Alameda County Behavioral Health Care Services
Workforce Education and Training Executive Summary

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Survey Background and Methods

The purpose of this survey was to gather input regarding Alameda County behavioral health care workforce needs to inform Workforce Education and Training (WET) planning for the next five years. The survey was developed in close consultation with the WET team at Alameda County Behavioral Health Care Services (ACBHCS), under the leadership of Sanjida Mazid, Workforce Development, Education and Training Manager.

Survey development took place from January through November 2014, and was a multi-stage process intended to gather input from numerous key stakeholders. Survey preparation included review of past WET surveys from Alameda and other counties, as well as a survey completed in December 2013 by the Office of Statewide Health Planning and Development (OSHPD)[1]. Through this process, we selected themes to address and questions to use in the ACBHCS survey.

In May 2014, a focus group was held with approximately 20 stakeholders from ACBHCS and contracted community based organizations (CBOs). Through the focus group, we identified key themes to explore in the survey. Notes from the focus group were sent to all participants, as well as to all those who were invited, but could not attend, to solicit additional information.

The final survey consisted of 27 questions and was expected to take approximately 20-30 minutes to complete. Participants were asked to submit one survey per organization, or, in the case of large organizations with multiple, separate units, one survey per unit. The survey was open in November-December 2014. A total of 52 responses were received.

Findings

Workforce shortages

The first question asked respondents to review a list of 20 occupational categories[2] frequently employed in behavioral health organizations. For each category, respondents were asked to use a drop-down menu to describe whether their organization had a shortage of employees in that type of position and the reason for the shortage, as well as the current and desired number of employees in the position. A screenshot of this question appears below. Approximately 90% (n=47) of respondents completed this question.

1. Please use the drop-down menus for each occupational category below to tell us about positions in which your organization has a shortage currently, or in which you anticipate having a shortage within the next 3 years (i.e. due to anticipated retirements, changing workforce needs, or other changes). Please use the comment box to add any categories not listed or provide additional description.

	Shortage?	Current # of employees in this category	Desired # of employees in this category
Licensed Clinical Psychologist			
Licensed Clinical Social Worker (LCSW)	No, not applicable		
Licensed Marriage and Family Therapist (LMFT)	No, sufficient staff in this category / Yes, difficult to recruit / Yes, high turnover		
Licensed Professional Clinical Counselor (LPCC)	Yes, insufficient resources / Yes, anticipated retirements / Yes, other (use comment box)		

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[1] http://www.oshpd.ca.gov/hwdd/pdfs/wet/Summarizing-County-Reported-Mental-Health-Workforce-Needs.pdf
[2] The list was based on the one used in the 2013 OSPHD WET survey.

The tables below summarize the responses related to difficult to recruit positions, positions for which insufficient resources are available to support, and positions for which respondents felt they had sufficient staff.

Table 1. Positions Most Frequently Selected as Difficult to Recruit

Position	Percent (#) Selecting
Licensed Clinical Social Worker	40.4 (19)
Child/Adolescent Psychiatrist	19.1 (9)
Licensed Marriage and Family Therapist	19.1 (9)
Psychiatric Mental Health Nurse Practitioner	14.9 (7)
Designated Consumer/Family Member Pos.	14.9 (7)
Adult Psychiatrist	14.9 (7)

Table 2. Positions Most Frequently Selected as Having Insufficient Resources to Support

Position	Percent (#) Selecting
Housing Services Staff	19.1 (9)
Designated Consumer/Family Member Pos.	19.1 (9)
Case Manager/Service Coordinator	17.0 (8)
Licensed Clinical Social Worker	17.0 (8)
Psychiatric Mental Health Nurse Practitioner	12.8 (6)
Licensed Clinical Psychologist	12.8 (6)

Table 3. Positions Most Frequently Selected as Having Sufficient Staff (No Shortage)

Position	Percent (#) Selecting
Licensed Marriage and Family Therapist	31.9 (15)
Licensed Clinical Psychologist	27.7 (13)
Case Manager/Service Coordinator	25.5 (12)
Mental Health Rehabilitation Counselor	21.2 (10)
Designated Consumer/Family Member Pos	14.9 (7)
Licensed Professional Clinical Counselor	14.9 (7)
Employment Services Staff	12.8 (6)

- Anticipated retirements and high turnover were very rarely selected as a reason for a workforce shortage.
- Several respondents used the open-ended comment box to note that they employ interns and many unlicensed professionals. A few noted that once these individuals become licensed, they are difficult to retain due to low salaries.
- A few respondents also commented on the limitations to their hiring due to billing and paperwork requirements.

Workforce Diversity

Questions in this section focused on organizational needs for staff who can communicate with consumers in their preferred language, priorities for staff diversity within an organization, and the organization's current efforts to meet their priorities.

- 96% of respondents answered the question regarding language needs for their organization. Spanish was the most frequently selected language need, with 88.0% of respondents choosing it. The next most frequently selected language needs were English (34.0%), Cantonese (34.0%), Mandarin (24.0%), Vietnamese (18.0%). American Sign Language (16.0%), Tagalog (12.0%), and Farsi (10.0%).
- A few respondents used the comment box to state that language needs varied by the type of position they were trying to fill. They described difficulty in recruiting bilingual licensed or license-eligible staff, and challenges in recruiting clerical and support staff with proficiency in English.
- 84.6% of the respondents answered the open-ended question regarding organizational priorities for recruiting and retaining diverse staff. The following priorities were identified:
   o 63.6% noted that diversity in general is very important for their organization. Many of these responses repeated the diversity categories noted in the question. Several of these commented that racial/ethnic diversity was a priority, particularly for licensed staff.
   o 31.8% mentioned a need for more bilingual staff.
   o 22.7% described the importance of recruiting staff experienced with issues such as trauma, homelessness, and poverty. Several also mentioned a priority for hiring staff with lived experience.
   o Specific racial/ethnic diversity needs included staff who are Latino (18.2%), African American (11.4%), and Asian/Pacific Islander (4.6%).
   o Other priorities, mentioned by three or fewer respondents, were need for staff with an ability to work with people with disabilities, staff with experience working with young children and older adults, and staff who are bilingual in ASL.
- Nearly 80% of respondents answered the open-ended question regarding strategies they use to meet the diversity priorities they noted in the previous question. There was wide variation in the responses to this question, ranging from 17.1% whose comments were categorized as "None/Minimal" (e.g. responses such as "NA," "None," and "I don't know") to 9.8% of respondents who described vigorous efforts to recruit and retain diverse staff.
- The responses that described vigorous efforts included staff referral bonuses, hiring a director of diversity and inclusion, offering training on diversity-related issues, and cultivating an organizational culture that celebrates diversity.
- Strategies most frequently mentioned included:
   o Recruiting diverse interns who may join the permanent staff in the future (19.5%).
   o Conducting outreach via the community (17.1%), universities (12.2%), the internet (17.1%), and "word of mouth" (12.2%).
   o Promoting staff from within the organization (9.8%).

Consumer and Family Member Hiring and Inclusion

Questions in this section focused on efforts to include consumers and family members in the workforce through hiring practices, strategies to create an inclusive organizational culture, and/or leadership positions.

- Over half of respondents (53.0%) reported that they have designated consumer or family member positions.
- Of those organizations that do have designated positions, 43.5% reported having family partners or advocates, and 39.0% reported having peer recovery coaches, counselors, mentors, coordinators, and/or specialists. A few described other consumer or family member positions, including receptionists or other clerical support staff, as well as board members who identify as consumers or family members.
- Among the organizations that have designated consumer/family member positions, the most frequently noted certification or training for designated consumer or family member positions was Best Now (40.0%), followed by Wellness Recovery Action Planning (WRAP) (30.0%). Several mentioned that they support applicants who do not have these certifications in obtaining them.
- Close to 83% of respondents answered the question regarding how consumers and family members are included and supported in the organization (whether or not they have designated positions). The strategies organizations use to include consumers and family members are shown in Table 4.

Table 4. Most Frequently Selected Strategies for Consumer and Family Member Inclusion

Strategies	Percent (#) Selecting
Priority preference given to applicants with lived experience	69.8 (30)
Anti-stigma training for all staff	53.5 (23)
Meeting and/or job accommodations	44.2 (19)
Dedicated consumer positions	41.9 (18)
Partnerships with consumer-run organizations	39.5 (17)
Recruiting consumers and family members on boards and other positions of leadership	37.2 (16)
Dedicated family member positions	30.2 (13)
Consumer or family member internship program	20.9 (9)

Internship Programs

Questions in this section focused on current and planned use of interns from high schools, colleges, and universities, as well as barriers to supporting interns.

- 92% of respondents answered the question regarding use of interns at their agency. Of these, 87.5% reported that they had interns at their organization.
- No organization reported having Physician Assistant or Psychiatry Students.
- The most commonly selected interns were Social Work (91.4%), Marriage and Family Therapy (84.9%), and Graduate Psychology Students (82.3%).
- 30% of organizations have Nursing Students, 33% have High School Students, and 52% have Undergraduate Students.
- Despite the fact that most organizations have interns, 62% of organizations responded to the question regarding barriers they encounter in providing training for interns. These barriers are described in Table 5.

Table 5. Most Frequently Selected Barriers to Supporting Interns

Barriers to Supporting Interns	Percent (#) Selecting
Lack of staff who are qualified to supervise interns	53.1 (17)
Difficulty in recruiting qualified interns	40.6 (13)
Need for more support in developing partnerships with schools	34.4 (11)
Lack of staff who are interested in supervising interns	18.8 (6)
Burdensome requirements from schools	18.8 (6)

- In the open-ended comments to barriers to supporting interns, respondents identified additional barriers such as lack of office space and billing requirements that make it difficult to get reimbursed for the services an intern provides.
- 60% of respondents answered the question regarding willingness to train high school students as interns. Of those who responded, 48.4% agreed that they would be willing. Most of these said they could train 1-2 high school interns per year.
- 36 respondents described concerns related to supporting undergraduate and high school-level interns. The most frequently cited concern was staff time required for supervision of these interns. Other concerns included insurance coverage, challenges related to the population being served, and worries about the ability of interns at this level to maintain confidentiality and/or adhere to other agency policies.

Training Priorities

This section consisted of just one question regarding training priorities for new clinical staff/recent graduates. 90% of respondents answered this question. Respondents were asked to rate a list of 37 possible training topics[3] as "top priority," "important," "low priority," or "not a priority." The training priorities most frequently selected as "top priority" are shown in Table 6, followed by those most frequently selected as "important" in Table 7.

Table 6. Training Topics Selected as "Top Priority" by 50% or More of Respondents

Topic	Percent (#) Selecting
Documentation	78.7 (37)
Cultural Responsiveness	70.2 (33)
Trauma Assessment and Interventions	68.0 (32)
Working Collaboratively with Clients and Families	68.0 (32)
Advanced Assessment, Differential Diagnosis and Treatment Planning	55.3 (26)
Post-Traumatic Stress Disorder	53.2 (25)
Working With Families with Complex Issues	51.1 (24)
Managing Aggressive Behavior	51.1 (24)

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[3] The list of training topics and scaling was adapted from a training survey used in San Mateo County in 2014.

Table 7. Training Topics Selected as "Important" by 50% or More of Respondents

Topic	Percent (#) Selecting
Domestic Violence	55.3 (26)
Lesbian/Gay/Bisexual/Trans* Issues	53.2 (25)
Understanding and Assessing Health Conditions (e.g. diabetes, high blood pressure	51.1 (24)
Motivational Interviewing	51.1 (24)

Beyond the topics selected as a "top priority" or "important" by at least 50% of respondents, need for other training topics varied widely among respondents, presumably depending on the population the organization serves. For example, though 19.6% of respondents suggested that Working with Older Adults was a "top priority" for training, the same number reported that it was "not a priority" for their organization.

Support for License-Eligible Employees and Use of the Mental Health Loan Assumption Program

The survey included two questions regarding support for license-eligible employees (i.e. employees who possess a graduate degree that can lead to licensure) and three questions about the staff's use of the Mental Health Loan Assumption Program (MHLAP).

- 88% of respondents answered the question regarding how they support license-eligible employees. Nearly all (93.5%) reported that they provide supervision that meets licensing requirements. About half (54.4%) also give employees paid time for supervision and/or study. More than one-fifth (23.9%) offer test preparation assistance.
- Only two organizations noted that they do not provide support for license-eligible employees. Their reasons included lack of licensed staff to provide supervision, and lack of resources to provide test preparation materials or other supports.
- The limited data on MHLAP[4] use suggest that the majority of organizations are aware of the program and do inform their employees about possible eligibility. However, most organizations either do not know how many employees have participated in the program, or have had only 1-2 employees do so, and therefore feel they cannot draw any conclusions yet about the potential for MHLAP to support their recruitment and retention efforts. Two respondents did report a positive experience for a couple of their employees in receiving MHLAP. Another respondent noted that MHLAP support is insufficient for bridging the gap between what their organization can pay license-eligible employees and the high cost of living in the Bay Area.

Organization and Respondent Characteristics

The survey concluded with a few questions regarding key characteristics of the respondent and their organization. Small (under 25 employees; 19.6%), medium (26-100 employees; 52.2%), and large (>100 employees; 28.3%) organizations were represented in the survey. An overwhelming majority (71.7%) reported having an annual budget in excess of two million dollars a year. Most of the respondents

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[4] Due to a survey error, the questions regarding MHLAP were not seen by most of the respondents. A follow-up survey with these questions was sent to 24 respondents who provided optional contact information. Of these 24, 15 (29% of the original survey pool; 63% of the follow-up pool) completed the MHLAP follow-up.

reported that they were either a Division/Department Director (51.5%) or the Executive Director/CEO (45.5%).

Conclusion and Implications

Given the diversity within Alameda County, and the widely varying organizational needs identified through this survey, it will be important to discuss the report with key stakeholders in the five-year planning process. Findings suggest[5] a number of implications for ACBHCS WET efforts related to the Financial Incentive Programs for Workforce Development, Recruitment and Retention, Supporting the Mental Health Workforce Pipeline, and Training.

Financial Incentive Programs for Workforce Development

- The eligibility criteria for any financial incentive programs for workforce development for interns or current employees should be adjusted to focus on individuals who may eventually fill positions most frequently selected as "Difficult to Recruit" as shown in Table 1. These positions include Licensed Clinical Social Worker, Child/Adolescent Psychiatrist, Licensed Marriage and Family Therapist, Psychiatric Mental Health Nurse Practitioner, Designated Consumer/Family Member Positions, and Adult Psychiatrist.
- Though Licensed Marriage and Family Therapist was selected as "Difficult to Recruit" by 19.1% of respondents, a greater number (31.9%) noted that there was "No Shortage." This suggests that further discussion may be needed regarding whether and how to adjust the eligibility criteria for financial incentive programs to meet differing organizational needs.
- The same number of respondents (14.9%) selected Designated Consumer/Family Member Position as "Difficult to Recruit" and "No Shortage." However, given that nearly 70% of respondents report that they give priority hiring preference to applicants with lived experience, this could also be a consideration in reviewing applications for financial incentive programs.
- The vast majority of organizations reported a need for more bilingual staff, so it would also be helpful to select individuals who have the language capacity to meet this need.
- Less than 20% of respondents noted that recruitment of diverse interns who may eventually join the permanent staff of their organization was a strategy for meeting their organization's diversity hiring goals. This suggests that there may be an opportunity to increase awareness of the intern training stipend program, and to work to ensure that the interns selected through this program meet organizational needs.

Recruitment and Retention

- Though many respondents identified specific organizational needs for diverse staff who can meet the needs of the communities they serve, relatively few described specific, high-impact efforts to recruit and retain such staff. This could be in part due to the limitations of data collection through an online survey, but it is possible that organizations could use additional support in this area. A few organizations described vigorous, ongoing efforts to create an inclusive organizational culture that supports diverse staff. A follow-up focus group with these organizations could be

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[5] In reviewing and utilizing the findings of this survey, it is important to note two key limitations of survey data: 1) Respondents may have varying interpretation of the questions, and there is little opportunity to follow-up to clarify intent and meaning; 2) There may be some selection bias in that individuals who chose to respond may differ in some ways than those who did not choose to respond.

useful for learning more about their efforts and developing tools to share with other organizations.

- Though nearly 70% of respondents noted that their organization gave priority to applicants with lived experience, only 53.5% offer anti-stigma training for all staff and just 44.2% provide meeting or job accommodations. This is an area where organizations may also require additional support.
- The respondents overwhelmingly reported that they provide some support to license-eligible employees to become licensed. However, the open-ended comments provided in several areas of the survey noted that respondents have difficulty retaining licensed employees given the gap between the salaries they can offer and the high cost of living in the Bay Area.

Supporting the Mental Health Workforce Pipeline

- The vast majority of respondents (87.5%) provide training to interns, which supports the growth and development of the mental health workforce pipeline. Encouragingly, approximately half of respondents reported that their organization has undergraduate student interns, and one-third reported that they have high school student interns. Nearly half (48.4%) indicated willingness to work with high school student interns. This suggests that the five-year WET program include additional resources for developing high school internship opportunities.
- A number of organizations select applicants for designated consumer/family member positions who have completed BEST NOW (40%) and/or WRAP (30%) training. This indicates that organizations find these training valuable, and that efforts should be made to increase opportunities for individuals with lived experience to participate in these programs.

Training

- The training topics most frequently selected as "top priority" and "important" should be offered. Given that the question asked about training for new clinical staff/recent graduates, it would be helpful to share this list with graduate programs so that they can infuse these topics into their curriculum.