

AGN. NO. _____

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Incentivizing Hiring for Los Angeles County's Alternative Crisis Response

Los Angeles County (County) is at the forefront of alternative crisis response efforts. For too long, people experiencing a mental health crisis and their loved ones have only been able to call 9-1-1 and get a response from law enforcement or paramedics. These responses can not only be ineffective, but can also exacerbate the situation and lead to negative outcomes. For the past few years, Los Angeles County has been implementing various methods of alternative crisis response to provide alternatives to traditional law enforcement or paramedic responses. Through the Department of Mental Health (DMH), the County established Psychiatric Mobile Response Teams (PMRT) and Therapeutic Transport Vans (TTV) with unarmed mental health professionals, along with co-response teams like the Mental Evaluation Team (MET), School Threat Assessment Response Team (START), and Systemwide Mental Assessment Team (SMART) that pair mental health clinicians with specialized law enforcement.

When 9-8-8 launched in July, 2022, as the national number for suicide prevention and mental health crisis hotlines, the County saw this as an opportunity to provide the

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general public improved access to mobile crisis response teams. Prior to the 9-8-8 launch date, the County contracted with Didi Hirsch to run our local 9-8-8 call center and included as part of the contract the capability to transfer calls as needed to DMH in order to dispatch mobile response teams. Currently, Los Angeles County is one of a few jurisdictions in the country that connect 9-8-8 to mobile crisis response teams. Having an easy-to-remember 3 digit number to access suicide and mental health help vastly improves people's access to these crucial services. In anticipation of an increased need for mobile crisis response teams, the Los Angeles County Board of Supervisors (Board) directed DMH to increase the number of mobile crisis teams.

In 2022, DMH added peer positions to the PMRTs, allowing them to increase the total number of budgeted PMRTs from 35 to 50. In addition, they released a solicitation for Mobile Crisis Outreach Teams (MCOT) to contract with local community-based organizations to provide mobile crisis response services on weekends and after regular business hours, with the goal of bringing the services to 24/7. DMH has completed two contracts with Sycamores and Vista Del Mar, and is in the process of negotiating a third contract. All of this has been supported by funding directed by the Board and received from the State. In total, the Board has directed over \$60 million of AB 109 funds, \$18.5 million of American Rescue Plan Act funds, \$3.5 million of Mental Health Services Act funds, and over \$70 million of State grant funds to go towards PMRT expansion, call center services, and other alternative crisis response components.

While the rollout of 9-8-8 has been successful in many ways, the County has had a very difficult time filling the roles for mobile crisis teams. In the context of a nationwide mental health worker shortage, field-based services can be difficult to fill when the alternative is teleworking or clinic-based services. The Board anticipated this challenge even before 9-8-8 launched and passed a motion in October, 2021, directing DMH to

consider relaxing background checks, speeding up the hiring process, implementing bonuses for field-based positions, and reactivating a loan forgiveness program. In response to this motion, DMH did all of these things. In addition, the Board passed a motion in October, 2022, directing DMH to expand the number of directly operated programs that serve as training sites for students in key mental health-related fields to help with recruitment. DMH is also doing this expansion.

Despite all of these efforts, hiring and retention for mobile crisis response team positions remains a challenge. Of the 50 budgeted PMRTs, only 33 are operational because of all the vacancies. This contributes to slow response times when a PMRT needs to be dispatched. There are currently only 2 operational MCOTs run by Sycamores because they are facing the same challenges as DMH in hiring and retention. As a result, mobile crisis services are still not running 24/7 in the County. Even our co-response teams are facing challenges; there are currently 6 mental health clinician vacancies in MET, which limits the ability of MET to respond to 9-1-1 calls that involve people with mental illness, which can lead to negative outcomes. While DMH has put certain incentives in place, like bonuses and loan forgiveness programs, it is clear that this is not enough to incentivize mental health professionals who are in high demand to take these crisis response positions.

Los Angeles County is committed to implementing alternative crisis response programs and systems that allow people in crisis to get the help that they need when they need it. The Board and DMH have dedicated millions of dollars to expanding the mobile crisis response teams in an effort to make the system accessible, effective, and efficient. The last piece of the puzzle is to ensure that these positions are filled. We can only be successful in our efforts if we have enough teams to respond when and where they are

needed. We must do everything we can to fill these positions, including exploring creative ways to incentivize mental health professionals to join our mobile crisis response teams.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Department of Mental Health (DMH), the Chief Executive Office, and the Department of Human Resources to establish a plan for a pilot program to incentivize the hiring and retention of field-based positions that are part of the DMH's various mental health crisis response programs (including, but not limited to, the Psychiatric Mobile Response Teams (PMRT), Mobile Crisis Outreach Teams (MCOT), Mental Evaluation Teams (MET), and School Threat Assessment Response Team (START). The departments should consider, at a minimum, including the following incentives in their plan and report back in writing in 60 days:

1. Implementing signing bonuses;
2. Expanding retention bonuses to all positions involved in field-response;
3. Increasing the retention bonuses that currently exist;
4. Implementing a workforce shortage bonus;
5. Implementing shift differentials;
6. Establishing a program for sabbaticals;
7. Allowing flexible schedules for staff who work in field-based teams, including incorporating telework and condensed schedules;
8. Creating new specific items for clinicians and peers that serve in field based teams;
9. Providing stipends for students interested in receiving a psych technician certificate;
10. Partnering with universities and colleges to implement student trainee programs with DMH;
11. Enhancing the existing student loan forgiveness program; and

12. Conducting a countywide hiring campaign in partnership with Labor and local universities and colleges.

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JH:kc/cc