

Report recommends \$128 million ‘down payment’ to train thousands more mental health care workers in San Diego

In-depth analysis of workforce trends recommends big changes, from pay to paperwork

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San Diego's significantly undersized mental health care workforce is underpaid compared to peers in other California markets and is so burnt out dealing with broken bureaucratic paperwork requirements that 44 percent of current workers say they may seek different jobs in the next 12 months.

Those are the main observations of a new report compiled by San Diego Workforce Partnership, which surveyed nearly 1,600 local behavioral health workers. Their responses, combined with plenty of statistics and peer-reviewed research, paint a sobering picture of an industry estimated to serve more than 400,000 county residents per year.

The 92-page treatise — available at workforce.org — is to be discussed in detail during a free symposium at San Diego Central Library on Aug. 23.

Requested by Nathan Fletcher, chair of the county board of supervisors, during his 2021 state of the county speech, the report was jointly commissioned by the County of San Diego Health and Human Services Agency and Alliance Healthcare Foundation.

Using the most recent federal estimates of local mental health care use and data from the Bureau of Labor Statistics as a baseline, researchers calculated that the roughly 17,000 people already working in mental health-related fields across San Diego County is about 48 percent short of the 25,109 needed today. The report also found that the need for these workers will continue to grow, surpassing 27,000 by 2027.

Taking the current turnover rate into account, the report estimates that San Diego County will need nearly 18,500 more behavioral health workers by 2027, a number that is more than 1,000 workers greater than the estimated size of the region's entire current workforce.

There are some caveats included in the methodology used, namely that not everyone who technically needs mental health help will necessarily come forward to accept that help. But the workforce estimates nonetheless reveal the order of magnitude of the problem in more detail than ever before described, at least in San Diego, and likely in any major metropolitan region.

Solving a problem this large will require the collective effort of myriad organizations inside and outside government and will require squeezing more from dollars already being spent and also many millions more in additional funding.

In other words, this report calls for an absolute revolution in the way mental health is provided in San Diego.

The sheer scale of the problem, said Dr. Luke Bergmann, director of behavioral health in San Diego County, has been clearly visible for decades, with the overall marginalization and stigmatization of those who need mental health care.

"If it tempts credulity, good, it ought to," Bergmann said. "It should be a moment of grounding in the reality of the massive change that needs to happen."

Fletcher said he knows that there will be skeptics, and he knows the current plan will need to change as the understanding of the problem further deepens with additional scrutiny but added that he believes it's possible to make big changes at a moment when mental health needs spill out onto city streets in homeless camps, strain hospital emergency departments and overwhelm treatment programs.

"I think we can be idealistic about making it better without being under any illusion that it's going to be easy," Fletcher said. "Not everything in here is going to get addressed right away, but if we're not honest about where we need to go, then we can't make the substantive progress that people who use these services count on."

And no one, added Daniel Enemark, senior economist at San Diego Workforce Partnership, should think that his team came up with the report's findings and recommendations in a vacuum.

The list of affected organizations that took part in the report include UC San Diego Health, San Diego State University, the National Alliance on Mental Illness San Diego, the Alliance Healthcare Foundation, the region's behavioral health advisory board, community colleges, Family Health Centers of San Diego, the San Diego Center for Children, the Hospital Association of San Diego and Imperial Counties, McAlister Institute and Rady Children's Hospital.

"Representatives from across the system have gotten together, and they've all seen drafts and drafts and drafts of this report, and this is what we can all agree upon," Enemark said.

And do not think San Diego is alone.

Karen Larsen, chief executive officer of The Steinberg Institute, an independent California nonprofit public policy institute operating under the core belief that "mental health is the under-attended issue of our time," made it clear in an email that under-resourcing is a universal problem.

"All sectors of our workforce are struggling to recruit and retain employees in our current climate," Larsen said. "Unfortunately, mental health and substance use providers are no exception, with many counties and community-based organizations reporting 30 percent and higher vacancy rates.

"At a time when the need is arguably the greatest, we must all work together to fill these positions."

After examining the report for herself, Larsen said she applauds its transparency. The institute is currently supporting Senate Bill 964 in the state legislature which calls for a similar behavioral health workforce analysis statewide.

Fletcher, Bergmann and Enemark are referring to the new document as unprecedented for its specificity, and Steinberg did not quibble with that assertion, indicating in a follow-up email Friday that its "level of comprehensiveness and specificity of recommendations is more than other reports done for the county level."

The need for training

Closing the labor gap, the report estimates, would cost nearly \$500 million to retain and train enough workers to meet future demand. Analysts went through 10 different mental health professions individually, making exquisitely specific recommendations on how each might be expanded.

For example, to hire the additional 5,727 community health workers and peer support specialists estimated to be needed by 2027, establishment of a regional apprenticeship program is recommended, with on-the-job training subsidies and access to zero-interest loans.

Creation of a master of social work stipend program, "upskilling" scholarships and zero-interest loans are recommended as a recipe for growing the number of licensed clinical social workers and marriage therapists from 4,443 today to 7,101 in 2027.

Stipends for several local colleges are recommended to increase the number of clinical site slots for nurses training for work in behavioral health fields. Also, expanding the community psychiatry programs offered by UC San Diego School of Medicine is recommended as a way to significantly grow the number of nurse practitioners specializing in mental health.

Because it would be impossible to get so many programs established and up and running immediately, the report recommends a \$128 million "down payment" fund for training and recruitment.

Exactly where that cash would come from is not specified in perfect detail, but the report's authors do suggest that it "would braid together new and existing public and private (and) philanthropic funding sources in the region."

Thus far, no proposal has come before the board of supervisors, and the report does not obligate the county, which already spends nearly \$900 million per year on behavioral health services, to do anything.

"It's not going to be solved on the back of the county budget alone," Fletcher said. "It is going to take the county doing more, but it is going to take a lot of folks coming together."

Salaries near the bottom

Survey results of local mental health workers indicate that 55 percent of those who responded were unhappy with the pay they receive.

A study of wages paid for the same work in other California markets found that across 10 different professions, local workers were paid near the bottom. Social and human services workers were said to be paid in the lowest percentile, meaning that 99 percent of workers in other areas make more, with the local average wage said to be about \$33,000, compared to about \$51,000 for the midpoint of those who earn in the top 25 percent statewide.

Those who were surveyed often made colorful comments about the pay they receive, a subject that has clearly gained furious friction as wages have increased rapidly in the wake of business shutdowns and reopenings caused by the coronavirus pandemic. One comment, bracketed by oversized orange quotation marks, says:

"At Panda Express they were hiring someone at the exact same wage. And like here I was: I completed a two-year certificate, I had done hundreds of hours of an unpaid internship, and I had years of experience. I've been trained on medical documentation. I helped the interns in my program, I was training. I helped with the entry level staff, right? And it really felt demeaning."

Another described a state of stubborn wage stasis regardless of experience:

"There is a counselor who had 10 years of experience and he spoke a foreign language and English. He's the only counselor in the county fluent in this language. No one else was both credentialed and bilingual, and they pay him \$18.50. They wouldn't even pay him 20 bucks an hour with 10 years' experience. And that was what got me to go back to school to change professions."

While a significant majority said they were satisfied with some aspects of their work, such as job security, physical safety at work and relationships with their co-workers and bosses,

44 percent said they were nonetheless at least somewhat likely to look for a different job over the next 12 months.

While it makes very specific recommendations about how to train more workers, the report does not contain a road map laying out how to pay existing workers wages closer to those paid in other regions.

Much of the mental health care provided in San Diego County is funded under contract by the county's behavioral health department, which is responsible for serving those on Medi-Cal, the state's safety net coverage plan.

Fletcher said that more work will need to be done, both to become more efficient in contracting and also in getting larger financial commitments from all sources.

"The county's going to have to pay more, the state's going to have to pay more, and the federal government's going to have to pay more," Fletcher said.

'Merciless' paperwork

Other than low wages and high levels of on-the-job stress, those surveyed in San Diego County most frequently cited bureaucratic paperwork requirements — starkly described as "merciless," "brutal" and "incredibly demoralizing" — as one of the main reasons why they most often consider different careers.

Given that much of this problem involves the government's own systems and procedures, it might be expected that this subject would be vaguely referenced but never fully described in the report. To the contrary, four full pages of small-type text specify the nature of these problems, including a note that the county itself has two different electronic health records systems that do not talk to each other, often requiring workers to "enter the exact same data twice."

Another county policy that specifies the proportion of direct and indirect costs for cash spent from county contracts is said to exacerbate "the negative impacts of staffing shortages. Administrative staff cannot be hired to support programs when there are vacancies in direct service positions. As a result, even when there is money in the contract budget to hire administrative support, already-overwhelmed clinicians are forced to take on duties that could be performed by non-clinical staff."

County contracts also require the providers they hire to "submit duplicative, time-consuming information, frequently requiring the same information to be sent multiple times, to multiple people, in multiple formats," and inconsistencies in contract review were also listed "such that the exact same policy may be deemed compliant by one contract monitoring team and non-compliant by another."

Those observations are quite cutting, as they relate directly to inefficiencies in the current system.

But Fletcher said he's proudest of the most specific details because they provide opportunities to come up with specific fixes. Too many government reports, he said, shy away from candor.

"You tend to get reports that come out that articulate a problem and then the recommendation is one page and overly broad," Fletcher said. "What we want is an actionable road map to show us exactly what must be done."