

**SUBSTITUTE MOTION BY SUPERVISOR HOLLY J. MITCHELL**

April 19, 2022

**Investing in Strengthening the County Health Care Workforce**

On October 19, 2021, the Board of Supervisors (Board) directed Los Angeles County's (County) Department of Mental Health (DMH), Department of Public Health (DPH), and the Department of Health Services (DHS) to provide two reports on the issue of workforce vacancy within the County health departments. Both reports were coordinated with the Chief Executive Office (CEO) and Department of Human Resources (DHR). The first report, dated [January 21, 2022](#), provides the number of vacancies within each health department and the impact of these vacancies on timely access to services. The vacancy rates ranged from 15% to 21% and tended to be higher in department divisions serving more challenging patient populations, such as DHS' Correctional Health Services. Not surprisingly, the staffing shortages have negatively impacted services. DPH's Environmental Health Division, for example, has been unable to perform 25-30% of inspections due to staffing shortages. In the last two years, DMH's psychiatric appointment timeliness has been between 45-52% timely, which is significantly below the California Department of Health Care Services benchmark of 70% percent.

The second report, dated [March 22, 2022](#), offers a series of very detailed comprehensive recommendations to strengthen the County's workforce, expand the

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workforce pipeline, address recruitment challenges, streamline the slow and multi-step hiring process, and modernize civil service rules. Those recommendations, paraphrased below for brevity, are to:

1. Develop a plan that creates additional flexibility in establishing total compensation packages to provide potential candidates with options for selecting among different salary and benefit packages that align with their personal preferences and give the health departments the authority to determine the starting salary within a classification salary range;
2. Evaluate the feasibility of developing salary and benefit packages that prorate total compensation for part-time employees, rather than prorating salary only;
3. Develop a structure based on department-specific metrics to allow for an increase of salary differentials for those working in hard-to-recruit areas, such as correctional environments and services for people experiencing homelessness, to remain competitive with other institutions;
4. Offer more financial incentives or hiring bonuses to attract candidates for certain positions, as well as flexible workforce shortage recruitment rates to meet changing market conditions which may be temporary or permanent;
5. Provide loan repayment and tuition reimbursement in employment packages for some classifications to maintain competitive salaries;
6. Expand the County's Preparing Los Angeles for County Employment program, administered by the Worker Education and Resource Center;
7. Develop necessary new classification series, expanding eligibility list utility, updating existing series, and isolating appropriate specialties for the health departments in order to support targeted recruitment and remove barriers to employment;
8. Accelerate DHR's initiative to streamline the County's hiring process and modernize the County Civil Service Rules governing the examination process for hiring;

9. Suspend the County's rehiring process for critical healthcare recruitment and allow the health departments to decide on rehires after gathering pertinent information on employee past performance;
10. Modify County rules, policies and procedures that impede the hiring and selection for clinical and non-clinical recruitments;
11. Modify County Civil Service Rules and policies that require hiring managers to record no response from a candidate and then wait five days to remove the candidates who failed to respond from the certification list before managers can reach out to interested candidates for recruitment;
12. Approve department budget requests to hire additional human resources staff to more rapidly complete the entire examination process;
13. Conduct a comprehensive review of CEO and departmental workflows relating to the recruitment and allocation of clinical positions;
14. Grant more delegated authority to the health departments to better manage classifications in recognition of the clinical subject matter expertise within those departments;
15. Grant more delegated authority to the health departments to create new classifications for clinical functions, after consultation and review by the CEO;
16. Grant more delegated authority to the health departments to modify classification specifications for those classifications primarily allocated within the health departments;
17. Grant more delegated authority to the health departments to make overfill and unlike placements on budgeted items;
18. Modify County processes to allow the health departments the flexibility to recruit and hire to backfill critical healthcare delivery roles when employees are on a leave of absence exceeding three months or have restrictions limiting their ability to perform customary job functions; and

19. Re-envision the County's mandatory training programs to allow the health departments to develop core training contextualized to the healthcare setting and seek the health departments' input before expanding mandated County training since it impacts the availability of budgeted staff to provide patient care.

These recommendations came after the Board ended a hard hiring freeze across the County's health agencies that was in effect between [March 31, 2020](#) and October 5, 2021. Even though the hiring freeze was lifted five months ago, the reports confirm how workforce vacancies persist across the County's health departments.

The COVID-19 pandemic placed a significant burden on the County's health system and workforce as demand for behavioral and physical health services grew. The pandemic exacerbated the County's emergency health services shortage, with emergency rooms operating at or beyond capacity. In addition to increasing the demand for emergency care, COVID-19 also caused an increase in chronic illness. A [Centers for Disease Control](#) study conducted in Los Angeles estimated that one in three persons who had COVID-19 experienced "long COVID" - the persistence of symptoms beyond its initial onset, which prevented many individuals from resuming or maintaining their daily routines. Research also suggests more workers are reporting disabilities since the pandemic. The [Center for American Progress](#) found that, within the national labor force, an additional 1.2 million people reported a disability.

The pandemic also increased health care needs unrelated to COVID-19 itself. Restricted access to elective procedures and the shift from in-person doctor visits to telehealth created disruptions in preventative care that worsened health conditions among persons with chronic illnesses. Pandemic conditions, including social distancing and isolation, also created risks to emotional health. In 2021, according to [Centers for Disease Control](#), 41.5% of adults in the United States exhibited symptoms of anxiety and depression.

Healthcare professional shortages are now recognized as a Statewide and national concern. California is projected to experience a shortage of [500,000 healthcare workers](#) by 2026 if workforce trends continue, one of the largest projected health worker shortages in the nation, according to a study conducted by Mercer. According to the

[Steinberg Institute](#), California's current behavioral health workforce meets only about 26 percent of its need. While one in six Californians live with a mental illness, only a third of these persons receive treatment.

Private nonprofit health care agencies, as well as the County health departments, report challenges in recruiting and retaining skilled health care providers. Vacancies result in lost revenue needed for service providers to operate. For example, the Association of Community Human Services Agencies estimates that a single vacancy generates a loss of 81,120 service hours to the community. It also generates a revenue loss of \$254,717 to contract providers. As community providers struggle to meet rising inflation and operating costs, patients may experience service delays and disruption.

The County's need for a skilled healthcare workforce has become even more urgent given the increasing demand for mental health and health care services focused on highly vulnerable populations, such as persons experiencing homelessness and persons involved in the criminal justice system. Yet, the reports confirm that the current average time to hire in the County is more than one year, resulting in the loss of qualified candidates. As vacancies and staff shortages persist, current providers experience burnout and exhaustion as they struggle to meet rising demands.

The need to invest in our County's health care workforce has never been clearer. Federal, State and local policy leadership agree that building a strong workforce must be a priority in order to adequately respond to the pandemic and changing health care needs. In his [State of the Union](#), President Joe Biden underscored the American Rescue Plan, which included a significant [\\$4.4 billion](#) investment towards increasing public health staffing to address the pandemic and a [\\$103 million](#) investment towards preventing burnout and promoting workplace resiliency. Governor Gavin Newsom's proposed budget for [FY 2022-2023](#) includes a \$1.7 billion investment to building a stronger health and human services workforce with \$350 million going towards recruiting more community health workers, \$340 million towards career advancement opportunities within the health sector, and \$270 million going towards recruiting more nurses. With nearly the largest public health system in the nation, Los Angeles County

has an opportunity to modernize and model effective recruitment, hiring, and retention approaches to continue meeting the needs of its most vulnerable populations.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Direct the Alliance of Health Integration to work with representatives assigned by the Directors of the Department of Health Services, Mental Health and Public Health, the Executive Director of the Economic Development Branch of Workforce Development, Aging and Community Services (WDACS), the Worker Education and Resource Center, the Chief Executive Officer (CEO), and Director of the Department of Human Resources (DHR), in consultation with County Counsel, the Regional Consortium of Los Angeles County Community Colleges and labor partners and other relevant stakeholders to implement the recommendations of the March 22, 2022 Alliance for Health Integration memo to the Board of Supervisors with the following modifications:
  - a. Create a timeline and prioritization - plan to
    - i. Implement Recommendation numbers 2, 3, 4, 5, 7, 8, 10, 11, 13, 18 and 19
    - ii. Implement Recommendation numbers 1, 9, 12, 14, 15, 16 and 17 to the extent that the recommendations only affect health care workforce job positions and classifications that are unique to the three health departments;
  - b. Report back in writing in 60 days on options to:
    - i. Beyond the specific recommendations to be adopted in full as noted above, streamline the existing CEO and departmental process for actions related to the recruitment, hiring and allocation of health department positions (including both healthcare and non-healthcare classifications) to ensure an expedient, consistent and equitable hiring process. These streamline options should also apply to reorganization requests and should include suggested timelines by which requests are deemed automatically approved if not acted upon after a set number of days; and

- ii. Regularly monitor the fiscal impact, if any, of Directives 1.a. and 1.b above to ensure fiscal integrity is maintained.
  - c. Identify the amount of funding needed and classifications targeted to adequately implement the above directives, including expansion of the County's Preparing Los Angeles for County Employment program as well as educational tuition reimbursement, bonus and loan forgiveness programs;
  - d. Review the work of the County's Fair Chance Task Force to identify whether the application of the nexus assessment is leading to a hiring backlog and lack of advancement opportunities in critical vacancies; and
  - e. Report back in writing in 60 days on status, and update the Board quarterly thereafter, on progress and status.
  - f. Seek funding for short-term and long-term solutions at the local, State and Federal level, including California Workforce Development Board funds, State and Federal Apprenticeship funds, State of California Resilient Workforce Funds, American Rescue Plan Act funds, the County's Service Employees International Union and the Department of Human Resources negotiated training funds, together with philanthropic funds; and
2. Direct the Director of DHR and the Executive Director of the Economic Development Branch of WDACS, in consultation with the Alliance for Health Integration, to work with the Los Angeles County Community Colleges and the Workforce System to develop a career development program for fast training and onboarding into the County's appropriate critical vacancies in health agency positions.
3. Direct the CEO, in coordination with the Director of DHR and Alliance for Health Integration, to develop and publish a live dashboard in 180 days that makes real-time data on hiring progress publicly available.

4. Direct the CEO, through her Legislative Affairs and Intergovernmental Relations Branch, to support and advocate for policy proposals that incentivize students to pursue careers in allied health, health and mental health care and to facilitate the development of a diverse pipeline of workers from the local community, including those who have a background with the criminal justice system.

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