CALIFORNIA ADULT SOCIAL SERVICES WORKFORCE REPORT

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Bay Area
Social Services Consortium
A Policy/Research/Training Partnership
Between Counties and Universities

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Mack Center on Public and Nonprofit
Management in the Human Services
SCHOOL OF SOCIAL WELFARE

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California Social Work Education Center
Leadership. Partnership. Workforce Development.

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PURPOSE

In California, older adults aged 60 years or older are the fastest growing age group, and are expected to make up one quarter of the state's population by 2030. County adult and aging services programs play a critical role in caring for socioeconomically vulnerable older adults and disabled individuals, but are heavily impacted by nationwide workforce shortages exacerbated by the COVID-19 pandemic.

In 2021, the Bay Area Social Services Consortium (BASSC) partnered with the Mack Center and CalSWEC at the University of California, Berkeley, to develop a statewide survey to better understand how county Adult Social Services programs were structured and staffed, and identify practices affecting recruitment, retention, and diversity of the adult and aging services workforce.

The survey focused on the following five Adult Social Services programs: **Adult Protective Services**, **In-Home Supportive Services**, **Public Guardian**, **Public Conservator**, and **Public Administrator**.

The County Welfare Directors Association (CWDA) Adult Services Committee assisted with statewide dissemination of the survey, which was fielded between September to October 2021.

This report summarizes key survey results in the following domains:

- Program structure
- Staffing levels
- Differences in job classifications and pay scales
- Barriers to recruitment and retention
- Human resource (HR) policies and practices that influence recruitment, retention, or diversity, equity, and inclusion in the workplace

SURVEY SAMPLE

Of the 58 counties that received a link to complete the survey, 52 counties (90%) participated in the survey. In three counties (Los Angeles, Orange, and San Diego), responsibility for Adult Social Services was split between different agencies, each of whom responded separately to the survey. For the purposes of this report, these agencies' responses were combined and reported at the county level. Participating counties were categorized by county size (see Figure 1), based on the following population estimates in the 2020 Census Bureau data: Very small (1,000–39,999); Small (40,000–129,999); Medium (130,000–774,999); Large (775,000–1,499,999); and Very large (1,500,000+). A full list of counties in each group is provided in the Appendix, along with a summary of our survey methodology.
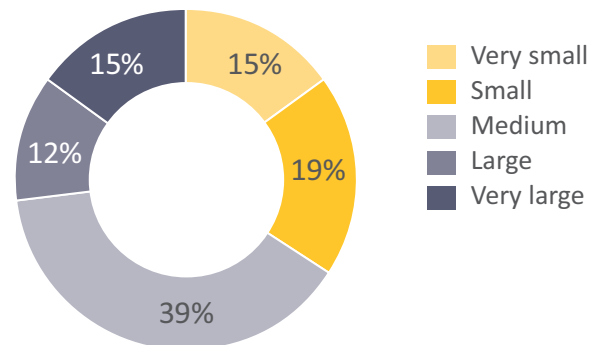
Figure 1 | Completed Surveys by County Size (n=52)

ADULT SOCIAL SERVICES PROGRAM STRUCTURE

All counties provided Adult Protective Services (APS) and In-Home Supportive Services (IHSS), and almost all counties (98%; 51/52) administered these services as part of the same agency. Other programs or services administered within county Adult Social Services included Public Guardian (69%); Public Conservator (58%), Public Administrator (40%), Area Agency on Aging (AAA) (37%), Veterans' services

Figure 2 | Programs or Services Administered as Part of County Adult Social Services

(25%), nutrition assistance (21%), Supplemental Security Income (SSI) advocacy (13%), and transportation assistance (10%) (see Figure 2).

Blended or braided programs
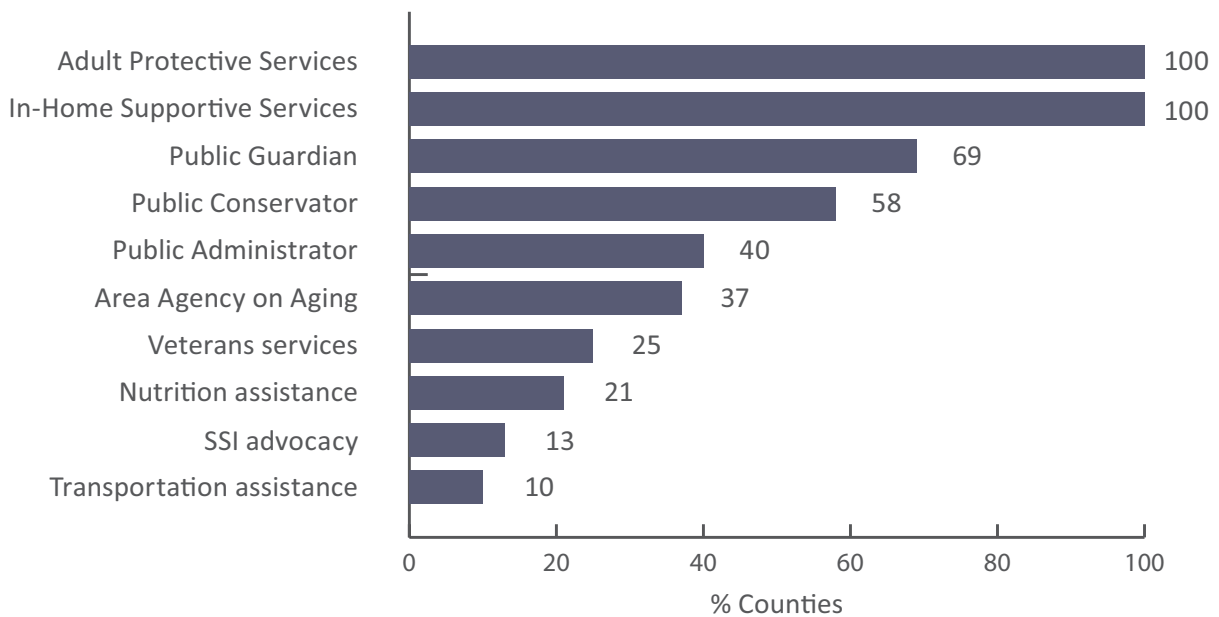
Blending or braiding occurs when two or more funding streams are combined to support common program activities. When asked about how Adult Social Services programs were structured, 17 of 51 counties (33%) reported blending of APS with other programs, and 18 of 51 counties (35%) reported blending of IHSS with other programs. Among counties where Public Guardian (PG), Public Conservator (PC), or Public Administrator (PA) programs were part of Adult Social Services, 19 of 36 (53%) reported blending of PG with other programs, 20 of 29 (69%) reported blending of PC with other programs, and 10 of 21 (48%) reported blending of PA with other programs (see Figure 3).

When asked to describe what other programs APS was blended with, 11 counties reported blending of APS and IHSS (e.g., staff conducting APS

investigations and IHSS assessments), two counties described blending of APS and Child Protective Services (CPS) (e.g., shared APS and Children and Family Services [CFS] hotline), and one county reported blending of APS and PG. IHSS was most often blended with APS, though several counties also reported blending of IHSS with other programs (e.g., PA, AAA, or Multipurpose Senior Services Programs [MSSP]). When blending of PG occurred, it was typically with PC and/or PA programs or vice versa, with some counties splitting responsibilities
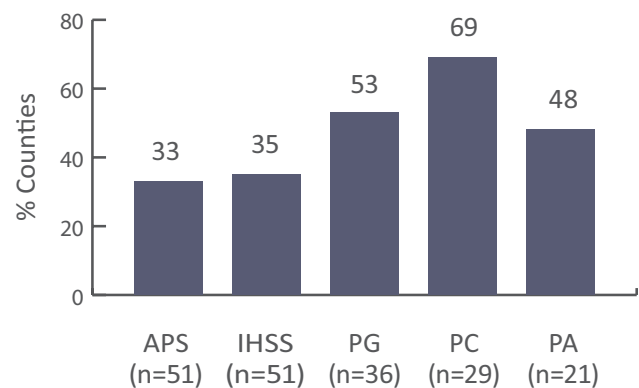

Figure 3 | % Counties with Blended Adult Social Services Programs

evenly across all staff in combined PG, PC, or PA roles, and others splitting by case complexity (e.g., only allowing staff in higher job classifications to handle mental health [LPS] conservatorship clients). County size was significantly and inversely correlated with use of blended APS, IHSS, or PC programs. For example, 88% of very small counties reported blending of APS with one or more other programs, compared to only 17% of very large counties. Similarly, 100% of very small counties with a PC program reported blending with other programs, compared to only 50% of large or very large counties.

ADULT PROTECTIVE SERVICES

Staffing Levels: Currently Funded Staff FTEs

When asked about currently funded staffing levels in APS, counties reported an overall average of 18 FTEs (range 0–205). APS staffing levels varied considerably by county size: in very small counties, average FTE was 1.1 (range 0–2); in small counties, average FTE was 2.6 (range 1–7), in medium counties, average FTE was 9.15 (range 5–26), in large counties average FTE was 22.8 (range 13–47), and in very large counties, average FTE was 78.75 (range 25–205) (see Figure 4).

Staffing Levels: % FTE open or unfilled

Only 43 counties provided information about open or unfilled FTEs in APS. Among these counties, average percentage unfilled or open FTE was 13% (range 0–100%) (see Figure 5).

Staff Master's Degree Requirements

On average, 14% of county APS positions required a master's degree (range 0–100%). Very small and small counties did not report any APS positions requiring master's degrees, but medium counties reported an average of 13% staff FTE in APS requiring master's degrees, large counties reported an average of 25%, and very large counties reported an average of 27%.
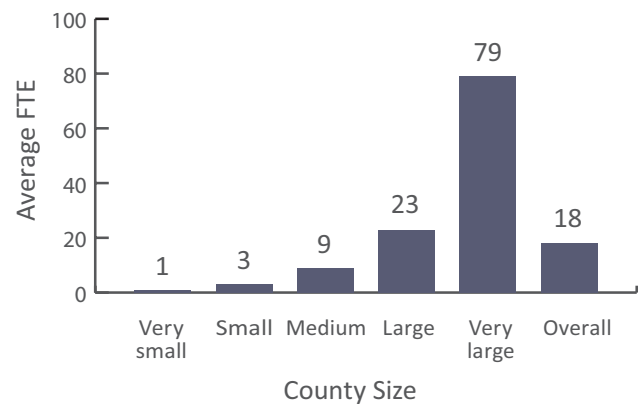

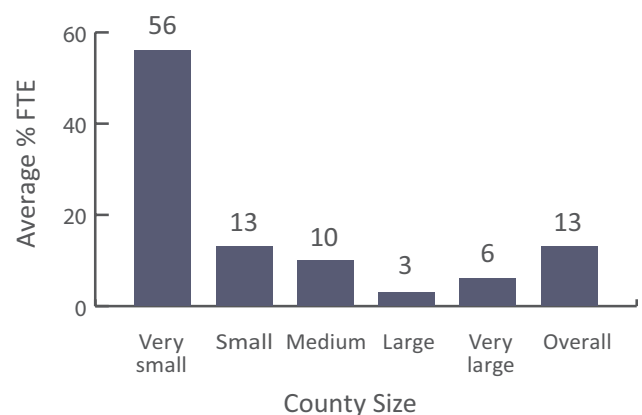Figure 4 | Adult Protective Services: Average FTE by County Size

Figure 5 | Adult Protective Services: Average % FTE Open or Unfilled
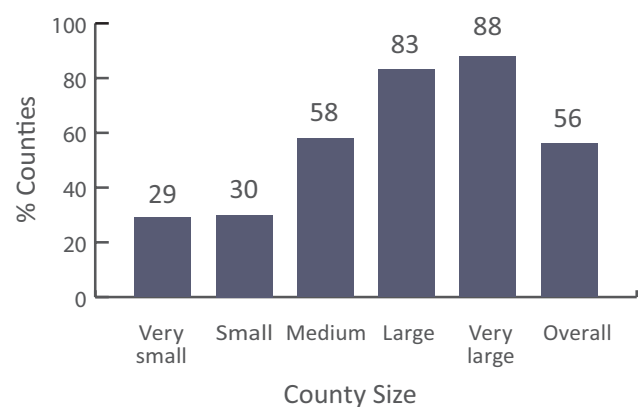

Figure 6 | % Counties Using Nurses in Adult Protective Services

Use of Nurses in APS

On average, over half of counties (56%; 28 of 50) reported use of nurses in APS. Use of nurses

increased with county size (e.g., 29-30% of very small and small counties compared to 88% of very large counties) (see Figure 6). Counties that used nurses in APS reported an average of two nurse FTEs (range 0.1–9). Among the 27 counties that provided additional information regarding responsibility for nurse hiring and supervision, 40% (11 of 27) identified county Adult Social Services as responsible for hiring and supervision of nurses, 37% (10 of 27) described it as the responsibility of another county agency, and 22% (6 of 27) described it as a shared responsibility.

Staff Supervision

On average, counties reported a ratio of 6 staff per supervisor in APS (range 1–15). Ratios tended to increase with county size (average of 3–5 staff per supervisor in very small and small counties, compared to an average of ~7 staff per supervisor in medium, large, and very large counties).

AB-135

The majority of counties (79%; 41 of 52) anticipated increasing the number of FTEs in APS in response to AB-135/AB-695. Among the 29 counties that provided specific estimates, the average planned FTE increase was 8 (range 0.5–57) (see Figure 7).

IN-HOME SUPPORTIVE SERVICES

Staffing Levels: Currently Funded Staff FTEs

Counties reported an overall mean of 50 and a median of 16 currently funded FTEs in IHSS (range 0–795). Average FTEs varied considerably by county size: in very small counties, average FTE was 1.35 while in very large counties, average FTE for IHSS was 239 (see Figure 8).

Staffing Levels: % FTE open or unfilled

Among the 39 counties that provided information about open or unfilled positions in IHSS, the average
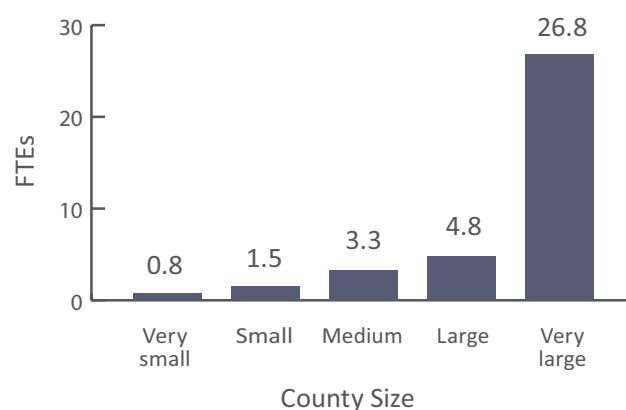
Figure 7 | Average Estimated FTE Increase in Response to AB-135, by County Size
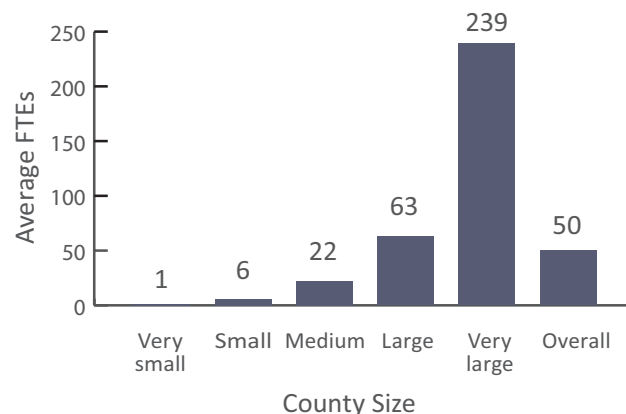
Figure 8 | In-Home Supportive Services: Average FTE by County Size

Figure 9 | IHSS: Average % FTE Open or Unfilled

percentage open or unfilled FTE in IHSS was 9% (range 0–55%) (see Figure 9).

Staff Master's Degree Requirements

Staff positions in IHSS typically did not require a master's degree. Only one county reported any master's degree requirements for IHSS staff, and this accounted for only a very small percentage of FTEs in the program.

Use of Nurses in IHSS

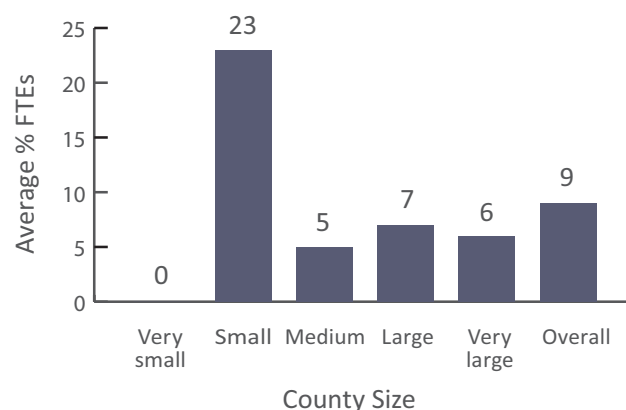On average, over half of counties (53%; 26 of 49) reported use of nurses in IHSS. Use of nurses increased with county size, with only 22–38% of very small and small counties reporting use of nurses and 100% of very large counties (see Figure 10). Counties that used nurses in IHSS reported an average of 2.17 nurse FTEs in their programs (range 0.1–6). Among the 25 counties that provided additional information on responsibility for nurse hiring and supervision, 36% (9 of 25) identified county Adult Social Services as responsible for hiring and supervision, 36% (9 of 25) described it as the responsibility of another county agency, 20% (5 of 25) described it as a shared responsibility, and 8% (2 of 25) reported another type of arrangement (e.g., contract with another entity).

Staff Supervision

On average, counties reported a ratio of 7 staff per supervisor in IHSS (range 0–15). Ratios tended to increase with county size (average of 4–5 staff per supervisor in very small and small counties, compared to an average of 7–8 in medium, large, and very large counties).

PUBLIC GUARDIAN, PUBLIC CONSERVATOR, AND PUBLIC ADMINISTRATOR

Staffing Levels: Currently Funded Staff FTEs

Most but not all counties (71%, 37 of 52) reported administering Public Guardian (PG), Public Conservator (PC), and/or Public Administrator (PA) programs as part of Adult Social Services. When
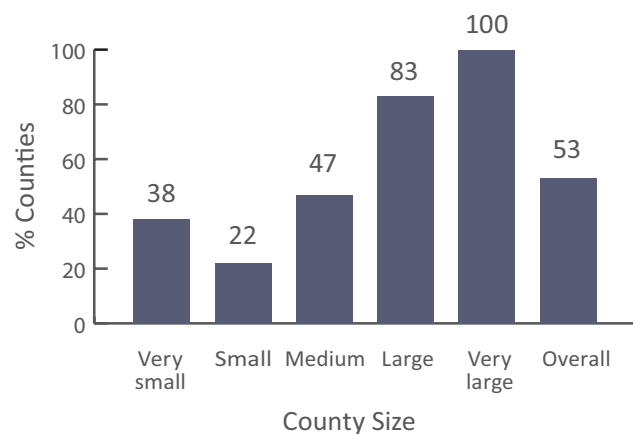
Figure 10 | % Counties using Nurses in In-Home Supportive Services
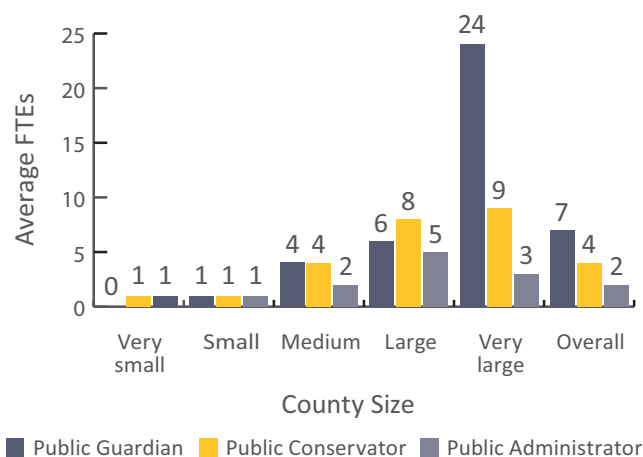
Figure 11 | Public Guardian, Conservator, and Administrator: Average FTE by County Size

present, overall average currently funded FTE was 6.72 FTE (range 0–65) for PG programs, 3.81 FTE for PC (range 0–18), and 2.32 for PA (range 0–8) (see Figure 11). Very small counties had on average <1 FTE dedicated to their PG, PC, or PA programs (e.g., average 0.46 FTE for PG, 0.52 for PC and 0.84 for PA; range 0 to 1).

Staffing Levels: % FTE open or unfilled

Among the 30 counties that provided information about open or unfilled positions in their PG, PC, or PA programs, average % FTE open or unfilled was 8% (range 0–50%) (see Figure 12).

Figure 12 | PG, PC, or PA: Average % FTE Open or Unfilled

Figure 13 | APS vs. CPS: Job Classifications and Pay

Figure 14 | APS vs. IHSS: Job Classifications and Pay

Staff Master's Degree Requirements

Counties did not identify any PG or PA staff positions as requiring a master's degree. Approximately 15% of counties (2 of 13 responding) reported master's degree requirements for staff in their PC programs.

Staff Supervision

On average, counties reported a ratio of between 4–5 staff per supervisor in PG, PC, and PA programs (range 0–11). Ratios varied considerabl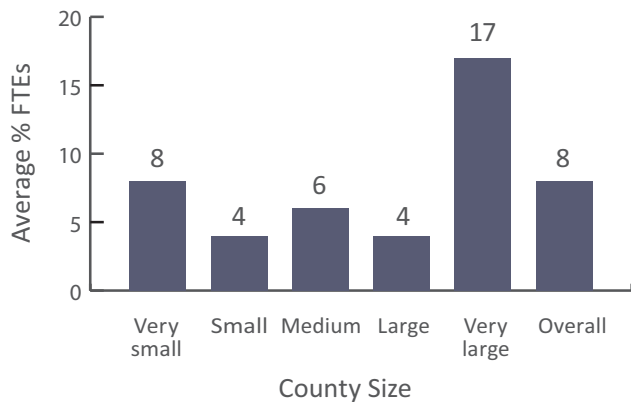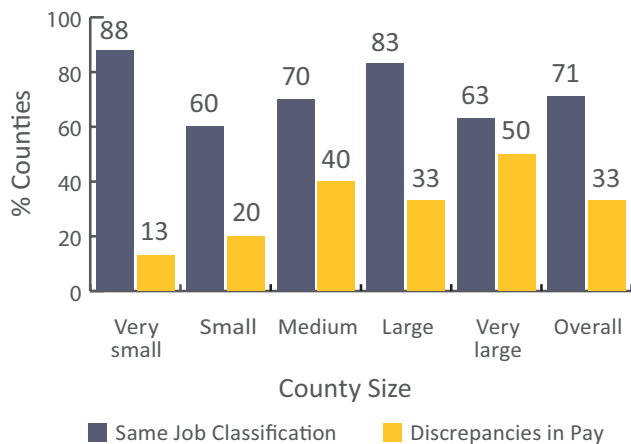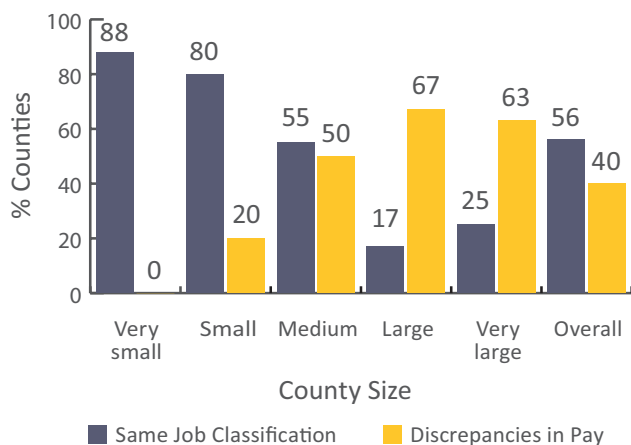y by program type but were consistently higher in very large counties (average ratio of 8 PG staff per supervisor in very large counties compared to 3–5 PG staff per supervisor in other counties).

DIFFERENCES IN JOB CLASSIFICATIONS AND PAY SCALES

APS vs. CPS

Most counties (71%; 37 of 52) reported using the same job classifications to perform APS and CPS investigations. Approximately one-third of counties (33%; 17 of 52) reported different pay scales for APS and CPS workers (see Figure 13); in 5 of these counties, these differences in pay occurred even when the same job classifications were used. When differences in pay existed, counties described CPS staff as being paid more (e.g., 5%–15% more). Reasons provided for pay differentials included different funding streams, different job classifications, and use of workforce retention bonuses in CPS (but not APS).

APS vs. IHSS

Over half of counties (56%; 29 of 52) reported using the same job classifications to perform APS investigations and IHSS assessments. When asked about differences in pay scales for APS and IHSS staff, just under half of counties (40%; 21 of 52) reported use of different pay scales and half (50%; 26 of 52)

described average APS staff as paid more than average IHSS staff (see Figure 14). Differences in pay were attributed to factors such as IHSS positions being deemed as "entry-level" positions with lower job classification ranges than APS (e.g., SW I-II for IHSS compared to SW III-IV for APS) or pay differentials provided to staff engaging in protective services work.

PG vs. PC vs. PA

Fewer counties had PG, PC, and/or PA programs. Among those that had >1 of these programs, over half (58%; 19 of 33) reported using the same job classifications for staff in these roles and just under a third (33%; 11 of 33) identified differences in pay across these programs (see Figure 15). Directionality of differences in pay varied across counties, but when present as separate staff roles within the same agency, PC staff were generally identified as paid more than PA or PG.

Nurses vs. Social Workers

The majority of counties that used nurses in Adult Social Services (70%; 19 of 27) reported that nurses were paid more than social workers with similar levels of education or licensure (see Figure 16). Respondents in seven counties noted that public health nurses were paid between 16-32% more than the most senior master's level social work positions. Several respondents noted that in their county system nurses received additional compensation for clinical licensure, but social workers did not receive a similar increase in pay for licensure (e.g., as LCSW or MFT). One respondent noted that while public health nurses were paid more, they did not actually cost the agency more due to the ability to utilize Medi-Cal funding to pay for nurses.

Efforts to address pay equity

The survey also asked about efforts to ensure pay equity between Adult Social Services staff and those
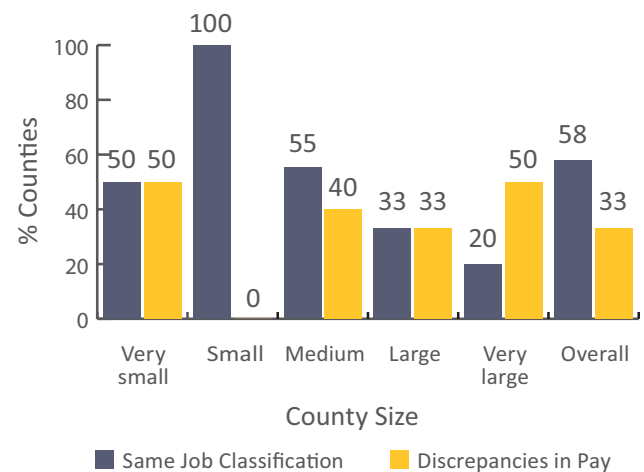
Figure 15 | PG vs. PC vs. PA: Job Classifications and Pay
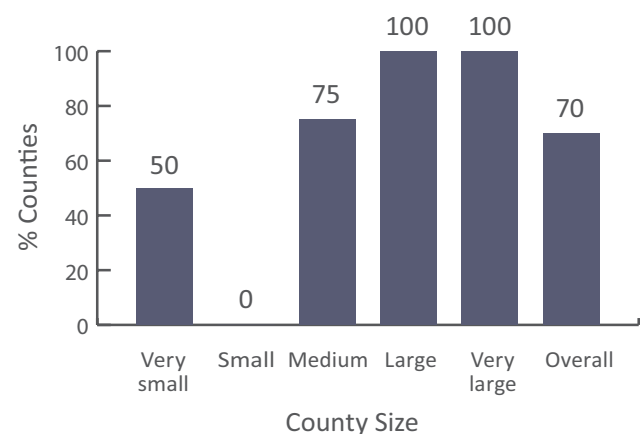
Figure 16 | Nurses vs. Social Workers: Differences in Pay

working in other parts of the county system. Just under half of counties (44%; 19 of 43) reported efforts to identify and address disparities in pay, but only 12% of counties (5 of 43) reported doing so consistently. In open-ended text, one medium county noted purposeful efforts to ensure pay for Adult Social Services staff was set at the same level as comparable positions in Children's Services, while two other counties noted that differences in pay were documented in their Memoranda of Understanding with collective bargaining units but not addressed.

RECRUITMENT AND RETENTION CHALLENGES

Counties were provided with a list of barriers to staff recruitment and retention and asked to identify all that were salient in their communities. The primary three barriers that emerged were non-competitive salary (65%; 34 of 52 counties); limited experience or credentials of the applicant pool (58%), and housing costs (42%) (see Figure 17).

The survey also contained several open-ended questions about recruitment and retention barriers, asking for additional information and examples:

- **Non-competitive salary:** Respondents described competing with other public sector organizations, both within their county and in neighboring counties, as well as with private employers.

- **Applicant experience or credentials:** 8 counties noted language proficiency as a recruitment challenge.

- **Other challenges:** Beyond the list of barriers provided in the survey, additional recruitment challenges described by respondents included:

rural county (7 counties); hiring procedures (6 counties); resources (6 counties); job difficulty (5 counties); and lack of interest in Adult Services (3 counties).

- **Limited promotion opportunities:** 13 counties identified limited promotion opportunities within their department, agency, or county government as a retention challenge, particularly for entry-level positions in IHSS (4 counties) or administrative support (4 counties).

- **Job complexity and workload:** The difficulty of the work involved in Adult Services represented another retention challenge (10 counties) introduced by respondents, with six counties specifying job complexity, and three citing heavy workloads.

- **Retirement:** Finally, four counties pointed to retirement as a challenge to retention.

Variation by county size

Primary barriers to recruitment and retention in Adult Social Services varied somewhat by county size. However, non-competitive salary consistently emerged as one of the top two challenges, regardless of county size (see Figure 18).
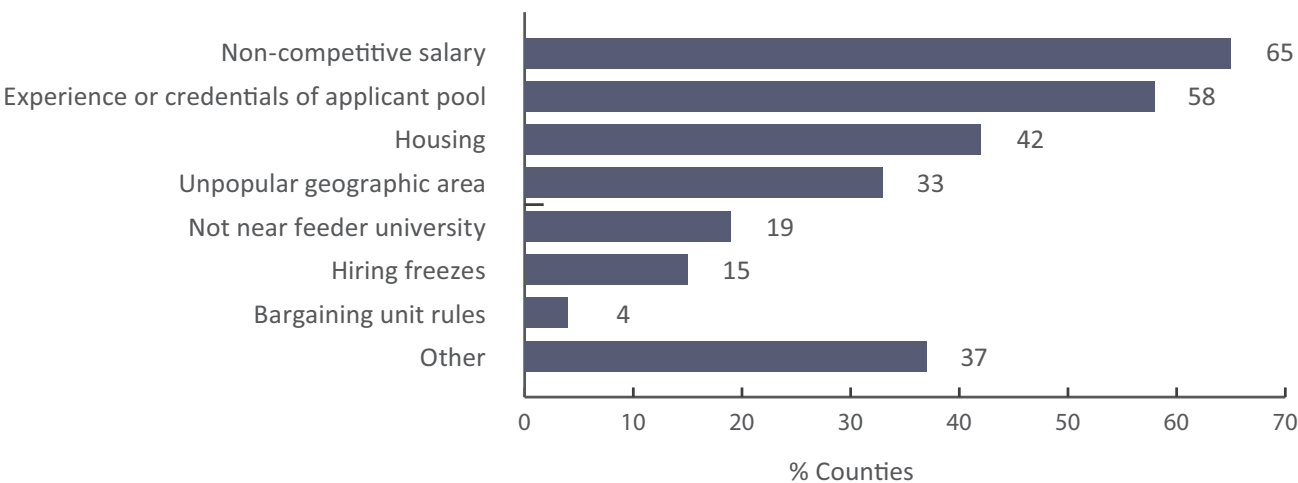
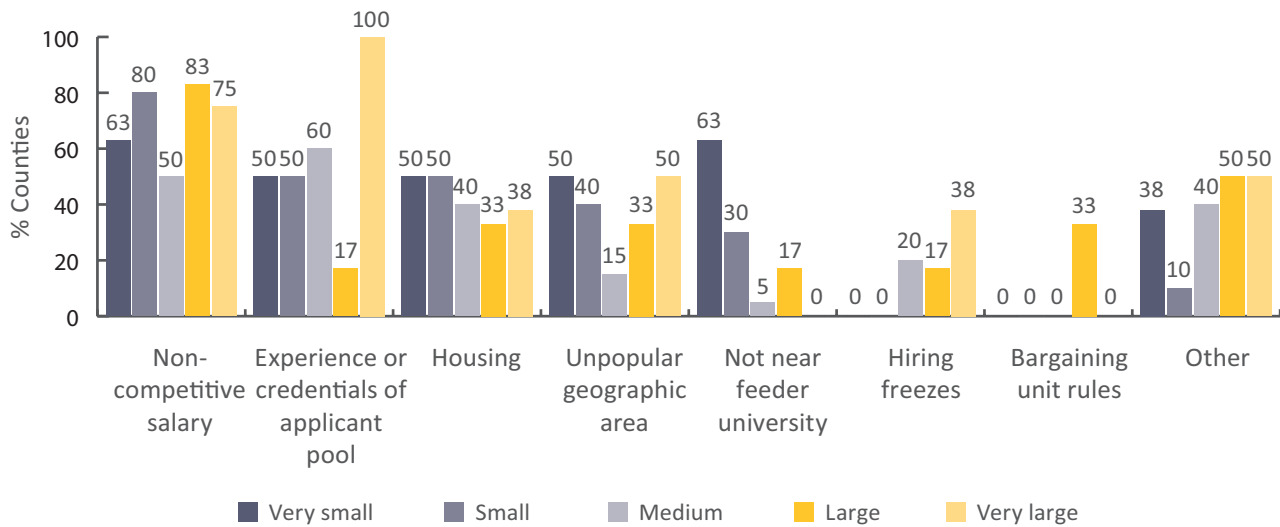Figure 17 | Primary Barriers to Staff Recruitment and Retention (n=52)

Figure 18 | Primary Barriers to Recruitment and Retention by County Size

HR POLICIES AND PRACTICES: AN OVERVIEW

Adult Social Services directors were provided a list of human resource (HR) policies and practices that affect recruitment, retention, and development of staff, as well as diversity, equity, and inclusion in the workplace. For most policies and practices, directors were asked to indicate whether their Adult Social Services division or department used these with staff "Not at all," "Sometimes," or "Consistently";
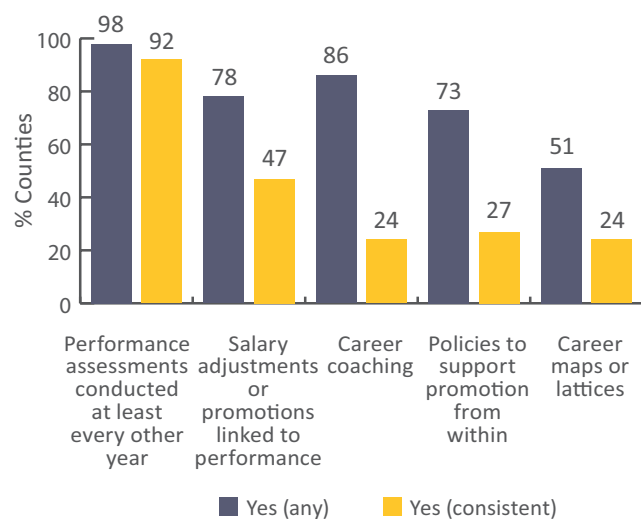
Figure 19 | HR policies and practices: Career Development

for several policies and practices, directors were only asked to report whether they engaged in the practice at all.

Below, we summarize the extent to which counties reported using these policies and practices at all, and when applicable, whether they used them consistently. We also examined whether use of HR policies and practices varied by county size. In general, county size was not associated with use of different HR policies and practices and will therefore only be discussed when significant differences emerged.

HR POLICIES AND PRACTICES: STAFF RECRUITMENT, RETENTION, AND DEVELOPMENT

Career development

Almost all counties (98%; 50 of 51) reported consistently conducting **performance assessments or appraisals** at least every other year. Most counties (78%; 40 of 51) also reported **linking raises, salary adjustments, or promotions to the results of performance assessments or appraisals**, though fewer than half (47%; 24 of 51) reported doing so

consistently. Most counties (86%; 44 of 51) indicated that at least some **career coaching**, i.e., coaching focused specifically on career transitions or career-related issues, was available to staff, though fewer than a quarter (24%; 12 of 51) had implemented this consistently for all staff. Most agencies (73%; 36 of 49) also reported **use of specific policies to support promotion from within**, such as posting new job positions for a specified period of time within the agency before making it available to external applicants. However, only about half (51%; 25 of 49) reported implementation of **career maps or lattices**, i.e., formalized job sequences within or across county departments or divisions that clearly specify education, credentials, or other steps needed to progress (see Figure 19).

The only HR policy or practice related to career development that varied by county size was use of policies to support promotion from within. Use of policies to support promotion from within was negatively associated with county size: 0% of large and very large counties reported consistent use of these policies, compared to 33-44% of very small, small, and medium sized counties.

Staff training and development

Almost all counties reported at least "sometimes" conducting **skills assessment of new workers** (98%; 50 of 51), or providing at least some **continuing education opportunities resulting in additional credentials for participants** (90%; 46 of 51), support for **remedial skills development** (96%; 49 of 51), or formal opportunities for staff to develop **leadership skills**, e.g., as part of a leadership development program or succession planning (94%; 48 of 51). Most counties also reported at least sometimes having **dedicated funds to support staff professional development**, e.g., participation in conferences or training workshops (96%; 49 of 51) or formal processes for providing staff with **paid**
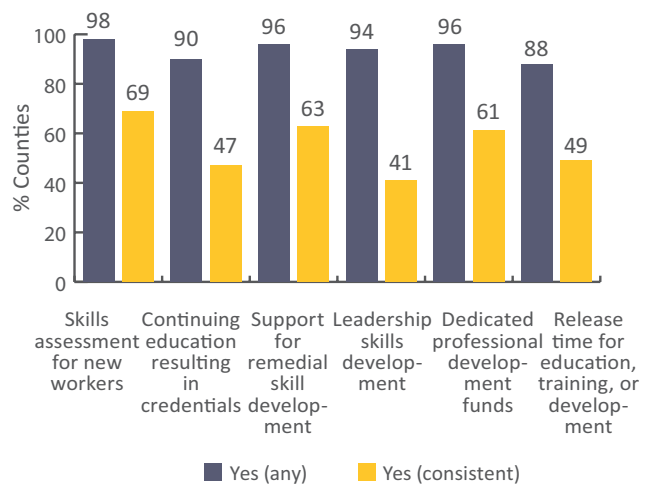
Figure 20 | HR Policies and Practices: Staff Training and Skill Development

release time to participate in education, training, or development (88%; 45 of 51). However, fewer counties reported "consistent" use of these policies and practices (see Figure 20). In open-ended text responses, one respondent noted that their county system had a robust training program but that Adult Social Services as a small unit often had difficulty accessing aging-specific or program-specific training for staff. Another county reported relying heavily on state-funded academies to provide staff with training, and only using county funds as needed to cover additional, program-specific needs.

Tuition assistance

Employer tuition assistance programs may be implemented for the purpose of improving recruitment, retention, or equity in the workplace. There are three major types of tuition assistance programs: tuition reimbursement, tuition advancement, and tuition remission. With **tuition reimbursement**, employers pay or "reimburse" staff for a pre-determined amount of continuing education credits or coursework, typically following completion of the course or program. By contrast, with **tuition advancement**, employers either directly pay for tuition or reimburse staff at the beginning

rather than the end of a course to help minimize staff out-of-pocket costs. Finally, **tuition remission** occurs when an institution that directly provides continuing education credits or coursework agrees to waive tuition costs for an employee.

Many counties (66%; 33 of 50) reported offering at least some **tuition reimbursement**, though fewer than half of counties (46%; 23 of 50) did so consistently. Only 9 counties (18%) went further in providing **tuition advancement or remission**, and of these, only 5 counties (10%) reported doing so consistently (see Figure 21). Almost all counties with a tuition assistance program (97%; 32 of 33) also responded to an open-ended question asking them to describe their tuition assistance programs. Of these, 22 counties (44%) provided specific dollar values for maximum amount of tuition assistance allowed. **These counties reported a median of $1,100 and a mean of $3,841 as the maximum tuition assistance available (range $300–$50,000)**.

For the majority of these counties (91%; 20 of 22) these numbers represented the maximum amount permissible in a given year, as opposed to lifetime. Only two counties reported maximum tuition assistance amounts higher than $3,000: One very large county reported a maximum of $10,000/year and one medium sized county reported a maximum of $50,000 due to an employee incentive program currently being piloted in their agency. A third county
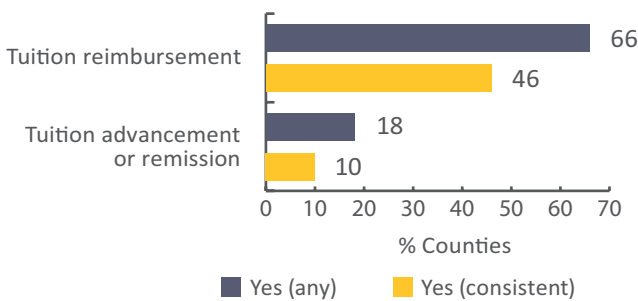
noted that their employees were restricted to a maximum benefit of ~$450 per 3-credit course or workshop but that this benefit could be applied to an unlimited number of courses or workshops.

Respondents that did not provide dollar values typically were either not sure about the exact amount or described the amount as contingent on available funding in a given fiscal year; three respondents noted that in their counties, tuition assistance was a union-negotiated benefit and therefore only available to union members and/or could vary by job classification.

Supportive supervision and informal learning opportunities

All counties (100%; 50 of 50) reported providing staff with at least some **mentoring and supportive supervision**, **opportunities to engage in on-the-job peer learning**, and **opportunities to provide feedback** on what was working well in the organization and areas for improvement (see Figure 22). Most counties (61% or higher) reported doing so consistently. In addition, most counties (80%; 40 of 50) were able to offer at least some **caseload management support**, i.e., strategies or supports

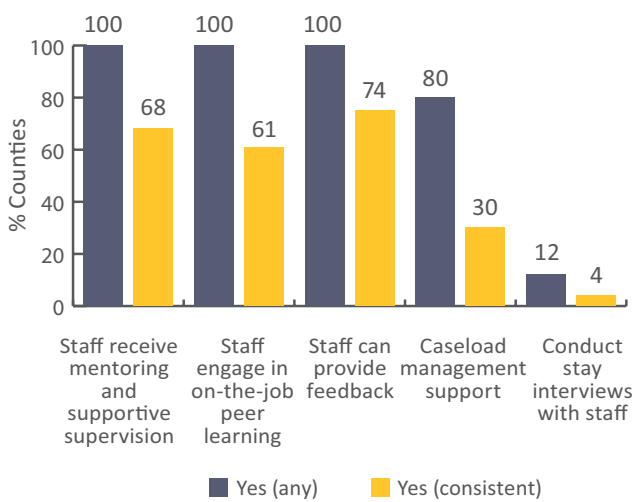Figure 21 | Offer Tuition Assistance?

Figure 22 | Supportive Supervision and Informal Learning

for helping staff manage or reduce existing caseloads, though only 15 counties (30%) did so consistently. However, when asked about **"stay" interviews**, i.e., interviews intended to identify and help reinforce factors that motivate staff to continue working at an organization, only 6 counties (12%) reported conducting at least some stay interviews and even fewer (4%) reported consistently doing so at least twice a year. In open-ended text responses, several counties noted that exit interviews were more common.

Supports for supervisors

Frontline supervisors are often responsible for implementing policies and practices focused on improving staff recruitment, retention, and development, but are not always adequately supported in doing so. For example, availability of mentoring support for supervisors varied; most counties (65%; 33 of 51) reported sometimes **designating mentoring as a formal job responsibility**, but only a quarter (13 of 51) did so consistently. Some counties also reported efforts to **provide supervisors with incentive pay or other rewards for exemplary performance** (10%; 5 of 51), or **access to replacement staff or other temporary staff**, e.g., to provide coverage for workers who are absent due to educational release time or other time off (39%; 20 of 51); however, few counties were able to do so consistently (see Figure 23).
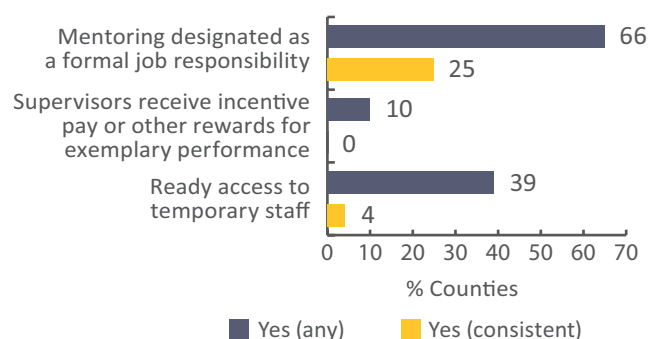
In open-ended text responses, one respondent noted that the specific skill sets needed to perform APS investigations or IHSS assessments made it difficult to readily identify replacement staff. Another respondent noted that Title IV-E funding made it possible to offer more robust supervisor development programs in child welfare, and expressed a desire for similar training for supervisors in Adult Social Services.

Provision of incentive pay or other rewards for exemplary supervisor performance was strongly associated with county size, with 0% of very small or small counties, 5% of medium counties, 17% of large counties, and 38% of very large counties able to offer this benefit at least sometimes.

Other Supportive HR policies and practices

When asked about other supportive policies and practices in place within their Adult Social Service departments or divisions, most counties (94%; 48 of 51) reported at least some use of **flexible work arrangements** such as self-scheduling or compressed work weeks, though only about half (51%; 26 of 51) were able to implement these arrangements consistently. Similarly, most counties (80%; 40 of 50) allowed staff that worked directly with clients to **telecommute or work remotely** at least one day per week, and just under half of counties (48%; 24 of 50) did so consistently. Just over a third of counties
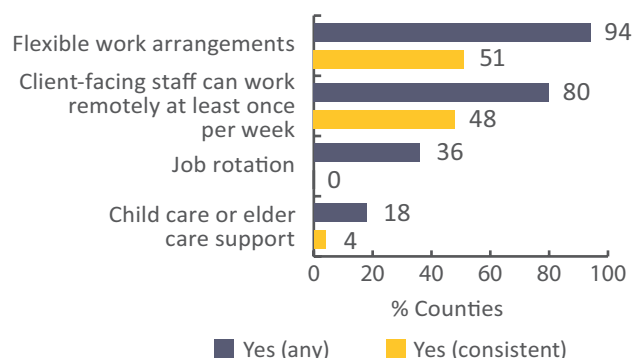
Figure 23 | Supports for Supervisors

Figure 24 | Other Supportive HR Policies and Practices

(36%; 18 of 50) permitted at least some **job rotation**, i.e., enabling employees to move between different tasks, roles, or divisions within an organization to enhance their experience and task variety, though no counties were able to implement this practice consistently. Finally, 9 counties (18%) reported offering some **child care or elder care support**, including flexible spending accounts for child care or other dependent care, though only 4% were able to do so consistently (see Figure 24).

Offering telework/remote work and job rotation were both strongly associated with county size. Only 50% of very small counties permitted Adult Social Services staff working directly with clients to telework or remote work at least one day per week, compared to 79–80% of small and medium counties, and 100% of large and very large counties. Similarly, only 20–25% of very small and small counties provided any job rotation opportunities, compared to 32% of medium counties, 40% of large counties, and 75% of very large counties.

Participation in other workforce development initiatives

Many counties (60%; 31 of 52) also reported participating in other initiatives to develop a robust Adult Social Services (ASS) workforce, primarily by providing ASS internships or field placement opportunities (59%). A total of 9 counties (18%) reported participating in pipeline programs focused
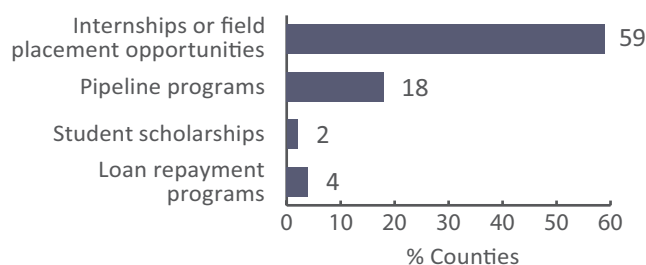
on providing students with academic, career, psychosocial, or financial support to enhance their readiness for a career in ASS; 2 counties (4%) participated in loan repayment programs, and one county (2%) provided scholarships for students interested in pursuing careers in ASS (see Figure 25).

Counties' ability to offer internships or field placement opportunities or participate in pipeline programs was significantly associated with county size. With regards to internships or field placement opportunities, only 14% of very small counties were able to offer these, compared to 38% of small counties, 74% of medium counties, 83% of large counties and 88% of very large counties. Similarly, no very small counties reported participating in pipeline programs, compared to 13% of small counties, 16% of medium counties, 33% of large counties, and 38% of very large counties.

STRATEGIES FOR CREATING A MORE DIVERSE, EQUITABLE, AND INCLUSIVE WORKPLACE

The survey asked about strategies designed to strengthen diversity, equity, and inclusion (DEI), including tracking key metrics, recruitment and retention efforts, training, and other strategies. Due to survey attrition, response rates for questions in this section were generally lower than for the preceding sections of the survey.

Internships or field placement opportunities — 59
Pipeline programs — 18
Student scholarships — 2
Loan repayment programs — 4

% Counties

Figure 25 | Participation in Other Adult Social Services Workforce Development Initiatives

Staff demographics align with client population(s) served — 36
Track % diverse candidates at each recruiting stage — 17
Retention rates among diverse groups — 19
Staff satisfaction scores (overall and among diverse groups) — 4
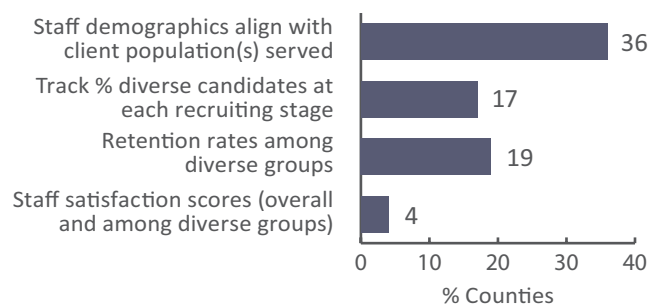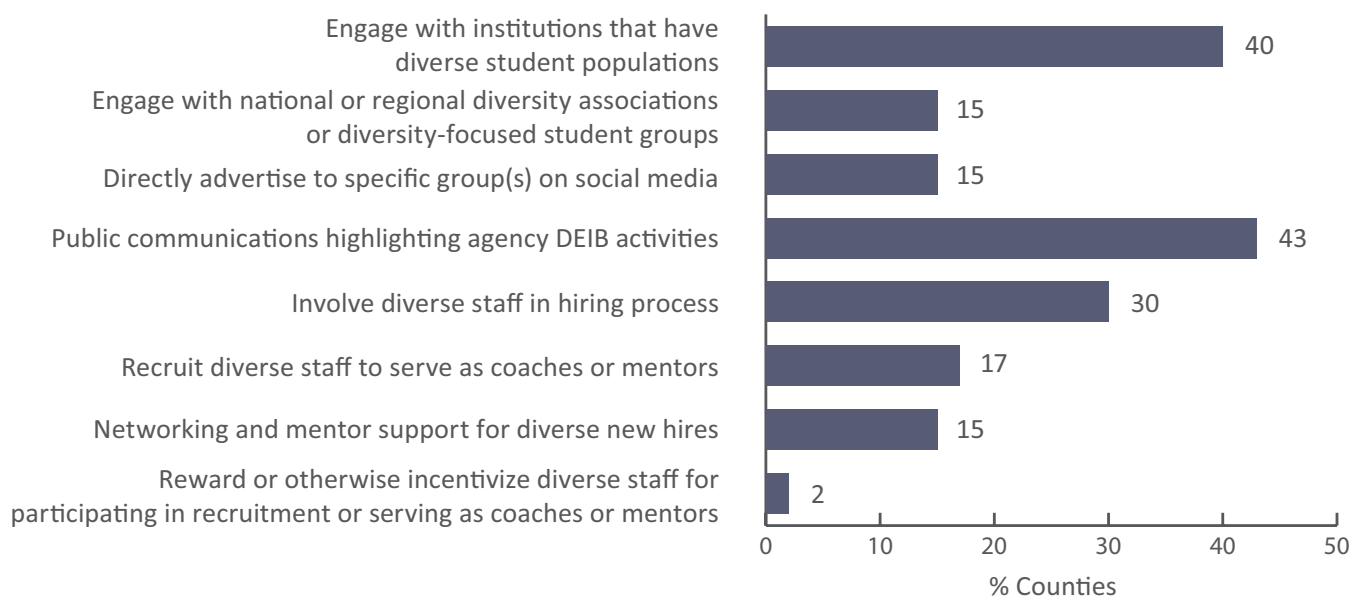
% Counties

Figure 26 | Diversity Metrics Tracked

Figure 27 | Efforts to Recruit and Retain Diverse Staff

Tracking and recording diversity metrics

Just over a third of counties (36%; 17 of 47) reported tracking alignment of staff demographics with clients being served, with one county noting use of these data to inform recruitment efforts. In addition, 8 counties (17%) reported tracking the percentage of diverse candidates at each recruiting stage, 9 counties (19%) reported tracking retention rates among diverse groups, and 2 counties (4%) tracked staff satisfaction scores, overall and among diverse groups (see Figure 26). In open-ended text responses, one respondent noted that their county was currently considering whether to begin tracking these metrics; two additional counties indicated that while Adult Social Services did not track or otherwise monitor this information, their county HR departments might be doing this monitoring.

Efforts to recruit and retain diverse staff

Counties also engaged in a number of strategies intended to facilitate recruitment and retention of diverse staff (see Figure 27). Approximately 40% of counties (19 of 47) described purposeful **outreach**

and engagement with institutions that have diverse populations (e.g., Hispanic-serving institutions or Historically Black Colleges and Universities [HBCUs]) and some counties (15%; 7 of 47) also reported **engaging with national or regional diversity associations or diversity-focused student groups**, e.g., by sponsoring events or providing guest speakers. Some counties also reported **directly advertising to diverse groups on social media** (15%; 7 of 47) or **featuring agency activities related to diversity, equity, inclusion, and belonging [DEIB] in public communications** (43%; 20 of 47).

Less than a third of counties (30%; 14 of 47) described **including staff from group(s) the agency seeks to recruit in the hiring process**, e.g., as interviewers, and even fewer counties reported **purposeful recruitment of staff from group(s) the agency seeks to recruit to serve as coaches or mentors** (17%; 8 of 47) or efforts to **help diverse new hires develop internal social networks and connect with mentors** (15%; 7 of 47). Finally, despite increasing recognition of the "invisible labor", or unrecognized work that under-represented staff

are often called on to do by virtue of their status in diversity and inclusion work, only one county (2%) reported **rewarding or otherwise incentivizing staff from the group(s) the agency seeks to recruit or retain** for participating in hiring, coaching/ mentoring, or other DEI-focused recruitment or retention efforts, e.g., by providing protected time to engage in the work or receiving additional compensation for doing so.

The only practice significantly associated with county size was purposeful outreach and engagement with institutions that have diverse student populations. Only 29% of very small counties engaged in this practice, compared to 33% of medium counties, 67% of large counties, and 75% of very large counties.

Other policies and practices to promote diversity, equity, and inclusion

Finally, when asked about other policies and practices to promote DEI in the workplace, the majority of counties provided at least some **training on implicit bias or anti-racist, anti-oppressive practice** (98%; 47 of 48); however, only 32 counties (67%) reported doing so consistently.

Similarly, most agencies reported supporting at least some **development of agency groups focused specifically on improving DEI in the workplace**, e.g., Employee Resource groups or ally groups (77%; 36 of 47), efforts to **identify and address**
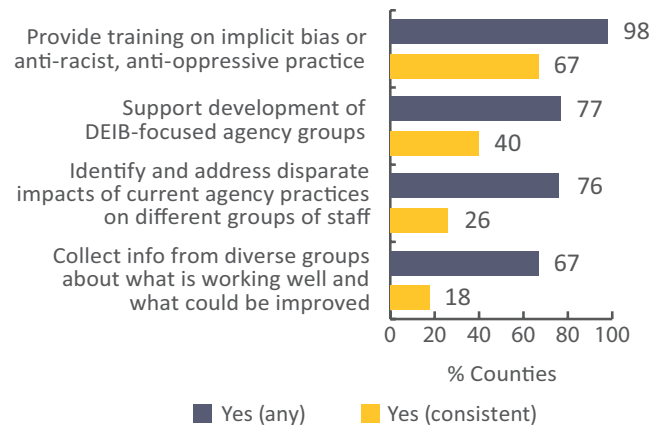
Figure 28 | Other Efforts to Promote Diversity, Equity, and Inclusion

disparate impacts of agency practices such as work assignments or performance appraisals on different groups of staff (76%; 35 of 46), or to **collect information from diverse groups about what is working well and what could be improved in the workplace** (67%; 30 of 45), e.g., as part of a broader Racial Equity Action Plan or ongoing work by county-level or department-specific Multicultural Advisory Committees or DEI committees (see Figure 28). However, fewer than half of counties (and in some cases fewer than a quarter of counties) described doing so consistently. In open-ended text, one county described additional efforts to collect DEI information from the community using civil rights caucuses with a wide range of diverse groups in the community to obtain input on how to better meet their needs.

APPENDIX. SURVEY METHODOLOGY

Survey development

Survey content and format were developed following a review of the empirical literature and prior research by study investigators. Survey items were piloted with the BASSC Adult Services Committee and revised based on feedback received. The final survey instrument is available from our team upon request.

Data collection

An online survey format was selected to facilitate tracking of response rates while protecting confidentiality of survey participants. Prior to launching the survey, we briefly introduced the study and its purpose to the CWDA Adult Services Committee. County Adult Social Services directors subsequently received an electronic letter of invitation that included information regarding the study's purpose and a hyperlink to the survey. The survey portal remained open for approximately six weeks. Directors who did not complete the survey received personalized follow-up emails from the BASSC Adult Services Committee. Directors in a total of 52 of 58 counties (90%) responded to the survey. In three counties, responsibilities for identified Adult Social Services programs were distributed across multiple agencies. In these counties, multiple respondents completed appropriate sections of the survey and responses were subsequently aggregated to the county level.

Analytic methods

Survey data were cleaned to ensure consistency and validity of responses. Univariate analyses were

Table 1 | California Counties Grouped by Population Size

County Size	Counties Eligible for Survey	Counties Responding to Survey	List of Counties
Very small	12	7	Alpine, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Trinity
Small	11	10	Amador, Calaveras, Lake, Mendocino, Nevada, San Benito, Siskiyou, Sutter, Tehama, Tuolumne, Yuba
Medium	21	20	Butte, El Dorado, Humboldt, Imperial, Kings, Madera, Marin, Merced, Monterey, Napa, Placer, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Yolo
Large	6	6	Contra Costa, Fresno, Kern, San Francisco, San Joaquin, Ventura
Very large	8	8	Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, Santa Clara

used to describe full sample results for survey questions. Participating counties were subsequently categorized by county size (see Table 1), based on the following population estimates in the 2020 Census Bureau data: Very small (1,000–39,999); Small (40,000–129,999); Medium (130,000–774,999); Large (775,000–1,499,999); and Very large (1,500,000+). Bivariate analyses were used to identify significant differences in survey response by county size. Responses to open-ended text questions were analyzed using content analysis to identify overarching themes.