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Enhancing Recruitment and Retention for Mental Health Field Positions

Under the leadership of the Board of Supervisors, Los Angeles County (County) is at the forefront of field-based behavioral health programming for individuals suffering from severe and persistent mental illness (SPMI) with and without addictions. Target populations for the County’s field-based behavioral health teams include unhoused individuals, as well as those who are experiencing a behavioral health crisis or who simply require intensive services to maintain stability in the community.

For example, the County is planning to expand the number of Department of Mental Health (DMH) “real time” response teams to enhance its Alternative Crisis Response (ACR) network. This includes Psychiatric Mobile Response Teams (PMRT) to provide a rapid clinical response 24/7 to individuals experiencing a behavioral health crisis; this expansion is critical and timely as we prepare for the implementation of 9-8-8 as the national number for suicide prevention and mental health crisis hotlines next summer. As another part of its co-response expansion, the County recently approved the addition of five new Mental Evaluation Teams (MET) where mental health clinicians co-

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respond with LA County Sheriff's deputies, bringing the County's total number of MET to 39.

In addition, DMH is in the process of increasing its Homeless Outreach and Mobile Engagement (HOME) team capacity. The HOME program focuses on intensive engagement and behavioral health services that are field-based (in the streets) to assist individuals experiencing homelessness and SPMI with or without addictions. DMH's Full-Service Partnership (FSP), an outpatient program that provides community based 24/7 wraparound treatment and social support, is another example of a field-based program in need of expansion.

The above field-based teams are integral parts of the County's overall system of care and its focus on a Care First, Jails Last justice reform movement. Without a strong ACR system in place, we rely too often on responses from law enforcement or paramedics, who are not properly equipped to provide appropriate treatment or, in some cases, may unintentionally escalate a situation and make it worse. Teams of behavioral health clinicians and peer support specialists that respond directly to individuals in crisis is what makes them an effective part of ACR.

At the same time that the County looks to expand its field-based capacity for behavioral health services, it is facing challenges for recruitment and retention, at least in part due to the COVID-19 driven increase in demand for mental health professionals across the nation, state, and here in LA County. Faced with an overall shortage of mental health staff, it is exceptionally difficult for DMH to recruit field positions like those on the PMRT, MET, HOME, and FSP teams. The jobs are very taxing, are not compatible with telework, require shifts outside of regular 9-5 hours as well as outside of typical structured clinical environments, and can be particularly demanding emotionally, mentally, and physically given the high need, unpredictable populations being engaged.

For these reasons and presumably others, DMH is having difficulty recruiting and retaining its field-based workforce. This human resource challenge threatens LA County's ability to expand its service capacity in the field. It is vital that we address the workforce challenge that DMH is currently facing so that we can achieve our planned expansion of field-based teams.

WE, THEREFORE MOVE that the Board of Supervisors direct the Department of Mental Health (DMH) and the Chief Executive Officer, in consultation with the Department of Human Resources, to explore options to improve recruitment and retention of field-based mental health positions, and report back with their analysis of each option's feasibility in 45 days, such as:

1. Reclassifying positions and/or developing new classifications for mental health professionals and paraprofessionals (e.g. peer specialists) on Psychiatric Mobile Response Teams (PMRT), Mental Evaluation Teams (MET), Homeless Outreach and Mobile Engagement (HOME) teams, and Full Service Partnership (FSP) teams;
2. Relaxing the background check requirements for individuals applying for peer specialist positions, recognizing that peers serve an important role on the path to treatment and recovery and that past criminal records should not prevent them from filling these roles;
3. Evaluating DMH's current efforts to reactivate the loan forgiveness program to address the shortage of psychiatrists willing to work in field-based positions in the public sector; and
4. Considering other financial incentives for positions on PMRT, MET, HOME, and FSP teams to enhance recruitment, such as signing bonuses and hazard pay.

WE, FURTHER MOVE that the Board of Supervisors direct the Department of Mental Health (DMH) and the Chief Executive Officer to report back on the following in 60 days:

1. Best practices, including priority access to dedicated wellbeing resources for self-care, in other government departments who have successfully enhanced recruitment and retention strategies for mental health and behavioral health providers that Los Angeles County could pursue;
2. The possibility of contracting with community-based organizations to provide field-based services; and
3. Additional capacity, programmatic, or legislative barriers that limit or impede the County's ability to develop and expand mental health field-based programs and staff.

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