



Connection to Care in a Municipal Jail Setting

An Innovation Fund Case Study from Long Beach, California

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Long Beach, California, is located in Los Angeles County but operates a municipal jail (the Long Beach City Jail) that is independent from the county's jail system. The jail holds unsentenced people for a maximum of 96 hours, after which people are released to the community or transported to the Los Angeles County jail system. The jail has capacity for 202 people and the facility averages 10,000 bookings annually (down from about 25,000 a decade ago). Mental health treatment needs are common among people held in the jail, and as the jail population has declined the rates of need among the remaining population has increased. In response, the City of Long Beach designed and implemented the Connection to Care (C2C) program to better link people with mental health needs to appropriate social services and behavioral health services in the community.

This brief examines the C2C pilot in Long Beach and its efforts to improve connections to behavioral health and social services for people who meet the definition of "high-frequency utilizers" (HFUs) of the jail, as defined by the City of Long Beach. It is one in a series of briefs supported by the Innovation Fund, an initiative sponsored by the MacArthur Foundation's Safety and Justice Challenge. It situates the C2C pilot within Long Beach's broader strategy to reduce jail incarceration among HFUs, outlines strengths and challenges in C2C's implementation, and provides lessons for other localities seeking to better coordinate services for people who frequently cycle in and out of jail.

BOX 1

The Safety and Justice Challenge's Innovation Fund

The John D. and Catherine T. MacArthur Foundation launched the Safety and Justice Challenge in 2015 to address the misuse and overuse of jails, a main driver of incarceration in America. In 2016, the foundation established the Innovation Fund to provide jurisdictions small grants to test ideas for safely reducing the US jail population while maintaining or enhancing public safety. Innovation Fund jurisdictions received small grant awards, technical assistance from the Urban Institute, and access to the challenge's peer learning network. The initial Innovation Fund cohort included 20 competitively selected jurisdictions in 2017, and in June 2018, Urban added 12 sites, including Long Beach, through a second competition, to expand the breadth and variety of initiatives.

The Connection to Care Pilot and Long Beach Justice Lab

The C2C pilot was one element of a broader collaborative strategy developed by the City of Long Beach to more effectively work with people who were repeatedly arrested, often owing to issues such as a lack of housing. In 2015, the city developed the Public Safety Continuum, a collaboration between the Long Beach Police Department (LBPD), the Long Beach Fire Department, and other municipal government partners, including the city prosecutor's office and the Long Beach Department of Health and Human Services (HHS). Led by its Innovation Team and with funding from Bloomberg Philanthropies, the city undertook an extensive analysis of people who had frequent interactions with its Public Safety Continuum. The Innovation Team examined arrests occurring from 2012 to 2016 and determined approximately 15,000 people had had multiple arrests during that five-year period. Focusing on the 5 percent of those people with the most arrests, it found that 85 percent of their offenses were misdemeanors and that many of the most common charges were best understood as low-level, quality-of-life infractions, such as possession of unlawful paraphernalia, loitering on parks/beaches, and disorderly conduct. Equipped with analysis suggesting that many people who were repeatedly arrested and spending time in the jail were being charged with quality-of-life infractions indicative of underlying housing and treatment needs best addressed through connection to services, the city created the Justice Lab at the start of 2018 to improve approaches for this population.

BOX 2

Case Study Methods

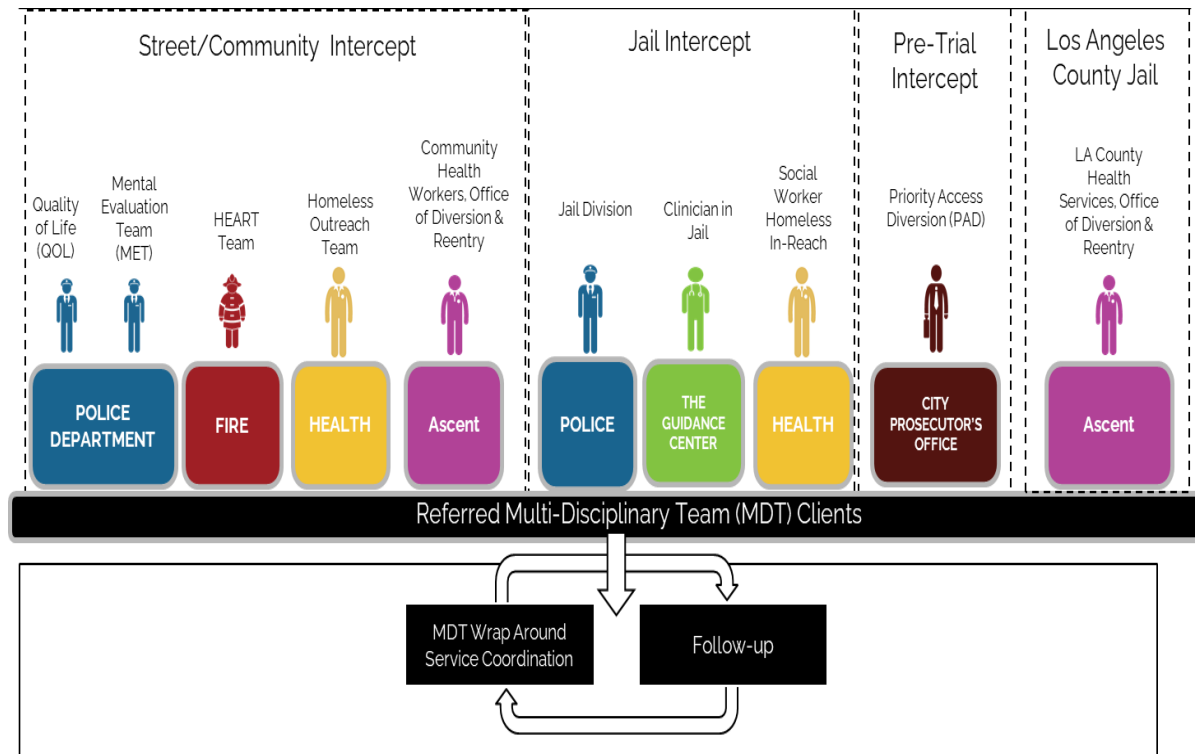
Urban Institute researchers conducted 8 semistructured in-person and telephone interviews with 11 people who partnered on the C2C pilot. They included jail and police department staff, health department staff, and Los Angeles County social services partners. Researchers asked interviewees about how Long Beach developed C2C, how the pilot fit with the Justice Lab's broader array of strategies for working with people being repeatedly arrested, how collaboration among partners

worked, and the pilot's benefits and challenges. Researchers analyzed interview transcripts for common themes and recommendations.

Supported in part by funding from the Laura and John Arnold Foundation, the Justice Lab is intended to reduce recidivism among the city's HFU population. It is currently housed in the Long Beach Police Department but was launched as part of the city's Office of Civic Innovation. It defined HFUs as people who had three or more arrests in Long Beach in the previous 18 months, or who had two arrests in the previous 18 months and who had a nonviolent crime arrest in the previous 18 months, were identified by the LBPD as transient, and/or had at least one substance abuse charge in the previous 18 months (Long Beach Justice Lab 2019).

Foundational to the Justice Lab's overarching strategy was the creation of the Multidisciplinary Team (MDT). The MDT (which the Justice Lab manager oversees) brings together city and county safety, social service, and behavioral health departments on a monthly basis to better coordinate the provision of mental health, substance abuse, and homelessness services (and reduce barriers to them) for HFUs. As figure 1 shows, the unifying element of the Justice Lab's strategy for working with HFUs is the MDT, which HFUs can be referred to via the lab's multiple intervention avenues. The work of the MDT and its constituent partners is further supported by interdepartmental data sharing established among municipal agencies participating in the effort, and an expansion to key county agencies is being planned.

FIGURE 1
Long Beach Justice Lab Intercept Model



Source: City of Long Beach Justice Lab.

Note: HEART = Homeless Education and Response Team.

The nine-month C2C pilot was a key strategy to enhance the city’s continuum of responses and a way of addressing a critical gap in that continuum. Since 2015, Long Beach had been cultivating a range of responses to the needs of people coming into frequent contact with the city’s justice, human services, and behavioral health systems. It based this effort on the [Sequential Intercept Model](#) (Munetz and Griffin 2006), which helps jurisdictions systematically address how community-based responses can serve people with mental and substance use disorders involved in the justice system.¹ People the city identifies as HFUs experience persistent challenges owing to mental health issues, substance use disorders, and homelessness. The Justice Lab’s plan to address these challenges and to address HFUs’ needs and system involvement focused on contacts in the community (or “street”), in the municipal jail, and at the pretrial stage (see figure 1, and see box 6 for a brief summary of the nonjail interventions).

The foundational intervention for engaging HFUs at the jail intercept is the “clinician in jail” pilot program, which began in April 2018. The program embeds a mental health professional in the Long Beach City Jail to assist people incarcerated there and connect them to services to prevent additional jail bookings. The clinician is employed by the Guidance Center, a community-based mental health services provider. During the initial six-month clinician in jail pilot, the clinician met with 297 people and provided 214 referrals, primarily to mental health services (33 percent of referrals), substance abuse services (19 percent), and homelessness services (32 percent; Long Beach Justice Lab 2019). The Long

Beach Police Department, which operates the jail, committed to funding the clinician program during its second year. However, despite the good work the clinician did, the actual rate of connection to referred services upon release was disappointingly low because of issues including lack of transportation at the point of release. The C2C pilot was conceived to address this gap.

Conceiving the Connection to Care Pilot

The C2C pilot program was conceived to maximize the Long Beach City Jail clinician's efforts to identify, direct, and connect people who would need behavioral health services after leaving jail. The Department of Health and Human Services, the LBPD, and the Justice Lab collaborated on the pilot, which was designed to link people leaving the jail to services through transportation support and case management. Before the program launched, there was no capacity to facilitate "warm handoffs" with services the clinician referred people to, and there was no one to follow up with clients or build partnerships with community organizations to increase the likelihood that the referrals would lead to service engagement. The objectives of the C2C pilot included increasing information sharing and data integration; increasing collaboration among local, county, and community partners; increasing coordination of services; facilitating uptake of social services and reducing recidivism among HFUs; and citywide resource efficiency and cost savings.

The C2C pilot built on the work of the clinician in jail program. The clinician meets with people with behavioral health needs, assesses them (if they consent), and makes a release plan that includes referrals to services for needs indicated in the assessment. Although HFUs are the C2C program's priority and are the people considered C2C clients for data tracking purposes, the clinician meets with and assesses others in the jail. The jail regularly identifies HFUs by checking the jail population against a list of HFUs maintained by the Justice Lab and by interacting with the clinician and other jail staff.

After identifying someone as a C2C client, the clinician seeks to determine the right referral and convince them to commit to engaging in services. During the C2C pilot period, common referral partners included emergency shelters, the Multi-Service Center (MSC) for housing, and the Behavioral Health Urgent Care Center (table 1). Stakeholders we interviewed noted that having a clinician in the jail to generate "referrals of substance" (referrals that meaningfully target people's needs) was an important benefit.

TABLE 1

Results of C2C Client Interactions with C2C Fellow, as of June 30, 2020

Month	Rides	Destination(s)
September 2019	3	Emergency shelter
October 2019	1	Emergency shelter
November 2019	1	Emergency shelter
December 2019	2	Emergency shelter
January 2020	6	Emergency shelter; Long Beach tow yard
February 2020	3	Emergency shelter
March 2020	5	Emergency shelter, Multi-Service Center
April 2020	41	Emergency shelter, Multi-Service Center, residential substance abuse program
May 2020	45	Behavioral Health Urgent Care Center, emergency shelter, Multi-Service Center
June 2020	40	Behavioral Health Urgent Care Center, emergency shelter, Multi-Service Center
Total rides	147	

Source: Data were provided to the Urban research team by the City of Long Beach in September 2020.

Note: C2C = Connection to Care.

Facilitating handoffs to services was the biggest gap in the clinician in jail program, and bridging that gap was the top priority for C2C. Long Beach partners identified access to transportation at the point of release as a serious issue: before the launch of C2C, the clinician's clients were given bus tokens to help them access referred services, but this was not as helpful for getting clients to services as the clinician had hoped. The C2C pilot added a transportation coordinator, who arranged taxis to transport clients to services and procured funds for individualized transportation at release. The theory of change for the C2C ride services was that providing transportation would increase service uptake among HFUs.

Implementation of Connection to Care

Long Beach used its Innovation Fund grant to hire a part-time graduate student fellow starting in July 2019 to serve as the transportation coordinator (the fellow's role has since evolved). The fellow was an HHS employee and worked in the jail for 12 hours a week. When a C2C client was being released and a service provider or other location (e.g., an emergency shelter) had been identified for them, the fellow arranged a ride through a local taxi company and accompanied the client from the jail to the car. The client was walked through the front of the police department building instead of a back or side door, which the project team stressed as important for clients' dignity.

Finding the right transportation provider was challenging. The C2C project team considered multiple possibilities, including Uber Health, Lyft, taxi companies, and other local providers. It decided to use a taxi company because the city had experience working with taxi companies from other city efforts, the taxi company the team contacted was more responsive than the other providers, and using rideshare options raised a potential legal issue. The contract with the taxi company was finalized in September 2019, and the first C2C ride occurred on September 10.

Because the Long Beach City Jail is a short-term holding facility, it became important to quickly identify and engage potential C2C clients in the brief window before their release. Data sharing was important for this effort, with the LBPD providing the clinician information about people detained in the jail even though the clinician was not an LBPD employee. The jail also took advantage of a data-sharing agreement with the Justice Lab to check people admitted to the jail against the Justice Lab's list of HFUs to identify potential C2C clients.

A fundamental challenge during the C2C pilot period was the fact that people were not being released from the jail at the same time that service providers were conducting intake. This was compounded by the fact that, because the jail houses a short-term, preadjudication population, the timing of people's releases was unpredictable and depended on the outcomes of court proceedings. The clinician and the C2C fellow often had little advance notice of when a client would be leaving the jail or whether they would be released directly to the community or transferred to a Los Angeles county jail. The Justice Lab conducted a gap analysis to examine the difficulty of connecting clients to services relative to the time of their release. Its findings regarding times of day were as follows:

- 7:30 a.m.–3:30 p.m.: no problem getting service provider intake completed in the community
- 3:30–9:00 p.m.: routine intake unavailable in many cases, options need to be built up
- 9:00 p.m.–7:00 a.m.: no evident opportunity for connection, focus on identifying safe places to spend the night

Getting clients into service intake after 3:30 p.m. was a substantial problem because people detained in the jail were often being released after court appointments, and releases resulting from court dates almost always happened after 4:00 p.m. Building community partnerships to resolve this emerged as an important part of C2C and was handled primarily by the graduate fellow. The fellow gave us an example of how they developed these connections: they explained the issue to Long Beach Rescue Mission (a service provider for people experiencing homelessness) and reached an agreement for it to accept C2C clients brought in by the fellow until 7:00 p.m., well after the end of its normal intake period at 3:00 p.m. In addition, Long Beach Rescue Mission and the MSC agreed that one of the five beds set aside for the MSC and the LBPD could be used for C2C clients. Furthermore, C2C changed the clinician's working hours to start at noon or 1:00 p.m. rather than in the morning, when people were more likely to be in court and court decisions about who would be released on a given day had not yet been made. The clinician's hours were therefore shifted to better engage potential clients.

The C2C fellow facilitated a biweekly case-conferencing call among Multidisciplinary Team partners, including the Long Beach Fire Department Homeless Education and Response Team, the Justice Lab manager, the jail clinician, and representatives from the LBPD, the city prosecutor's office, and the HHS Homeless Services Division case management team. During the 60- to 90-minute calls, partners discussed between 15 and 20 MDT clients (a client pool that included C2C clients) and exchanged updates on their progress and whereabouts and interactions they had had with the city's public safety and health systems.

The fellow also completed a training with the MSC that enabled them to identify people in the jail as eligible for homelessness services and access data on clients who use such services in Long Beach. This helped C2C better track service usage and make appropriate referrals, which is valuable because many of the HFUs in Long Beach are experiencing homelessness or housing instability, and the ability to gauge people's need for homelessness services has complemented the clinician's ability to assess for mental illness given the overlap in the populations. Moreover, these skills helped the fellow in setting up transportation, as people experiencing homelessness were often most interested in transportation support. The fellow proactively met with potential C2C clients in the jail to let them know what the MSC does and offers. The training with the MSC did create a greater need for role clarification with the jail staff, who needed to understand that the fellow was not a clinician and could not conduct mental health assessments, but was the person who could assess people for homelessness services needs.

BOX 3

Connection to Care Client Success Story 1

In October 2019, the Long Beach City Jail clinician met with a female client who was experiencing homelessness. Through a one-on-one session, the clinician completed a postrelease plan and identified that the client had an upcoming appointment at Long Beach Rescue Mission for transitional housing. The C2C team coordinated with the Multi-Service Center to confirm that the person was a client and that her upcoming appointment at Long Beach Rescue Mission for temporary housing would not occur until a week after her release. Based on this information, it was clear that the client's immediate need was a safe place to spend the night. They were released from the jail by 3:30 p.m. and were provided C2C transportation services to a Long Beach motel, where lodging was paid through a voucher from the MSC. Staff from the MSC met with the client the next morning and provided her direct transportation to the MSC to continue her service coordination through her assigned case manager. The center provided the client a motel voucher until her scheduled appointment with Long Beach Rescue Mission.

Source: City of Long Beach Innovation Fund October 2019 progress report, not available online.

Collaboration with Los Angeles County

In coordinating care for people leaving the Long Beach City Jail, a critical challenge was building effective collaboration between city-level agencies and key county-level agencies and processes. Long Beach is one of three designated local (i.e., noncounty) health jurisdictions in California and has its own health department, but community-based behavioral health services and Medicaid-funded care are coordinated at the county level. Connecting people to services from a municipal jail requires bridging not just the gap between the jail and community-based services, but also the gap between a municipal agency and a county-based system of service provision. Long Beach developed two key partnerships to bridge this gap.

The first was with Whole Person Care, the Los Angeles County Department of Health Services program for the most vulnerable beneficiaries of Medi-Cal (California's Medicaid program). Whole

Person Care brings together health and social service agencies to build an integrated system that delivers coordinated services to Medi-Cal beneficiaries who are high risk and frequent users of hospitals and emergency departments—a mission closely aligned with Long Beach’s Justice Lab work. Engaging Whole Person Care gave Long Beach a critical county partner in extending the reach of C2C into the Los Angeles County jail system and the community. Whole Person Care’s associate director of regional collaboration, whose role is to facilitate partnerships between clinical care delivery and programs for vulnerable populations (such as people returning from incarceration and people experiencing homelessness) was critical in building collaboration. They began meeting with the Long Beach Health Department director in March 2018 to explore ways to connect Whole Person Care’s reentry work with the Justice Lab’s municipal service model. After the C2C work began in the fall of 2018, representatives from the Los Angeles County Department of Health Services and the Los Angeles County Department of Mental Health began participating in the Long Beach MDT meetings.

This situation led to a second important partnership (which Whole Person Care helped broker) with the Los Angeles County Department of Health Services Office of Diversion and Reentry (ODR). That office employs community health workers (CHWs), case managers who typically have lived experience of incarceration, which helps them build rapport with clients, who may be more willing to accept help from someone who personally understands their situation. Community health workers are assigned to Los Angeles County’s eight [Service Planning Areas](#) (SPAs), which presents difficulties for coordinating with municipal efforts because each SPA is very large. SPA 8, which includes Long Beach, also contains parts of at least 16 other municipalities and is home to more than 1.5 million people.² In September 2018, the ODR officially launched a partnership connecting CHWs with the Justice Lab, and some limits involving capacity soon surfaced: the Justice Lab was providing a high volume of referrals to CHWs who had to service all of SPA 8, and the partnership coincided with a change whereby CHWs working directly for the county transitioned to being employees of contracted community-based organizations.

In response, the ODR assigned Long Beach a dedicated CHW to engage C2C clients. With support from the ODR, the CHW, now based at a community-based organization called Ascent, worked to connect C2C clients to services after release and, when needed, searched for Long Beach clients they lost contact with or who did not show up to referred services. An ODR representative also began attending MDT meetings in the spring of 2019.

BOX 4

Adapting Connection to Care during the COVID-19 Pandemic

The pandemic and the City of Long Beach’s response to it altered C2C’s operation in numerous ways. Most significantly, by April 2020, efforts to keep the Long Beach City Jail population as low as possible to reduce transmission of the coronavirus resulted in a large drop in admissions, and all nonessential personnel were prohibited from working there. This included the clinician, who was temporarily reassigned to help identify needs and make service referrals for people coming into contact with the Long Beach Police Department in the community (the clinician was able to resume working in the jail in November 2020). Consequently, the jail ceased being a source of C2C client identification and

engagement. On the community side, as a result of the city's pandemic response, several temporary emergency shelters were established to provide a safe location for people experiencing homelessness to shelter in place. As first-responder practices changed in response to the pandemic, the Long Beach C2C team expanded its reentry services to incorporate community-based diversion. Through the spring and summer of 2020, the C2C team's reentry services coordinator worked closely with the Long Beach Emergency Operations Center and first responders including the Long Beach Police Department's quality-of-life team in the field to divert people (when possible) to shelter rather than transport them to the city jail. Connection to Care transportation resources were made available to support connections to community-based services for high-frequency utilizers. The combination of increased emergency shelter capacity and community-based connection to services increased the number of people served through C2C.

Early Impact of the Connection to Care Pilot

Supported by the Innovation Fund grant, the C2C pilot took the program through the early implementation stage, and the clinician in jail program had only been operating for two years when the C2C pilot period ended. Nonetheless, that was enough time to observe some of the pilot's impacts on local capacity in Long Beach and on the program's clients.

Clients Served

The theory of change for the C2C program's ride services was that providing transportation to people identified as high-frequency utilizers would increase their uptake of referred services. As of March 2020, when the pilot was interrupted by the COVID-19 pandemic, only 21 rides had been delivered (see table 1), so it was unclear at that point whether and to what degree C2C was impacting clients. Many of the clients getting referrals were being transferred to the Los Angeles County jail system, and nearly half the people who had been offered homelessness services declined them. However, the availability of taxi rides had allowed the project team to provide rides to motels or other safe sleeping arrangements for people released from jail outside the intake hours of service providers. Almost all the rides had been used to get C2C clients to emergency shelter, which could indicate that this was the greatest need or was the need that made clients most likely to accept transportation (or some combination of the two).

In response to the pandemic, Long Beach changed policy and practices before redeploying C2C resources (see box 3), which dramatically increased the volume of client engagement as measured by acceptance of transportation. In the first three months (April to June 2020) after C2C's in-jail components were suspended, 126 rides were provided, or 86 percent of all rides provided since the pilot launched. As of this writing, in-jail C2C activities were on hold indefinitely, but these early results suggest that focusing more on community-based diversion, as opposed to in-jail program intake, might be more effective for connecting HFUs with services. That said, the availability of emergency shelters has expanded during the pandemic and concerns about the pandemic have likely impacted people's decisions regarding whether to engage with services, so monitoring C2C performance measures over

the long term is important to determine whether these program indicators continue if C2C activities are maintained under more “normal” circumstances.

BOX 5

Connection to Care Client Success Story 2

In December 2020, the C2C team’s reentry services coordinator met with a 71-year-old client in Long Beach City Jail custody. He had experienced homelessness for over 11 years and had never accessed any community resources. After the initial assessment, the coordinator contacted Long Beach Rescue Mission and reserved an emergency bed. The client was transported to their shelter upon release and the C2C team is continuing to follow up with Long Beach Rescue Mission case management staff to ensure ongoing linkage to services.

Source: City of Long Beach Innovation Fund February 2020 progress report, not available online.

Capacity Building

An important impact of the C2C pilot was increased coordination and capacity to meet the needs of C2C clients. Much of this additional capacity owed to the several roles played by the C2C fellow. They were able to arrange transportation upon release for C2C clients, and after completing the training with the Multi-Service Center, they were able to formally assess for needs for homelessness services in the Long Beach City Jail. The fellow was also able to establish better coordination between the jail and the MSC in general, which had benefits including access to dedicated shelter beds and the accommodation of C2C clients released after normal intake hours. Moreover, adding MDT case conferencing, which the fellow facilitated, enhanced client-level collaboration. Lastly, adding the CHWs helped C2C partners achieve the “warm handoffs” they aspired to.

Another form of capacity development that C2C stakeholders identified was increased understanding and knowledge beyond the specific expertise of people interacting with C2C clients. For example, officers at the Long Beach City Jail have come to understand the Justice Lab’s work and the HFU population better, allowing them to better help identify and engage priority C2C clients. Similarly, the clinician in the jail has become more familiar with the universal needs of C2C clients and the service availability and restrictions in the community, making them better able to identify which services best fit each client. For example, they have learned which service providers cannot accept someone who is on the sex offender registry or has an arson conviction. The relevance of such information is not something a clinician is routinely taught or trained on.

The Justice Lab led the development of capacity for data collection and performance measurement around C2C. Data collection was needed to better substantiate not just the program’s success, but where the gaps were, such as clients being released from jail outside of available service intake hours. The Justice Lab also initiated a feasibility study on the Multidisciplinary Team and as of this writing was

planning as a next step to assess the added benefit of having a dedicated CHW. One stakeholder noted that so few rides were delivered in the C2C program's initial months partly because the only person offering the rides (the C2C fellow) was working part time, and they said it would be ideal for more jail-based staff to be trained to do this. Whether this or other means of enhancing client connection occur likely depends on whether performance data substantiate the program's value and support the case for expanding its capacity to serve clients.

Substantially expanding partnerships between the City of Long Beach and Los Angeles County agencies working with the same population increased capacity at both levels of government. For Whole Person Care and the Office of Diversion and Reentry, the C2C effort was a "perfect" opportunity for collaboration, with the clinician assessing people and referring them to services and the CHW picking up the relationship at the point of release.³ For their part, C2C partners saw the CHW as providing very valuable additional capacity. As one stakeholder summarized, "The system is so complicated that the need for a navigator is really important."⁴

The partnership with Whole Person Care also extended to the Los Angeles County jail system, as many people identified as C2C clients were transferred to that system rather than being released to the community from the Long Beach City Jail. The C2C partners saw an opportunity to avoid missing these clients and set up a process to connect them with CHWs via Ascent upon release in a manner similar to what was happening for clients released from the city jail. To make this happen, the Long Beach City Jail clinician alerts Ascent via email when a C2C client is released from the Long Beach City Jail to the county jail system, and also sends their assessment. The Ascent case manager verifies whether they are going to the county jail system, and if so provides that information to a triage team there, which connects the client to a medical case worker, who sets them up with services and creates a care plan. For any C2C client who indicates they will return to Long Beach, the case worker goes over their medications and care plan at the point of release and calls Ascent to alert them of the release so the CHW can follow up.

Although collaboration between the city and the county around the C2C project had successes, sharing data remained difficult. Long Beach C2C partners wanted information on what happened with clients they identified who were transferred to a county jail, and they did not regularly receive that information while in-jail C2C activity was suspended during the pandemic. County partners recognized the importance of having data on C2C clients for the Long Beach partners, but the process of finalizing and executing a memorandum of understanding to share data was still not complete when the Innovation Fund grant period concluded. However, building data sharing equivalent to what has been established between the municipal agencies participating in the MDT will require the county to engage in more data sharing than it has traditionally done.

Both for data sharing specifically and collaborative capacity in general, stakeholders emphasized the importance of partners being understanding of each other's limitations: "We have so much we want to do, but only so much we can do."⁵ At the same time, Long Beach benefited from the local infrastructure it built, which made it a promising partner for the county as it was determining how to engage with municipalities. As one county stakeholder said, "This is the only city jail pilot we have right

now. There have been other cities that have approached us, but we don't have the capacity. We need to scale up on that, but what does it take to do that?"⁶

BOX 6

Other Justice Lab Interventions

In addition to the clinician in jail program and the C2C pilot, Justice Lab interventions at the community/street intercept have included interventions by agencies including the Long Beach Police Department, the Long Beach Fire Department, and the Long Beach Department of Health and Human Services. Two LBPD efforts at this intercept include the Quality of Life team and the Mental Evaluation Team. The Quality of Life team acts as a liaison for people experiencing homelessness, connecting them to services and sources of support, such as housing resources. The Mental Evaluation Team, which comprises officers who partner with Los Angeles County Department of Mental Health clinicians, responds to calls for service involving people who have a mental illness. In addition, the Long Beach Fire Department's Homeless Education and Response Team comprises four firefighter/paramedics and provides rapid response to people experiencing homelessness. Moreover, the Department of Health and Human Services Homelessness Outreach Team conducts proactive outreach to individuals and families experiencing homelessness and seeks to connect them to the Multi-Service Center, which through its 12 partner organizations provides wraparound services including outreach, intake and assessment, case management, housing, and referrals to other social service programs.

The primary Justice Lab intervention at the pretrial intercept is the city prosecutor's Priority Access Diversion program. One of several diversion programs offered by the prosecutor, Priority Access Diversion is a pretrial option that provides participants an opportunity to engage in residential mental health and substance use treatment instead of serving time in the Los Angeles County jail system.

Lessons Learned

The C2C pilot provides the following lessons about better connecting people in a municipal jail to needed services.

Creative use of philanthropic funding streams can support innovation. Long Beach used support from Bloomberg Philanthropies and the Arnold Foundation (which later became Arnold Ventures) to understand the problems high-frequency utilizers were experiencing and establish the Justice Lab to coordinate the city's response. This set the context for the Innovation Fund to support the C2C intervention. Leveraging these resources allowed Long Beach to experiment with different interventions, to sustain those that were successful, and to define and test new ones (such as C2C).

Building municipal capacity can help leverage county assistance. Long Beach's work developing the Justice Lab (and the MDT in particular) made it an attractive partner to Los Angeles County agencies that wanted to figure out how to partner with cities. This infrastructure put Long Beach in a position to do more as a partner, and the county was willing to make more resources available to pilot effective

collaborative processes. The MDT also provided a ready place for representatives of county agencies to participate in the coordinated work with clients.

Having a city “agency champion” was important for success. The Long Beach Department of Health and Human services has long convened stakeholders to tackle city problems. Several stakeholders noted the importance of leadership from this agency for building city-level collaboration around the Justice Lab work, and for creating and sustaining the partnership with the county. As one stakeholder said of the county collaboration, “Quite honestly, this almost ended several times. A champion is important. Kelly [the Long Beach director of HHS] has done a good job talking to the critical people at DHS [the Los Angeles County Department of Health Services].”⁷

New capacity leads to new fact finding. Long Beach identified a lack of transportation for HFUs as an issue, and once it could provide rides, its data collection was more focused and it better understood other issues related to service connection, including the gaps between jail release and service intake hours and how many C2C clients were going to the county jail system. Long Beach was not collecting data on these things until it intervened at the relevant point in the process.

Establishing data-sharing agreements can take a long time but is foundational in collaborative efforts. Long Beach invested substantial time and effort to identify what data were critical to collect and how best to use them before applying for its Innovation Fund grant. Doing so helped it identify the necessary data to collect from various city and county partners.

Community health workers were essential in service engagement and uptake. The clinician in the jail developed a strong partnership with the dedicated CHW, complementing clinical expertise with the lived experience and credibility of someone who could better connect with C2C clients.

Conclusion

Long Beach built Connection to Care around contributions from multiple government agencies and skill sets, including the Justice Lab’s data work defining the HFU population, the Long Beach City Jail’s operational collaboration with its clinician, the C2C fellow’s knowledge of homelessness services and their ability to use transportation services, and Los Angeles County’s ability to dedicate CHWs to work with people after release. The Multidisciplinary Team meetings provided a forum for strategic and client-level collaboration. Perhaps the greatest testament to the strength of the C2C collaboration was the partnership’s ability to reallocate resources and become even more successful in engaging clients as the city’s pandemic response disrupted the pilot’s jail-based components. By replicating Long Beach’s step-by-step work, other jurisdictions can use data to understand their own challenges and develop the collaborative relationships and add priority system capacity to better meet them.

Notes

- ¹ For a specific treatment of how this model can serve as a framework for local justice reform, see Urban’s Innovation Fund case study on using the model to guide local reform: <https://www.urban.org/research/publication/using-sequential-intercept-model-guide-local-reform>.
- ² “Supplement to Community Health Assessment: Service Planning Area 8: South Bay,” Los Angeles County Department of Public Health, revised December 22, 2014, <http://publichealth.lacounty.gov/plan/docs/SPA8Supplement.pdf>.
- ³ Whole Person Care staff member, interview by the authors, November 2019.
- ⁴ Justice Lab team member, interview by the authors, November 2019.
- ⁵ Whole Person Care staff member, interview by the authors, November 2019.
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