

Behavioral  
Health  
Workforce  
Development



# Highlights from the Behavioral Health Workforce Assessment Report

*May 18, 2022  
Noon to 1pm PDT*

Presenters:

**Ilana Rub**, *(DHCS)*

**Kerrilyn Scott-Nakai**, *Center for Applied Research Solutions (CARS)*

**Kim Weis**, *(CARS)*

**Kathleen West**, *Advocates for Human Potential, Inc. (AHP)*

# Webinar Agenda

- Introducing the 2021 Behavioral Health Workforce Assessment Report
- Description of Report background and methodology
- Discussion of highlighted findings
- Recommendations
- Next Steps
- Q&A

# Webinar Presenters



Kerrilyn Scott-Nakai (she/her)

Executive Director, CARS



Kim Weis (she/her)

Research Associate, CARS

# INTRODUCING THE BEHAVIORAL HEALTH WORKFORCE ASSESSMENT

New Report, Executive Summary, and Infographic

**2021 CALIFORNIA BEHAVIORAL HEALTH WORKFORCE ASSESSMENT**  
Expand • Elevate • Enhance • Empower

Below are key findings from the California Department of Health Care Services (DHCS) Behavioral Health Workforce Development Project (BHWDP) 2021 statewide assessment. The goals of the BHWDP are to expand, elevate, enhance, and empower the behavioral health workforce in every California community. The BHWDP supports multiple peer organization grant initiatives that are funded by DHCS and administered by Advocates for Human Potential (AHP). For the assessment, AHP partnered with the Center for Applied Research Solutions (CARS).

View executive summary and full report here >

**RESPONDENTS** 1,602 Valid Survey | 66 Listening Session Participants from 30 Peer-Run Organizations | 456 Survey Respondents were Peers

**EDUCATION AND CAREER**

- 6% have a college or state degree
- 26% have more than one behavioral health position (paid or unpaid). Counselors or Psychologists are highest paid / Peer or Recovery Support are lowest paid.
- 42% have been in behavioral health field for over 10 years

Improves service delivery  
They will continue to use telehealth post-pandemic

Highly engaged with technology | Low comfort with technology

Recommendation 5: Prioritize supports for underserved, over-served, and inappropriately served communities. Invest in data-driven strategies and wraparound supports.

Recommendation 6: Provide additional training and financial assistance to expand telehealth.

Recommendation 7: Invest in training initiatives and programs that support integration of peers. Include and support peer voice and leadership.

2021 CALIFORNIA BEHAVIORAL HEALTH WORKFORCE ASSESSMENT

Prepared by Center for Applied Research Solutions (CARS) for Advocates for Human Potential (AHP) and California Department of Health Care Services (DHCS)

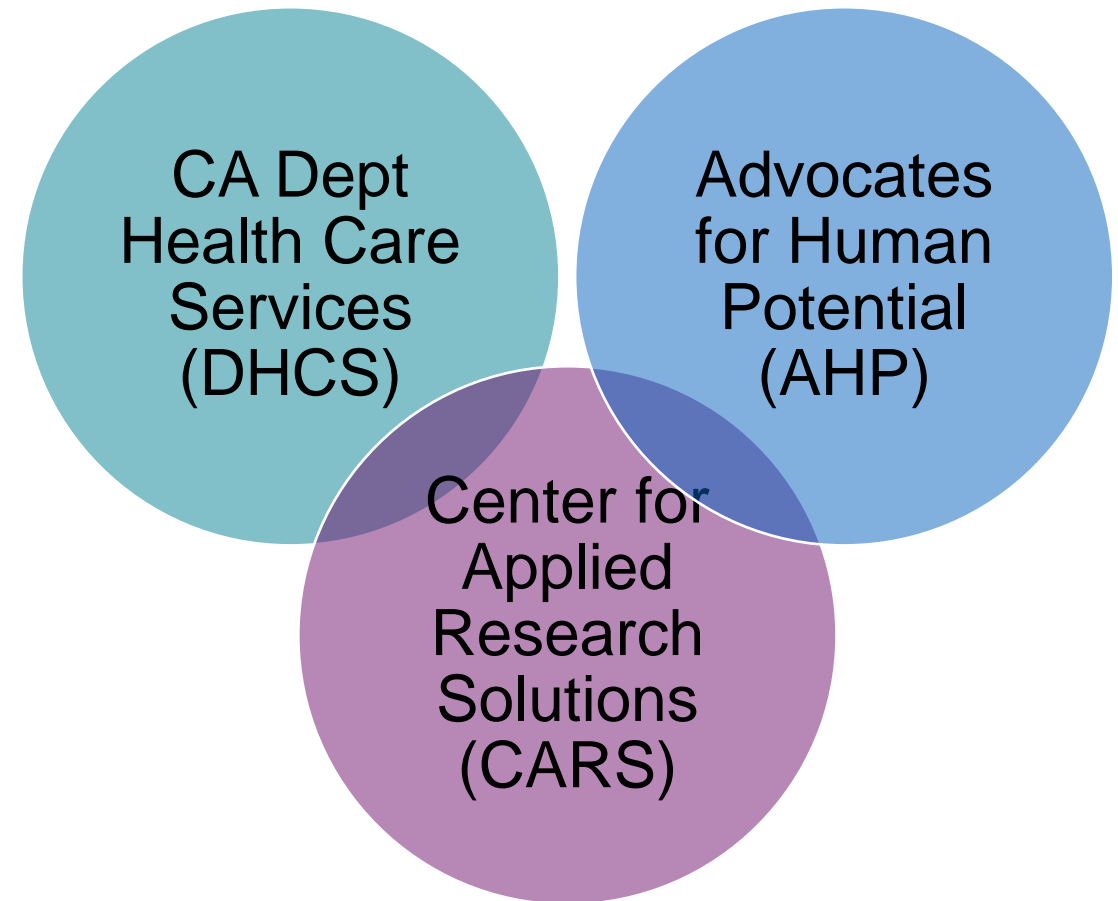
APRIL 2022

CARS | AHP | DHCS

# Background

The Behavioral Health Workforce Development (BHWD) Project works to expand, elevate, enhance, and empower behavioral health workforce in every California community.

The Behavioral Health Workforce Assessment is part of the BHWD Project.



# Context

What does it mean to do this assessment *in 2021*?

- COVID-19
- Workforce shortage and Great Resignation
- Equity and representation
- SB 803 – Peer Specialist Certification
- Federal and state workforce funding

# WHAT WAS THE ASSESSMENT PROCESS?



# Assessment Methodology: Survey

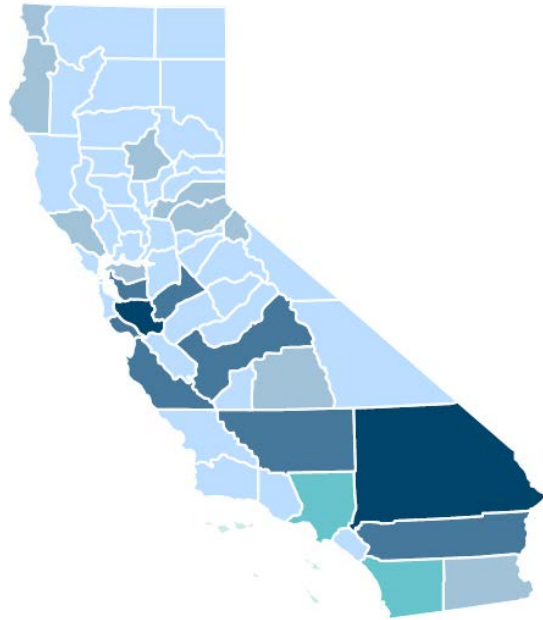
- Core instrument: University of Michigan Behavioral Health Workforce Research Center's Minimum Data Set (MDS)
- Added for BHWA: expanded topics
  - Compensation
  - Employment motivation
  - Peer workforce questions
  - Underserved communities
  - Telehealth



# Assessment Methodology: Listening Sessions

- 6 small-group regional sessions focused on peer support
- Expanding Peer Organization Capacity (EPOC) Grantees
- Peer Workforce Investment (PWI) Grantees

# Outreach and Response (Fall 2021)



## Survey

- Sent to 8,800+ members of CA behavioral health field
- **1,602** valid responses from 54 counties
- 456 respondents were identified as peer workforce

## Listening Sessions

- **66** participants
- 30 peer-run organizations in 18 counties

# WHAT DID WE FIND?



# Who Is “The Workforce”?

Survey respondents chose occupational category:

- Counselor or Psychologist (24%)
- Social Worker or Case Manager (19%)
- Peer or Recovery Support (18%)
- “Other” Behavioral Health Worker
  - Executive Directors, program leaders, county staff, therapists, nurses, physicians, psychiatrists, advocates, health educators, outreach workers, IT...
  - Future data collection: less “other,” more options

# Diverse Workforce of Predominately Women



**64%**  
of the workforce is  
cisgender women



**19%**  
of the workforce is  
cisgender men

*Disclaimer: 14% preferred not to answer*



**32%** is **Hispanic or Latino/a/e**

**14%** is **Black or African American**

**11%** is **Lesbian, Gay, Bisexual, Queer,  
or Other Non-Heterosexual Identity**

# Race, Ethnicity, and Occupational Category

- White respondents much more likely to be Counselors or Psychologists (44%)
- Black or African American (17%) and Asian or Asian American (12%) respondents disproportionately in Peer or Recovery Support roles
- Counselor or Psychologist pay > Peer or Recovery Support pay

# Education and Career



**76%**

have a college or graduate degree

Counselors or Psychologists are highest paid / Peer or Recovery Support are least paid



**26%**

have more than one behavioral health position (paid or unpaid)



**42%**

have been in behavioral health field for **over 10 years**

# Lived Experience

**35%**

family member or caregiver  
of a person with behavioral  
health needs

**32%**

experienced personal  
mental health challenge

**12%**

experienced personal  
substance use disorder



# POSITIVE MOTIVATORS

## ON WORK PLANS



- Wanting to help others, including underserved communities
- Content or highly satisfied in current role
- Wanting to deepen professional knowledge

# NEGATIVE MOTIVATORS

## ON WORK PLANS



- Need better pay or benefits
- Burnout or compassion fatigue, not enough staff
- Need more family time

# Underserved Communities

Who is underserved in your community in terms of behavioral health needs?

- People experiencing homelessness
- Black or African American people
- Hispanic or Latino/a/e people
- LGBTQ people

# Peer Support Voices

“For this community that we live in, and I’m pretty sure it’s across the board, we don’t have enough funding for mental health services, and we definitely do not have enough housing. **Housing, housing, housing.**”

# Unmet Needs

Listening Sessions: what are the unmet needs you're seeing?

- Housing
- Case management
- Harm reduction strategies
- Youth and young adults of transition age
- Peer support in justice settings

# Peer Perspectives on the Workplace

## Positives

85-90%:

- I am respected by my colleagues; my supervisor or management; the people I support
- My lived experience is utilized and valued

## Challenges or Concerns

- 62%: Non-peer staff and leadership represent communities
- 49%: My pay is consistent with those who don't have lived experience
- 26%: I sometimes see or feel discrimination or stigma about lived experience

# Peer Support Voices

“ I would like to have everybody know what peer support means; for it to be a standard sort of word, just like a counselor; and most important just to not have anybody ask, ‘What does that mean?’”

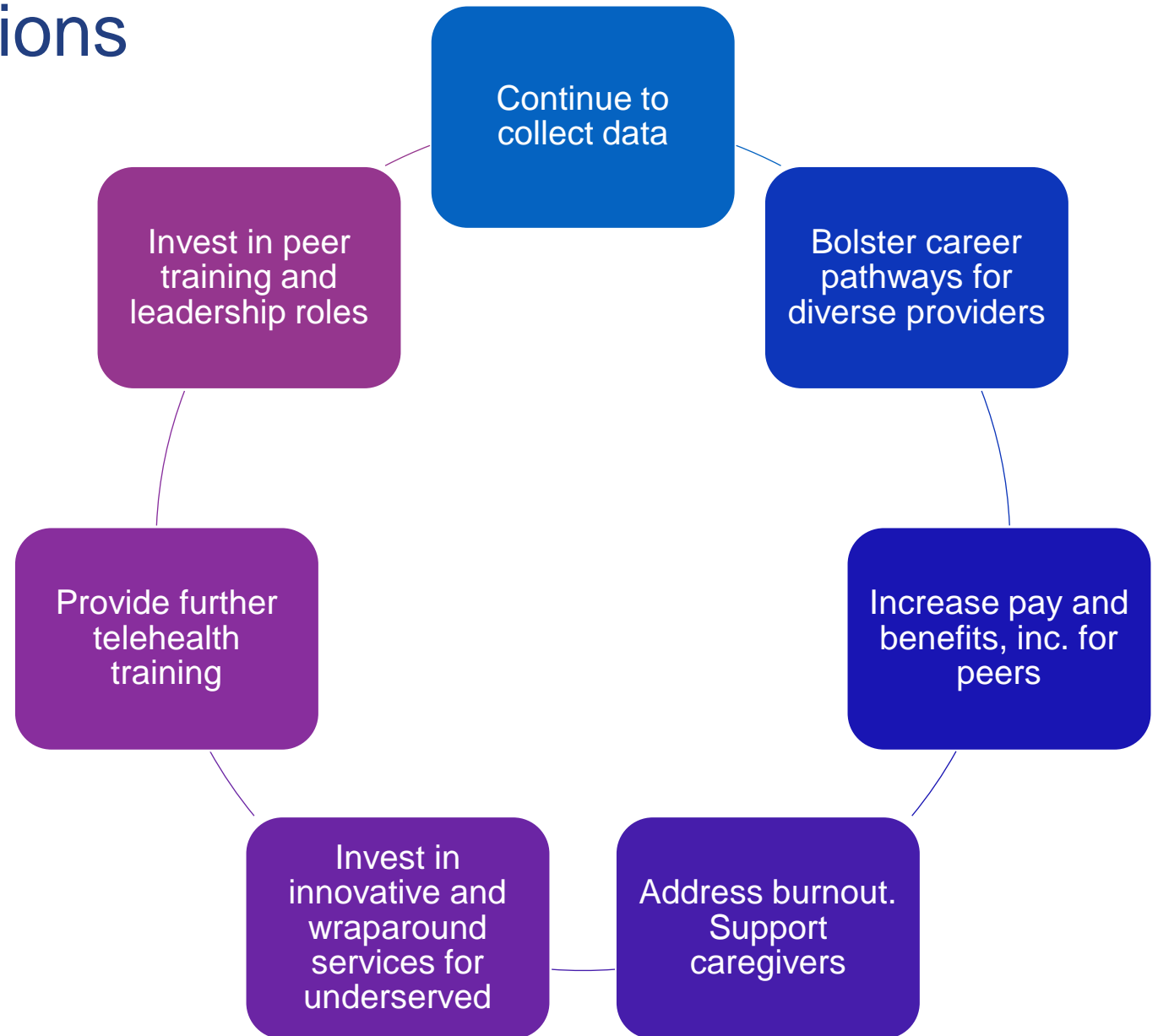
# HOW CAN THESE RESULTS SUPPORT THE FIELD?



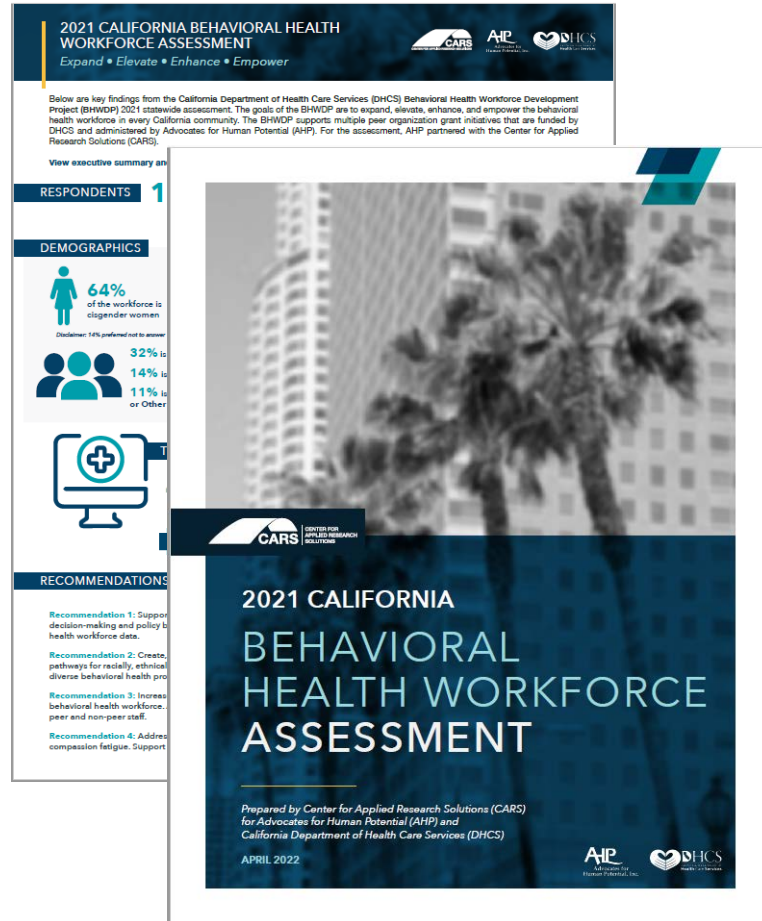


# Report Recommendations

Access the report, executive summary, and infographic [here](#) for full recommendations



# Next Steps



- We warmly invite you to read and share the report and infographic!

## [2021 BHWA Report](#)

- Learn about:
  - Salaries
  - Peer certification
  - Future employment plans
  - Policy changes and funding streams
  - And more

# Q&A



# Contact Us



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