Building the Future Behavioral Health Workforce: Needs Assessment: Executive Summary

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Abstract / Overview

The County Behavioral Health Directors Association of California (CBHDA) is developing a 10-year strategic plan for strengthening the county behavioral health safety net workforce, which encompasses personnel who work for county agencies and the community-based organizations (CBOs) with which they contract, to meet the needs of a rapidly evolving safety net delivery system and the people it serves. This report presents major findings and conclusions from a needs assessment that was conducted to inform the development of the strategic plan.

Key Findings

With the generous support of Kaiser Permanente Southern California, the County Behavioral Health Directors Association of California (CBHDA) is developing a 10-year strategic plan for strengthening the county behavioral health safety net workforce to meet the needs of a rapidly evolving safety net delivery system and the people it serves. This workforce encompasses persons who work for county behavioral health agencies and the community-based organizations (CBOs) with which they contract. Some counties may provide most behavioral health services through contracted CBOs. Others may rely almost entirely on county employees to deliver services, or on a combination of county employees and contract providers. This assessment is meant to reflect the range of potential provider relationships under the county behavioral health umbrella.

The plan includes an assessment of current workforce gaps and challenges, including the impact of the COVID-19 pandemic, as well as policy recommendations to help California build the future workforce for the county behavioral health safety net. The needs assessment encompasses:

- Analysis of existing sources of data about the supply, distribution, and demographic characteristics of California's behavioral health workforce and graduates of behavioral health professions education programs
- A survey of county behavioral health agencies and contracted CBOs
- Key informant interviews with experts on the workforce challenges the county behavioral health safety net faces.

California's Current County Behavioral Health Safety Net Workforce

Data reported through the Medi-Cal Network Adequacy Certification Tool (NACT) indicate that in 2020:

- California's county behavioral health safety net employed at least 28,440 persons who provided specialty mental health services to Medi-Cal beneficiaries.
    - The three largest categories of workers providing mental health services in the county behavioral health safety net are "other qualified providers" (30 percent), licensed and associate marriage and family therapists (LMFTs and AMFTs) [24 percent], and licensed and associate clinical social workers (LCSWs and ASWs) [17 percent].

- Counties that participate in the Drug Medi-Cal Organized Delivery System (ODS), which are primarily urban counties, employed at least 5,110 persons who provide substance use disorder (SUD) services to Medi-Cal beneficiaries.
    - Certified and registered SUD counselors constituted the largest share of the safety net SUD workforce in ODS counties (68 percent).
- The county behavioral health safety net's ability to meet the needs of clients whose preferred language is not English differs for mental health and SUD services.
    - The percentages of personnel providing mental health services who speak the top three non-English languages preferred by Medi-Cal beneficiaries (i.e., Spanish, Chinese, and Vietnamese) are similar to the percentages of Medi-Cal beneficiaries who speak these languages (31 percent vs. 28 percent for Spanish, 2 percent vs. 2 percent for Chinese languages, 1 percent vs. 2 percent for Vietnamese).
    - The percentages of SUD personnel who speak these languages are significantly lower (17 percent vs. 28 percent for Spanish, <1 percent vs. 2 percent for Chinese languages, <1 percent vs. 2 percent for Vietnamese).

Overall California Behavioral Health Workforce

The needs assessment includes an analysis of data regarding California's overall behavioral health workforce to elucidate the size and characteristics of the workforce from which the safety net behavioral health system draws its staff.

Size of the Behavioral Health Workforce

- California has approximately 111,000 licensed behavioral health professionals, including psychiatrists, psychologists, LMFTs, LCSWs, licensed professional clinical counselors (LPCCs), psychiatric technicians, and nurse practitioners and registered nurses who serve people with behavioral health needs.
- Many unlicensed personnel (e.g., SUD counselors, peer support specialists) also provide behavioral health services, but their numbers cannot be estimated accurately due to lack of publicly available data.

Geographic Distribution

- Supplies of licensed behavioral health professionals per capita vary substantially across California's regions.
- For most licensed professions, the Inland Empire and the San Joaquin Valley have the lowest ratios per capita. Ratios in these areas are substantially lower than the statewide ratios of licensed professionals per capita.

Demographic Characteristics

- In some licensed behavioral health professions, large percentages of licensed professionals are at or near retirement age.
    - 31 percent of psychiatrists who provide patient care one or more hours per week are age 65 years or older.
    - 27 percent of clinical and counseling psychologists and 16 percent of marriage and family therapists who are working are age 65 years or older.
    - In contrast, 51 percent of SUD counselors in the workforce are under age 35 years.
- The race/ethnicity of California's behavioral health professionals does not reflect the diversity of the state's population.
    - Black and Latino(a) providers are substantially underrepresented among psychiatrists and clinical and counseling psychologists.
    - Latino(a)s are better represented among marriage and family therapists, counselors, and social workers but are not represented in the same proportion as they are in the state's population.
    - Asians are underrepresented among all behavioral health professions except psychiatrists.
- The majority of behavioral health professionals speak only English.
    - Percentages of behavioral health professionals speaking Spanish range from 7 percent of clinical and counseling psychologists to 28 percent of SUD counselors.
- In all behavioral health professions except psychiatry, the majority of professionals are women.

California's Behavioral Health Professions Pipeline

Analysis of trends in graduates of degree and certificate programs that prepare people to work in behavioral health professions provides insights into the extent to which new graduates are available to replace professionals who are at or near retirement age.

Number of Graduates

- Master's degree programs that prepare people for licensure as marriage and family therapists, professional clinical counselors, or social workers accounted for more than 70 percent of graduates of behavioral health professions education programs in California in 2020 (6,510 of 9,119 graduates).
- Trends in graduations from 2016 to 2020 vary substantially across types of behavioral health professions education programs. For the professions that account for the largest numbers of persons working in the county behavioral health safety net, numbers of graduates are decreasing or growing too modestly to replace retirees and alleviate unmet needs for behavioral health services.
    - Graduates of certificate and associate degree programs for SUD counselors based at colleges and universities have decreased substantially (-21 percent).
    - Graduates of master's degree programs in social work have also decreased (-4 percent).
    - The numbers of graduates of master's degree programs in clinical and counseling psychology have increased modestly (8 percent).
    - The numbers of graduates of doctoral programs in clinical and counseling psychology and residency programs in psychiatry have increased substantially, but they constitute only a small segment of the county behavioral health safety net.

Race/Ethnicity

- Black and Latino(a) students were better represented among 2020 graduates of most types of behavioral health professions education programs than they are among behavioral health professionals who completed their education prior to 2020, although they remain substantially underrepresented among psychiatry residents and graduates of doctoral programs in clinical psychology.
- Asians were underrepresented among graduates of all types of behavioral health professions education programs in 2020 except residency programs in psychiatry and certificate and associate degree programs that train psychiatric technicians.

Recruitment of Behavioral Health Professionals in California's County Behavioral Health Safety Net

A survey of California's 57 county behavioral health agencies and two city behavioral health agencies, hereafter referred to as county behavioral health agencies, was conducted in 2021 to elicit leaders' perceptions of their recruitment and retention needs (response rate = 98 percent). Findings from the survey indicate that:

- More than 70 percent of county behavioral health agencies had difficulty recruiting LCSWs, LMFTs, LPCCs, psychiatrists, and registered nurses (RNs) to provide mental health services.
- More than 70 percent had difficulty recruiting LCSWs, LMFTs, and LPCCs to provide SUD services.
- 63 percent had difficultly recruiting certified SUD counselors.
- 82 percent had difficulty recruiting personnel who specialize in treating specific populations, including adolescents, people with eating disorders, people with co-occurring mental health and substance use disorders, and people with criminal justice system involvement.
- 86 percent had difficulty recruiting personnel to staff specific programs, including crisis care programs, full-service partnership programs, and narcotic treatment programs.
- Most county behavioral health agencies had difficulty recruiting sufficient numbers of Native American, Asian, Black, Latino(a), and Native Hawaiian/Pacific Islander behavioral health professionals to match clients' race/ethnicity.
- 79 percent had difficulty recruiting sufficient numbers of Spanish speakers to provide mental health services to Spanish-speaking clients, and 91 percent have difficulty recruiting sufficient numbers of Spanish speakers to provide SUD services to Spanish-speaking clients.
- 54 percent had difficulty recruiting sufficient numbers of lesbian, gay, bisexual, transgender, and queer (LGBTQ) behavioral health professionals to provide mental health services, and 57 percent have difficulty recruiting sufficient numbers to provide SUD services.
- Major barriers to recruiting behavioral health professionals included:
    - Competition from other employers
    - Inability to offer competitive pay
    - Lengthy hiring process
    - Location perceived as less desirable than other parts of California
    - High cost of living and lack of affordable workforce housing.
- Rural counties were more likely to cite their location as a major barrier to recruitment, and urban counties were more likely to cite the high cost of living as a major barrier.
- CBOs' responses to survey questions about recruitment barriers were similar.

- The county behavioral health safety net also encounters delays in onboarding new graduates because the state Board of Behavioral Sciences does not process applications for AMFTs, ASWs, and associate professional clinical counselors (APCCs) in a timely fashion.

Retention of Behavioral Health Professionals in California's County Behavioral Health Safety Net

The county behavioral health safety net also faces challenges regarding retention of behavioral health professionals.

- County behavioral health agencies report high turnover in staff, which requires them to invest substantial resources in training and supervision of less experienced staff. County behavioral health agencies also find that many new graduates of mental health professions education programs are not well prepared to provide specialty behavioral health services.
- In 2021, more than 65 percent of counties had difficulty retaining LCSWs, LMFTs, psychiatrists, and RNs.
- 54 percent had difficulty retaining certified SUD counselors.
- 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.

Conclusions

To meet clients' needs, California's county behavioral health safety net must recruit and retain significantly more behavioral health professionals who reflect their clients' racial/ethnic diversity, linguistic diversity, sexual orientations, and gender identities, particularly among SUD providers.

The county behavioral health safety net's ability to meet its workforce needs is constrained by characteristics of California's overall behavioral health workforce and trends in new graduates from behavioral health professions education programs.

- Some regions have small numbers of behavioral health professionals per capita relative to the state overall.
- In some behavioral health professions, many professionals are at or near retirement age. In others, most professionals are young because many leave the profession to work outside the behavioral health sector.

- The workforce does not reflect the racial/ethnic and linguistic diversity of the state's population.
- Numbers of graduates of educational programs for SUD counselors and LCSWs are decreasing, and modest rates of growth in graduates of programs that prepare LMFTs and LPCCs will not be sufficient to replace professionals who are at or near retirement age nor to meet growing demand for behavioral health services.

Additional factors that hinder the county behavioral health safety net's ability to compete with private employers and other public sector employers (e.g., schools) for experienced behavioral health professionals include inability to offer competitive salaries, lengthy hiring processes, and extensive Medi-Cal documentation requirements.

High staff turnover is compelling counties to invest more resources in training and supervision of less experienced staff.

Existing sources of data are inadequate to fully assess the workforce needs of California's county behavioral health safety net.

- Few data are available about the workforce in behavioral health occupations for which licensure is not required.
- For most occupations requiring licensure, there are:
    - Limited data on age, gender, race/ethnicity, and languages spoken
    - No data on gender identity or sexual orientation
    - No data on practice setting or acceptance of health insurance.

Recommendations

Building a workforce for the county behavioral health safety net that can meet clients' needs should encompass investment at both state and county levels.

- **State government** should invest additional funds in the Department of Health Care Access and Information (HCAI) and higher education institutions to:
    - Increase the number and diversity of persons completing behavioral health professions education programs.

    - Develop clinical curricula tailored to preparing students to serve people who receive specialty behavioral health services through the county safety net (where such curricula do not already exist).
    - Provide tuition assistance, stipends, and loan repayment to behavioral health professionals who commit to working in the county behavioral health safety net to help them pay for their education. Stipends are especially helpful to students from low-income backgrounds whose families depend on them for financial support and to those preparing for entry level positions.
    - Provide emergency funds to low-income students so that they can address unanticipated expenses that have potential to derail their education, such as child care and car repair.
- **State government** should also allocate additional funds to the Board of Behavioral Sciences to enable its staff to process applications for AMFTs, APCCs, and ASWs in a timely fashion so that new graduates can begin completing supervised clinical practice and other requirements for licensure as quickly as possible.
- **State government** should provide the Medi-Cal program with additional resources to:
    - Increase reimbursement to county behavioral health safety net agencies and contracted CBOs so that they can offer competitive compensation and enable their staff to work at the top of their licenses.
    - Reimburse county behavioral health safety net agencies for expenses associated with clinical training of behavioral health professions students and supervision of AMFTs, APCCs, and ASWs.
    - Expand the state's peer support specialists as a statewide Medi-Cal benefit, rather than a self-funded county option.
    - Expand the Medi-Cal community health worker benefit to be a specialty behavioral health benefit under Medi-Cal.
    - Ensure Medi-Cal program requirements encourage all behavioral health professionals working to the top of their license.
    - Continue efforts under the auspices of the California Advancing and Innovating Medi-Cal (CalAIM) initiative to streamline Medi-Cal documentation requirements across delivery systems and to align the requirements of federal agencies and accrediting bodies with CalAIM standards.

- **State government** should allocate sufficient funds to HCAI's new Health Workforce Research Data Center and to licensing boards to facilitate collection and analysis of robust data on demand, supply, distribution, demographic characteristics, employment patterns, and acceptance of health insurance for all behavioral health occupations, including those for which licensure is not required, and in occupations in which some professionals specialize in behavioral health (e.g., registered nurses, nurse practitioners, physician assistants).
- The **state** should require all licensed behavioral health professionals to provide information to licensing boards about characteristics of their practices, such as location, setting, and acceptance of health insurance, as well as demographic characteristics, when they renew their licenses.
- **County behavioral health agencies and the CBOs with which they contract** should:
    - Work with county government officials to streamline hiring processes to facilitate more rapid hiring of personnel
    - Maximize hiring of peer providers, community health workers, and other types of paraprofessionals to provide services for which licensure or certification is not required
    - Prioritize recruitment of racially/ethnically diverse, bilingual, and LGBTQ staff
    - Create career ladders for incumbent workers and partner with local higher education institutions to provide education that will enable workers to advance professionally
    - View teaching as a key component of agencies' missions and expand clinical training and supervision for behavioral health professions students
    - Increase hiring of professionals who are not currently well-represented in the county behavioral health safety net who have relevant expertise, such as psychiatric mental health nurse practitioners and occupational therapists
    - Partner with local school districts to expand opportunities for students to learn about career opportunities in behavioral health
    - Work with accreditation bodies to streamline and align documentation requirements with CalAIM standards.

Background

During the 2010s, numbers of deaths from overdoses of opioids and psychostimulants (e.g., cocaine, methamphetamine) and nonfatal emergency department (ED) visits for opioid and psychostimulant use increased rapidly in California and across the United States (Valentine and Brassil, 2022). The prevalence of major depression among youth also rose substantially in both the state and the nation (SAMHSA, 2020). Nationwide, the prevalence of anxiety, depression, and substance use has accelerated since the COVID-19 pandemic began in early 2020 (Breslau et al., 2021; Czeisler et al., 2020; Czeisler et al., 2021; Ettman et al., 2020; Ettman et al., 2022; Vahratian et al., 2021). Unmet need for behavioral health services has also increased during the pandemic (Coley and Baum, 2022; Nagata et al., 2021; Vahratian et al., 2021).

The growth in need for behavioral health services has heightened concerns about the availability of behavioral health professionals to serve the increasingly diverse population in California and the nation. These concerns are especially acute in California's county behavioral health safety net, which is composed of county behavioral health agencies, city mental health authorities, and community-based organizations (CBOs) with which they contract to provide services. The county behavioral health safety net primarily serves low-income people with serious mental illness, substance use disorders, and dual diagnoses of mental health and substance use disorders who require a range of specialty behavioral health services.

Recognition of workforce challenges that existed prior to the COVID-19 pandemic led the County Behavioral Health Directors Association of California (CBHDA) to obtain funding from Kaiser Permanente Southern California to conduct a needs assessment and develop a 10-year strategic plan for strengthening California's county behavioral health safety net workforce through policy change. The needs assessment encompasses:

- Analysis of existing sources of data about the supply, distribution, and demographic characteristics of California's behavioral health workforce and graduates of behavioral health professions education programs
- A 2021 survey of county behavioral health agencies and CBOs with which they contract
- Key informant interviews with experts on the workforce challenges the county behavioral health safety net faces

- Conversations with members of the project's advisory group and other stakeholders from county behavioral health agencies, CBOs, professional associations, and state government
- Identification of key findings and implications for California's public behavioral health workforce.

The main body of this report is organized into six chapters. The first chapter describes the workforce currently working in California's county behavioral health safety net. The second chapter discusses the overall behavioral health workforce in California from which the county behavioral health safety net draws its workforce. The third chapter examines trends in the pipeline of persons completing behavioral health professions education programs in California. The fourth chapter describes the recruitment and retention challenges faced by the county agencies and CBOs that comprise the behavioral health safety net. The fifth chapter presents conclusions from the needs assessment and their implications for state government and county behavioral health agencies, and the sixth chapter presents recommendations to address these needs. Additional information is presented in several appendices.

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