



**DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE**

SUBJECT <b>STANDBY AND CALL BACK</b>	POLICY NO. <b>603.06</b>	EFFECTIVE DATE <b>04/01/1990</b>	PAGE <b>1 of 10</b>
APPROVED BY: <b>Original signed by: ROBERTO QUIROZ</b>  Director	SUPERSEDES <b>603.6 04/01/1990</b>	ORIGINAL ISSUE DATE <b>04/01/1990</b>	DISTRIBUTION LEVEL(S) <b>1</b>

**PURPOSE**

- 1.1 To provide policy and guidelines for proper use, standardization, and control of standby and call back pay in the Department of Mental Health (DMH).
- 1.2 Employees who have questions regarding timekeeping may contact their timekeeper directly.
- 1.3 Managers at the level of Program Head and above may contact the head of Personnel/Payroll Operations for interpretation of this policy and County Code salary provisions.

**STANDBY PAY**

2.1 Definition

- 2.1.1 Standby is considered to be time off-duty period during which an employee is assigned by the Department to be immediately available to resume his/her duties either by physical performance or through telephone consultation with on-duty staff.
- 2.1.2 When the assignment to standby service causes the employee inconvenience and restricts his/her normal activities during the off-duty period, the employee shall be entitled to bonus pay as provided under applicable provisions of County Code Sections 6.08.240(D), 6.10.120, or 6.86.020, and this policy.
  - 2.1.2.1 Section 6.08.240(D) applies to standby bonus for physicians paid under the Physician's Pay Plan. Section 6.10.120 applies to non-physician employees. Section 6.86.020 applies to those employees, both physician and non-physician, assigned to a Mental Health Alert Team or a Psychiatric Mobile Response Team.



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2.2 Departmental Standby Assignments

2.2.1 Listed below are the regularly scheduled DMH assignments in which standby service is required:

- Mental Health Alert Teams and Psychiatric Mobile Response Teams.
- After-hours physician consultation for Forensics Bureau.
- After-hours physician consultation for Child and Youth Services Bureau.

["After hours" for physician consultation purposes means after 5:00 p.m. and before 8:00 a.m. weekdays, and all day Saturday and Sunday, and County holidays.]

2.2.2 Unless specifically authorized by the Director of Mental Health or Chief Deputy Director, no other standby assignments are authorized in the Department.

2.3 Conditions Under Which the Standby Bonus May Be Paid

2.3.1 Standby service is only permitted for those classifications which perform clinical or treatment-related duties.

2.3.2 Positions which perform administrative, clerical, and managerial responsibilities, including managers paid under the Physician's Pay Plan and Performance-Based Pay Plan, are not authorized to receive standby bonus except as noted in Section 2.4.1.

The Director of Mental Health or the Chief Deputy Director may authorize standby service for clerical and other non-managerial and non-administrative classifications when sufficient and compelling reasons exist.

2.3.3 When an employee is absent from work due to illness, injury, vacation, or bereavement – whether authorized or not and whether paid or not –



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standby service is not allowed for that day, and the bonus may not be claimed.

2.3.4 Weekend standby service shall not be assigned to an employee who was not at work on the preceding Friday unless the employee has reported to the assigning manager, by the end of the regular workshift, that he/she is available for service on the weekend.

2.3.5 Even though an employee may be assigned to standby service, and is eligible to receive the bonus, standby service is not authorized when an on-duty employee in a similar classification and in the bureau is available to perform the duties.

2.4 Rate of Pay for Standby Service

2.4.1 Mental Health Alert Teams / Psychiatric Mobile Response Teams

The following classifications may be assigned to Mental Health Alert Teams and Psychiatric Mobile Response Teams (PMRT). They receive \$1.00 per hour, (not to exceed \$300 per month) for standby service in such assignment:

Item Number	Payroll Classification
4739	Chief Mental Health Psychiatrist
5469	Clinic Physician, M.D.
8697	Clinical Psychologist II
8711	Community Mental Health Psychologist
5471	Consulting Specialist, M.D.
5470	Mental Health Consultant, M.D.
5278	Mental Health Counselor, R.N.
5475	Physician, M.D.
5477	Physician Specialist, M.D.



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- 9034 Psychiatric Social Worker I
- 9035 Psychiatric Social Worker II
- 8161 Psychiatric Technician I
- 8162 Psychiatric Technician II
- 5280 Senior Mental Health Counselor, R.N.
- 9038 Supervising Psychiatric Social Worker
- 5492 Mental Health Clinical District Chief, M.D., is authorized to receive the \$1.00 per hour standby rate for service on the Mental Health Alert Team only.

**2.4.2 Physician Standby Service**

2.4.2.1 When a physician, eligible to receive the bonus as provided for in this policy, is assigned to standby service, the standby rate is \$7.00 per hour in accordance with County Code Section 6.08.240(D) of the Physician’s Pay Plan.

A physician assigned to an Alert Team or PMRT receives the standby rate of \$1.00 per hour. The Mental Health Psychiatrist (Item No. 4735), however, if assigned to an Alert Team or PMRT, receives the \$7.00 per-hour rate.

2.4.2.2 The \$7.00 per hour rate for standby service reflects the total rate for after-hours service. Even if the physician returns to work as a result of the standby service, there would not be any additional compensation for the call back.

Physician service on an Alert Team or PMRT, except for Mental Health Psychiatrist, does not include the rate for call back. A return to duty would require additional compensation. See “Call Back Bonus – Rate of Pay for Call Back”, Section 3.2 below.



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2.4.2.3 Standby pay, either alone or in combination with overtime, may not exceed 60% of a physician’s base monthly salary, which is calculated twice each month (i.e., 60% for the first half and 60% for the second half).

2.4.3 Standby Service for Non-Physicians

2.4.3.1 When a non-physician employee paid under the Standardized Salary Schedule Pay Plan is assigned for standby service, other than to a Mental Health Alert Team or PMRT, and is eligible to receive the bonus as provided for in this policy, the rate of pay shall be either:

- a. 50 cents per hour, not to exceed \$100.00 per month, for classifications represented by Bargaining Unit 711 (Social Workers), 721 (Psychiatric Social Workers), and 723 (Child Welfare Workers); or
- b. 25 cents per hour, not to exceed \$50.00 per month, for all other classifications both represented and non-represented.

**CALL BACK BONUS**

3.1 Definition

Call Back is considered an employee’s unexpected return to duty because of unanticipated work requirements resulting from either standby service or a specific order to return to work (outside of regular working hours) provided the following exists:

3.1.1 For Assigned Standby Service:

The return to duty is required after termination of the employee’s normal work shift and departure from his/her work location but not less than two hours before the established start time of the employee’s next regular work shift.



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3.1.2 For a Specific Order to Return to Work (outside of regular working hours)

The order to return to work is given by a Deputy Director or above level manager after termination of the employee's normal work shift and departure from his/her work location; and the employee returns to work within 24 hours of the order being given but not less than two hours before the established starting time of the employee's next regular shift.

3.2 Rate of Pay for Call Back

3.2.1 Physicians

3.2.1.1 For physicians assigned to standby service, other than an Alert Team or PMRT, the call back pay is included in the standby rate.

3.2.1.2 For physicians on standby as part of a Mental Health Alert Team or PMRT assignment, call back pay is not included in the \$1.00 per-hour rate. Thus, when a physician returns to work as part of the Mental Health Alert Team or PMRT standby service, the call back is compensated as overtime, either at the straight time pay rate or, if approved by the Director of Mental Health, or designee, at compensatory, hour-for-hour time off.

- a. A maximum of 240 hours of compensatory time off may be accumulated at any one time in a calendar year with a maximum of 144 hours deferrable to the next calendar year only. Those hours carried over will then be lost if not used by the end of the second calendar year.
- b. Overtime in any combination with home care compensation and/or standby compensation may not exceed 60% of a physician's base monthly salary.

3.2.2 Non-physicians



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3.2.2.1 First Call Back

- a. Non-physician employees authorized to receive paid overtime are paid a minimum payment equivalent to four hours' pay at their respective classification's premium rate. After the first four hours, additional hours worked as part of this same call back are paid according to the number of hours worked.
- b. Non-physician employees, not authorized to receive paid overtime, receive a minimum of four hours compensatory time off. After the first four hours, additional hours worked as part of the same call back are accrued as one hour of compensatory time off for each hour worked.

3.2.2.2 Second and Subsequent Call Backs

For any non-physician employee, a second and any subsequent call back occurring within four hours of the beginning of the first call back is covered by the first call back's compensation.

Hours worked beyond the fourth hour are compensated at the appropriate rate of overtime.

Example:

An employee is called back to work at 10:00 p.m. The first call back is established as the period from 10:00 p.m. through 2:00 a.m. If the employee completes the call, returns home, and is called back at 1:30 a.m., the second call is compensated as part of the first call back. It does not establish a new call back period. If the second call back goes beyond 2:00 a.m., the time worked after 2:00 a.m. is compensated at the overtime rate (see Section 3.2.2.1 above).



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A call back occurring beyond four hours of the beginning of the first call back is compensated as if it were the first call back.

Example:

An employee is called back to work at 10:00 p.m. The first call back period is established from 10:00 p.m. through 2:00 a.m. The call is completed and the employee returns home. A second call back is received at 2:40 a.m. A new call back period is established from 2:45 a.m. through 6:45 a.m. The 2:45 a.m. call back is compensated as if it were a first call back (see Section 3.2.2.1 above).

**REPORTING AND DOCUMENTING STANDBY AND CALL BACK ON TIMECARDS**

4.1 Standby

4.1.1 Completing the Timecard

In the “Reason Code” column for the day in which standby was provided, the total number of hours on standby service is to be written in after the initials “SB”; e.g., 8 hours standby would be shown as “SB 8”.

4.2 Call Back

4.2.1 Documenting Non-PMRT Call Back

For call back hours actually worked, employees are to have completed the Request for Overtime or Time Off (ROTO) or MH 312 form, documenting the date, hours worked, and reason for the call back. The completed ROTO must then be verified by the supervisor prior to approval of the request form. The ROTO then becomes the documentation for the call back.

4.2.2 Documenting PMRT Call Back



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For employees assigned to PMRTs, any claimed call back is to be entered on the PMRT Log (see Attachment I). The Request for Time Off or Overtime is to be completed by the employee and the claimed overtime verified by the supervisor signing the PMRT log.

4.2.3 Documenting After-Hours Physician Consultation

For physicians performing after hours consultation, a log (see Attachment II) of consultation activities, showing date, time, case/client name, nature and outcome of consultation, and name of the on-staff individual must be maintained and signed by the physician and supervisor. Since the after-hours standby service includes call back pay, a Request for Time Off or Overtime need not be completed.

Deputy Directors assigning physicians to after hours consultation must provide to Timekeeping and Payroll Section in Personnel Bureau a schedule of the staff authorized for this standby.

4.2.4 Retention of Documents

The Request for Time Off or Overtime, the PMRT and After Hours Physician Consultation logs, and the physician schedule for After Hours Consultation are to be retained for three years by the employee’s office for auditing purposes.

4.2.5 Completing the Timecard

4.2.5.1 In the lower right section of the timecard, below the box marked “Payroll Only”, the call back information is to be written, in ink, using this format:

“Call Back      Date      Total Hours      Reason Code”

4.2.5.2 The date of the call back is to be entered below the “Date” column: e.g., “7-1.”

4.2.5.3 If a second call back on the same day occurs more than four hours after the first call back, then a second entry for that day is



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to be entered. If two call backs occur on July 1, more than four hours apart, then “7-1” will need to be listed twice.

4.2.5.4 For each date listed, the total hours of the call back is to be entered below “Total Hours”. For example, if only one hour of the call back is worked on 7-1, then “1” is to be entered; if 5 hours of call back are worked, then “5” is to be entered.

4.2.5.5 “CB” is to be entered in the “Reason Code” column for each call back.

**4.3 Supervisory and Managerial Responsibility**

4.3.1 Before assigning Standby duty, supervisors and managers are responsible for ensuring that the assignment will be in compliance with the provisions of this policy.

4.3.2 Supervisors and managers are responsible for ensuring that claimed standby and call back hours are needed and are in fact accurate.

4.3.3 When call back is claimed, the supervisor, before signing the timecard, must ensure the call back has been worked as claimed.

**AUTHORITY**

Memoranda of Understanding  
Los Angeles County Code, Sections 6.08.240; 6.10.120; and 6.86.020

**ATTACHMENTS**

Attachment I Mobile Response Team Call Back Activity Log  
Attachment II After Hours Physician Consultation Log