental health and substance abuse treatment in lieu of county jail time. How it works**,** the Clinician provides the CPO with a referral. The Prosecutor verifies eligibility and then offers the client the program. If the client accepts, they are typically connected to the Los Angeles Centers for Alcohol and Drug Abuse (LA CADA) and LA County Department of Mental Health (DMH) who will conduct an assessment and coordinate service for alternative sentencing.

In 2019 the Clinician provided the CPO with 69 referrals that resulted in 20% of clients accepting PAD:

20% **of referred clients were diverted to treatment in lieu of county jail time**

A young HFU client was successfully screened by the Clinician in the Jail for PAD. The Prosecutor reviewed the case and determined the client was eligible. Upon being released to the street/community intercept, the City MSC team quickly responded by coordinating an overnight shelter as he was scheduled to enroll at LA CADA the next morning. Currently, the client is receiving residential substance abuse treatment and doing well. A representative from LA CADA relayed a message on his behalf to the City team stating, **"Thank you for not giving up on me."**

Connection to Care (C2C) Transportation Pilot

LBPD and the Health Department teamed up this year to develop and test a transportation pilot for individuals being released from City jail to services. Through the support of a grant received by the MacArthur Foundation Safety and Justice Innovation Challenge, the City launched the Connection to Care (C2C) pilot this past October 2019.

The pilot aims to reduce the re-incarceration of individuals with persistent health challenges and who commit non-violent misdemeanor offenses by better connecting clients to supportive services upon jail release. Through the support of the grant, a Reentry Services Coordinator was fully onboarded November of 2019.

The Coordinator is a Social Worker from the Health Department who works in collaboration with the Clinician in the Jail a few hours a week to identify and do in-reach with persons experiencing homelessness who may be interested in transportation to an overnight shelter and/or services.

7 Rides were completed during the first two months

100% Service connection!

43% Of the rides were to the Rescue Mission

$7.00 Is the average cost per ride

The Reentry Services Coordinator met with a 71-year-old client in custody. He has been homeless for over 11 years and had never accessed any community resources.

After the initial assessment, the Coordinator contacted the Long Beach Rescue Mission and reserved an emergency bed. The client was transported to their shelter upon release and our MSC City team is continuing to follow-up with case management to ensure ongoing linkage to services.

Flow Chart of C2C Transportation Coordination

Goal: Connect clients who are experiencing homelessness to emergency shelter and ongoing services at the MSC upon jail release.

The Clinician in Jail and/or jail staff provides the Coordinator an in-custody list that identifies persons experiencing homelessness.

Coordinator conducts an initial assessment utilized by staff and provides information and referrals to shelters, case management services, and other homeless service providers.

If the client is released back into the community, the Coordinator reserves a bed at an emergency shelter and arranges transportation upon release. The following morning, the Coordinator will coordinate transportation to the MSC and conduct ongoing follow-up with the assigned case manager.

The Coordinator documents connections to care in the Homeless Management Information System (HMIS). .

Multidisciplinary Team (MDT) Feasibility Study

In 2019, the Justice Lab implemented the MDT intervention feasibility study. The MDT is based on an adapted version of an evidence-based model, Forensic Assertive Community Treatment (FACT), that includes elements of wraparound services.

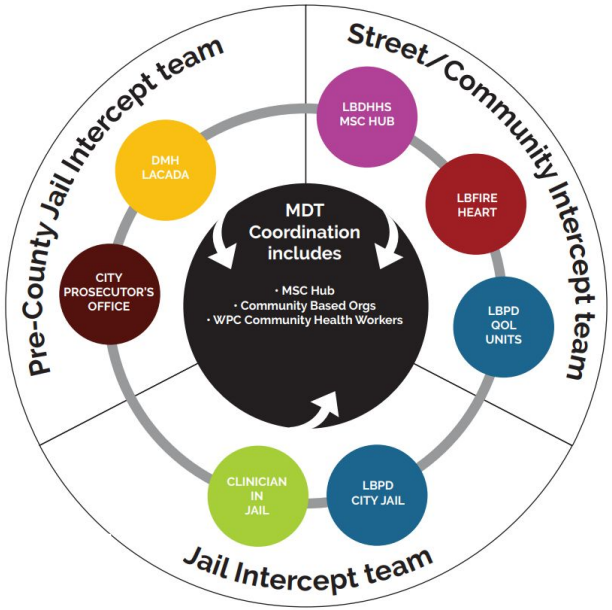
During the study, the Justice Lab facilitated ongoing conversation with stakeholders who are part of the establish MDT governing group. Since January of 2018, the MDT governing group has convened monthly to develop methods for expanding data sharing, performance measures, and to set the stage for the successful rollout of the first phase of recruitment and case coordination for clients enrolled in the MDT intervention.

In partnership with the University of Los Angeles (UCLA) Luskin School and California Policy Lab, and California University of Long Beach (CSULB) School of Social Work, together the Justice Lab developed the intervention, recruitment strategy, and training protocols.

The primary objective of the intervention is a reduction in the recidivism among MDT clients. The secondary objectives includes city-wide resources efficient/cost savings, increase in coordination and uptake of social services on behalf of MDT clients, data sharing among MDT stakeholders, integration of shared data, and the development of new technology to facilitate data collection and data sharing to increase in communication efficiency, and increase in collaboration among MDT stakeholders. A core component of the intervention is the MDT case conferencing team who work collectively to discuss the coordination of services of clients through referrals and follow-ups. The case conferencing team meets bi-weekly to discuss and implement the service coordination at a ground level.

Twenty-one individuals were successfully recruited into the feasibility study. During the study, the CIJ led and championed our recruitment efforts. The CIJ recruited 90% of enrolled clients. The HEART team successfully demonstrated that field recruitment was possible and the MSC utilized their case managers to engage in recruitment efforts.

Through the study, the Justice Lab was able to demonstrate that recruitment was possible in the street/community and City jail intercepts.



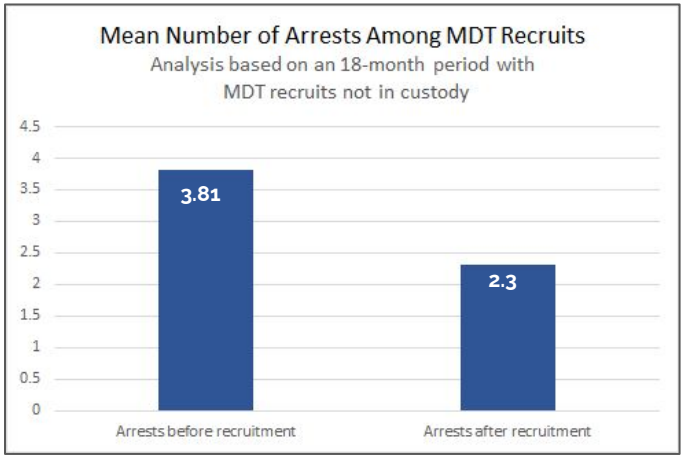
Critical Elements of the MDT

Information & Data Sharing	Team Based Coordination	Continuous Communication & Follow-up

21 Clients were successfully recruited for the MDT feasibility study
(February 2019 - April 2019)

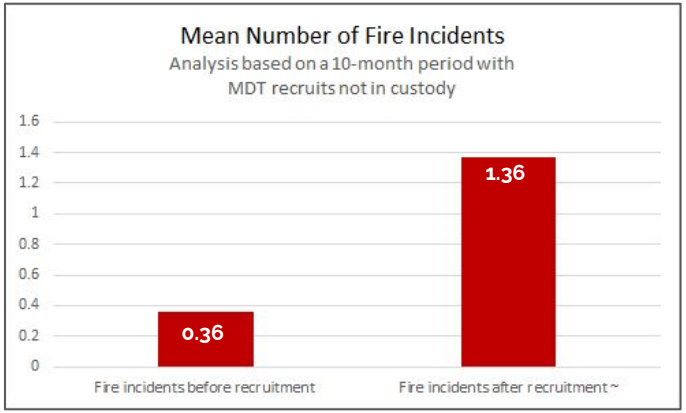
2 clients revoked consent

Average of ~ 5 arrests per person in an 18-month period



The case conferencing team is currently coordinating services for 17 active clients. From the active clients:

6 out of 17 are considered high priority
2 out of 17 are considered low priority
8 out of 17 are currently in County/State custody
1 out of 17 is in Federal prison



Breakdown of Services

- 4 clients were connected to substance abuse services
- 1 client was connected to mental health services
- 2 clients were connected to homeless services
- 1 client is receiving reentry case management
- 1 client has been successfully housed since July of 2019

The analysis between arrests and fire incidence among MDT clients before and after recruitment is promising. The feasibility study sample size is small but provides preliminary results that the MDT intervention is:

- Recruiting the right population
- Indicating a decrease in arrests within a six-month period
- Among recruits not in custody, there is some indication towards being connected to services and housing

MDT Client Case Study #1

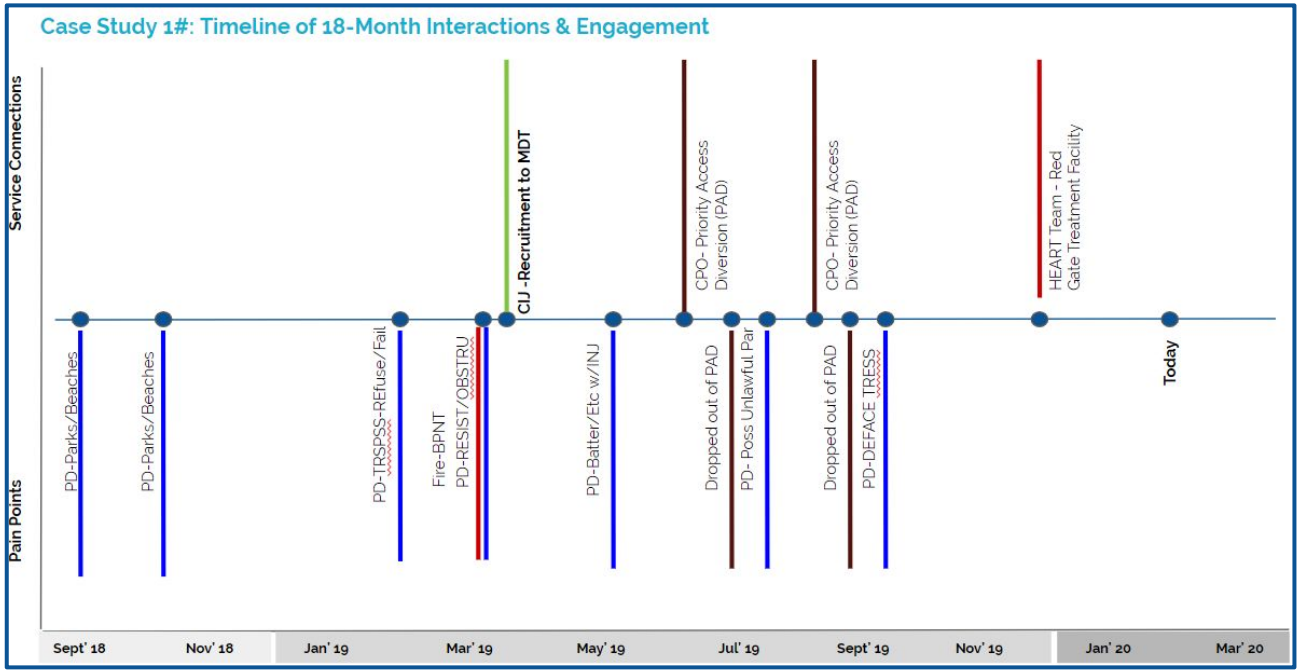
Recruited:
April 2019

Intercept:
City Jail, Clinician

Interactions & Engagements:
LBPD, LB Fire, CIJ, CPO

As one of the recipients of PAD, this client was also recruited as a client for the MDT intervention, The client has been a part of the **PAD program several times** and has **exhausted opportunities** to participate in the residential substance abuse treatment program at **LA-CADA**. After the client completed his sentence at Twin Towers, he stayed temporarily in the **Skid Row area**.

A week before Christmas, HEART made contact during their regular outreach. Client was in a wheelchair and shared that he had broken his ankle. He explained why he hadn't been around the last few months and really wanted to get back into treatment. **HEART** was able to place him at the **Red Gate detox center** in Long Beach.



Service Coordination

Client was eligible and accepted PAD

CIJ engaged recruited client and created a pre-release plan in the jail.

Re-connected to services by the HEART Team to substance abuse treatment

Challenges

Has had 7 arrests during the 18-month period

Has an injury

Substance Abuse

No established follow up mechanism - No Phone

Next Steps

MDT case conferencing team facilitator will be following-up with Long Beach Red Gate treatment facility on client's continuous progress.

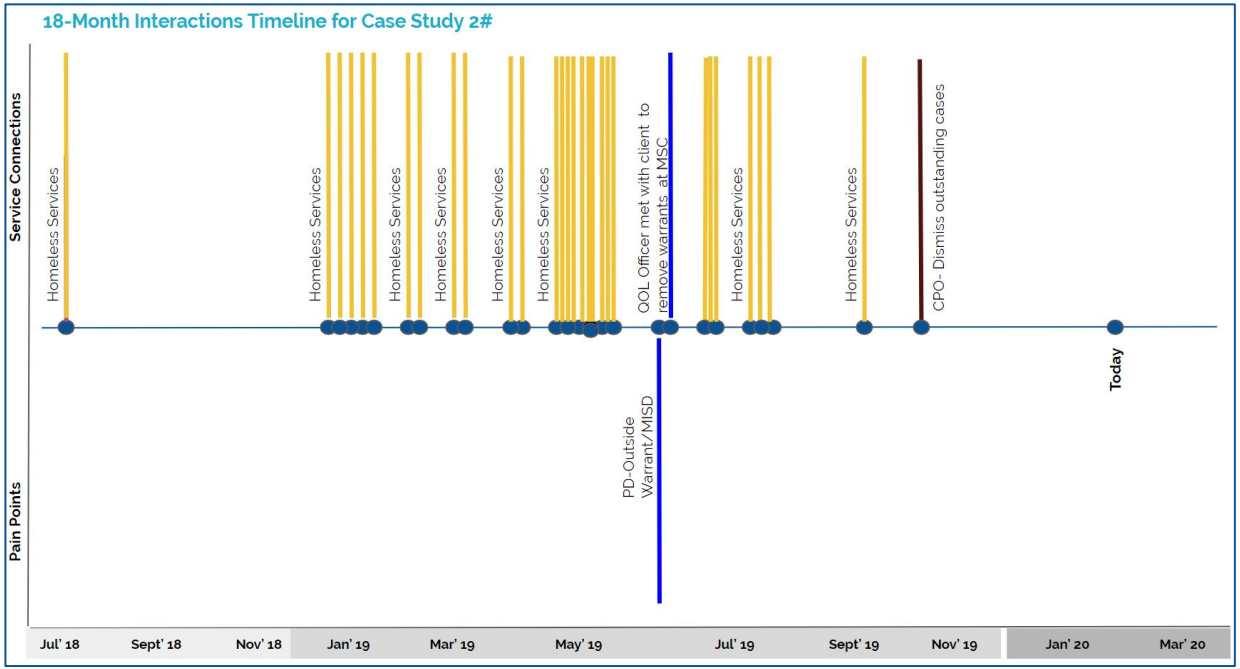
MDT Client Case Study #1

Recruited:
2019

Intercept:
Health- MultiService Center

Interactions & Engagements:
Health MSC, LBPD, CPO

Client has been working with the Homeless Services Outreach Team at the **MSC since 2018** and through the **support of the case conference team**, the client was **successfully housed** in permanent housing through a **subsidized housing choice voucher** issued by the **Long Beach Housing Authority.** The process to getting the client housed including overcoming obstacles such as a failed unit inspection, finding resources for the client's mother, who is also experiencing homelessness, and certifying that client animal companion. Additionally, the client had five outstanding court cases that were related to quality of life issues. **The City Prosecutor was able to dismiss all five cases** in Long Beach once the client was permanently housed.



Service Coordination

Section 8 housing coordination.

Inspection of the unit with Housing Authority

Removing bench warrants from the client's record.

Challenges

Ensuring that the housing voucher did not expired

Finding a unit that accepts pets

Passing the unit inspection

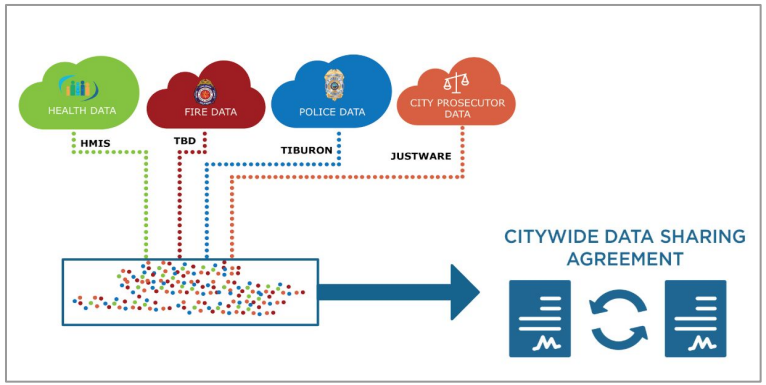
Next Steps

Ensuring that the client stays housed, This involves: keeping up with monthly payments and renewing the lease.

Periodically checking-in with the client to see if any additional service or support is needed.

Administrative Regulation 8-32 on Inter-Department Data Sharing

In the past, there was little cross-department information sharing capabilities or availability, a handicap that limited the City's ability to implement a coordinated plan of action to address the needs of our population of high utilizers. The Administrative Regulation (AR) 8-32, established the legal mechanism of sharing administrative data among City departments. The Justice Lab implemented the City's regulation by establishing a procedure for departments to extract and share datasets manually form three departments, LBPD, LBFD, and the Long Beach Health departments for analysis.



Data Access & Integration Table

Owner	Description	Agreement	Regularly Available	Data Integrated
LBPD	Arrests citations and jail bookings data, report classification, date, time, arrest type, call type, and location of occurrence	AR 8-32		
LBPD & TGC	Clinician in jail monthly reporting tool, names, Master Name Index (MNI), activity type, referrals, and contact information	3rd Party Agreement		
DHHS	Homeless Management Information System (HMIS) service information used by individuals receiving homeless services at the MSC	AR 8-32		
LBFD	Unit details, call and response type, and contains accounting and billing related to incidents	AR 8-32		
CPO	Justware system, records for stay away order, court date, Priority Access Diversion (PAD) enrollment	AR 8-32		

Leveraging Technology

As part of the Justice Lab commitment to be data-driven, a foundational goal is to successfully bring together multiple datasets to cross-check information with Police, Health, Fire, and the City Prosecutor's Office to help coordinate much-needed wrap-around services for the City's HFUs. The City has chosen to use Open Lattice as our data sharing platform and look forward to building-out the Client Lookup and tool and GUIDES.

Open Lattice, is a secure and scalable cloud-based data platform that will enable participating City departments to work together to better understand high utilizers across departments by integrating administrative datasets. The platform will link individual level data across criminal justice, healthcare, and social services. Additionally, it will streamline data collection and reporting, and allow participating departments to conduct quick analysis that will help the City better understand HFUs, improve protocols, and develop new interventions that will reduce the recidivism rate among this population.

Client Lookup: This homegrown tool allows participating MDT case conferencing staff to screen individuals for the intervention and to indicate the consent status for each client. This allows the Justice Lab administrators to keep an immediate running log of all participants via the administration portal. The tool has been in use since May 2019 and has been updated/enhanced based on the feedback received from the users.

(GUIDES) Government User Integrated Diversion Enhancement System: In December 2019, the Prosecutor's Office was awarded a grant from the Bureau of Justice Assistance, Innovation Prosecution Solutions programs, through the U.S. Department of Justice. The Prosecutor has actively participated in the DDJ Stakeholder group, leads the Justice Lab Priority Access Diversion Program and will be using the funding to complete the development of an app called GUIDES, that would give patrol officers real-time information about the people being stopped as well as the services available to help them.

Conclusion

Currently, the Justice Lab is funded by multiple sources that include Arnold Ventures and the MacArthur Foundation Safety and Justice Challenge. Together, the City, nonprofits, and LA County are developing innovative ways to reduce the Long Beach recidivism rate among our HFUs. The portfolio of the Justice Lab has positioned Long Beach as a municipal leader among the Data-Driven Justice national network.

The Justice Lab is committed to work on the following priorities for 2020:

(1) Continue the implementation and refinement of the MDT intervention,

(2) Work on strengthening the City's data infrastructure,

(3) Further develop new technological tools and interventions,

(5) Engage with the newly formed Long Beach reentry network, and

(6) Increase mental health, substance abuse, shelter, transportation, and housing capacity.