

Investing in Supportive Pretrial Services: How to Build a “Care First” Workforce in Los Angeles County

In March 2020, the Los Angeles County Board of Supervisors (BOS) unanimously adopted the “care first, jails last” vision, a transformative framework for safety grounded in support and services as alternatives to incarceration or bail.¹ Three years have passed and people of color, people experiencing homelessness, and those with unmet mental health needs continue to languish in county jails.² County staff attribute implementation delays to a shortage of community-based behavioral health workers. The Vera Institute of Justice’s (Vera’s) conversations with community-based providers—detailed in this brief—document how the COVID-19 pandemic, long-standing difficulties with contracting, and chronic underinvestment in infrastructure have resulted in the current workforce shortage. To effectively implement a “care first” vision and meet the demand for community-based pretrial services, Vera recommends immediate action steps to remedy ongoing issues with the county’s contracting processes, lower barriers to entry for small providers, and invest in urgent capacity-building and workforce development beginning this budget cycle.

Introduction

Los Angeles County has the largest jail system in the country.³ The jails are overcrowded and often unsafe.⁴ While developing a roadmap to implement the “care first” vision, Los Angeles County staff and community stakeholders agreed that unmet mental and behavioral health needs play a significant role in system contact. To limit further system contact and prioritize community-based support instead of supervision, stakeholders concluded that pretrial service delivery should be situated outside of law enforcement agencies.⁵ Unfortunately, even after the BOS established the Justice, Care, and Opportunities Department (JCOD) to consolidate justice programming in 2022, implementation continues to lag. Three years after adopting the “care first” vision, 41 percent of people in Los Angeles jails have identified mental health needs, and 50 percent are pretrial, having not been convicted of charges and often too poor to afford bail.⁶ County staff attribute the delay in supportive pretrial service implementation to a shortage of community-based care workers.⁷

In fall 2022, Vera interviewed 23 employees across three local government agencies and 11 community-based organizations about staff shortages and asked how the county could alleviate barriers to having the robust system of care needed to support releases from jail. (See “About this project” on page 7.) In this report, Vera lays out the common challenges service providers face and recommends that the county

“We haven’t been able to negotiate new contract rates with the county in over five years. At the same time, the county started to recruit our workforce . . . what’s the point of us scaling when they’ll be working against us by taking our best people and then not paying us more in our contracts?”

—Los Angeles service provider

- implement pretrial services by increasing budgetary allocations for community-based service providers and restructuring county contracting processes and technical assistance programs;
- adopt flexible funding models, expedite funding disbursement, and allow for nimble contract revisions to help smaller providers access county funding and diversify the community-based system of care;
- simplify reporting requirements to protect organizational capacity and mitigate staff burnout;
- extend additional training, education funding, and licensing assistance to the incoming generation of care workers; and
- JCOD must implement the Equity in County Contracting (ECC) Workgroup’s recommendations for contracting and funding to streamline community-based pretrial service delivery.

What Vera Learned

When interviewing service providers in Los Angeles County about organizational challenges and needs, five primary themes emerged.

1. Local providers across the spectrum of services and service planning areas are experiencing staffing shortages.

More than 90 percent (10) of community-based organizations (CBOs) interviewed expressed that although staffing shortages are not new, recruitment and retention issues have become more frequent and more acute since the onset of the COVID-19 pandemic three years ago. As one interviewee stated:

We’ve definitely found it more difficult to recruit and retain staff during COVID. It’s been much harder to find folks who want to work for us.

Open positions have stayed unfilled for longer since the start of the COVID-19 pandemic. One organization reported experiencing triple its standard vacancy rate; a different organization described a 50 percent turnover rate in caseworker positions within a one-year period. Another interviewee noted:

The staff shortage started before COVID and was exacerbated by COVID. Our organizations are short staffed, we are burnt out. . . . In the last 18 months, there’s been a 30 percent vacancy rate. Employee retention is a big issue.

Impacted organizations shared that the staff shortage has affected roles across the board: eight of 10 CBOs reported that it’s been difficult to retain or fill clinician and case manager vacancies over the last five years. To improve retention and boost recruitment, participating organizations have implemented flexible working schedules and employee emergency funds and co-hired staff in partnership with peer organizations. An overwhelming majority of the community-based organizations Vera interviewed remain concerned that the current staffing shortages will worsen.

2. Collateral consequences from the COVID-19 pandemic and competition with Los Angeles County are behind the staff shortage.

In 2021, more than 47 million people quit their jobs across the United States in what has come to be known as the Great Resignation.⁸ A Pew Research Center survey found that low pay, lack of opportunity for advancement, and feeling disrespected at work were among the reasons people left their jobs.⁹ In Los Angeles, the “mass exodus” of clinical and case workers, as one of Vera’s interviewees called it, closely reflects these national trends. Seven of 10 organizations that reported staffing issues attributed the shortage to COVID-19-related concerns, and nine to stagnant salaries. As one interviewee stated:

Staff have died, some have lost their jobs because they didn’t want to get vaccinated, and some got fired. Others no longer wanted to work in the field anymore to avoid contact with people with COVID.

Another interviewee reflected:

The greatest contributing factor to people leaving our organization has always been financial. Everyone is always pursuing more money, especially as the cost of living goes up. Unfortunately, some people don't always have the ability to stay in nonprofits.

All CBOs interviewed further noted that over the years, the county has become their “biggest employer competition” for a shrinking pool of applicants. In Los Angeles, the average social worker’s monthly salary is \$3,575.¹⁰ County-employed social workers earn between \$4,421.18 to \$6,640.82 monthly.¹¹ Participating CBOs reported that clinicians and case workers also tend to leave for jobs at the managed care organization Kaiser Permanente and private practices, which offer higher salaries, better benefits, and more flexible working conditions. Community-based providers acutely feel the compensation gap. One interviewee noted:

[The] county started to recruit our workforce. We spend years developing people and then they go to the county where they get paid more and get better benefits. We often become training grounds for folks.

3. Staffing shortages have negative financial and service delivery implications for service providers.

Recruitment and retention challenges in the local ecosystem have had adverse impacts on service providers and their ability to provide care for the clients who most need them. Ninety percent of interviewees expressed that high turnover and vacancy rates have resulted in increased workloads for the remaining staff, exacerbating the risk of burnout and even higher turnover. Additionally, multiple interviewees also expressed that having to rely on overtime “to get shifts covered” is drastically increasing organizational expenditures. This has had a disproportionately negative impact on small to medium-size organizations:

We're finding it very hard to survive in this space. . . . We're even sharing staff with other organizations. . . . We still have contracts to meet, so we have to pay overtime, and that's really impacting the finances of the organization.

Even as providers have worked to pivot and reallocate staff to high-priority tasks and projects, staffing issues have made it difficult to meet service demand and support clients:

Service delivery has gone down significantly because of staff shortages. . . . We've had to pull people from one program or project to another to be able to meet the need and demand. . . . It's been hard on clients. If therapists or their peers leave, clients might not come back either.

Another participant noted:

We had a 50 percent turnover within a one-year period. . . . We had to cut back on referrals because we couldn't handle the client volume.

4. There are systemic issues with contracting, reporting, and billing.

Of the 11 CBOs interviewed, 10 had been or were currently in contract with the county, and the remaining organization has been awaiting contract application results. Eighty-one percent (9) of participating CBOs lambasted the county contracting process as confusing and overwhelming. Various interviewees also spoke to the institutional barriers small CBOs face when applying to county contracts. One shared the following:

Lots of mom-and-pop CBOs with beds can't get funding and are having trouble getting county contracts. They aren't able to meet county contracting requirements because they're too small, don't have a fiscal sponsor, or can't get the \$100 million insurance minimum.

Contracting challenges extend beyond earning and renewing a contract to reimbursements, billing, and reporting. Seven of the 11 CBOs Vera spoke with shared negative experiences with the county's billing and

reporting requirements and noted that burdensome county reporting requirements are also a factor in employee turnover. Interviewees described the extensive paperwork required by county departments such as the Department of Mental Health as “challenging” and “intimidating.” Others spoke to the fiscal and talent disparities the county and its departments perpetuate through their contracting and compensation practices:

Providers need higher rates because of how little we charge compared to how much [the] county charges. A contractor bills \$4–\$5 for a service that [the] county can bill \$10–\$11 for. If there was more parity of rates between county and contract providers, it would make a huge difference in helping us retain talent.

5. Capacity-building support is needed to strengthen community-based service providers.

In conversations with CBOs and government agencies, Vera learned that capacity-building remains a hurdle to many small to medium-sized CBOs. Seventy-two percent (8) of participating CBOs indicated their biggest capacity-building needs were overhead and expansion costs such as paying for physical space, obtaining insurance, hiring grant writers, or consulting with accountants.

Without the proper foundation, organizations are unable to provide professional development opportunities or promote internally due to size, budget constraints, and retention issues. These unmet needs inhibit the recruitment of qualified candidates to begin with, putting small CBOs in what an interviewee from a government agency described as a Catch-22:

Some of these organizations are one to two people. They don't have any funding at all. It's a Catch-22—in order to staff up, they need funding, and to get funding, they need staff with the appropriate knowledge.

Recommendations

Los Angeles County must take swift action to address issues impacting the local provider ecosystem so it can begin to advance its “care first” vision. To build the necessary labor and capacity infrastructure for the county to deliver community-based pretrial services and address the urgent mental health needs of system-impacted people, Vera recommends that the county implement the five following strategies.

1. Implement pretrial services by increasing budgetary allocations for community-based service providers and restructuring county contracting processes and technical assistance programs.

Since September 2020, four BOS motions have passed that support equity in county contracting.¹² In 2021, the BOS voted to create the Alternatives to Incarceration Incubation Academy to provide grant writing, organizational, and financial management support to organizations led by Black, Latinx, and system-involved people.¹³ The Incubation Academy received 339 applications and graduated 47 participants through its Cohort 1 and Cohort 2 modules combined, highlighting the need for capacity-building and technical assistance programs.¹⁴ Yet, Vera’s conversations with providers revealed a need for modifications to the county’s contracting. One interviewee shared that even though programs like the Incubation Academy and Care First Community Investments (CFCI) “teach you [how] to jump through the hoops,” the county’s existing barriers to contracting defeat the purpose of the Incubation Academy and “make for inequitable outcomes.”

One of the most harmful of these inequitable outcomes driving staff shortages in CBOs is the pay disparity community-based behavioral health providers experience in comparison to their peers working for the county. Various CBOs shared that because they have not been able to negotiate contract rates in five to 10 years, they are unable to increase workers’ wages despite their strong desire to do so.

Many of our employees who are on the lower pay scale are being impacted by homelessness, poverty, and economic challenges. We want to adequately compensate individuals who are

providing these services so they can sustain themselves, but [the county doesn't] pay their community partners enough for us to be able to afford it.

Vera recommends that the county make the following financial and structural investments starting in the upcoming fiscal year (FY 2023–2024): begin to renegotiate contract rates to close compensation gaps between county and community-based providers; lower or absorb operating insurance premium requirements for small service providers; simplify and standardize contracting across departments; and work with small to medium-sized service providers to identify additional barriers and prohibitive contracting requirements. In line with previous proposals, Vera again recommends that the county allocate \$110 million each year over the next two years for mental and behavioral health programming, community-based service delivery, and the build-out of pretrial services infrastructure within JCOD.¹⁵

2. Adopt flexible funding models, expedite funding disbursement, and allow for nimble contract revisions to help smaller providers access county funding and diversify the community-based system of care.

In March 2020, the BOS agreed to implement the Alternatives to Incarceration Workgroup's foundational recommendations, including Recommendation #87, which calls for a process to increase equity in resource and contract distribution for communities most impacted by the racial and geographic impacts of mass incarceration.¹⁶ Because of their size and geographical proximity to communities, small to medium-sized providers can deliver culturally responsive services along a comprehensive continuum of care and make beds quickly available for use in these communities, filling in where the county can't meet demand.¹⁷ An interviewee from one of the government agencies Vera interviewed stated that it frequently “link[s] [clients] to community-based programs . . . so they can receive culturally competent care in their communities . . . instead of being incarcerated.”

However, timely disbursement and reimbursement of funds remain an issue for the county, which has yet to disburse Care First Community Investment funds allocated in 2021 and, according to CBOs and providers, is just now beginning to disburse capacity-building funds from the American Rescue Plan. At the time of their interview, a participant shared the following:

What would help orgs is having upfront money. It takes LAHSA [Los Angeles Homeless Services Authority] four months to reimburse you your money, which is hard for CBOs and grassroots orgs. This means we're consistently spending money. I have enough money left for two more months of rent and bills. We were supposed to hear back from CFCI two weeks ago regarding funding awards.

To ensure small to medium-sized community-based providers can meet the growing need for behavioral health services, it's important for the county to resource their ability to quickly make beds available through easily adjustable contracts (length and amount), upfront grants, and expedited disbursement and reimbursement processes. Accelerating funding and additional capacity-building support such as grant writing support would allow for the immediate growth of local providers and for available workers to take on the demands for “care first” pretrial services to address the needs of the mental health population and advance decarceration efforts in the county.

3. Simplify reporting requirements to protect organizational capacity and mitigate staff burnout.

Several CBOs indicated that county billing and paperwork were key factors driving staff to seek employment with private entities. One interviewee shared the following about the county's reporting requirements and strict reimbursement schedules:

The county asks us to itemize expenses per case, and it gets hard. We don't want to have to start running background checks, and now some contracts require this [to process reimbursements]. They want to place restrictions exactly to the penny. But they don't have the same restrictions for corporate providers. [Providing this] breakdown sometimes costs more than the services we provide.

Streamlining documentation and reporting requirements for frontline professionals would allow for increased efficiency while reducing burnout and, ultimately, turnover rates. Simpler reporting requirements can help small to medium-sized organizations grow and scale by allowing line staff to focus on patient care and support instead of onerous paperwork.

4. Extend additional training, education funding, and licensing assistance to the incoming generation of care workers.

According to the Healthforce Center at the University of California, San Francisco, by 2028, the Golden State will have 41 percent fewer psychiatrists and 11 percent fewer psychologists, licensed professional clinical counselors, and licensed clinical social workers than it needs.¹⁸ In the last year, the BOS voted to create a trainee-to-employment pipeline and scale existing peer-based programs to address its internal staff shortage in alternative crisis response.¹⁹ To ensure there is the capacity to meet the demand for community-based pretrial services, the county's workforce development initiatives should be applied to the shortage of community-based workers as well. This can look like funding scholarships, grants, sign-on bonuses, and professional development resources for licensed providers committed to working a minimum of three to five years in a community-based setting.

Retaining and supporting behavioral health professionals currently working on the frontlines must remain a priority. Some strategies endorsed by interviewees include providing gas stipends, loan repayment benefits, and licensing support. Interviewees from each government agency emphasized the importance of career development opportunities for staff retention in community settings—which nearly all community providers said they would implement if their budget permitted:

Now with [the] cost of living and inflation, employees have a bit more leverage, and they are using it. They're looking for flexibility and higher wages. . . . Career development needs to be comprehensive for the field and across the board.

5. JCOD must implement the ECC Workgroup's recommendations for contracting and funding to streamline community-based pretrial service delivery.

In April 2020, the BOS convened the Economic Resiliency Task Force (ERTF) to understand the impacts of the COVID-19 pandemic across economic sectors.²⁰ Regarding impacts to the nonprofit and direct service providers ecosystem, the ERTF found that while the need for direct services of all kinds increased by 400 percent during the pandemic, the "County's labor intensive, antiquated, uncoordinated contracting" deeply compromised providers' ability to meet service demand.²¹ In turn, the ERTF recommended extensive changes to county contracting, flexible funding, and the creation of "resiliency hubs" to link services and track results in areas of greatest need.²² In August 2021, the BOS established the ECC Workgroup to identify and implement improvements to the contracting process with the end goal of "strengthen[ing] the ecosystem of CBOs that serve [the county's] highest need residents" in alignment with the "care first" model.²³ Vera recommends that JCOD begin to implement the ECC Workgroup's contracting and funding distribution recommendations through the department's Pre-trial and Prevention Services and Contracts and Grants divisions. Improved contracting and accelerated funding distribution will help advance the county's "care first" goals by facilitating the creation of a strong community-based pretrial service delivery system and alleviating jail overcrowding.

Path Forward

Through meaningful investments and organizational changes, Los Angeles County and its departments can help ease the behavioral health staff retention challenges local providers are facing and build the foundations to attract and equip the next generation of behavioral health professionals. The buildout of the new JCOD presents an opportunity for Los Angeles County to reimagine public safety by investing in a robust system of care needed to support pretrial releases from jail. With a commitment to supporting small and medium-sized CBOs, Los Angeles County can ensure it has sufficient capacity to help system-impacted people in need.

About this project

Vera interviewed 23 employees across three local government agencies and 11 community-based organizations (CBOs) from August 2022 to October 2022. All participating CBOs work directly with system-impacted populations providing services that include medical services, behavioral health treatment (such as mental health and substance use treatment), case management, job training and employment assistance, housing, legal support, and organizational training and technical assistance. Participant organizations varied in size and spanned all eight Service Planning Areas of Los Angeles County.

Each interview took place over Zoom and lasted between 45 and 60 minutes. Participants responded to 16 to 20 questions covering background and organizational information, staffing issues, and organizational needs. After completing the interview, Vera staff offered each interviewee a \$50 gift card for their participation—14 accepted, five declined, and four did not respond. Vera de-identified participant responses for anonymity purposes to protect current employment positions or contracts.

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Endnotes

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