



COUNTY BEHAVIORAL HEALTH WORKFORCE NEEDS ASSESSMENT

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BEHAVIORAL HEALTH IN THE ERA OF COVID-19



Bidirectional association with behavioral health conditions and COVID-19:

- Patients were more likely to experience a new mental health condition following a COVID-19 diagnosis (ASPE, 2021)
- Individuals with schizophrenia were *four times* more likely to die from COVID-19 (Teixeira, JAMA, 2021)
- Individuals with SUDs were more likely to contract COVID-19 and suffer worse outcomes due to pre-existing conditions (Dubey et al , 2020)
- Overdose related deaths increased by 30% during first year of the pandemic

YOUTH BEHAVIORAL HEALTH CRISIS



- The rate of Black youth who have died by suicide has doubled since 2014 in California
- In 2022 45% of LGBTQ youth contemplated suicide, including more than half of transgender and nonbinary youth
- CDC data released in February shows that nearly 3 in 5 (57%) U.S. teen girls felt persistently sad or hopeless in 2021—double that of boys, representing a nearly 60% increase and the highest level reported over the past decade.

MEDI-CAL BEHAVIORAL HEALTH REFORMS

▪ **New Benefits**

- *CalBH-CBC/SED IMD Waiver*
- *Mobile Crisis Services*
- *90-Day Jail In-Reach*
- *Peer Support Specialists (option)*
- *Contingency Management (option)*
- *Mental Health IMD (option)*
- *Community Health Workers**
- *Enhanced Care Management**
- *Community Supports (option)**
- *School Behavioral Health Incentive Program**
- *Dyadic Services**

▪ **Program/Quality Reforms**

- *BH Payment Reform*
- *BH Eligibility Criteria*
- *Mental Health & SUD Plan Integration*
- *Documentation Reform*
- *BH Quality Incentive Program*
- *Comprehensive Quality Strategy*
- *Population Health Management**
- *PATH funding**
- *Primary Care Integration**

**Managed Care Plans only*

BROADER BEHAVIORAL HEALTH REFORMS

- **Commercial Plan Parity**
- **Children & Youth Behavioral Health Initiative (\$4.4 billion)**
 - *Virtual services platform*
 - *School-Linked Fee Schedule*
- **Community Schools***
- **Infrastructure**
 - *Behavioral Health Continuum Infrastructure Program (\$2.2 billion)*
 - *\$1.5 billion bridge housing solutions for behavioral health*
- *Workforce Pipeline*
- **Crisis Continuum**
 - *988*
- **CARE Court**
- **Department of State Hospitals**
 - *Community Based Restoration*
 - *Diversion*

**under California Department of Education*

A low-angle photograph of graduates in blue gowns and caps celebrating. Several caps are being tossed into the air against a bright, clear sky. The graduates are smiling and looking upwards. A white horizontal band is overlaid across the middle of the image, containing the word 'WORKFORCE' in large, black, sans-serif capital letters.

WORKFORCE

4/13/2023

5

CBHDA WORKFORCE NEEDS ASSESSMENT

- Funded under a grant from Kaiser Permanente Southern California
- CBHDA contracted with University of California, San Francisco (UCSF) Healthforce Center to conduct a needs assessment of the county behavioral health safety net workforce
- Needs Assessment was based on an analysis of county behavioral health 2020 Network Adequacy Certification Tool (NACT) data and California's available workforce supply.
- The needs assessment released in February 2023, including: [executive summary](#) and the [full report](#).

KEY FINDINGS: COUNTY WORKFORCE



- The three largest categories of workers providing mental health services in the county behavioral health safety net are:
 - Paraprofessionals/“Other qualified providers” at 30%
 - Licensed and associate marriage and family therapists (LMFTs and AMFTs) at 24%
 - Licensed and associate clinical social workers (LCSWs and ASWs) at 17%
- Certified and registered SUD counselors constituted the largest share of the safety net 68%.

DEMOGRAPHIC CONSIDERATIONS

- Certain categories of licensed professionals are at or near retirement age:
 - **31% of psychiatrists who provide patient care one or more hours per week are age 65 years or older.**
 - 27% of clinical and counseling psychologists and 16 percent of marriage and family therapists who are working are age 65 years or older.
- **The race/ethnicity of behavioral health professionals does not reflect the diversity of Californians.**
- While the percentage of mental health staff who speak languages which mirror the needs of the Medi-Cal population aligns overall, there are significant disparities in the SUD workforce (17% vs. 28% for Spanish)



WORKFORCE SUPPLY

Region	Psychiatrists	Psychologists	LCSWs	LMFTs	LPCCs	Psych Techs
Central Coast	14.7	47.0	61.7	144.2	5.2	52.5
Greater Bay Area	25.2	72.4	82.6	134.9	6.8	17.8
Inland Empire	9.4	16.1	39.4	61.5	3.8	41.3
Los Angeles	15.6	48.8	81.3	106.5	4.0	8.8
Northern & Sierra	7.8	21.5	64.3	98.8	5.4	12.6
Orange	11.0	40.0	56.6	105.9	5.6	15.1
Sacramento Area	14.9	37.1	71.6	97.0	5.6	12.3
San Diego Area	17.1	55.6	65.6	95.2	7.4	3.1
San Joaquin Valley	7.0	16.0	35.1	47.7	2.5	57.7
California	15.2	44.2	65.9	100.8	5.0	22.7

ACTIVELY LICENSED BEHAVIORAL HEALTH PROFESSIONALS PER 100,000 POPULATION BY REGION, 2020

SOURCES: MEDICAL BOARD OF CALIFORNIA MANDATORY SURVEY, 2020, PRIVATE TABULATION; DEPARTMENT OF CONSUMER AFFAIRS, PUBLIC INFORMATION LICENSEE LIST; U.S. CENSUS BUREAU, ANNUAL ESTIMATES OF THE RESIDENT POPULATION FOR COUNTIES IN CALIFORNIA: APRIL 1, 2020 TO JULY 1, 2021

EDUCATION PIPELINE



4/13/2023

- Graduates of master's degree programs in social work have also decreased (-4%)
- At the same time, graduates of certificate and associate degree programs for SUD counselors based at colleges and universities have decreased substantially (-21%).

TYPE OF EDUCATION PROGRAM	ASIAN	BLACK	LATINO(A)	WHITE	TWO OR MORE RACES	OTHER	UNKNOWN
Doctorate Clinical Psychology	12%	7%	14%	53%	5%	1%	8%
Master's Clinical or Counseling Psychology	6%	9%	20%	45%	6%	1%	12%
Master's Marriage and Family Therapy or Mental Health Counseling	7%	11%	22%	42%	6%	1%	12%
Master's Social Work	8%	11%	47%	23%	3%	1%	8%
Bachelor's Social Work	9%	6%	55%	19%	3%	1%	8%
Certificate or Associate Degree Psychiatric Technician	19%	15%	42%	19%	3%	1%	1%
Certificate or Associate Degree SUD Counseling	2%	14%	40%	37%	4%	1%	3%
Certificate or Associate Degree Human Services	5%	14%	51%	23%	4%	1%	2%

GRADUATES OF BEHAVIORAL HEALTH PROFESSIONS EDUCATIONAL PROGRAMS BY RACE/ETHNICITY, CALIFORNIA, 2020

RECRUITMENT/RETENTION CHALLENGES

- For both counties and CBOs, major barriers to retaining behavioral health professionals included:
 - Competition from other employers
 - Inability to offer competitive compensation
 - Requirements for extensive documentation
 - Burnout
- Recruitment and retention of behavioral health professionals in the Inland Empire and San Joaquin Valley regions will be especially difficult given the competition for low supplies of licensed professionals relative to the populations of these regions.
- The workforce is overwhelmingly white and female, and therefore does not reflect the populations served in Medi-Cal.

POLICY RECOMMENDATIONS



Increase overall funding for county behavioral health to ensure salaries are more competitive



Increase state investments in education pipeline, with an emphasis on schools in the Central Valley, and safety net focused curricula and training opportunities



Increase state funding for stipends, loan reimbursement, and retention bonuses



Improve quality of data collection at state level to better track diversity among licensed and certified professionals as well as the supply and demographics of nonlicensed or certified paraprofessionals

WHAT NEXT?

- The 10-year Strategic Plan with state and local policy and practice recommendations for local, state, and national decisionmakers.

THANK YOU!

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