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 Responses

66 Listening Session Participants from 30 Peer-Run Organizations

456 Survey Respondents were Peers

DEMOGRAPHICS

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**

EDUCATION AND CAREER

76% have a college or graduate degree

26% have more than one behavioral health position (paid or unpaid)

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

42% have been in behavioral health field for **over 10 years**

TELEHEALTH

48% currently use telehealth

63% feel telehealth improves service delivery

42% are confident they will continue to use telehealth post-pandemic

Common Concerns » *Users' lack of access to technology* » *Low comfort with technology*

RECOMMENDATIONS

Recommendation 1: Support data-driven decision-making and policy by collecting nuanced behavioral health workforce data.

Recommendation 2: Create, expand, and strengthen career pathways for racially, ethnically, linguistically, and culturally diverse behavioral health providers.

Recommendation 3: Increase pay and benefits for the behavioral health workforce. Address disparities between peer and non-peer staff.

Recommendation 4: Address provider burnout and compassion fatigue. Support parents and caregivers.

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

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

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

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

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

> *Most of the counselors, psychiatrists, psychologists I've been to say, 'We're peers […] it just wasn't thought of that way back in the day.' They went to school and now they 'aren't peers anymore,' but they do have the experience.*
>
> **- Peer Support Provider**

> *I would like to have everybody know what peer support means; for it to be a standard sort of word, just like a counselor.*
>
> **- Peer Support Provider**

PEER WORKFORCE

≥85%
feel respected and that **their lived experience is valued** in their work

≤49%
feel that their pay is consistent with others who do not have lived experience

62%
of peers have, are pursuing, or **plan to pursue peer certification**

35%
of peer or recovery supporters **are under age 35**

CHALLENGES TO INTEGRATING PEERS:

- The pandemic is disrupting partnerships
- Non-peer staff do not understand peer support and are not trained to integrate peers
- Peers are not part of leadership or decision-making

UNMET NEEDS

PEERS ARE SEEING IN THE COMMUNITY

- Housing
- Case management
- Harm reduction strategies
- Tech access (homeless and older adults)
- Services for people with Limited English Proficiency
- Peer support for people currently/formerly incarcerated
- Peer support for youth and young adults

IN 10 YEARS

THE PEER WORKFORCE HOPES TO SEE

- People are aware of and understand peer support
- Clinicians and management respect peers
- Peers are valued and paid for their experience and work
- Peers are integrated at all levels, services, community settings–"network of healers"
- There is a professional pathway for peers
- Youth and young adults of transition age are peer leaders