

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

Issue Brief discussed online May 28, 2020.

Executive Summary of Survey Results

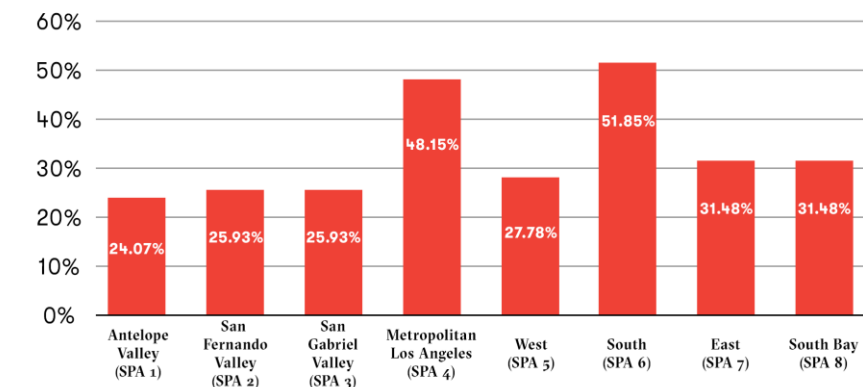
June 2020

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 remain incarcerated in Los Angeles, including some who could benefit from supportive services like mental health treatment and housing. 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)**.

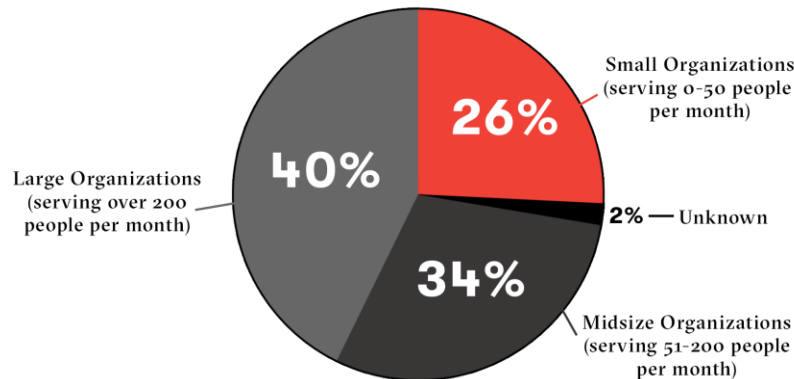
Respondents represent service providers in all eight Service Planning Areas (SPAs), although most work in the Metropolitan Los Angeles (SPA-4) and South (SPA-6) regions. (See Figure 1.) Respondents include small, midsize, and large providers. (See Figure 2.)

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



Total Respondents: 53

Figure 2. Percentage of survey respondents, by organization size



This issue brief also suggests preliminary strategies to address the identified needs, including **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.

These findings and additional recommendations were discussed at a live briefing held on May 28, 2020.

Key findings 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. In a longer issue brief, Vera has provided more detail on the outstanding issues flagged.

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).

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 meeting basic needs like food, clothing, hygiene products, identification, and transportation.

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 for service providers** 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.

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.

Preliminary recommendations:

- Create a better process 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 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.

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

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