California Association of Local Behavioral Health Boards and Commissions

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ISSUE BRIEF: Workforce, Education & Training

WORKFORCE, EDUCATION & TRAINING — Addressing Behavioral Health Workforce Needs

California has a shortage of behavioral health professionals throughout the state. [1]

BARRIERS [2]

Recruitment Barriers

California's counties and community based organizations (CBOs) face the following barriers to recruiting mental health or substance use disorder (SUD) staff:

1. Inability to Offer Competitive Pay
2. Lengthy Hiring Process (Experienced by counties, but not CBOs)
3. New graduates of mental health professional education programs are not well prepared to provide specialty behavioral health services
4. Location Concerns (A perception that certain locations are less desirable places to live than other parts of CA)
5. High Cost of Living
6. Shortage of Housing in Local Communities
7. Lack of Flexible Schedules
8. Lack of Remote Work Options

Retention Barriers

California county behavioral health agencies report high turnover in staff. In 2021, more than 65 % of counties had difficulty retaining LCSWs, LMFTs, psychiatrists, and RNs. 54% had difficulty retaining certified Substance Use Disorder counselors.

Major retention barriers include:

1. Competition from other employers
2. Inability to offer competitive compensation
3. Time-consuming documentation requirements
4. Burnout

Training/Education Barriers

Covering the costs of education/training *and* living expenses while learning.

SOLUTIONS [3]

Key components in attracting and maintaining an adequate behavioral health workforce include:[3]

1. **Career Pathways—**Create pathways for the use of peer providers and other credentialed support workers by providing educational opportunities, enabling workers to advance professionally
2. **Diversity[5]—**Prioritize recruitment and training to meet the needs of racially/ethnically diverse, bilingual, and LGBTQ+ communities and clients
3. **Incentives** to attract/retain skilled workers, such as:
   - Competitive salaries and benefits
   - Professional development opportunities
   - Scholarships, stipends* and loan repayment (*e.g. childcare, living accommodations, transportation)
4. **Maximize/Increase Hiring of:**
   Peer providers, community health workers, and other professionals who are not currently well-represented in the county behavioral health safety net, such as psychiatric mental health nurse practitioners and occupational therapists
5. **Occupations that Intersect**—See Page 2
6. **School Districts:** Partner to expand opportunities for students to learn about behavioral health careers.
7. **Streamline Documentation** requirements
8. **Streamline Hiring** processes for timely hiring
9. **Training Programs** that train new professionals in behavioral health *and* in intersecting fields (see "Occupations that Intersect", Page 2) *and* expand clinical training and supervision in local agencies

HCAI Behavioral Health Workforce Funding: hcai.ca.gov/workforce/financial-assistance/scholarships
Workforce for a Healthy California Funding: chhs.ca.gov/workforce4healthyca

SPECIAL CONSIDERATIONS

Occupations that intersect with behavioral health systems play important roles in the continuum. Workforce development, education & training* considerations should include:

1. Board & Care Operators and Staff (Adult Residential Facilities, & Residential Care Facilities for the Elderly)
2. Children & Youth
   a. Administrators
   b. Afterschool Programs
   c. Coaches
   d. Families (including foster care families)
   e. School Counselors
   f. School Nurses
   g. Students (including students involved in Peer-Counseling or Mentoring programs)
   h. Teachers
   i. Wellness Center Staff
3. Criminal Justice (Law Enforcement, Jails, Prison Staff)
4. Emergency Medical Personnel
5. Front Desk/Lobby Staff (including: Receptionists, Security Guards)
6. Homeless Shelter Staff
7. Interpreters (Training to understand behavioral health terminology. and etiquette.)
   a. American Sign Language Interpreters
   b. Language Interpreters
7. Janitors, Cooks, Tradespeople (who interact with individuals in residential facilities.)
8. Law Enforcement (City, County, Schools, Colleges) to include Crisis Intervention Training
9. Older Adult Organizations (e.g. Meals on Wheels)
10. Ombudsmen (who visit residential facilities)
11. Patients Rights Advocates
12. Primary Care Physicians
13. Veterans Office Staff
14. Vocational Counselors

Mentors/Counselors (Throughout the Continuum)

Providing behavioral health staff with access to mentors and professional counselors can increase their own wellness and reduce burn-out, increasing their capacity to serve within the behavioral health continuum.

Mentors and counselors can provide both emotional and work-related support.

***Training for Intersecting Occupations** (Examples):

- Behavioral Health Basics , such as:
  - Definitions of serious mental illnesses and substance use disorders
  - Recovery-Oriented Treatment
  - Client-centered Care
  - Person-First Language
  - Trauma-Informed Care
  - Medically-assisted treatment for SUD
  - Side-Effects of Psychotropic Medications
- Crisis Intervention Training (for law enforcement)
- Cross-Sector Training (such as "Individual Placement and Support" (IPS is evidence-based vocational training))
- Cultural Trainings
- De-Escalation Training
- Disability Etiquette (including "Person-First" Language)
- Geriatric Certification Training (example SDSU)
- Mental Health First-Aid Training
- Primary Care Psychiatry Training (e.g. UCI)
- Unconscious Bias

REVIEW & ADVISE—Suggestions and resources for local review

BHSA Plans—The Behavioral Health Services Act (BHSA) requires robust stakeholder involvement in developing 3-year Integrated Plans, to include workforce planning. Local boards/commissions should ensure that stakeholders are included throughout the workforce planning process.

BHSA Stakeholder Requirements

Data Review

Review and analyze access-related data and performance outcome data to understand barriers, gaps and successes with a focus on ensuring that behavioral health offerings include a competent, diverse, sustainable workforce.

Performance Outcomes for CA's 59 Local Behavioral Health Agencies

California Statewide | Gaps by Role[4]

Role	Current State Gap (Approx)	2033 Forecast Gap (Approx)
BH Licensed Roles	44,000	58,000
BH Associate Roles	15,000	10,000
Substance Use Disorder Counselor	3000	3000
Psychiatrist	3000	6000
Licensed Educational Psychologist	100	200
Peer Support Specialist	3000	-1000*
Psychiatric Mental Health Nurse Practitioner	2000	-3000*

*Peer support specialist forecast may shift to account for additional expected increase in peer demand; Psychiatric Mental Health Nurse Practitioner forecast tied to overall Nurse Practitioner demand, limited data availability for high confidence PMHNP forecast

END NOTES—Sources:

1. **"Behavioral Health Workforce Strategy" PowerPoint, Page 16, Health Care Access and Information (HCAI), August 28, 2024**
2. **"Building the Future Behavioral Health Workforce: Needs Assessment", Pages County Behavioral Health Directors Association of CA (CBHDA), Janet Coffman and Margaret Fix, Healthforce Center at UCSF, February, 2023**
3. **"How Counties Are Leading the Way to Address Workforce Challenges", Page 9, National Association of Counties (NACo), July, 2024**
4. **"Behavioral Health Workforce Strategy" PowerPoint, Page 20, Health Care Access and Information (HCAI), August 28, 2024**
5. **"Behavioral Health Workforce Strategy" PowerPoint, Page 22, Health Care Access and Information (HCAI), August 28, 2024** includes:

   Language barriers persist across the workforce

   - Spanish-speaking professionals are underrepresented in all roles except Clinical Social Workers (licensed and associate) and Certified Wellness Coaches
   - Asian and Pacific Island language-speaking professionals are underrepresented in all roles

   Racial representation of providers is imbalanced relative to population

   - Asian and Latine communities face the largest professional-to-population disparities
   - Black professionals are underrepresented in advanced roles like psychologists and psychiatrists