



## DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.

Director

Gregory C. Polk, M.P.A.

Chief Deputy Director

Curley L. Bonds, M.D.

Chief Medical Officer

Lisa H. Wong, Psy.D.

Senior Deputy Director

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TO: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Jonathan E. Sherin, M.D., Ph.D.  
Director

SUBJECT: **REPORT RESPONSE ON ENHANCING RECRUITMENT AND  
RETENTION FOR MENTAL HEALTH FIELD BASED TEAMS  
(ITEM 20, AGENDA OF OCTOBER 19, 2021)**

On October 19, 2021, the Board of Supervisors (Board) instructed the Department of the Mental Health (DMH) and the Chief Executive Officer (CEO), in consultation with the Department of Human Resources (DHR), to explore options to improve recruitment and retention of field-based positions and report back with their analysis of each option's feasibility in 45 days, such as:

- Reclassifying positions and/or developing new classifications for mental health professionals and paraprofessionals (e.g., peer specialists) on Psychiatric Mobile Teams (PMRT), Mental Evaluation Teams (MET), Homeless Outreach and Mobile Engagement (HOME) teams, and Full Service Partnership (FSP) teams;
- 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;
- 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
- Considering other financial incentives for positions on PMRT, MET, HOME, and FSP teams to enhance recruitment, such as signing bonuses and hazard pay.

The following summary is the response to the above Directives.

### **Background**

The demand for critical mental health services is far greater now since the COVID-19 pandemic. In the last 20 months, people have been facing increased levels of stress and struggling to cope with all aspects of the pandemic. COVID-19 is both a global health crisis and an international economic threat that has caused huge disruptions for healthcare systems that were already contending with major provider shortages and retention issues. Pre-COVID challenges have only exacerbated since the pandemic while some post-COVID challenges have resulted in workable, innovative solutions, such as the expanded use of telepsychiatry on a far greater scale to maintain essential mental health services.

As we move forward, even in light of experience gained, and progress on the COVID-19 front, DMH is currently exploring options to address recruitment and retention challenges to develop a plan that increases and improves the workforce to meet the demands of the increasing number of clients. This report is intended to provide an analysis of those options for field-based positions that provide direct services in all DMH specialized mobile response and mental health teams, including those not highlighted in the motion. The attachment (Attachment I) provides a comprehensive list of all DMH specialized mobile teams and all job classifications that currently work in those programs.

### **Job Classifications**

DMH and CEO are collaborating to identify possible solutions to ensure the appropriate staffing levels of field-based positions assigned to challenging environmental conditions. Our discussions have ruled out the possibility of creating new positions solely for field-based assignments as clinical field positions require much the same knowledge, skills, and abilities as clinical positions in outpatient settings. DMH and CEO are exploring compensation options in lieu of creating new field positions.

The current Community Health Worker (CHW) classification has evolved throughout the years in response to operational needs and County priorities. Recently, a countywide study revamped the CHW classification, modified the Senior CHW classification, and created a Supervising CHW classification to expand recruitment to targeted populations and allow for a career ladder with the County. DMH has numerous CHW positions working in our clinics, specialized mobile response and mental health teams, peer resource centers, and community outreach teams. DMH will continue to work with CEO to review and determine if the CHW series is appropriate or should be further amended in light of Senate Bill (SB) 803, which establishes a statewide certification program for peer support specialists who draw on “lived” experiences to engage and promote recovery and hope in others. The CHW series currently does not reflect the unique

perspective and ability to connect to fellow peers, different education requirements, and the training that will be offered by the new SB 803 certification program. Therefore, DMH and CEO will continue discussions to determine how best to provide a clear delineation of roles and responsibilities. Consideration of risk exposure is necessary and will allow those who are willing to perform peer services to self-identify with a unique and meaningful role, capitalizing on their ability to use their “lived” experience and formal training. Moreover, SB 803 provides the structure needed for counties to bill peer support services under Medi-Cal. It is possible that a new classification would help set apart the work of peer specialists from the CHWs; however, DMH is evaluating how a new peer focused class would integrate within our current service model, and therefore, DMH will continue to work with the CEO to create the proper allocation criteria to support the rapid recruitment and increase retention of certified peers. These certified peers will be instrumental in leveraging their unique perspective and training in the delivery of peer-focused mental health services while maximizing the federal match under Medi-Cal.

### **Background Checks**

DMH has reviewed its’ current Department of Justice (DOJ) Live Scan Review process in consultation with DHR to identify ways of possibly relaxing background check requirements and improving its current associated processes. Current DOJ Live Scan Review process/background check requirements do not consider or take into account a candidate’s “lived” experience as a basis to determine a candidate’s suitability to hire. In accordance with the Fair Chance Initiative and countywide standards, DMH only reviews the conviction(s) itself. Specifically, the following factors are taken into account to clear or disqualify a candidate: 1) the nature and gravity of the offense or conviction; 2) the time that has passed since the offense, conviction and/or completion of the sentence; and 3) the nature of the job held or sought (job nexus). DHR’s Countywide Policies, Procedures, and Guidelines (PPG) Nos. 514 and 524 establish protocol and provide guidelines to County departments for reviewing an applicant’s criminal history record as a part of the hiring and onboarding process. There are no plans to update these PPGs to relax background check requirements at the County level.

DMH has identified ways to streamline and improve its current internal process that will support recruitment efforts and cut overall processing time for all candidates. The current process requires full review of all convictions that involves an extensive process to clear or disqualify a candidate which can take up to 45 days to complete. DMH’s proposed DOJ Fast Track review will be conducted on the front end for misdemeanor convictions and will be prompted only if: 1) the conviction does not include crimes of moral turpitude (rape, forgery, robbery, etc.); 2) the conviction occurred within the most recent two-year period; and 3) the conviction has little to no nexus to the job/position being sought. DMH may also consider and determine other mitigating factors when conducting a DOJ Fast

Track review and will consult with DHR as needed as per usual. This DOJ Fast Track review process will eliminate the need for supporting documents such as the candidate's written statement and case summary/court docket, currently in place for a traditional and/or disqualification review. The proposed procedural changes adhere to applicable Countywide PPGs, do not require policy changes, and are fully endorsed by DHR. DMH implemented the Fast Track review process late November.

### **Loan Forgiveness Program**

The Psychiatrist Loan Forgiveness Program was suspended in June 2020 shortly after the onset of COVID-19 due to financial uncertainties arising from the pandemic and the fact that the fiscal impact of a global crisis is not immediate. As DMH continues its efforts in assessing the impact on our funding streams, DMH is also evaluating the plan to possibly reinstate the program and has initiated discussions with the Union of American Physicians and Dentists (UAPD).

Earlier this year, DMH was authorized to accept \$10 million in grant funding from the State of California, Office of Statewide Health Planning and Development (OSHPD) to participate in the five-year Workforce Education and Training Regional Partnership through June 2026. The grant provides funding for 1,070 eligible applicants to receive educational loan repayment assistance to strengthen recruitment, training, education, and retention of the entire public mental health system workforce and therefore is not limited to field-based positions. Although over 800 applications have been received to date, the application deadline will be extended from December 10, 2021 to December 31, 2021, to allow time for more applications. In addition, there have been some initial discussions that the State may make another allocation in the future.

### **Hazard Pay and Other Special Pay Practices**

To enhance recruitment and retention, hazard pay, and other special pay practices may be justified to compensate DMH employees who are members of specialized mobile teams and undertake significant risks when dealing with difficult clients in dangerous situations and hostile environments. To address recruitment issues, a manpower shortage bonus may be useful to attract qualified workers who are passionate about connecting with and helping those living with a mental health disorder and who are eager to do this work. Shortage of workers that exist across the public mental health workforce is attributable to the increase in individuals seeking mental health services as well as an increase in the severity of the mental health symptoms and the complexity of the illness and other comorbid issues. The widening gap of demand and supply of mental health workers is only going to intensify as a result of attrition.

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As the County Mental Health Plan, DMH's network of directly-operated clinics and legal entity providers is responsible for providing specialty mental health services to clients who need extra support due to their serious mental illness (SMI) or severe emotional disturbance (SED). DMH is in the early stages of completing a thorough analysis to not only determine the most appropriate amount of special pay compensation but also ongoing funding to offer the additional pay to our complete network of providers, including the legal entity providers. It is anticipated this analysis will take 45 days to complete.

As legally required, all compensation (hazard pay, loan forgiveness, and other special pay practices) and other terms and conditions of employment (specific hiring changes and classification matters) are the subjects of good faith negotiations between the County and its Labor partners. Finally, the implementation schedule of any agreed-upon changes is also dependant on the countywide bargaining schedule.

### **Next Steps**

DMH and CEO will determine if the best approach is to amend the existing CHW classification or create a new distinct peer class. DMH will develop a proposal and complete the financial analysis to determinethe level of any special pay that DMH can offer. A status report will be provided to the Board in 90 days.

DMH is committed to the clients we serve through our field-based programs and therefore, it is important that we maintain a strong workforce by improving our recruitment and retention efforts in a world that has shifted many ways due to COVID-19 and placed even more emphasis on the need for critical mental health services.

If you have any questions, please contact me or Gregory Polk, Chief Deputy Director, at (213) 738-4926 or [gpolk@dmh.lacounty.gov](mailto:gpolk@dmh.lacounty.gov).

JES:GCP:cd

Attachment

c: Executive Office, Board of Supervisors  
Chief Executive Office  
Department of Human Resources

## **DMH SPECIALIZED MOBILE TEAMS**

### Assisted Outpatient Treatment (AOT)

AOT, also known as Laura's Law, was initiated following the 2001 killing of Laura Wilcox by an individual suffering from severe mental illness and allows DMH to serve seriously mentally ill persons at substantial risk of deterioration as a direct result of poor psychiatric treatment compliance. AOT eligible individuals are outreached in an effort to voluntarily engage them in Full Service Partnership (FSP) services.

### Homeless Outreach and Mobile Engagement (HOME)

HOME provides countywide field-based outreach and engagement services to homeless persons and the mentally ill who live in encampments or other locations where outreach is not provided in a concentrated manner.

### Psychiatric Mobile Response Teams (PMRT)

PMRT consists of DMH licensed clinical staff assigned to a specific Service Area in Los Angeles County. Teams have legal authority per Welfare and Institutions Code Sections 5150 and 5585 to initiate applications for evaluation of involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder.

### Full Service Partnership (FSP) Teams

FSP Teams (contracted and directly operated) provide intensive mental health services, including for homeless, forensic, and housing populations, assisted outpatient services, including client supportive services (flex funds), for individuals who have been diagnosed with a severe mental illness and would benefit from an intensive service program.

### Law Enforcement Teams (LET)

This co-response model pairs a DMH clinician with a law enforcement officer to provide field response to situations involving mentally ill, violent or high risk individuals. Primary mission is to provide 911 response to community requests or patrol officer requests for services. Teams also assist PMRT as resources permit.

### Mental Evaluation Teams (MET)

Teams are comprised of a trained deputy sheriff and a licensed mental health clinician. Services include crisis intervention, referrals, and follow-up to people with mental illness.

### School Assessment and Response Team (START)

START provides training, early screening and identification, assessment, intervention, case management and monitoring services in collaboration with school districts, colleges, universities and technical school, and in partnership with local and federal law enforcement agencies. The program's services are designed to prevent targeted school violence.

### Therapeutic Transportation

This is a mobile mental health van and response team that will provide supportive services delivered to individuals in crisis through teams who offer immediate response to transportation as well as in initiate healing and recovery from the exacerbation of mental health symptoms and/or trauma. Therapeutic Transportation (TT) teams are trained in multiple crisis scenarios, focused on engagement, therapeutic support and trained in de-escalation approaches. For transportation to an inpatient facility, the vans are equipped with tele-technology, making it possible for clients and team to communicate with tele-psychiatry services as needed.

### Men's and Women's Community Integration Programs

Gender specific re-entry programs designed to support women who have mental illness and are justice involved to assist participants with re-entry back into community addressing the full scope of biopsychosocial needs to maximize recovery and prevent recidivism.

### Veterans Peer Access Network

In addition to direct services, DMH and its partners connect veterans and their families with services and support by helping them navigate often complicated systems.

## **EXISTING SPECIALIZED MOBILE TEAMS CLASSIFICATIONS**

Community Health Worker  
Medical Case Worker  
Clinic Driver  
Psychiatric Social Worker  
Mental Health Clinician  
Clinical Psychologist  
Assistant Mental Health, RN  
Psychiatric Technician  
Mental Health, RN  
Mental Health Clinical Supervisor  
Supervising Psychologist  
Senior Mental Health, RN