Data Driven Justice
Planning and Research in Long Beach
Oct 14 2020
Outline

1. Beginning - How it all started
2. Groundwork - The process and methodology
3. Justice Lab - Organizational structure and administration
4. Initiatives - Components of execution
5. Outcomes - Success stories
January 2017 - Long Beach Mayor Identifies Public Safety as a Priority Item. Directs innovation team to work on the priority.

October 2017 - City of Long Beach joins Data Driven Justice Community

April 2018 - Arnold Ventures provides grant funding to implement data integration work as well as evaluation of the program
OBSERVATIONS
SITE VISITS
12

DATA LANDSCAPING
SYSTEMS
10

USER
INTERVIEWS
26

SUBJECT EXPERT
INTERVIEWS
14
Groundwork - Qualitative Research

LONG BEACH i-team | Public Safety Priority

QUALITATIVE RESEARCH ANALYSIS

12 Observation Site Visits
12 Data Landscaping Systems
26 Offender Interviews
21 Subject Matter Expert Interviews

200 hours Synthesis Sessions
56 hours Transcription & Notes
168 hours User In-Depth Interviews, Subject Matter Expert Interviews, Focus Groups, Site Visits

6 Research Themes
- Affirmation from People
- Lack of Family Support for Youth
- Relationships & Skills
- Police & Community
- Structure of Justice System
- Jail & Prison
LONG BEACH i-team | Public Safety Priority

QUANTITATIVE RESEARCH DATA ANALYSIS

101,408
Offenses
Over a 5-year period (2012-2016)

15k
Repeat Offenders

85% of offenses committed by top 5% of Repeat Offenders were misdemeanors

i-team focused on the top 5% of the 15,000 Repeat Offenders
Top 5% utilizers ~ 875 residents, who were arrested 11 times or more in the five-year time period.

85% of their offenses were misdemeanors. Quality of life charges
- Intoxicated in public
- Parks/Beach loitering
- Possession of paraphernalia

Most of these residents did not have stable housing: 47% did not have a permanent address.

Nearly half of HFUs were residents experiencing homelessness or struggling with mental health or substance abuse issues.
OBJECTIVE CATEGORY

AFFIRMATION FROM PEOPLE
LACK OF FAMILY SUPPORT FOR YOUTH
RELATIONSHIPS & SKILLS
POLICE & COMMUNITY
STRUCTURE OF THE JUSTICE SYSTEM
JAIL & PRISON

Design Objectives
Implementation - Spin off Justice Lab

- Initial funding of Justice Lab - **Arnold Ventures**
- Some support from MacArthur Foundation Safety and Justice Challenge.
- Office jointly based in Long Beach Police Department (LBPD) and City Manager (CM) office
  - Project Manager (Placed in LBPD)
  - Technologist/Data Scientist (Placed in CM)
  - Part time research manager (Placed in PD)
  - CSULB Social Work interns (Placed in PD)
<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>STATUS</th>
<th>DESCRIPTION &amp; UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter Department Data Sharing Agreement</td>
<td>Implementation</td>
<td>The agreement developed policies and procedures regarding data-sharing among City Departments that enables providers to access information to better serve residents who frequently interact with the Justice system and service providers.</td>
</tr>
<tr>
<td>Data Warehouse</td>
<td>Prototype</td>
<td>The goal of this initiative is to successfully bring together multiple data-sets to cross-check information with Police, Health, Fire, the City Prosecutor’s Office, and other departments to help coordinate much-needed wrap-around services for residents.</td>
</tr>
<tr>
<td>Multidisciplinary Team (MDT)</td>
<td>Implementation</td>
<td>The MDT convenes City and County departments monthly to better coordinate and reduce the burden on HFUs accessing services. Examples of services include mental health, substance abuse, and homeless services. The MDT framework encompasses a variety of touch points from the street, jail, and pre-trial intercepts.</td>
</tr>
<tr>
<td>Clinician in Jail Pilot</td>
<td>Implementation</td>
<td>The pilot placed a full-time mental health professional in city jail to conduct assessments and provide post-release planning through linkages and referrals to services. The program is now funded by LBPD for fiscal year 2019.</td>
</tr>
<tr>
<td>Priority Access Diversion Program 2.0</td>
<td>Pilot</td>
<td>PAD 2.0 is a pre-trial program through the City Prosecutor’s Office. This initiative offers a unique opportunity for residential mental health and substance abuse treatments in lieu of county jail time.</td>
</tr>
<tr>
<td>Government User Integrated Diversion Enhancement System</td>
<td>Prototype</td>
<td>Under development with the City Prosecutor’s Office and LBPD, GUIDES will equip first responders with needed information to quickly identify clients and their service connections.</td>
</tr>
</tbody>
</table>
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 from three departments, LBPD, LBFD, and the Long Beach Health departments for analysis.

**Data Access & Integration Table**

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

### 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):
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.

### 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!**
Outcome - Long Beach Intercept Model

CITY OF LONG BEACH JUSTICE LAB INTERCEPT MODEL

Street/Community Intercept
- Quality of Life (QOL)
- Mental Evaluation Team (MET)
- HEART Team
- Homeless Outreach Team
- Community Health Workers, Office of Diversion & Reentry

Jail Intercept
- Jail Division
- Clinician in Jail
- Social Worker Homeless In-Reach

Pre-Trial Intercept
- Priority Access Diversion (PAD)

Los Angeles County Jail
- LA County Health Services, Office of Diversion & Reentry

Referred Multi-Disciplinary Team (MDT) Clients
- POLICE DEPARTMENT
- FIRE
- HEALTH
- Ascent
- POLICE
- THE GUIDANCE CENTER
- HEALTH
- CITY PROSECUTOR'S OFFICE
- Ascent

MDT Wrap Around Service Coordination
Follow-up
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.

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.

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
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.

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

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.

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

Flow Chart of C2C Transportation Coordination

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).
Data Analysis:
- Leveraged existing technology available at the City
- Sharepoint with role based access to coordinate data sharing.
- Analysis performed using open source tools apache spark, python, postgres for data storage
- Automation - apache airflow
Client Lookup Application: 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.
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.
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 needs 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.

**18-Month Interactions Timeline for Case Study #2**
THANK YOU!

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