Estimating Our Behavioral Health Workforce Needs

STEINBERG INSTITUTE

February 20, 2023
Assembly Health Committee
Informational Hearing: Diversity in California's Health Care Workfroce

WHO WE ARE

OUR MISSION Transforming California's mental health and substance use care systems through education, advocacy, accountability, and inspired leadership.

OUR VISION California sets the standards for the nation in prevention, treatment and recovery; where all people receive quality care and support when, where, and for as long as they need it.

THE WORKFORCE MODEL

- Estimates current demand and workforce, and a 10-year estimate of future hiring need across the county continuum.

- Allows us to look at occupation specific needs, as well as hiring needs because of growth in demand as well as attrition rates specific to occupations.

- <u>Data is based on:</u>

  - Federal Bureau of Labor statistics at county or regional level on job types and levels of attrition (retirement, leaving the workforce) regardless of public, private or non-profit entity.
  - Unmet needs are based on regional data available from SAMHSA
  - County data is mapped to MSA and regions to create a county profile weighted to each county
  - County data on population growth, labor participation rate, and educational levels

USING THE MODEL

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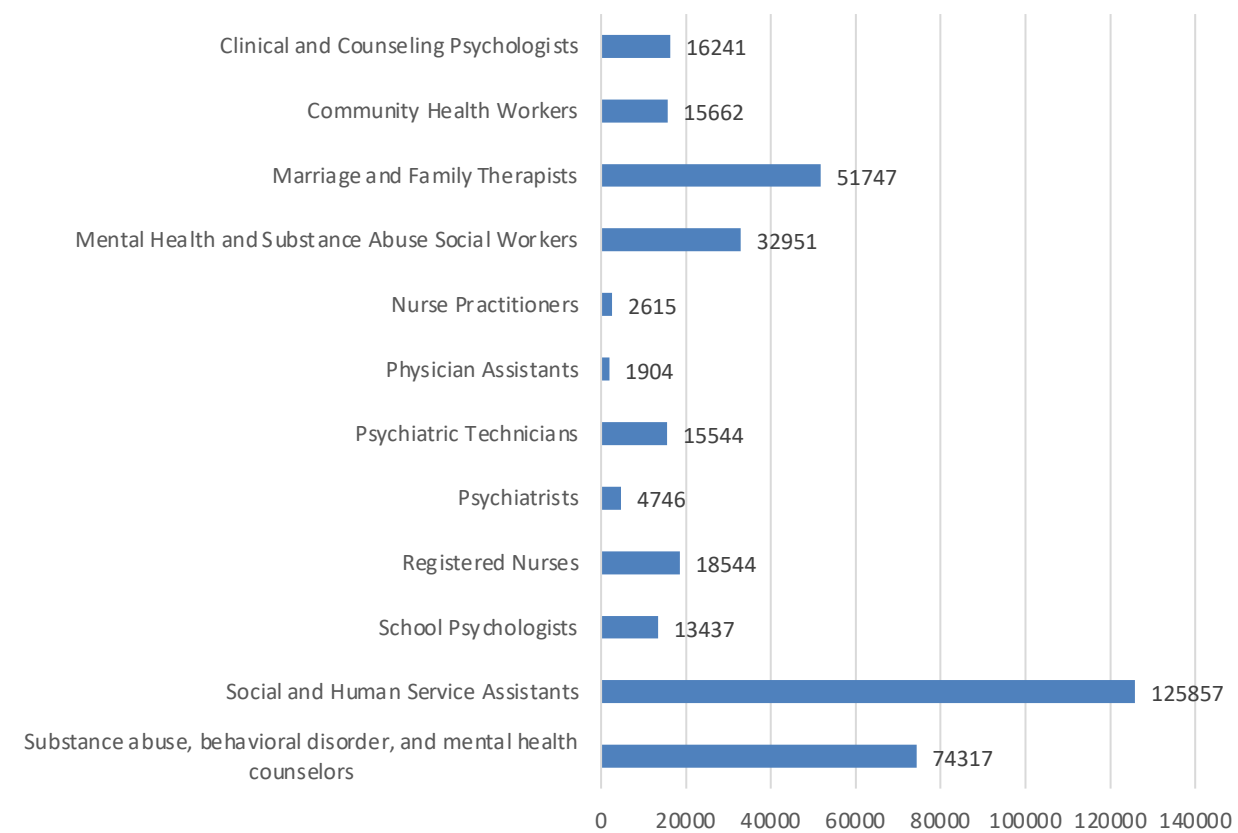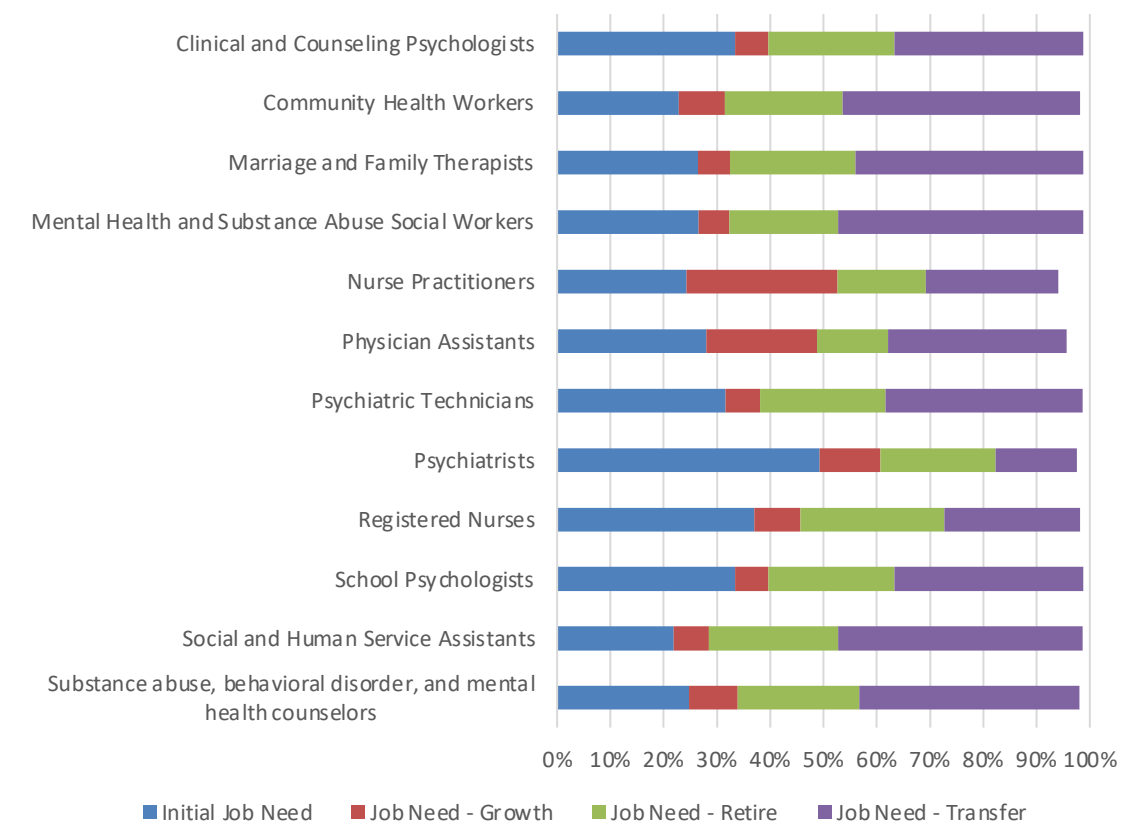
JOB-SPECIFIC DYNAMICS ARE DRIVING LONG-TERM NEED

California Cumulative BH Job Need, 2030

Category	Value
Clinical and Counseling Psychologists	16241
Community Health Workers	15662
Marriage and Family Therapists	51747
Mental Health and Substance Abuse Social Workers	32951
Nurse Practitioners	2615
Physician Assistants	1904
Psychiatric Technicians	15544
Psychiatrists	4746
Registered Nurses	18544
School Psychologists	13437
Social and Human Service Assistants	125857
Substance abuse, behavioral disorder, and mental health counselors	74317

California Cumulative BH Job Need by Type, 2030

Legend: Initial Job Need, Job Need - Growth, Job Need - Retire, Job Need - Transfer

Categories (top to bottom): Clinical and Counseling Psychologists, Community Health Workers, Marriage and Family Therapists, Mental Health and Substance Abuse Social Workers, Nurse Practitioners, Physician Assistants, Psychiatric Technicians, Psychiatrists, Registered Nurses, School Psychologists, Social and Human Service Assistants, Substance abuse, behavioral disorder, and mental health counselors

OPPORTUNITIES TO DIVERSIFY OUR BH WORKFORCE

SHORT-TERM

Invest in professions that are already more diverse. (Ex. Community Health Workers, Peers, SUD Counselors)

LONG-TERM

Address systemic barriers to create a diverse pipeline to fill gaps as professionals retire. (Ex. Psychiatrists, Psychologists, MFTs)