Connecting incarcerated and formerly incarcerated people to services in Los Angeles: What's needed during COVID-19?

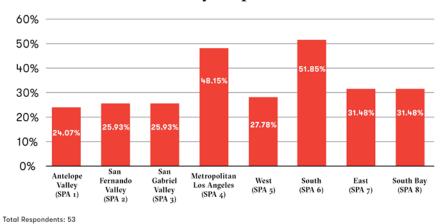*Issue Brief & Survey Results*

June 2020

Since the beginning of the COVID-19 pandemic in March 2020, Los Angeles County has reduced its average daily jail population by more than 5,000 people (from a high of more than 17,000) to promote community health and in an effort to prevent the jail becoming a vector of the virus across the county. Still, thousands of people who could safely be released to their homes, families, and communities, including some who could benefit from supportive services, like mental health treatment and housing, remain incarcerated in Los Angeles. Community-based systems of care will be critical to how Angelenos—particularly those released from jail—survive, establish stability, and recover as Los Angeles continues efforts to decrease the population of the largest jail system in the country and begins to reopen during this crisis.

This issue brief shares findings from a recent survey of more than 50 Los Angeles service providers on what they need during the COVID-19 pandemic to support formerly incarcerated people and people being released from jail. Survey questions were developed in collaboration with **Los Angeles County's Reentry Health Advisory Collaborative (RHAC)**. Outreach support was provided by **Community Coalition, Frontline Wellness Network, and Los Angeles Regional Reentry Partnership (LARRP)**.
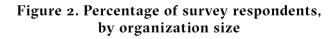
Vera analyzed the survey results and shared preliminary recommendations—with the intention of further generating solutions in dialogue with county and community—at a live May 28, 2020 briefing. The recommended strategies include **reconvening Los Angeles County's Alternatives to Incarceration (ATI) Work Group and implementing select recommendations from the ATI [Final Report](#)**, published in 2020. Doing so leverages plans already developed to accelerate completion of the necessary work and engages a diverse set of stakeholders (including community members and service providers) with a track record of working together to identify solutions.
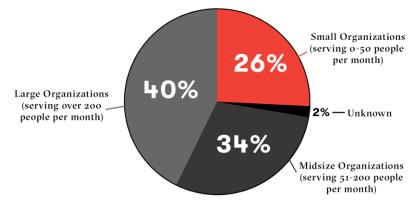
Who responded to the survey and how has COVID-19 impacted their capacity and workflow?

Survey respondents represent service providers in all eight Service Provider Areas (SPAs), though most of them work in the Metropolitan Los Angeles (SPA-4) and South (SPA-6) regions. (See Figure 1.) Respondents include small, midsize, and large providers. (See Figure 2.)

Figure 1. Service Planning Areas (SPAs) of survey respondents

Total Respondents: 53

Figure 2. Percentage of survey respondents, by organization size

In the survey, Vera asked a few simple questions to gauge whether COVID-19 had impacted the providers' capacity and/or the systems in place to connect people to services. Researchers asked whether staff size had changed during the COVID-19 crisis to understand whether providers were able to maintain their baseline capacity and if organizations of varying sizes were experiencing the impact of the pandemic differently.

For most respondents, staff numbers have stayed the same; organizations that have experienced staffing decreases tend to be larger. (See Figure 3.) Although most organizations have maintained staffing levels, COVID-19 has impacted the number of people referred to and served by respondents, one way or another.

Figure 3. Responses to how staffing has changed during COVID-19, by organization size

Organization Size Group	Increase	Decrease	Stayed the Same	Total
Unknown	0	1	0	1
Small Orgnizations (serving 0-50 people per month)	3	1	10	14
Midsize Organizations (serving 51-200 people per month)	2	3	13	18
Large Organizations (serving 201+ people per month)	1	7	12	20
Total	6	12	35	53

Vera asked providers how the number of referrals to their organizations has changed during the COVID-19 pandemic, expecting that a decrease during this time of high need could reflect system gaps or inefficiencies. At the time of the survey, nearly half of respondents noted a decrease in referrals; 35 percent have experienced an increase in referrals. (See Figure 4.) In one follow-up conversation, a respondent noted that limited court operations have decreased the number of judicial referrals for programs, but more information is needed on organizations reliant on community referrals.

Figure 4. Responses to how referral numbers have changed during COVID-19, by organization size

Organization Size Group	Increase	Decrease	Stayed the Same	Total
Unknown	0	0	1	1
Small Orgnizations (serving 0-50 people per month)	6	7	1	14
Midsize Organizations (serving 51-200 people per month)	7	6	5	18
Large Organizations (serving 201+ people per month)	6	10	4	20
Total	19	23	11	53

Researchers asked respondents whether the number of people they serve has changed over the course of COVID-19. This question was asked to explore whether providers had been able to expand capacity if referrals were increasing in a time of high need, or to see if issues like decreased staff had impacted actual service provision numbers. There was also a split in responses to this question; 43 percent noted a decrease in the number of people their organization served over the course of the pandemic, and 41 percent experienced an increase in service numbers. (See Figure 5.)

Figure 5. Responses to how the number of people served has changed during COVID-19, by organization size

Organization Size Group	Increase	Decrease	Stayed the Same	Total
Unknown	1	0	0	1
Small Orgnizations (serving 0-50 people per month)	6	8	0	14
Midsize Organizations (serving 51-200 people per month)	9	4	5	18
Large Organizations (serving 201+ people per month)	6	11	3	20
Total	22	23	8	53

More information is needed to understand the divergent responses and ensure that all possible connections to available services are being made. The responses suggest that there is room to improve referral systems and that understanding the drivers of the service provision numbers—both the increases and decreases—may illuminate how to expand capacity in Los Angeles as the city and county reopen.

Key findings, issues flagged, and preliminary recommendations

In response to questions about the needs of community-based service providers and their potential clients during the COVID-19 crisis, the following priorities and concerns emerged. Service providers identified housing and navigating various systems to access basic needs like food or benefits as primary concerns for formerly incarcerated people. Respondents indicated that service providers need flexible funding, improved linkages for people released from jail, and better information-sharing to support capacity. For each identified theme, Vera has flagged outstanding issues and suggested preliminary recommendations.

1. **Short- and long-term housing—followed by access to mental health and substance use treatment—**remain primary needs for potential clients. **These resources need to be more equitably distributed,** especially as Los Angeles County opens new housing options and temporary shelter beds.

   - When asked about the top needs for formerly incarcerated people:
     - o 91 percent of survey respondents identified more equitable access to housing/beds in certain geographical areas;
     - o 88 percent selected access to short-term housing, including residential treatment;
     - o 87 percent selected access to long-term housing; and
     - o 85 percent selected access to mental health and substance use treatment.

- When asked about what their organization would need from system actors in the future to maintain capacity, 75 percent of respondents selected a pipeline to different types of housing for clients (for example, long-term housing after shelter or inpatient care).

Issues flagged:

- There were **differing opinions on the availability of access to short-term emergency housing.**

- Multiple respondents reported that **Project Roomkey** is starting to work and that quarantine/isolation sites have been helpful. Others said that the investment in **new shelter capacity is helping but is insufficient in volume and underutilized** due to **confusion** about how to access it or **restrictions** that prevent access.

- Multiple respondents noted the **need for a wider range of housing alternatives and types.** A respondent suggested short-term licensing for transitional housing for populations in need, such as transgender people and people required to register for sex offenses, particularly in SPA 3 (San Gabriel Valley).

- Respondents also noted a need for housing with affordable rent, as the current rents and economy are leading to a surge in housing insecurity.

Preliminary recommendations:

- Prioritize affordable housing, temporary shelter spaces, and treatment spaces for people who are most at risk of destabilization, particularly people who are currently and formerly incarcerated, as well as often overlooked populations like transgender and gender nonconforming people. (See ATI recommendation 20.)

- Identify and eliminate ongoing barriers to accessing housing, especially any based on criminal record or arrest history (See ATI recommendation 31.)

- Prioritize distributing resources—including emergency housing—to promote geographical and racial equity; create transparency on how this is happening. (See ATI recommendation 87.)

2. Community Health Workers (CHWs) and community-based organizations (CBOs) play a critical role in **helping formerly incarcerated people navigate systems to meet basic needs, like identification and benefits**. CHWs and CBOs need designated representatives at relevant government agencies to troubleshoot issues and streamline access to these resources.

   - When asked about the top needs for formerly incarcerated people:
     - o 89 percent of survey respondents identified connection to benefits; and

o 81 percent identified support in meeting basic needs like food, clothing, hygiene products, identification, and transportation.

Issues flagged:

- Multiple respondents noted that many people in their communities are experiencing **housing insecurity** because of the pandemic, low wages, subsidized income, and/or the sudden loss of a primary source of income. CBOs and CHWs provide critical access to benefits that are often insufficient to cover needs but are a key source of stability, particularly for people leaving jail.

- CBOs also help people reengage with employment or education in this moment. There is a need for more **workforce development and employment support** for formerly incarcerated people, especially during challenging economic times.

- CBOs are providing people with **access to technology and support on how to use it.** One respondent noted the need for computer-competent mentors and assistance for literacy barriers to help people navigate the increased use of technology.

- Though some respondents indicated online applications are working well, **others noted running into barriers when helping people apply for benefits or identification and lacking agency assistance for troubleshooting**. They shared a need for agencies like the Department of Motor Vehicles (DMV), Social Security Agency (SSA), and Department of Public Social Services (DPSS) to expand online services. One example was that **people can renew but not replace identification online through the DMV**; this creates additional barriers for people released from jail because they often need identification to get a free phone, which impacts their ability to stay in touch with service providers or defense counsel and to get information about upcoming court dates.

- Additionally, where agencies like SSA allow for online applications, a respondent noted there is **uncertainty about how, during COVID-19 social distancing, the required medical appointments will be executed to complete SSI/SSDI applications**.

- Multiple respondents reported **difficulty communicating directly with staff at agencies like DPSS and SSA to troubleshoot** issues with client applications.

- Multiple respondents noted that the work to access identification and benefits should begin before someone is released from jail.

- Respondents suggested the following creative solutions to support people being released from jail: (1) free-service cell phones that can be acquired via a hotline or website; (2) more sanitizing stations in public at prime locations; (3) vending machines for personal protective equipment (PPE); and (4) more reusable PPE.

- **Working well:**

    o Trauma-informed, culturally specific healing work, like programming for and by Black community members; training for providers on how trauma can appear in young people of color; and services tailored to different genders;

    o Online support groups, including peer-to-peer supports;

    o Case management by CHWs;

    o Trauma-informed financial literacy support, including income development and how to survive financially during COVID-19; support for reentry to financial systems like banking, credit, and debit; and money to meet basic needs;

    o CBOs providing gift cards, TAP cards, food delivery, and online access to benefits applications;

    o Collaborations between CBOs—for example, coordination to provide food for members and their families, including free shopping days; and

    o Rehabilitative programming that recognizes the distinct needs of people who have been incarcerated for short periods of time versus people who have completed long terms of incarceration.

Preliminary recommendations:

- Fund and publicize community-based reentry services that support people in meeting basic needs. (See ATI recommendation 34.)

- Work with the Department of Motor Vehicles (DMV), Social Security Agency (SSA), Department of Public Social Services (DPSS), and other relevant agencies to maximize access to online applications for resources. Designate representatives at the local office of each relevant agency for streamlined troubleshooting with CHWs and CBOs.

3. Service providers are enduring unique financial strains because of COVID-19. There is a **need for flexible, unrestricted funding** to adapt to community need and cover the most pressing costs to support staff and clients.

    - When asked about what their organization would need from system actors to maintain capacity:

        o 74 percent of respondents selected funding, particularly because of increased costs due to COVID-19; and
        o 62 percent noted the need for support for staff development and retention (e.g., childcare, self-care).

- Respondents also requested equipment related to COVID-19: sanitizing products (66 percent); tele-care (e.g., laptops) (56 percent); and personal protective equipment (55 percent). Fifty-two percent identified the need for access to COVID-19 testing.

Issues flagged:

- CBOs have experienced an **increase in operating costs during the pandemic**, including costs to provide personal protective equipment (PPE), providing hazard pay, increased use of overtime because of people calling out sick, technology costs for work-from-home capabilities, ensuring 80 additional hours of sick leave, and increased benefits costs.

- More than half of respondents noted the need for **personal protective equipment (PPE)** to maintain capacity. Some noted that, though they have acquired PPE for current service provision, there is **uncertainty about maintaining the supply needed in the future**.

- There were concerns that **too many of the limited resources are going to larger, more established CBOs** when there are also smaller CBOs that are doing quality work.

- Some respondents noted needing help with **accessing the Medi-Cal waiver** for reimbursement. (See p. 75 of the ATI [Final Report](#) for more information.)

- A respondent noted that CBOs need to create **contingency plans for a next wave or resurgence of COVID-19**, including for funding.

- **Working well:**

    o A respondent noted that **DMH allowed flexibility for resources and programming to be shifted in response to community need**. They acknowledged that this worked well because their organization had resources to move staff as new community member needs emerged, but the freedom provided by DMH was critical to the ability to pivot strategies.

    o Providers are using technology creatively and effectively. **Virtual support groups and tele-health are working well**, though some higher-functioning clients have resistance to tele-health. Many can conduct community engagement by phone.

    o One respondent said their organization had created a **partnership with Lyft for work-related transportation vouchers.** They suggested the County partner with CBOs to negotiate and provide these vouchers to support CBO staff retention.

Preliminary recommendations:

- Provide unrestricted, flexible funding to support service providers in maintaining or expanding capacity during COVID-19. Provide technical assistance to improve CBO access to additional resources, like the Medi-Cal Fee Waiver. (See [ATI recommendation 92](#).)

- Publish information on the availability and distribution of funding, including by geographical location and size of organization, to promote transparency and equity.

- Task a committee in county government to work with local manufacturers to produce 100,000 cloth masks and bottles of hand sanitizer to provide as people are released from jail, as well as at least 500,000 to supply community-based service providers with personal protective equipment through at least the end of the year.

4. Los Angeles County **needs to improve processes for referral, intake by providers, and the release of people from jail** to promote timely connections to care and prevent people in need of support from falling through the cracks.

   - Processes change daily, but as of May 20, 2020, it was reported that people in jail experienced delays in release to providers because the people were quarantined for weeks instead of being tested for COVID-19.

   - Tele-screening is not available across facilities or to all providers, impeding intake processes.

   - 56 percent of respondents expressed **concerns about whether the people seeking help had been screened for COVID-19**, particularly those leaving jail.

Issues flagged:

- There are multiple issues driven by **the lack of universal testing** of incarcerated people in LA County Jail. **Multiple people have had their releases from jail delayed because they were quarantined for two weeks instead of being tested** for COVID-19, which would facilitate immediate admission to approved services. Some people remained in jail for quarantine even after being deemed appropriate for a lower level of care than a locked facility.

- Although tele-screening is available at locked psychiatric facilities, **there is not consistent access to telephone or videoconference screening in the jail.** At the time of the survey, CBO staff members had to physically go to the jail to complete intakes for all potential clients, which not only compromised safety and health for all involved, but was also inefficient because of the decreased visitation

hours at the jail. As of the week of May 11, 2020, **some phone assessments were allowed, but implementation varied by facility**; for example, as of May 20, 2020, CBO staff still must go to Century Regional Detention Facility (CRDF) to conduct screenings of incarcerated women.

- A respondent noted a similar situation for people being released on parole, as CBOs cannot do phone, video, or computer intakes that would link people to needed services.

- It was noted that there **could be increased community capacity to support people, including those with severe mental health needs, through DMH programs.** The available programming could provide access to a continuum of care that would support pre-plea diversion under Penal Code 1001.36. To do this most efficiently, **DMH could benefit from a more streamlined referral process** like that of the Office of Diversion and Reentry (ODR).

- Respondents reported **people being released from jail without accurate information, including about their housing status.** Some are suddenly homeless because there was inadequate or no discharge planning before release.

Preliminary recommendations:

- Create better processes for referral, intake, and reentry for people leaving jail. Engage Correctional Health and other relevant county staff as well as community members and service providers; the ATI Work Group could provide a forum for doing so. The release process should include:
  - o conducting a short interview, using a screening survey, to identify a person's service needs on release;
  - o setting up several booths in jail with videoconferencing equipment for service providers to conduct telephone or video intakes for people in all facilities;
  - o creating a system for CBOs to receive referrals and schedule telephone or video intake appointments;
  - o providing, on every person's release, testing for COVID-19 and written information about how to avoid infection, what to do if exposed, and where to seek testing and treatment in the community; and
  - o developing a system for "warm" handoffs to service providers immediately on release.

5. Los Angeles County needs **a centralized place for information on services during COVID-19**—one for service providers and one for community members—to increase coordination and access to available resources.

Issues flagged:

- There were **differing opinions on the quality of information-sharing.** One respondent noted that the Department of Public Health (DPH) has done well at communicating and keeping both the public and providers up to date about events as they develop. Another said up-to-date information is available, but there is a gap in getting it to those who need it.

- 81 percent of respondents named up-to-date information about resources as an important need for people being released from jail. They indicated that there needed to be a **clearinghouse of services and supports available**, as some organizations that are open and have valuable resources are being underutilized because community members do not know about them.

- It was noted that smaller providers have a harder time developing protocols around COVID-19 because they do not have the capacity to research best practices. So, information from government or other providers would be useful.

Preliminary recommendations:

- Create an online portal that service providers sign into and agree to keep updated in real time so that county staff, reentry providers, people in jail, and the community know where there are open slots, which providers offer certain types of services, etc. (See ATI recommendation 85.)

- Publicize and keep updated an online list of best practices and protocols for service providers during COVID-19 (e.g., how to set up quarantine/isolation housing, how to request personal protective equipment from the county). Consult with service providers regularly about relevant questions to answer. (See ATI recommendation 89.)

- To the extent COVID-19 will be present for some time, develop a centralized coordinating body to support the work of service providers and community members in an ongoing way. (See ATI recommendation 84.)

Now more than ever, a public health approach to decarceration and investment in community wellness is needed. Los Angeles was laudably moving in the direction of a "care first" model before the COVID-19 pandemic, and the infrastructure, ideas, and working relationships developed in the ATI Work Group process are an invaluable asset. With this survey, service providers have shared important information about what they need to do their part in protecting the health of all Angelenos. County policymakers, philanthropists, and related stakeholders would do well to listen and respond with partnership, support, and resources.

For more information