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ALLIANCE FOR HEALTH INTEGRATION

Los Angeles County
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Christina R. Ghaly, M.D.
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Los Angeles, CA 90012

"To improve the health and well-being of Los Angeles County residents by aligning and efficiently implementing Board-approved prevention, treatment, and healing initiatives that require the collaborative contributions of the three health departments."

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

FROM: Christina R. Ghaly, M.D., Director
Department of Health Services

Jonathan E. Sherin, M.D., Ph.D., Director
Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed., Director
Department of Public Health

Jaclyn Baucum, Chief Operating Officer
Alliance for Health Integration

DATE: January 21, 2022

SUBJECT: **REBUILDING A COUNTY WORKFORCE THAT CAN RESPOND TO THE COUNTY'S COMPLEX HEALTHCARE NEEDS (ITEM NO. 11 OF THE OCTOBER 19, 2021 BOARD AGENDA)**

On October 19, 2021, the Board of Supervisors (Board) instructed the Directors of the Departments of Public Health (DPH), Mental Health (DMH), and Health Services (DHS), together referred to as Health Departments, in coordination with the Directors of the Department of Human Resources (DHR) and the Chief Executive Office (CEO) to:

a. Report back in writing in 60 days on the number of budgeted vacant and funded vacant positions currently existing in each health department and the impact that these vacancies are having on access to clinical, preventive, and environmental health care, and services and employee caseloads. This report back shall include a report on the impact that vacancies are having on appointment wait times for new and existing patients and any budgeted vacancies that cannot currently be filled due to funding restrictions or other factors.

Since 2020, the Health Departments have provided critical leadership and support to respond to an unprecedented public health emergency that required each Health Department to expand services, build out new programs and supports, manage increased workloads, and to

pivot to 24/7 operations for some services. The sustained nature of pandemic response activities was compounded with the additional stressors of prolonged staff reassignments for pandemic responses, ongoing workforce shortages, overworked and fatigued existing workforce, and a hiring freeze that collectively contributed to challenges in delivering critical services across all three Health Departments. Despite a workforce shortage and unprecedented stressors on front line workers and staff, Los Angeles (LA) County continued to serve and support those in need.

The Alliance for Health Integration (AHI) received data and responses from each of the Health Departments and worked with the CEO and DHR to collect data and insights around vacancy rates.

VACANCY DATA

PLEASE NOTE: Each Department tracks vacancy data differently. This table below is meant to respond to the vacancy questions in the Board Motion and is not intended for data comparison among the Health Departments.

Vacancy Data	DPH	DMH	DHS
Current Number of Budgeted Vacant Positions	1,659	1,158	7,629
Current Number of Funded Vacant Positions	1,189	658	4,950

In collaboration with DHR, AHI identified current vacancy rates (listed below) as of December 6, 2021. While this data includes all positions and does not isolate positions impacted by the hiring freeze, it highlights the above average rates of vacancies among the Health Departments, as compared to the average across all LA County Departments.

DHR Vacancy Rates	DPH	DMH	DHS	All LAC Depts Avg
Vacancy Rates	21.8%	21.1%	15.5%	12.4%

Overall, AHI found that each Health Department had very different experiences with the hiring freeze and that it is difficult to isolate a relationship between patient wait times related to the hiring freeze without considering the pandemic's impact. While clinical staff items were exempt from the hiring freeze, our findings showed that freezing administrative and programmatic positions (e.g., those in finance, human resources, contracts, and grants) had a negative impact on overall departmental program operations and the ability of the Health Departments to achieve their mission. The Health Departments' ability to manage workloads and meet deadlines has been challenged by both rising patient care and emergency outbreak response needs, as well as increasing vacancy rates due to the hiring freeze, among other recruitment and hiring factors.

The following table represents the total number of positions and percentages of positions subject to the hiring freeze within each Health Department, to help offer insight into how many positions were impacted, as reported by the CEO on December 6, 2021.

CEO Hiring Freeze Data	DPH	DMH	DHS
Number of Positions	3,132	2,052	2,861
Percent of Positions	59%	32%	11%

Although a pathway existed to request an exemption, the policy was set by the Board to freeze hiring. As a result, the Health Departments were more hesitant to apply for an exemption on select non-clinical items. The Health Departments also noted that the exemption process was very time consuming; requiring additional paperwork and increased administrative work that included backfilling, promoting, and transferring existing employees, while being required to leave the vacancies open from those moves. Additionally, employees on medical leave or paid leave associated with pending investigations tied up budgeted positions, and the workload shifted to existing employees and/or created delays to hire new employees. The Health Departments cited that employees with work restrictions also had an impact on productivity. Across the different Health Departments, there was an expansive range of positions impacted by the hiring freeze.

Department of Public Health

DPH found it to be a considerable burden to find workarounds to complete critical work functions with nearly 60% of the Department's positions subject to the hiring freeze, which was exacerbated by the shift to 24/7 operations. The hiring freeze mostly impacted items that support DPH's program and operational functions; however, these key roles directly impact patient care and access to timely services and treatment, such as patient check-in, appointment scheduling, and financial clearance. Additionally, with the over 75% of the Departmental workforce being pulled into the COVID-19 Incident Command Structure, these key roles were needed to meet the emerging demands of the pandemic and sustained bare operations within home programs. With almost all clinicians being assigned to oversee core operations to mitigate the spread of COVID-19 (e.g., contact tracing, outbreak management and response, and disease surveillance), overall reduced capacity impacted all areas of clinical services and programs under DPH. Specific examples include:

- As part of its pandemic response, DPH needed to reassign some of the Tuberculosis (TB) Control Program staff, due to their specialized infectious disease expertise. Compounded by staffing shortages, TB Control Program services were delayed, which included receiving, reviewing, and referring of TB reports to clinic and field services. Completion of outbreaks involving secondary transmission cases were significantly delayed (approximately six to 12 months), since the epidemiology support staff for complex contact investigations was reduced by 75%. DPH also experienced a reduced capacity for TB oversight and treatment, which included the transition of the

TB mobile van shelter and TB testing/treatment clinics from weekly to monthly (between April 2020 to Dec 2021). The workforce shortage also impacted access to TB testing among People Experiencing Homelessness (PEH). The community reports a two month wait time for TB tests.

- With already limited staff, the hiring freeze impacted the ability to fill business office items which are a critical function of DPH's Clinic Services. The existing staff worked overtime to cover administrative duties, and patients encountered longer phone wait times and longer check in lines, due to the shortage of staff. Historical curtailments to Net County Cost funding directly impacted DPH's Disease Control and Operations Support capacity. DPH also reported having limited flexibility to onboard at-will or temporary items at the appropriate level, based on the work required.
- DPH had to establish expanded clinical operations to increase equitable COVID-19 vaccination access throughout LA County. This included the opening of several Points of Dispensary (PODs) and mobile strike teams to support testing and vaccinations in under-resourced communities. This model moved DPH's clinical services to a seven-day per week operation, relying heavily on Full Time Equivalents (FTEs), short-term staff assigned by the state, registry and at-will nurses, and community health workers to work significant overtime.
- The Environmental Health Division served as the lead enforcing entity working with local businesses to ensure compliance with Health Officer Orders. This expanded the scope under their purview and increased days and hours for field staff. Due to staffing storages and competing demands of the pandemic response, 25-30% of inspections were not performed. For example, approximately 20% of housing complaints were addressed with "Courtesy Notice to Abate" letters instead of field responses. Additionally, plan reviews (initial or resubmissions) were delayed by 25-40%, due to vacancies and COVID-19 reassignments.
- Unvaccinated/noncompliant staff who are currently not conducting field work have been assigned to work on backlog complaints. While the reassigned staff can call and conduct interviews over the phone and receive any necessary documents, some of these cases need additional onsite observations to determine compliance. As a result, constrained and limited vaccinated staff are pulled-in to conduct necessary observations in the field, to complete the backlogged complaint investigations. Supervisors and lead staff are now having to direct and coordinate with both vaccinated and unvaccinated staff, which is causing a delay in the vaccinated staff's current assignments.
- It is important to note that there were additional factors that contributed to vacancies beyond the hiring freeze, there were 485 vacancies due to burnout/mental health reasons (as tracked through leave management data) and 53 employees were reassigned due to vaccine status.

Department of Mental Health

DMH reported that the hiring freeze added delays for critical administrative positions. In anticipation of the pandemic's budget impact, DMH ensured fiscal prudence by evaluating

critical clinical vacancies exempt from the hiring freeze on a case-by-case basis. Specific examples include:

- While COVID-19 has allowed for innovative solutions such as telepsychiatry, DMH has issues surrounding teleworking employees that refuse to return to the worksite.
- Difficulty recruiting for DMH specialized mobile teams, such as the Psychiatric Mobile Response Team and Therapeutic Transportation. Staff is not enough interested in certain shifts nor interested in this type-specific field work (after being advised of the job responsibilities during the interview).
- The vaccine mandate has resulted in the reassignment, suspension, and potential discharge of non-compliant employees.
- DMH's FY 2020-21 Final Budget reflected 6,050 total budgeted positions. Approximately 8.3% or 500 of the Department's budgeted positions were unfunded to ensure the Department maintains salary savings associated with salary differentials for employees not on top step, anticipated attrition, and hiring delays. It is not uncommon for departments to have unfunded vacancies of varying percentages to allow for salary savings and as such, DMH's salary savings rate is approximately 17.6%. In addition, the salaries and employee benefits budget does not factor the unfunded liability tied to payouts of benefit leave when employees separate from LA County service. The total budgeted position for FY 2021-22 increased primarily due to 300 additional Community Health Worker positions for the Promotores program and therefore, the current vacancy rate is higher than usual, as a result of hiring delays.
- Difficulty in securing positions to maintain programs funded with one-time dollars, which impacts the life of the program, in the event there are no ongoing funds.
- The Board, based on recommendation by the CEO, approved hard-hiring freeze on non-health and safety positions at the onset of COVID-19. The freeze resulted in delays for critical administrative positions as there had to be compelling justification for DMH to seek CEO approval for hiring exceptions. While clinical items were exempt from the freeze, DMH could not simply fill these vacancies without ensuring fiscal prudence. The fiscal impact of a pandemic, especially one of this magnitude, is almost never immediate depending upon the business system and therefore, it was and continues to be important for DMH to evaluate each hiring request on a case-by-case basis. Now that the hiring freeze has been lifted, DMH has started to fill more vacancies but continues to be cognizant in anticipation of potential revenue reductions that may impact operations in the near future.

Department of Health Services

DHS reported that a majority of their positions were critical and not impacted by the hiring freeze policy. Even still, administrative positions frozen within DHS resulted in short staffing in key areas including human resources, contracts and grants, clerical positions, payroll, finance, contract monitoring, information technology, as well as programmatic support, with negative repercussions on operational efficiency felt across the Department. It is important to note that there were additional factors that contributed to vacancies beyond the hiring freeze that included the approximately 911 employees who requested

vaccine exemptions due to medical or religious reasons (808 for religious and 110 for medical). Of these 911 employees, 541 have been reassigned as of November 29, 2021. Additionally, there are 198 employees on long term leave not fulfilling critical job functions until further notice.

DHS operates within a rapidly changing, competitive and a highly specialized healthcare environment. DHS' success rests on being able to make timely and ongoing changes to its organizational structure, work processes and the use of clinical and non-clinical positions to meet patient care needs at DHS hospitals, clinics, and services areas.

IMPACT VACANCIES HAD ON APPOINTMENT WAIT TIMES

Department of Public Health

Below are wait time summaries and additional insights around impacted access to timely care:

Type of Average	Cycle Time[1]
Current average wait time for new patients	80-minute cycle time
Current average wait time for existing patients	59-minute cycle time
2019 pre-pandemic average wait time	74-minute cycle time

Vacancies due to the freeze affected DPH's business office and were exacerbated by extended clinical COVID-19 vaccine and testing operations where staff had to work overtime to schedule appointments, register patients, and complete financial clearance. Patients encountered longer phone wait times and longer check in lines, due to the shortage of staff. Staff needed to work significant overtime, resulting in over 100 FTEs who have accumulated overtime hours beyond the allowable carryover threshold (240 hours). DPH is currently working with CEO to address a longer-term carryover request.

While more specific to the pandemic response and not the hiring freeze, DPH listed additional observations that impacted wait times such as how closing DPH triage clinics contributed to the reduced access for TB testing. For those individuals trying to comply with TB testing requirements for PEH services, mental health, and/or substance use services, they were waiting months for an appointment versus being able to walk in for a TB test. Timely ORCHID trainings, which would have improved staff's skills at managing records in ORCHID and would have decreased clinic wait times, were not conducted due to fact that all ORCHID Subject Matter Experts were pulled to conduct COVID-19 duties.

[1] Cycle time was used to measure wait times, which is from the time the patient checked in for their appointment to the time the patient leaves the building.

During 2020, six of 14 of DPH's clinics remained open for TB testing and some clinics offered additional services such as Sexually Transmitted Disease (STD) testing, walk in services that included immunization, testing, vaccines, as well as refugee help assistance programs later in the year. For the clinics that did close, their staff was sent to help support COVID-19 response efforts.

By the end of 2021, nine of 14 of DPH's clinics were open. Currently, DPH is working on reopening two additional sites for STD services.

Department of Mental Health

Below are wait time summaries and additional insights around impacted access to timely care:

Non-Psychiatric Appointment	DMH	DHCS Benchmark
July through September 2021	**Average:** 8.4 business days 79% timeliness standard met **Child Average:** 10.5 business days 76% timeliness standard met **Adult Average:** 7.4 business days 81% timeliness standard met	10 Business days 70% Timeliness
August through September 2020	**Average:** 6.9 business days 78% timeliness standard met **Child Average:** 9.2 business days 65% timeliness standard met **Adult Average:** 5.3 days 86% timeliness standard met	10 Business Days 70% Timeliness

DMH's electronic health record system IBHIS does not distinguish new clients versus existing clients. The appointment wait time data, wherever applicable, applies to the entire LA County public mental system and as such, includes not only DMH's directly operated clinics but also services provided by their contracted Legal Entities (LE). The clock starts at the point when a client makes a non-urgent request for services, either a non-psychiatry appointment or a psychiatric medication evaluation. Not all initial mental health appointment requests result in a referral for a medication evaluation.

The summary tables compare July through September 2021 timeliness data to August through September 2020 and the State Department of Health Care Services (DHCS) benchmark. This analysis indicates that while overall access to timely initial appointments remains strong at 78% and 79% for 2020 and 2021 respectively, overall average time to appointment increased from an average of 6.9 days in 2020 to 8.4 days in 2021. Time to an initial offered first appointment increased by an average of 1.3 days for children and by 2.1 days for adults.

Evaluating appointment frequency for existing clients requires more study given the number of factors that influence appointment frequency, including level of need, program of service, caseload size and service mix, and patient preference. DMH cannot distinctly correlate budgeted vacancies to the impact on appointment wait times.

Over the past two years, the psychiatry appointment timeliness has been between 45-52% timely, which is significantly below the current DHCS benchmark of 70%. While the median time to schedule a psychiatry appointment remains around 19 or 20 business days, the average time to schedule a psychiatry appointment is 27 business days. The difference between the median and the average indicates the existence of a subset of clients that are receiving a psychiatry appointment well beyond the median timeframe and the DHCS benchmark of 15 business days.

NOTE: The source of data for psychiatry appointment timeliness is IBHIS. Consequently, the data in this report is limited to the directly operated psychiatry appointments. DMH has been piloting approaches to capturing equivalent data from LEs.

Psychiatric (Medication) Appointment	DMH	DHCS Benchmark
July through November 2021	**Median:** 19 business days **Average:** 27 business days 52% timeliness standard met	15 Business Days 70% Timeliness
July 2020 through June 2021	**Median:** 20 business days **Average:** 38 business days 45% timeliness standard met	15 Business Days 70% Timeliness
March 2019 through February 2020	**Median:** 19 business days **Average:** 36 business days 45% timeliness standard met	15 Business Days 70% Timeliness

Perhaps most strikingly, within the last six months DMH's directly operated and LE provider network lost a significant number of FTEs, when measured in December 2021 as compared to July 2021. The consequence of falling below the benchmark in any of the four categories is a directive by DHCS to procure out-of-network mental health services.

As of November 2021, these staffing reductions have resulted in a record number of 104 provider sites, all LEs, stating they cannot take new referrals, which is a 153% increase from November 2020.

Department of Health Services

Below are wait time summaries and additional insights around impacted access to timely care:

For DHS, it is difficult to attempt to directly correlate the impact of vacancies with wait times because there are several factors besides vacancies that affect wait times for new and existing patients. Examples of these other factors include, but are not limited to, inadequate staffing due to leaves, staff work restrictions, the nationwide nursing and other health professional shortages, space limitations and/or physical facility issues, clinic space constraints, difficulty contacting patients, patient preferences for later appointments, and clinical dependencies (e.g., MRI is needed prior to an orthopedic appointment). The two-year long COVID-19 pandemic has had a devastating impact. Throughout the pandemic, and especially during surges in coronavirus cases, many visits/encounters had to be rescheduled as a result of State and County Health Officer Orders. Also, some patients decided to forgo regular medical care, fearful of contracting COVID-19 in healthcare settings. DHS recognized the need to bring patients back safely and has taken multiple actions to address these needs expeditiously. These efforts include moving staff to areas with the greatest need, adding additional staff to impacted areas, reconfiguring space to accommodate increased patient volumes, optimizing the use of telehealth, and expanding the use of out-of-network referrals for care.

With respect to Correctional Health Services (CHS), as of December 2021, CHS has 2,121 budgeted positions, of which 417 positions are vacant (20%). In review of the 417 vacancies, 314 are clinical positions. Throughout the pandemic, wait times have been adversely impacted by a high number of vacancies, difficulty recruiting staff to positions in the jail, escalating mental health population in the jail, as well as COVID-related workload demands on CHS staff, including the need to safely manage, test, and vaccinate the correctional patient population.

Here is the link to the most recent Quarterly DHS Report on Patient Protection provided to the Board on October 27, 2021 that includes staffing and average patient wait times.

SUMMARY

Overall, AHI found that each Department had very different experiences with the hiring freeze and that it is difficult to correlate patient wait times with the freeze. What we are also learning is that it is nearly impossible to separate pandemic impact and hiring freeze impact – both have generated increasing demands on workforce that are showing in the vacancy rates and abilities to recruit and fill vacancies.

Across all Health Departments, there is consensus that administrative obstacles are inhibiting their ability to fill budgeted positions that include outdated classifications, lengthy reorganization processes, and the difficulty that applicants and hiring managers have navigating the civil service examination process compared to how other healthcare organizations recruit and hire. Health Departments also highlighted the lack of flexibility in hiring practices commonly used in the private sector, such as pro-rating total compensation to support a greater share of part-time hires. In the absence of an easy

ability to onboard staff desiring to work fewer than 40 hours per week in a fiscally sustainable manner, Health Departments instead relied on a contracted workforce for such roles.

With existing vacancies combined with a shrinking workforce pool, the Health Departments are already strained on resources under existing services and programs. Despite burnout and longer hours, the Health Departments rose to the challenge and continued to serve LA County's most vulnerable residents, managed administrative operations that are the backbone to the clinical work, and responded to a new pandemic. As LA County looks toward the near future, each Department will encounter further increasing needs for staffing and services driven by new policies from the State's DCHS and the State Legislature that will require even greater numbers of clinical and non-clinical positions to a workforce that already has high number of vacancies. It will be imperative that LA County reduces barriers to assist the Health Departments in meeting this demand.

Rebuilding a County Workforce That Can Respond to the County's Complex Healthcare Needs Board motion responds to the current workforce shortage and impact on patient wait time and as a result, has initiated rich discussions around how to solve for short and long-term challenges that are shared across the Health Departments as well as those that are unique to each Department individually. We will include these initial findings and insights in the upcoming short and long-term healthcare workforce development plan that will be provided in March of 2022, in response directive one (b.) of this motion.

If you have any questions, you may contact Jaclyn Baucum, Chief Operating Officer of the Alliance for Health Integration, at jbaucum@ahi.lacounty.gov.

JB:ak

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

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DATE: March 22, 2022

SUBJECT: **REBUILDING A COUNTY WORKFORCE THAT CAN RESPOND TO THE COUNTY'S COMPLEX HEALTHCARE NEEDS (ITEM NO. 11 OF THE OCTOBER 19, 2021 BOARD AGENDA)**

On October 19, 2021, the Board of Supervisors (Board) instructed the Directors of the Departments of Public Health (DPH), Mental Health (DMH), and Health Services (DHS), together referred to as Health Departments, in coordination with the Director of the Department of Human Resources (DHR) and the Chief Executive Office (CEO) to:

b. Report back in writing in 90 days on a short-term and long-term health care workforce development plan that includes:

   i. A recruitment and hiring plan for budgeted vacant positions, with special attention on those vacancies and hires that are in line with the Board priorities and the relevant departments' strategic plans.

   ii. Identification of the specific funding or administrative obstacles inhibiting the departments' ability to fill already budgeted positions and recommendations to address those obstacles.

iii. Recommendations to streamline and incentivize Los Angeles County's (County) hiring process, particularly with respect to critical vacancies, to better enable more expeditious and successful hires.

iv. Career paths for new candidates to enter the County's healthcare workforce, including opportunities to work with community colleges, adult schools, academic and training partners, and industry partners to train and hire staff that reflects the diversity and lived experience of the clients and patients the County serves.

The Alliance for Health Integration (AHI) coordinated discussions with each of the three Health Departments regarding key recruitment and hiring strategies, including pathways in place for external candidates to become County employees and suggestions for administrative changes to expedite the County's hiring process. For optimal flow in reporting the requested information, responses to the directives are provided out of order, and the relevant directives are listed with the section title below.

Throughout this report we present challenges associated with the County's recruitment and hiring processes and propose corresponding recommendations for revamping current practices. In some instances, one or more of the Health Departments may already be partnering with the CEO and/or DHR to make systemic improvements. To ensure a comprehensive response, we present all challenges and recommendations in this report, even if improvements are underway in some areas (please see attached summary table of challenges and recommendations).

Additionally, while this report is specific to the Health Departments, many of these issues and recommendations are likely relevant for other departments as well. Any modifications to the recruitment and hiring process could potentially be piloted first with the Health Departments, and if effective, extrapolated to other departments for improved efficiencies Countywide.

DIRECTIVE I: RECRUITMENT AND HIRING PLANS FOR BUDGETED VACANT POSITIONS

The Health Departments are actively engaged in recruiting clinical and non-clinical healthcare workforce members. Below is a summary of key recruiting and hiring strategies.

As an upstream, pre-recruitment strategy, the Health Departments work closely with universities and nursing schools to provide graduate medical education and volunteer or internship opportunities that allow students to gain real world experience at the County, while working towards their degrees in public health, public mental health, and health care. Beyond offering multiple internship opportunities, the Health Departments partner with these universities and nursing schools to promote the County as a quality employer at which students can obtain rewarding jobs upon graduation.

Additionally, the Health Departments utilize a variety of recruitment and hiring strategies to attract candidates. This includes offering financial incentives to applicants applying for certain job classifications or locations, as established through labor contracts; conducting job fairs to expedite recruitment and hiring; and proactively encouraging talented professionals to apply for permanent positions when they are hired on short-term personnel contracts as temporary employees. Another recruitment tool, loan forgiveness, is occasionally used by the Health Departments. However, due to limited legal ability to recover funds from County employees who do not meet the obligations tied to loan forgiveness, as well as limited funding to provide the loan forgiveness, the Health Departments do not regularly offer this option. Health Departments do educate employees about the State's loan repayment programs for healthcare professionals who provide services in under-served areas and encourage staff to apply if they meet the criteria. Further, DHR will be embarking on a Countywide awareness campaign to educate employees regarding Federal and State loan forgiveness programs in early April 2022.

Based on DHR's recent analysis, the average time to hire in the County exceeds one year. The Health Departments have worked to expedite hiring processes within the County's structure, including prioritizing critical clinical vacancies, developing new examinations with DHR, and reducing the hand-offs in the onboarding process. While there will always be a baseline vacancy rate due to normal attrition and items being held for future need, the County will need to modernize its Civil Service Rules, which are under the purview of the Board, to significantly improve recruitment and hiring timeframes. These improvements include, but are not limited to, accelerated timing of backfilling separating employees. In addition, investments are needed in the Health Departments' respective Human Resources operations to support the growth of clinical staffing models and programs.

Some of the critical positions for which the Health Departments are recruiting, in addition to ongoing recruitment for regular core business functions, are associated with Board priorities and initiatives, such as preventing homelessness, advancing alternatives to incarceration, and expanding specialized mobile teams to respond to behavioral health crises in the community by deploying mental health professionals.

DIRECTIVE IV: CAREER PATHS FOR NEW CANDIDATES TO ENTER THE COUNTY'S HEALTHCARE WORKFORCE

In addition to the recruitment and hiring strategies explained above, the Health Departments have initiatives underway to create career paths for new candidates to join the healthcare workforce.

The Health Departments are committed to generating career paths for many entry-level positions. DPH is improving career ladders for public health investigators and environmental health trainees by providing on-the-job experience, so employees can attain licensure and advance to higher-level positions in their specialty. Additionally, DPH

often serves as a host site for the Centers for Disease Control and Prevention career programs, such as the Epidemic Intelligence Service and Public Health Associate Program, that offers competency-based training and experiential service fellowships in applied epidemiology and public health programs. To encourage nursing students to pursue public health nurse positions with DPH when they graduate, DPH has affiliation agreements with all local universities to provide clinical rotations at DPH worksites for nursing school students.

DHS is working with the CEO, DHR, and the Worker Education and Resource Center through the County's Preparing Los Angeles for County Employment (PLACE) program to continue pipeline training programs to prepare individuals with high barriers to employment for permanent hospital-based custodial and clerical jobs. Further, DHS has developed a program with Workforce Development Aging and Community Services to train County clients to become certified nursing attendants, eligible to be hired in DHS hospitals. The first program placed 151 individuals into permanent Nursing Attendant I positions and a second cohort is currently being trained. Another example of an initiative to hire staff that reflects the diversity and lived experience of the patients the County serves is the restructuring of the classification specifications for Healthcare Interpreters with community standards.

DHS also operates the College of Nursing and Allied Health (CONAH). CONAH currently provides an associate nursing degree program, with clinical nursing experience provided at DHS facilities, and is in the process of determining how best to transition this to a Baccalaureate-prepared program as is the current educational best practice. DHR has agreed to provide DHS with examination support for CONAH graduates, to ensure their smooth transition into County employment. In addition, CONAH leadership is evaluating how it might offer additional training programs for other nursing or allied health programs. Final decisions in this regard will depend on a combination of external market analyses, DHS' experience with hard-to-recruit classifications, and available funding resources.

DMH and DPH's Substance Abuse and Control Program are both taking advantage of increased State funding provided by Senate Bill 803 for their respective programs. Approved in 2020 and currently being designed by the State, this bill will help fund and expand DMH and DPH's behavioral health workforce by creating a certification program for Peer Support Specialists, a new provider category under Medi-Cal. Peer Support Specialists are intended to work in a county's Medi-Cal mental health and substance use disorder delivery systems to provide specific reimbursable peer support services to people living with mental health and substance use disorder conditions.

Beyond creating a solid pathway for the positions mentioned above, the Health Departments are developing additional professional opportunities for Community Health Workers (CHWs), peer specialists with lived experiences like those of the clients any Health Department program serves. While CHWs provide a wide variety of services, both within a department and across the Health Departments, they are oftentimes integrated into medical care teams, behavioral health crisis response mobile teams, or responsible

for conducting prevention activities in the field (faith institutions, schools, parks, etc.). Lived experience is defined differently according to the departmental programmatic context and the CEO has expanded the interpretation to include individuals who directly receive County services or support a loved one receiving County services (e.g., a client of mental health treatment or a parent whose child participates in behavioral health treatment). In all cases, the goal is for the CHW to reflect the residents that the Health Departments intend to serve. For example, formerly incarcerated CHWs assist individuals reentering their community after incarceration by linking them to health care, public benefits, housing, employment, etc. CHWs serve as an invaluable extension of the Health Departments' workforce, given that many CHWs are bilingual and provide linguistically inclusive services and messaging to clients and residents with limited English proficiency. Further, due to their familiarity with the landscape of community-based services, CHWs can connect clients to a wide range of supports and resources that are most responsive to their needs.

Over the past few years, the Health Departments worked with the CEO to develop two new classifications to create a career ladder for CHWs, Senior CHW and Supervising CHW. While a welcomed development, Health Departmental staff – including the CHWs themselves – desire additional steps within this career ladder to ensure livable salaries and encourage long-term retention of CHWs by offering additional advancement opportunities.

The Health Departments benefitted greatly from an expanded CHW capacity during the COVID-19 pandemic (Pandemic) through grant funding. While many of these CHWs were brought onboard through contracts with community-based organizations, others were directly hired as County employees. To achieve the latter, Health Departments recruited CHWs who live within the communities with the highest health inequities and who reflect the language, socioeconomic, geographic, and cultural diversity of the people who live in these neighborhoods. The Health Departments are now working with DHR to develop exams that formally recognize the importance of lived experience by awarding examination points based on a candidate's lived experience.

With the goal of further strengthening our CHW workforce beyond the Pandemic response, AHI will soon launch a collaboration with staff from the Health Departments and community partners to develop a plan for strategically integrating CHWs into key programs and services. A key component of this plan is creating a standardized core training curriculum for all CHWs and expanding professional development activities to ensure that CHWs have access to ongoing opportunities to broaden their skill set and advance in their careers. Furthermore, this cross-departmental planning includes reviewing the pay scale of CHW-related classifications and exploring the possibility of additional advancement opportunities to ensure a strong career ladder that will encourage retention, in partnership with the CEO.

It is important to note that while this Board motion is focused on directly hired County staff, the Health Departments' CHW initiatives will continue to embrace a combination of

County-employed CHWs and partnerships with community organizations that contract with the County to provide CHW services that extend our reach to communities with fewer resources.

Lastly, recent announcements about new investments by the State and Federal government for workforce development, including CHWs, are encouraging, but details about how this funding will be accessed or what positions it will support are not yet available.

DIRECTIVES II AND III COMBINED: IDENTIFICATION OF SPECIFIC FUNDING OR ADMINISTRATIVE OBSTACLES INHIBITING DEPARTMENTS' ABILITY TO FILL BUDGETED POSITIONS AND RECOMMENDATIONS FOR RESOLVING THEM

While the Health Departments continue to implement hiring activities and expand these recruitment pipelines, the administrative solutions proposed in this report remain the most critical component of a workforce hiring strategy. The Health Departments face common Countywide and departmental administrative challenges to hiring and have identified the recommendations listed below that will expedite and streamline hiring processes, making it easier to attract the healthcare workers critically needed to provide essential, quality services.

As context, the Health Departments are operating in highly competitive environments, competing with other health industry employers across the County and nationwide who can hire more quickly. As mentioned in the 60-day report back, many County-mandated protocols and procedures impede the Health Departments' ability to fill budgeted positions, including protracted personnel reorganization processes, out-of-date classification and compensation structures, and Civil Service Rules that are outdated and challenging for applicants and County hiring managers alike.

Below is a summary of the key factors contributing to the Health Departments' current workforce shortages and recommendations that are within the County's control to eliminate administrative hurdles. These contributing factors fall into the following general categories:

- Recruitment challenges in a competitive environment
- Challenges encountered due to a slow, multi-step hiring process
- Challenges associated with existing personnel policies, including but not limited to, Civil Service Rules that demand complex hiring policies

For the Boards' consideration, these recommendations address the key administrative and funding obstacles to hiring new healthcare workforce members. By removing these barriers and executing a streamlined hiring process, the County will be able to significantly shorten the recruitment and hiring process, better positioning the Health Departments to both find new talent and provide essential medical, behavioral, and public health care to County residents. In some cases, existing efforts are underway to address long-standing

issues at both the departmental and Countywide level, but there are not yet comprehensive or fully scaled solutions.

Factors contributing to workforce shortages and vacancies and corresponding recommendations are listed below.

Recruitment Challenges in a Competitive Environment:

- 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 provider shortages, a retirement-eligible workforce, and other retention issues. Pre-COVID-19 challenges, including the need for stronger health professional pipelines, have only been exacerbated by the Pandemic.
- As a response to the Pandemic, more lucrative job options became available to many high demand healthcare workers, particularly during the COVID-19 surges.
- County salaries for some positions are not competitive with private sector employers with whom the Health Departments are competing for talent, even when total compensation is competitive. This reflects the different value that applicants may place on salary versus benefit-related components of total compensation. The percentage that benefits comprise as a percent of total compensation is typically higher than in the private sector. This appeals to individuals who place high personal value on the benefits offered but does not position the County well when seeking to attract candidates who may prefer a total compensation package with a higher percentage comprised of salary.
- Total compensation (salary plus benefits) for some classifications is not competitive with non-County employers making recruitment especially challenging.
- The Health Departments do not have the flexibility to determine the starting salary within the salary range provided for each classification. To request special step placements for applicants, hiring managers need to submit requests that are onerous to complete. Even for roles where special step placements are regularly approved, valuable time is lost with candidates in high demand.
- While the Health Departments support full-time employment, there are times when healthcare professionals seek part-time or flexible schedules. Since the County's structure is primarily focused on full-time employment, it can be challenging and time-consuming to recruit staff into part-time roles. Due to these challenges, the Health Departments lose the opportunity to recruit new staff, lose staff when they are no longer interested in full-time positions, and use contracted workforce more than otherwise needed.
    - The item control system limits the placement of multiple employees onto one budgeted position or ordinance position. When a department wants

to hire multiple part-time employees, instead of one full-time employee, they can utilize additional ordinance only items to place the part-time employees but must seek CEO approval to do so.

- Additionally, while salary is prorated for part-time work, medical benefits are not. Thus, the County's cost for two permanent part-time employees exceeds the cost of one full-time employee. The private sector has ways of managing this situation which relies on prorating salary and benefits rather than prorating salary only. Ideally, part-time staff would receive all benefits on a prorated basis, with the County covering the cost of the prorated portion.

- Certain job positions are hard to fill due to location. The County has a limited set of established salary differentials to manage these hard-to-recruit positions. Even where bonuses are provided, they may be insufficient to allow for competitive recruitment of candidates and the process to adjust to market conditions is cumbersome. Further, there is no salary differentiation between field-based and clinic-based positions, though discussions with CEO are underway to explore special pay provisions for field-based positions.
- Loan forgiveness programs present many challenges when administered directly by the County, as discussed above. However, these programs work well when County employees can participate in loan repayment programs directed by the State.

Recommendations for Recruiting in a Competitive Environment:

Financial Incentives

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 Health Departments the authority to determine the starting salary within a classification's 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 the 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 a flexible manpower shortage recruitment rate to meet changing market conditions which may be temporary or permanent.
5. Provide loan repayment and tuition reimbursement for some classifications to maintain competitive salaries and employment packages for comparable positions at other major healthcare employers or to maintain equity within the County when funding is available. As an example, DMH and Correctional

Health Services (CHS) utilize the Mental Health Psychiatrist classification. DMH offers loan repayment options to its psychiatrists through Mental Health Services Act funds, but this funding is not available to CHS-employed staff and the County has not created an alternative for CHS. Although certain staff working in the jail setting receive a 5.5% bonus, this results in a disparity which complicates recruitment on already difficult-to-recruit positions as noted above.

New Career Pathways

6. Expand the County's PLACE program, administered by the Worker Education and Resource Center, to develop pathways to employment for entry level positions within the County.
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. This includes developing a healthcare-specific administrative series in recognition of the unique skills required in the field of healthcare administration and financing as well as responding to the unique job specialization within the healthcare industry, such as health informatics and mammography techs.

Challenges Encountered Due to Slow, Multi-Step Recruitment and Hiring Process at the County:

Long, Slow Exam and Certification Process

- The County's current Civil Service Rules, which were established in the 1980s, are outdated and require a complicated, multi-step process to hiring.
- External candidates are frequently confused by the County's hiring process, particularly terminology (examination, classification, certification list), on Countywide and departmental recruitment materials and timelines for submitting an application.
- To fill critical needs, the Health Departments often rely on third party clinical registries to engage the services of clinicians (e.g., nurses) which is significantly more expensive than the cost of hiring permanent County staff.
- Civil Service Rules require a five-tiered banding process, making it challenging to hire candidates with specialty experience who scored in the lower bands, regardless of the competitiveness of the applicant pool.
- County and Health Departmental policy, along with Civil Service Rules, impede the opportunity to reach interested candidates in a competitive market. For instance, if a candidate does not respond to an opportunity to interview, the hiring manager must wait two days before the candidate can be dispositioned on the certification list as "no response" and five days before the candidate is removed from the certification list. The five-day rule is required by current county Civil Service Rules.

- Oftentimes there are prolonged wait times to open exams for Countywide positions or to receive permission to run specialty exams. When exams are run infrequently or lack specialty focus, the list of reachable recruits becomes stale. In addition, there is frequently a long wait time for eligibility lists to be promulgated, due to the number of exams and qualification steps compared to staffing resources.

Inadequate Levels of Human Resources Staffing within the Health Departments

- Given that the majority of hires made by the Health Departments are from exams conducted and managed internally by those departments, the Health Departments' three internal Human Resources units spend a considerable amount of time coordinating the exam and certification process. The volume of Health Department exams, recruitments, and steps to onboard new employees (exam development, candidate review, item control verification, background checks, licensure verification, live scan, scheduling appointments for medical clearance, etc.) requires additional Human Resources staff to administer the examinations and to reduce the time it takes to process personnel action requests (new hires, promotions, transfers, etc.) so critical vacancies can be filled.

Challenges with Job Classifications

- The Health Departments have several outdated classifications that do not fit current health system needs. This results in an inability to recruit candidates that have the skills for the clinical and population health needs of the departments. Further, changing classifications involves lengthy and time-consuming (often measured in years) reclassification and reorganization processes.
- The Health Departments operate within a rapidly changing, competitive, and highly specialized healthcare environment. However, they often use the same classifications as other County departments, even though the job responsibilities and work environment significantly differs from other departments. Examples include clerical and custodial staff working within patient care areas, administrative roles requiring healthcare operations background or complex financing, contracting or risk management expertise, project management outside of the information technology series, and healthcare informatics. This often results in the Health Departments being unable to identify candidates suitable for health services-specific work and/or losing trained and qualified staff to other departments without these specialty needs.

Recommendations for a More Streamlined Recruitment and Hiring Process at the County:

An overhaul of both the County's and the Health Departments' recruitment and hiring processes, along with the Civil Service Rules, is critical to shorten the amount of time it

takes to hire someone from the time a candidate submits an application to their first day on the job. Many potential employees cannot or will not wait several months to begin a new job. Prior to the Pandemic, the Health Departments participated in DHR's 2019 process mapping of the hiring cycle, conducted in collaboration with Deloitte consultants. Along with the modernization of Civil Service Rules, the Health Departments will continue to streamline processes and develop tools for their hiring managers who are faced with filling a large number of critical healthcare workforce vacancies.

Enact Changes to the Exam and Certification Process

8. Accelerate DHR's initiative to streamline the County's hiring process and modernize the Civil Service Rules governing the examination process for hiring, including Rules 6, 7, 8, 10, and 11. As mentioned previously, these rules are nearly 40 years old and reflect antiquated practices in light of current technology and other advancements in hiring. For example, the rules require the use of regular United States Postal Service mail to notify job candidates of their standing on an examination. The Health Departments support changes that DHR is recommending to facilitate the speedy hiring of highly qualified candidates for Health Department jobs. Among these is a more flexible score banding system for ranking candidates. Currently, the County applies the five-band system in its exams, where candidates are placed in pre-determined score bands regardless of the difficulty of the exam or the competitiveness of the applicant pool. A modernized rule will allow for bands to reflect the hiring needs of the departments, with different banding structures allowed for different exams, depending on factors unique to the exam and the department. This change is also expected to improve diversity outcomes as banding structures facilitate which candidates are available for hire. Of note is that many changes to the Civil Service Rules may require negotiations with labor.

Modify Policies to Accelerate the Hiring Process

9. Suspend the County's re-hiring process for critical healthcare recruitments and allow Health Departments to decide on re-hires after gathering pertinent information on employee past performance.

10. Modify County rules and policies and internal processes that impede the hiring and selection processes for clinical and non-clinical recruitments. The Health Departments support DHR's proposed change to Civil Service Rules that facilitate how quickly candidates can be hired based on the results of an exam. Currently, Civil Service Rules require that a department must exhaust the names of candidates in the highest score band; once there are only four candidates left in that band, the department may move to the next (lower) band. This rule does not allow any flexibility based on the number of applicants and the number of vacancies. For example, if there are 20 vacancies but only 10 candidates in the top band, a rule requiring departments to exhaust that top band before moving to the next band is nonsensical – the number of vacancies exceeds the number of reachable candidates, and the department may have hiring managers at different facilities recruiting to fill vacancies at the same

time. A modernized rule will reflect the fact that exams can differ in the number of vacancies and applicants, with flexible formulas to account for the number of candidates, applicants, vacancies, and competitive healthcare recruitment markets, and allow departments to actively recruit and hire from the pool of interested candidates.

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 candidates who have failed to respond from the certification list before they can reach out to interested candidates for recruitments. The current rules disadvantage the Health Departments as many job seekers will not have the means or interest to wait when private hospitals and clinics are actively recruiting them.

Expand Human Resources Staffing within the Health Departments

12. Approve department budget requests to hire additional Human Resources staff to more rapidly complete the entire examination and hiring process.

Review Internal and Countywide Processes Related to Classification and Compensation

13. Conduct a comprehensive review of CEO and departmental workflows relating to the recruitment and allocation of clinical positions, including an analysis of existing processes and procedures to ensure an expedient, consistent, and equitable hiring process.

14. CEO grant delegated authority to better manage classification issues for clinical positions recognizing the clinical subject experts within Health Departments, including reorganizations of clinical services to stay relevant to standards of clinical practice, in coordination with the CEO. For instance, the Health Departments are best situated to develop staffing plans and organizational structure to run clinical services for patient care. However, current processes require department clinical leaders to educate both departmental and CEO non-clinical analysts on nurse staffing models, physician specialties, radiology practices, health informatics, and healthcare regulations. There have been successful collaborations to expedite certain priority needs, and the Health Departments seek fully scaled solutions for dynamic reorganization of clinical services.

15. CEO grant delegated authority to the Health Departments to create new classifications for clinical functions, with consultation and approval from CEO for compensation schedules for any new classifications. The Health Departments recognize the County's interest to manage the number of class specifications and ensure that each classification is unique, however, healthcare is a specialized industry and requests to create classifications and specialties that are not duplicative, such as for Mammography Techs, and should be expedited to align with the profession and how employees are presented to patients by job title.

16. CEO grant delegated authority to the Health Departments to modify classification specifications for classifications allocated primarily within the Health Departments upon concurrence of the Health Departments and coordinate with CEO Employee Relations when consulting with impacted bargaining units is needed.
17. CEO grant delegated authority to the Health Departments to make overfill and unlike placements on budgeted items via Ordinance Position Authority within a specified percentage (e.g., 10%) of the budgeted item salary range in recognition of the dynamic healthcare market and complex operations.

Challenges Associated with Existing Personnel Policies Including, but Not Limited to, Civil Service Rules that Demand Complex Hiring Policies:

At any given time, the Health Departments have staff on extended leave. Existing County policy requires employees to be on leave for a minimum of 365 days before Departments can permanently hire someone to backfill their position. This long waiting period negatively impacts Health Departments' critical services and requires them to rely on registry and contracted resources.

Another impact on the Health Departments' ability to provide care and service to clients stems from mandatory County trainings. When the County mandates new training, healthcare staff are pulled away from clients and healthcare delivery, creating additional costs and staffing challenges for the Health Departments, as this non-productive time is not built into existing staffing models. For instance, the County recently mandated several new trainings on security, privacy, and HIPAA, while the departments have existing training programs and have focused their efforts on competencies for providing safe patient care during the Pandemic.

Recommendations to Mitigate These Personnel Policies:

18. Modify County processes to allow 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 the customary functions of their job.
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 department concurrence before expanding mandated County training, as this impacts the availability of budgeted staff time and ability to provide patient care.

SUMMARY

The Health Departments are actively engaged in recruiting and hiring to fill vacancies but find it challenging to recruit qualified staff in a competitive market. While effective recruiting strategies are underway, such as partnering with universities to offer internships and developing entry-level career pathways for new candidates to join the County's

healthcare workforce, the Health Departments experience similar administrative impediments to recruiting and hiring.

Whereas many of the solutions proposed in this report do not require additional funding, some of the recommendations will necessitate new resources, for example, educational tuition reimbursement, which would boost both recruitment and retention. It is also possible that placing employees higher on pay scales and reducing recruitment time will also increase and accelerate departmental costs. Each department will make efforts to cover these costs within their own operating budgets. In cases when an additional net County cost is identified beyond the departmental operating budgets, those requests will be made by each respective department and considered in future budget phases to allow recommendations to be made within the context of the overall budget.

It is also important to note that, during the Pandemic, the Health Departments have been able to exercise additional flexibility to hire new staff in accelerated timeframes. As the County builds a more effective, efficient recruitment and hiring process, it would be beneficial to do a lookback and institutionalize some of the lessons learned to harness the benefits from new approaches implemented during the crisis.

Instituting the recommendations in this report will require a significant update to the County's and departmental existing rules and practices. However, revamping procedures surrounding reorganization and hiring is the crucial next step to creating an expedited, streamlined hiring process that will enable the Health Departments to onboard and retain the talent needed in the healthcare workforce.

If you have any questions regarding this report, you may contact Jaclyn Baucum, Chief Operating Officer of AHI, at jbaucum@ahi.lacounty.gov.

JB:gh

Attachment

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

Rebuilding a County Workforce That Can Respond to the County's Complex Healthcare Needs
Table of Recommendations for Resolving Administrative Hurdles to Hiring

Note: This table summarizes the factors contributing to workforce shortages and captures the full set of recommendations in the report.

Factors Contributing to Workforce Shortages and Vacancies	Recommendations
Recruitment Challenges in a Competitive Environment	Recruiting in a Competitive Environment
• 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 provider shortages, a retirement-eligible workforce, and other retention issues. Pre-COVID-19 challenges, including the need for stronger health professional pipelines, have only been exacerbated by the Pandemic. • As a response to the Pandemic, more lucrative job options became available to many high demand healthcare workers, particularly during the COVID-19 surges. • County salaries for some positions are not competitive with private sector employers with whom the Health Departments are competing for talent, even when total compensation is competitive. This reflects the different value that applicants may place on salary versus benefit-related components of total compensation. The percentage that benefits comprise as a percent of total compensation is typically higher than in the private sector. This appeals to individuals who place high personal value on the benefits offered but does not position the County well when seeking to attract candidates who may prefer a total compensation package with a higher percentage comprised of salary. • Total compensation (salary plus benefits) for some classifications is not competitive with non-County employers making recruitment especially challenging. • The Health Departments do not have the flexibility to determine the starting salary within the salary range provided for each classification. To request special step placements for applicants, hiring managers need to submit requests that are onerous to complete. Even for roles where special step placements are regularly approved, valuable time is lost with candidates in high demand.	<u>Financial Incentives</u> **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 Health Departments the authority to determine the starting salary within a classification's 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 the 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 a flexible manpower shortage recruitment rate to meet changing market conditions which may be temporary or permanent. **5.** Provide loan repayment and tuition reimbursement for some classifications to maintain competitive salaries and employment packages for comparable positions at other major healthcare employers or to maintain equity within the County when funding is available. As an example, DMH and Correctional Health Services (CHS) utilize the Mental Health Psychiatrist classification. DMH offers loan repayment options to its psychiatrists through Mental Health Services Act funds, but this funding is not available to CHS-employed staff and the County has not created an alternative for CHS. Although certain staff working in the jail setting receive a 5.5% bonus, this results in a disparity which complicates recruitment on already difficult-to-recruit positions as noted above.

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• While the Health Departments support full-time employment, there are times when healthcare professionals seek part-time or flexible schedules. Since the County's structure is primarily focused on full-time employment, it can be challenging and time-consuming to recruit staff into part-time roles. Due to these challenges, the Health Departments lose the opportunity to recruit new staff, lose staff when they are no longer interested in full-time positions, and use contracted workforce more than otherwise needed.
  ○ The item control system limits the placement of multiple employees onto one budgeted position or ordinance position. When a department wants to hire multiple part-time employees, instead of one full-time employee, they can utilize additional ordinance only items to place the part-time employees but must seek CEO approval to do so.
  ○ Additionally, while salary is prorated for part-time work, medical benefits are not. Thus, the County's cost for two permanent part-time employees exceeds the cost of one full-time employee. The private sector has ways of managing this situation which relies on prorating salary and benefits rather than prorating salary only. Ideally, part-time staff would receive all benefits on a prorated basis, with the County covering the cost of the prorated portion.
• Certain job positions are hard to fill due to location. The County has a limited set of established salary differentials to manage these hard-to-recruit positions. Even where bonuses are provided, they may be insufficient to allow for competitive recruitment of candidates and the process to adjust to market conditions is cumbersome. Further, there is no salary differentiation between field-based and clinic-based positions, though discussions with CEO are underway to explore special pay provisions for field-based positions.
• Loan forgiveness programs present many challenges when administered directly by the County, as discussed above. However, these programs work well when County employees can participate in loan repayment programs directed by the State.
	<u>New Career Pathways</u>
	6. Expand the County's PLACE program, administered by the Worker Education and Resource Center, to develop pathways to employment for entry level positions within the County.
	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. This includes developing a healthcare-specific administrative series in recognition of the unique skills required in the field of healthcare administration and financing as well as responding to the unique job specialization within the healthcare industry, such as health informatics and mammography techs.

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Challenges Encountered Due to Slow, Multi-Step Recruitment and Hiring Process at the County	Recruiting in a Competitive Environment
<u>Long, Slow Exam and Certification Process</u> • The County's current Civil Service Rules, which were established in the 1980s, are outdated and require a complicated, multi-step process to hiring. • External candidates are frequently confused by the County's hiring process, particularly terminology (examination, classification, certification list), on Countywide and departmental recruitment materials and timelines for submitting an application. • To fill critical needs, the Health Departments often rely on third party clinical registries to engage the services of clinicians (e.g., nurses) which is significantly more expensive than the cost of hiring permanent County staff. • Civil Service Rules require a five-tiered banding process, making it challenging to hire candidates with specialty experience who scored in the lower bands, regardless of the competitiveness of the applicant pool. • County and Health Departmental policy, along with Civil Service Rules, impede the opportunity to reach interested candidates in a competitive market. For instance, if a candidate does not respond to an opportunity to interview, the hiring manager must wait two days before the candidate can be dispositioned on the certification list as "no response" and five days before the candidate is removed from the certification list. The five-day rule is required by current county Civil Service Rules. • Oftentimes there are prolonged wait times to open exams for Countywide positions or to receive permission to run specialty exams. When exams are run infrequently or lack specialty focus, the list of reachable recruits becomes stale. In addition, there is frequently a long wait time for eligibility lists to be promulgated, due to the number of exams and qualification steps compared to staffing resources.	<u>Enact Changes to the Exam and Certification Process</u> **8.** Accelerate DHR's initiative to streamline the County's hiring process and modernize the Civil Service Rules governing the examination process for hiring, including Rules 6, 7, 8, 10, and 11. As mentioned previously, these rules are nearly 40 years old and reflect antiquated practices in light of current technology and other advancements in hiring. For example, the rules require the use of regular United States Postal Service mail to notify job candidates of their standing on an examination. The Health Departments support changes that DHR is recommending to facilitate the speedy hiring of highly qualified candidates for Health Department jobs. Among these is a more flexible score banding system for ranking candidates. Currently, the County applies the five-band system in its exams, where candidates are placed in pre-determined score bands regardless of the difficulty of the exam or the competitiveness of the applicant pool. A modernized rule will allow for bands to reflect the hiring needs of the departments, with different banding structures allowed for different exams, depending on factors unique to the exam and the department. This change is also expected to improve diversity outcomes as banding structures facilitate which candidates are available for hire. Of note is that many changes to the Civil Service Rules may require negotiations with labor. <u>Modify Policies to Accelerate the Hiring Process</u> **9.** Suspend the County's re-hiring process for critical healthcare recruitments and allow Health Departments to decide on re-hires after gathering pertinent information on employee past performance. **10.** Modify County rules and policies and internal processes that impede the hiring and selection processes for clinical and non-clinical recruitments. The Health Departments support DHR's proposed change to Civil Service Rules that facilitate how quickly candidates can be hired based on the results of an exam. Currently, Civil Service Rules require that a department must exhaust the names of

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<u>Inadequate Levels of Human Resources Staffing within the Health Departments</u> • Given that the majority of hires made by the Health Departments are from exams conducted and managed internally by those departments, the Health Departments' three internal Human Resources units spend a considerable amount of time coordinating the exam and certification process. The volume of Health Department exams, recruitments, and steps to onboard new employees (exam development, candidate review, item control verification, background checks, licensure verification, live scan, scheduling appointments for medical clearance, etc.) requires additional Human Resources staff to administer the examinations and to reduce the time it takes to process personnel action requests (new hires, promotions, transfers, etc.) so critical vacancies can be filled. <u>Challenges with Job Classifications</u> • The Health Departments have several outdated classifications that do not fit current health system needs. This results in an inability to recruit candidates that have the skills for the clinical and population health needs of the departments. Further, changing classifications involves lengthy and time-consuming (often measured in years) reclassification and reorganization processes. • The Health Departments operate within a rapidly changing, competitive, and highly specialized healthcare environment. However, they often use the same classifications as other County departments, even though the job responsibilities and work environment significantly differs from other departments. Examples include clerical and custodial staff working within patient care areas, administrative roles requiring healthcare operations background or complex financing, contracting or risk management expertise, project management outside of the information technology series, and healthcare informatics. This often results in the Health Departments being unable to identify candidates suitable for health services-	candidates in the highest score band; once there are only four candidates left in that band, the department may move to the next (lower) band. This rule does not allow any flexibility based on the number of applicants and the number of vacancies. For example, if there are 20 vacancies but only 10 candidates in the top band, a rule requiring departments to exhaust that top band before moving to the next band is nonsensical – the number of vacancies exceeds the number of reachable candidates, and the department may have hiring managers at different facilities recruiting to fill vacancies at the same time. A modernized rule will reflect the fact that exams can differ in the number of vacancies and applicants, with flexible formulas to account for the number of candidates, applicants, vacancies, and competitive healthcare recruitment markets, and allow departments to actively recruit and hire from the pool of interested candidates. **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 candidates who have failed to respond from the certification list before they can reach out to interested candidates for recruitments. The current rules disadvantage the Health Departments as many job seekers will not have the means or interest to wait when private hospitals and clinics are actively recruiting them. <u>Expand Human Resources Staffing within the Health Departments</u> **12.** Approve department budget requests to hire additional Human Resources staff to more rapidly complete the entire examination and hiring process. <u>Review Internal and Countywide Processes Related to Classification and Compensation</u> **13.** Conduct a comprehensive review of CEO and departmental workflows relating to the recruitment and allocation of clinical positions, including an analysis of existing processes and procedures to ensure an expedient, consistent, and equitable hiring process.

Rebuilding a County Workforce That Can Respond to the County's Complex Healthcare Needs
Table of Recommendations for Resolving Administrative Hurdles to Hiring
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Factors Contributing to Workforce Shortages and Vacancies	Recommendations
specific work and/or losing trained and qualified staff to other departments without these specialty needs	**14.** CEO grant delegated authority to better manage classification issues for clinical positions recognizing the clinical subject experts within Health Departments, including reorganizations of clinical services to stay relevant to standards of clinical practice, in coordination with the CEO. For instance, the Health Departments are best situated to develop staffing plans and organizational structure to run clinical services for patient care. However, current processes require department clinical leaders to educate both departmental and CEO non-clinical analysts on nurse staffing models, physician specialties, radiology practices, health informatics, and healthcare regulations. There have been successful collaborations to expedite certain priority needs, and the Health Departments seek fully scaled solutions for dynamic reorganization of clinical services. **15.** CEO grant delegated authority to the Health Departments to create new classifications for clinical functions, with consultation and approval from CEO for compensation schedules for any new classifications. The Health Departments recognize the County's interest to manage the number of class specifications and ensure that each classification is unique, however, healthcare is a specialized industry and requests to create classifications and specialties that are not duplicative, such as for Mammography Techs, and should be expedited to align with the profession and how employees are presented to patients by job title. **16.** CEO grant delegated authority to the Health Departments to modify classification specifications for classifications allocated primarily within the Health Departments upon concurrence of the Health Departments and coordinate with CEO Employee Relations when consulting with impacted bargaining units is needed. **17.** CEO grant delegated authority to the Health Departments to make overfill and unlike placements on budgeted items via Ordinance Position Authority within a specified percentage (e.g., 10%) of the budgeted item salary range in recognition of the dynamic healthcare market and complex operations

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Factors Contributing to Workforce Shortages and Vacancies	Recommendations
Challenges Associated with Existing Personnel Policies Including, but Not Limited to, Civil Service Rules that Demand Complex Hiring Policies	Recommendations to Mitigate These Personnel Policies
• Existing County policy requires employees to be on leave for a minimum of 365 days before Departments can permanently hire someone to backfill their position. This long waiting period negatively impacts Health Departments' critical services and requires them to rely on registry and contracted resources. • When the County mandates new training, healthcare staff are pulled away from clients and healthcare delivery, creating additional costs and staffing challenges for the Health Departments.	**18.** Modify County processes to allow 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 the customary functions of their job. **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 department concurrence before expanding mandated County training, as this impacts the availability of budgeted staff time and ability to provide patient care.