

# HIGH ROAD LABOR MARKET ANALYSIS: BEHAVIORAL HEALTH SERVICES SECTOR IN LOS ANGELES, CALIFORNIA

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DECEMBER 2021



PREPARED BY:



worker education & resource center, inc.

# EXECUTIVE SUMMARY

## Introduction & Purpose<sup>1</sup>

The behavioral health services sector in California, including Los Angeles, is facing worker shortages that negatively impact health outcomes. At the same time, workers with barriers to employment – many with lived experience and expertise that could play a vital role in supporting positive health outcomes – remain disconnected from quality jobs. As defined in the Removing Barriers to Employment Act ([AB1111, 2017](#)) in California, workers with barriers include economically disadvantaged persons, unskilled or under-skilled low-wage workers, justice-involved populations, displaced workers, and opportunity youth. Black, Indigenous, and people of color and lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people also experience barriers to employment. Quality jobs are permanent jobs with good wages, healthy and supportive work environments, and opportunities for growth.

### Workers with Barriers to Employment

Groups such as economically disadvantaged persons, unskilled or under-skilled low-wage workers, justice-involved populations, displaced workers, and opportunity youth, as well as LGBTQI+ and Black, Indigenous, and people of color

To help address these urgent needs, the Worker Education and Resource Center, Inc. (WERC) conducted a labor market analysis of the behavioral health services sector in greater Los Angeles utilizing a High Road Training Partnerships framework, which includes (1) industry-led problem solving, (2) partnership as a priority, (3) worker voice and wisdom, and (4) industry-driven training and education solutions. Between August and November 2021, WERC conducted over 170 online surveys with both employer leaders and entry-level workers in behavioral health services, as well as 10 interviews with leaders and one online focus group with workers. The purpose of the high road labor market analysis was to better understand:

- **Employer Demand:** Employer demand for specific entry-level, paraprofessional behavioral health positions, including specific hiring shortages, personnel needs related to planning and expansion, challenges in recruiting and retention, and training and professional development needs
- **Entry-Level Occupations:** Key entry-level and paraprofessional occupations in the behavioral health services sector, including important skills and experience, starting wages, career transition and advancement opportunities, and job quality
- **Entry-Level Workers:** Worker roles, experience, satisfaction, and support within the organization, as well as workers' assessment of important skills to be successful, professional development interests, professional challenges and needs, and career goals

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## Key Findings

**Worker Shortages Exist across Entry-Level Positions, especially Substance Use Disorder Counselors, Mental Health Counselors, and Case Managers:** Employer leaders confirmed that worker shortages exist in every entry-level, paraprofessional behavioral health services position. In particular, leaders said that substance use disorder and mental health Counselors and Case Managers are the hardest positions to recruit and retain. Low wages, high demand for these positions across the sector, and contract requirements, including the education and experience levels required for each position, are key barriers.

**Entry-Level Wages Vary & Impact Recruitment/Retention:** While some employers report paying higher wages (\$22 per hour or more) for entry-level and paraprofessional positions such as Counselors and Case Managers, other positions are compensated at or near minimum wage (\$15 to \$17 per hour). In Los Angeles County, the [Living Wage calculator](#) estimates the living wage for one adult working full-time with no children at \$19.35 per hour. For a household with two adults and two children, where one adult is working full-time, the estimated living wage is \$43.03 per hour. Many employers recognize that wages are too low and cite funding constraints as a key barrier.

**Career Advancement Opportunities Exist for Entry-Level Workers, but Workers Need Concrete Support for Education:** While promotional pathways exist for each entry-level position, education and experience requirements remain relatively high, including Bachelor's and Master's degrees. A large majority of employer leaders said they offer on-the job coaching or mentorship (92%) and internal professional development and leadership opportunities (86%) to help entry-level workers move into promotional positions, and the majority of workers agreed that their organizations have provided sufficient access to resources and tools needed to do their jobs well (70%) and timely and effective feedback and training (67%). However, some workers would like professional development to better connect to career advancement. Given the educational requirements for promotional positions, a number of workers would also like to pursue higher education with more financial support and paid time off from employers.

### Key Findings

- Worker shortages exist across entry-level positions, especially substance use disorder and mental health Counselors and Case Managers
- Wages for entry-level workers vary from the \$15 minimum wage to \$22 per hour or more; employers recognize that low wages impact recruitment and retention and cite funding constraints as a key barrier
- Career advancement opportunities exist, but workers need concrete support to pursue education
- Both soft skills such as working well with others on a team and operations-related skills such as maintaining accurate records and time management are important to success
- Employers want to improve the onboarding experience by making it more structured and comprehensive, including experiential learning
- Training needs for both workers and employers include mental health, substance use disorder, peer-led training and mentoring, and technology
- Additional training priorities include trauma-informed care, a priority for workers, and workplace professionalism, a priority for employers
- Finally, both workers and employers identified cultural competence and humility as critical to behavioral health outcomes and an ongoing training need

**Both Soft Skills & Operations are Important in Entry-Level Positions:** Both employer leaders and workers identified soft skills, particularly the ability to work well with others on a team, the ability to build rapport and connect, and active listening, and operations-related skills such as maintaining accurate records, proper documentation, and time management as important to success.

**Employers Want to Improve the Onboarding Experience for Workers:** Employers want to improve the onboarding process for new employees. Specifically, employers would like to create a streamlined, structured, and comprehensive onboarding process that includes experiential learning. The biggest barriers to addressing training needs are time/capacity constraints among supervisors and funding.

**Training Priorities include Mental Health, Substance Use Disorder & Peer-Led Training:** Employers and workers both identified mental health and substance use disorder as training priorities. Employers reported the highest worker shortages in these areas, and workers said these are areas where they need additional training to excel in their jobs. In addition, both employers and worker also want to continue and/or expand peer-led training and mentoring, including by people with lived experience. Finally, workers would like technology training, and employers agree that computer/IT literacy skills are desirable.

**Additional Priorities include Trauma-Informed Care & Workplace Professionalism:** In addition, workers prioritized training on trauma-informed care for both clients and themselves, while employers prioritized workplace professionalism as a training need.

**Cultural Competence & Humility:** Finally, across survey questions, both employers and workers identified cultural competence and humility as critical to positive behavioral health outcomes and an ongoing training need. In California, a [key objective](#) in the public mental health system is to “expand awareness and outreach efforts to effectively recruit racially, ethnically, and culturally diverse individuals.” [Cultural humility](#), a process of self-reflection and discovery in order to build honest and trustworthy relationships, offers promise in helping to better understand and eliminate health disparities.

## Recommendations

Based on the findings from the high road labor market analysis, there are opportunities for leaders in the behavioral health services sector to address worker shortages, increase access to quality jobs for workers with barriers, and improve behavioral health outcomes. Recommendations include:

1. **Expand Trauma-Informed Practices:** Expand trauma-informed training (i.e., secondary trauma, self-care, mindfulness, trauma-informed supervision), increase peer-led training and mentoring, modify entry-level and promotional job requirements to better recognize lived experience as expertise, and engage policymakers and funders upstream about designing grants, policies, and contracts that support more inclusive hiring and promotion practices and increase retention
2. **Increase Access to Quality Jobs:** Increase access to quality entry-level jobs by continuing to increase starting wages, offering concrete support (i.e., financial support, paid time off) for workers who want to pursue additional education, better connecting professional development to career advancement, expanding from mentoring to sponsoring, and collaborating on a High Road Jobs Quality Assessment tool in behavioral health
3. **Strategic Capacity-Building:** Concentrate capacity-building resources where workers and employers identify the greatest needs, including – in addition to trauma-informed practices and peer-led training – mental health, substance use disorder, onboarding gaps, workplace professionalism, and technology
4. **Capitalize on COVID-19 Investments:** Capitalize on COVID-19 investments to help meet needs in the behavioral health services sector, including transitioning interested service-workers hired as Community Health Workers and Contact Tracers during the pandemic into permanent, entry-level jobs in behavioral health and continuing and expanding hybrid professional development systems
5. **Collaborative Ecosystem Approach:** Implement an ecosystem approach that promotes collaboration, rather than competition, to help meet the increasing demand for behavioral health services effectively and efficiently, which may include pooling crisis workers to be able to deploy quickly and sharing training and professional development offerings across providers

# SECTION 1: URGENT NEEDS IN BEHAVIORAL HEALTH & LABOR FORCE EQUITY

## 1.1 Behavioral Health Needs in Communities

[Behavioral health](#) refers to the emotional, psychological, and social facets of overall health. In 2019, approximately 51 million U.S. adults ages 18 or older reported mental illness, and 7.7% [reported](#) a past-year substance use disorder. One in three high school students [reported](#) persistent feelings of sadness or hopelessness, an increase of 40% from 2009. Behavioral health needs are among the leading causes of disability in the U.S. ([ASPE Issue Brief](#)). In Los Angeles County, an estimated 740,000 residents struggle with a substance use disorder ([Recover LA](#)), and costs related to alcohol and other drug use total nearly \$13 billion per year ([SAPC Data Brief](#)). Historically disenfranchised groups, including people experiencing poverty and people of color, disproportionately experience behavioral health risks and disparities in quality of care. For example, residents of neighborhoods with high poverty levels are at increased risk for mental illness and lower life expectancy ([HealthyPeople.gov](#)). People of color have less access to mental health services, are less likely to receive needed care, and are more likely to receive poor quality care when treated ([National Institutes of Health Center](#)).

The COVID-19 pandemic has compounded behavioral health needs and exacerbated poverty, racial injustice, inequality, and other social challenges that negatively impact behavioral health and wellness. According to the [Kaiser Family Foundation](#), “The COVID-19 pandemic and the resulting economic recession have negatively affected many people’s mental health and created new barriers for people already suffering from mental illness and substance use disorders.” This includes increases in anxiety and depressive disorders, difficulty sleeping or eating, increases in alcohol consumption or substance use, and worsening chronic conditions. The U.S. Surgeon General, citing concerns exacerbated by the pandemic, recently issued a [public health advisory](#) on mental health challenges among young people.

## 1.2 Behavioral Health Worker Shortages & New Demands on the Sector

A well-trained and diverse behavioral health workforce is central to meeting these urgent behavioral health needs. The workforce operates across a wide range of prevention, health care, and social service settings, including community-based programs, inpatient treatment, primary care delivery systems, emergency rooms, criminal justice systems, schools, and higher education institutions ([SAMHSA](#)). California is experiencing worker shortages in the behavioral health services sector. The public mental health system, for example, currently suffers from [serious workforce shortages](#). As a result of worker shortages, behavioral health services organizations spend significant time and resources continuously recruiting, hiring, and training workers, which diverts resources away from expanding and accelerating behavioral health services. People with urgent behavioral health needs,

including substance use disorders and serious mental illnesses, are unable to receive the services they need.

Concurrently, new laws and initiatives are increasing demand for behavioral health workers in California. The [Homekey Program](#), which recently announced \$1.45 billion in available funding, requires applicants to provide supportive services such as behavioral health and case management. A [new law](#) requiring health plans and insurers to provide patients with timely follow-up care for mental health issues and substance use disorders will take effect in 2022. Without sufficient and well-trained workers, behavioral health services organizations will have a difficult time capitalizing on these new resources to improve behavioral health outcomes across the state, including in Los Angeles.

### 1.3 Workers with Barriers Disconnected from Quality Jobs

While the behavioral health services sector faces critical worker shortages and increasing demand, workers with barriers to employment – many with lived experience and expertise that could play a vital in supporting positive behavioral health outcomes – remain disconnected from quality jobs. As defined in the Removing Barriers to Employment Act ([AB1111, 2017](#)) in California, workers with barriers include economically disadvantaged persons, unskilled or under-skilled low-wage workers, justice-involved populations, displaced workers, and opportunity youth disconnected from school and work. Black, Indigenous, and people of color, and LGBTQI+ people also experience barriers to employment. Quality jobs are permanent jobs with good wages, healthy and supportive work environments, and opportunities for growth. A [report by the Brookings Institute](#) similarly defines “good” jobs as stable employment with middle-class wages and benefits, “promising” jobs as entry-level positions from which most workers can reach good jobs within 10 years, and “other” jobs as lacking decent pay, benefits, or pathways to good jobs. Workers unable to access quality jobs continue to experience poverty and housing insecurity, suffer from exclusion, and rely on public services and supports to survive. Behavioral health services employers miss out on opportunities to fill critical worker shortages and leverage the expertise and skills of workers with diverse and lived experience to improve services, create better work environments that attract and retain quality workers, and increase positive behavioral health outcomes. Communities lose the tax revenue that employed workers contribute to public goods and services.

#### Quality Jobs = Permanent jobs with:

Good wages



Healthy and supportive work environments



Opportunities for growth



# SECTION 2: LABOR MARKET ANALYSIS

## 2.1 About the Worker Education & Resource Center, Inc.

To better understand and help address these urgent needs in behavioral health and workforce equity, the Worker Education and Resource Center, Inc. (WERC) carried out a labor market analysis in greater Los Angeles. WERC is a 501c3 nonprofit organization dedicated to connecting workers with barriers in California to quality jobs by providing and promoting the highest quality of workforce development. WERC services include labor market analyses, employer needs assessments, targeted worker recruitment, customized worker trainings, intensive case management and on-the-job mentoring for workers, support for employers supervising workers with barriers and lived experience, trainings in areas such as trauma-informed workforce practices and peer supervision and facilitating partnerships with additional stakeholders such as labor unions, policymakers, and community-based organizations. In a recent labor market analysis for the County of Los Angeles, WERC conducted a comprehensive inventory of current workforce development programs, performed an equity audit of job classifications, and developed pilot programs to help address worker shortages, improve equity and cultural competency, and increase access to quality jobs for workers with barriers to employment ([Workforce Development Strategies 2018](#)).

## 2.2 High Road Training Partnerships

WERC's vision is to be a leader, catalyst, and model of a high road training partnership between workers with barriers to employment and employer partners. Therefore, WERC implemented this labor market analysis within the context of a [High Road Training Partnerships model](#) designed to deliver equity, sustainability, and job quality. Employers benefit from skilled workforces, and workers have meaningful opportunities for impact and economic mobility. As defined by the California Workforce Development Board in "Essential Elements of High Road Training Partnerships," high road training partnerships consist of four key elements: (1) industry-led problem solving, (2) partnership as a priority, (3) worker voice & wisdom, and (4) industry-driven education and training solutions. In implementing a High Road Training Partnership model with the County of Los Angeles, WERC focused on concrete job opportunities in specific County departments with buy-in from leadership, identifying specific skills and competencies important to success in the identified jobs, aligning training and other program components to job requirements, preparing workers to navigate the County application process, utilizing key values of the apprenticeship model (i.e., workplace mentoring, classroom training), and providing coaching and counseling services for newly employed workers. In an [evaluation](#) of an initial demonstration project, the UCLA Labor Center found that High Road Training Partnerships are more inclusive, build collective power across stakeholders, and place systemic issues like racial inequality at the forefront. According to the study, High Road Training Partnerships "reallocate power so that all parties – employers, workers, labor representatives, and community members as well – benefit. This increases the collective expertise and capacity of the partnership and secures long-term commitment to win-win solutions."



## Essential Elements of High Road Training Partnerships

1. Industry-Led Problem Solving
2. Partnership as a Priority
3. Worker Voice & Wisdom
4. Industry Drives Training & Education Solutions

*Source: California Workforce Development Board*

WERC's commitment to high road training partnerships is embodied in its core values:

- **Worker-centered:** To respect the life experiences that participants – workers with barriers to employment – bring to the workplace and provide educational programs that build on those strengths to promote compassion and dignity on the job
- **Partnerships:** To engage with employer partners upfront and throughout programs to create curricula that address the specific skills and occupations that employers identify
- **Equity:** To intentionally design programs to target recruitment to reach people who are under-represented in specific occupations and to prepare them to succeed by valuing transparency, peer support, counseling, mentorship, and advocacy

### 2.3 Purpose of High Road Labor Market Analysis

Increasing knowledge about entry-level worker shortages and capacity-building needs in the behavioral health services sector is critical to meeting urgent behavioral health needs. First, there is currently an information gap around entry-level workers in the sector. While researchers in California have been studying worker shortages, many focus on licensed positions “because few data are available about unlicensed behavioral health occupations” ([California's Current and Future Behavioral Health Workforce](#)). In addition, the sector is increasingly recognizing the importance of entry-level workers in achieving positive behavioral health outcomes. In California, for example, a [five-year plan](#) for worker education and training programs under the Mental Health Services Act supports public mental health services that “provide care at the lowest level of intensity and promote the use of non-licensed personnel throughout the delivery system.”

Within this context and in alignment with a high road approach to workforce development, the purpose of the labor market analysis is to better understand:

- **Employer Demand:** Employer demand for specific entry-level, paraprofessional behavioral health positions, including specific hiring shortages, personnel needs related to planning and expansion, challenges in recruiting and retention, and training and professional development needs

- **Entry-Level Occupations:** Key entry-level and paraprofessional occupations in the behavioral health services sector, including important skills and experience, starting wages, career transition and advancement opportunities, and job quality
- **Entry-Level Workers:** Worker roles, experience, satisfaction, and support within the organization, as well as workers' assessment of important skills to be successful, professional development interests, professional challenges and needs, and career goals

Findings from the labor market analysis will lift up employer and worker voices to help the sector:

- Explore existing job quality in entry-level positions (i.e., in terms of wages, education and experience requirements, career advancement opportunities) and opportunities to increase access to quality jobs for workers with lived experience and barriers to employment
- Support employers and workers in creating healthy work environments that prevent burnout, are trauma-informed, and support long-term retention of quality staff
- Identify the best opportunities to provide capacity building support for behavioral health services organizations as they grow to meet increasing demand and support positive outcomes

## 2.4 Methodology

### Entry-Level Workforce

This labor market analysis focuses on entry-level, paraprofessional, community-connected positions in the behavioral health services sector

Between August and November 2021, WERC implemented a labor market analysis focused on entry-level, paraprofessional, community connected positions in the behavioral health services sector in greater Los Angeles. In alignment with its core values and high road approach, WERC conducted over 170 online surveys with both workers and leaders in behavioral health services organizations, as well as interviews and an online focus group. Online surveys were conducted using Survey Monkey. The interviews and focus group were conducted using video conferencing. All participation was voluntary and confidential.

**Employer Leaders:** WERC conducted 36 online surveys and 10 interviews with employer leaders (i.e., executive directors, program directors, chief operating officers). Employers represented a diverse set of behavioral health-focused organizations in greater Los Angeles, including public sector agencies, community-based organizations, federally qualified health clinics, and labor unions, and behavioral health specializations such as mental health, substance use disorder, and experience working with justice-involved populations. Among employer leaders who reported data in each category:

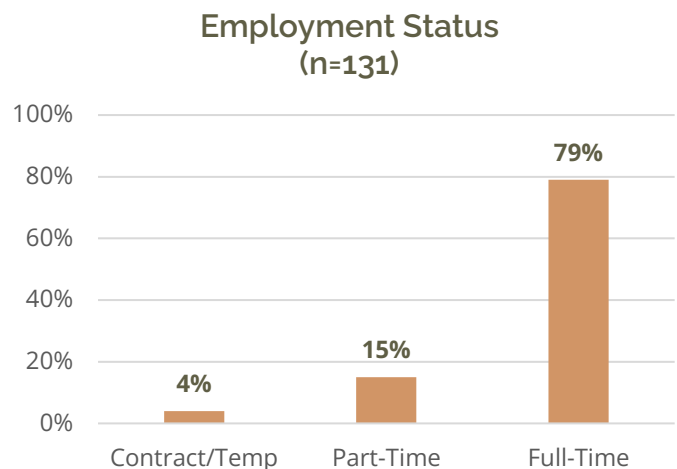
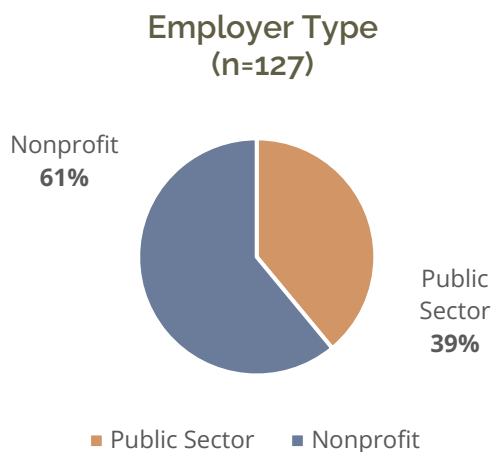
- The majority (80%) are leaders in nonprofit organizations, while 20% are in the public sector
- Nearly all (97%) are working full-time
- Three-quarters (76%) have a Master's Degree or above

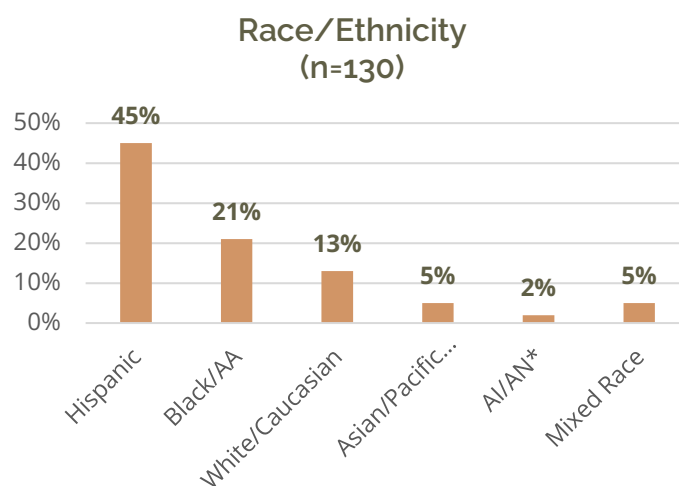
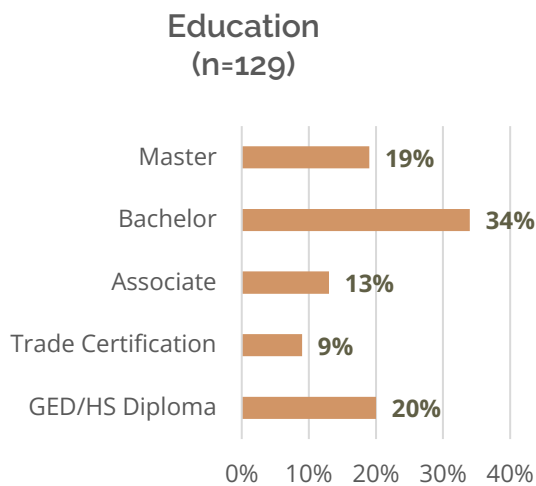
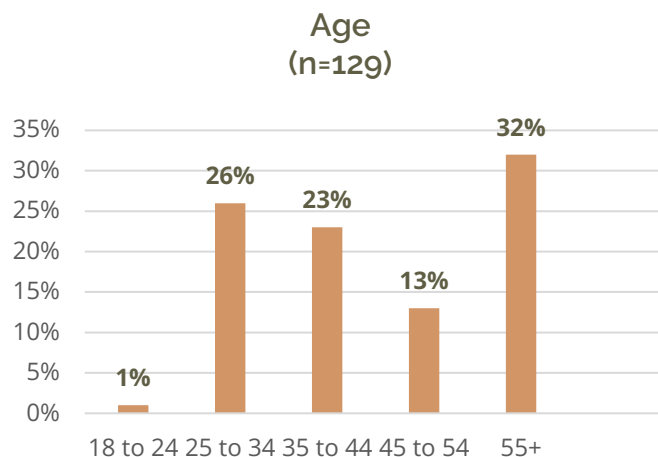
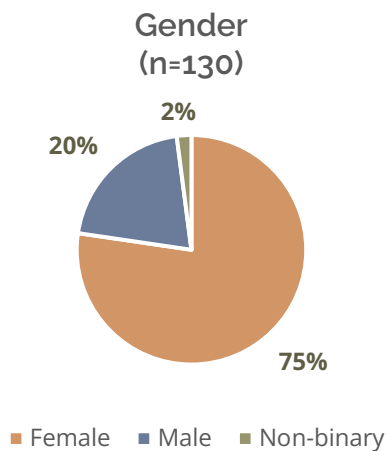
- Leaders represent a variety of race/ethnicity categories, including White (32%), Hispanic (24%), Black or African American (12%), Asian/Pacific Islander (12%), and mixed race (6%)
- Three-quarters (74%) identify as female, while 17% identify as male and 3% as demigender
- Four out of five are age 35 or older (82%), including 29% who are age 55 or older

Employers were asked to share the worker-focused online survey with workers and encouraged to forward the employer-focused online survey to additional employer leaders in the sector.

**Workers:** WERC conducted 136 online surveys with behavioral health workers. A variety of entry-level behavioral health workers participated in the survey, including 54 Community Health Workers, 32 unlicensed substance use, behavioral health, or mental health Counselors, 26 Case Managers, 14 Outreach Workers, six Peer Advocates/Community Ambassadors, three Social/Human Service Assistants, two System Navigators, and one Residential Aide. Among workers who reported data in each category:

- The majority (61%) work in nonprofit organizations, while 39% are in the public sector
- Most (79%) are employed full-time, while 15% are part-time and 4% are contract workers
- Three-quarters (75%) have post-secondary education, while 20% have a high school diploma/GED
- Workers represent a variety of race and ethnicity categories, including Hispanic (45%), Black or African American (21%), White/Caucasian (13%), Asian/Pacific Islander (5%), American Indian or Alaskan Native (2%), and mixed race (5%)
- Three-quarters (75%) identify as female, while 20% identify as male and 2% as non-binary
- Approximately half (49%) are ages 25 to 44, and nearly half (45%) are ages 45 or older





\*American Indian or Alaskan Native

In addition, during a monthly meeting of County of Los Angeles Department of Mental Health Community Ambassador Network, WERC conducted an online focus group with approximately 100 behavioral health paraprofessional workers providing mental health and COVID-19-related support, including Community Ambassadors, Peer Navigators, and Community Outreach Workers.

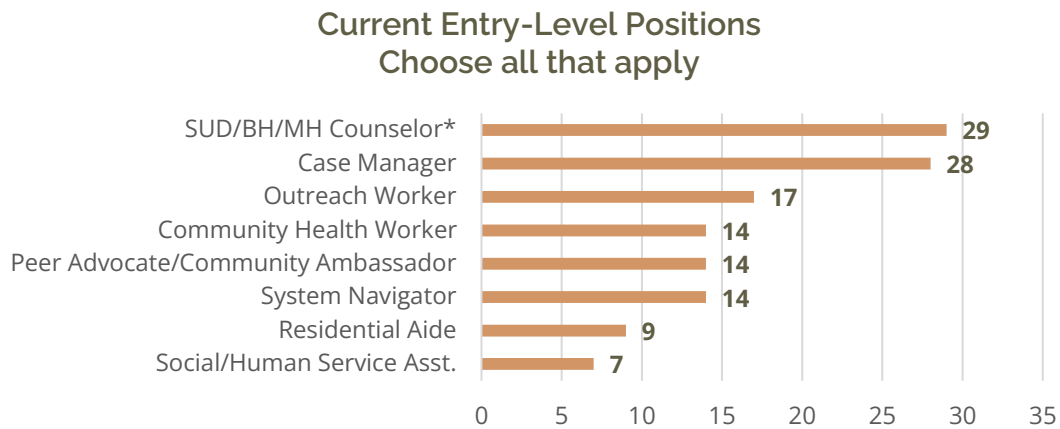
**Limitations:** While WERC targeted leaders at diverse behavioral health services organizations in greater Los Angeles, leaders were encouraged to forward the survey to other leaders in behavioral health services organizations. Employer leaders were responsible for disseminating the worker survey. Findings are not necessarily representative of all behavioral health employer leaders or workers in greater Los Angeles. While some quantitative findings are presented, the methodology does not include statistically significant or causal-level analyses. Smaller sample sizes should be interpreted with caution. Due to sample sizes, confidentiality, and qualitative elements such as open-ended survey questions and interviews, worker and employer quotes are presented in aggregate to illustrate key themes.

# SECTION 3: JOB QUALITY IN ENTRY-LEVEL BEHAVIORAL HEALTH POSITIONS

Employer leaders shared information about the composition of entry-level positions in their organizations and elements of job quality such as starting wages and career advancement opportunities.

## 3.1 Current Entry-Level Positions in Organization

Employer leaders reported a variety of entry-level positions in their organizations, including unlicensed substance use, behavioral, and mental health Counselors, Case Managers, and Outreach Workers.

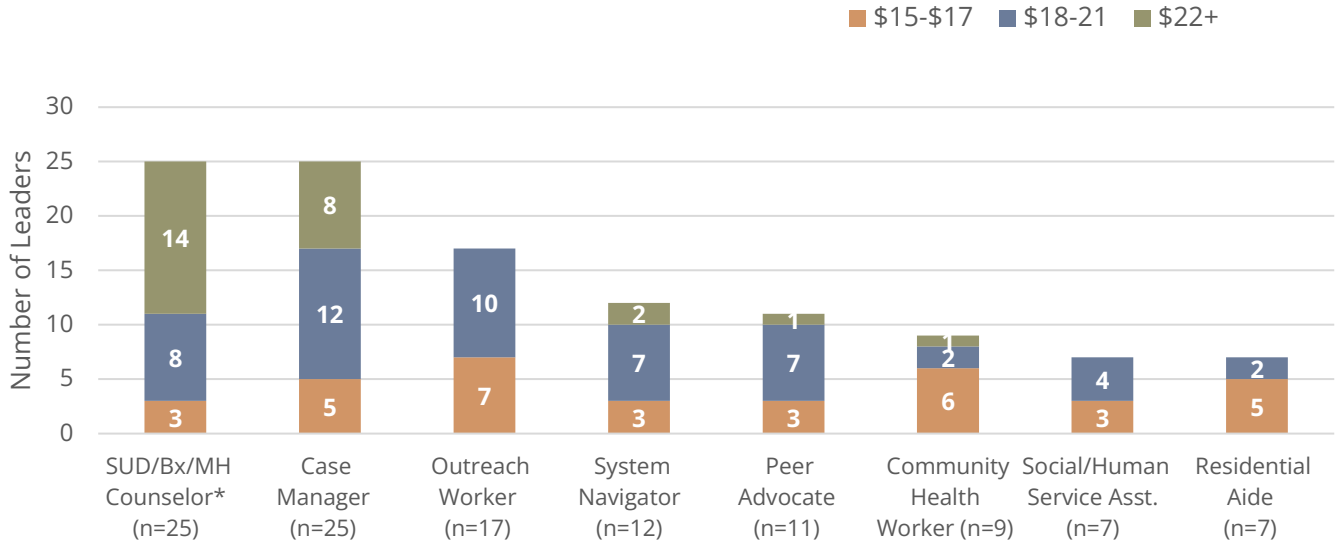


*\*Unlicensed Substance Use, Behavioral, or Mental Health Counselor*

## 3.2 Starting Wages for Entry-Level Positions in the Behavioral Health Services Sector

Employer leaders shared that some entry-level, paraprofessional positions are compensated at higher levels, while others remain at or near the [minimum wage of \\$15 in Los Angeles County](#). Proportionally, employer leaders were most likely to report higher wages of \$22 or more per hour for unlicensed substance use, behavioral, or mental health Counselors and Case Managers. By contrast, leaders were most likely to report the lowest wage tier of \$15 to \$17 per hour for Community Health Workers and Residential Aides. For context, in Los Angeles County, the [Living Wage calculator](#) estimates the living wage for one adult working full-time with no children at \$19.35 per hour. For a household with two adults and two children, where one adult is working full-time, the estimated living wage is \$43.03 per hour.

### Starting Hourly Wage for Each Position Organization Employs: Now/Projected in Next 6 Months



\*Unlicensed Substance Use, Behavioral, or Mental Health Counselor

### 3.3 Career Advancement Opportunities & Requirements for Entry-Level Positions

Employer leaders identified promotional pathways for each entry-level position, with many positions promoting up to Team Lead and Case Manager. Education and experience requirements for promotional positions are relatively high, including Bachelor’s and Master’s degrees.

**Career Pathways for Entry-Level Workers:** Among the entry-level positions their organizations currently employ, employer leaders said that many positions promote up to Case Managers and Team Leads.

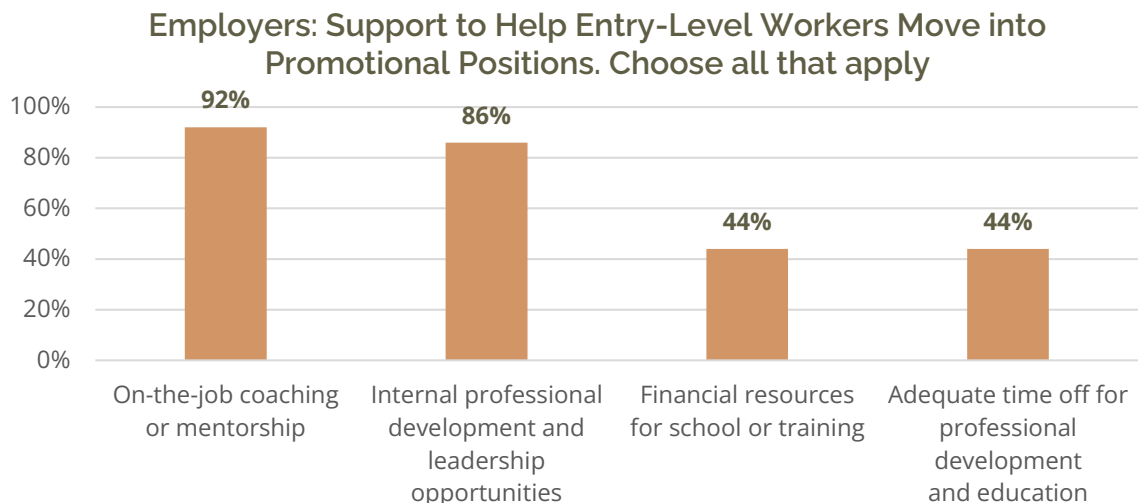
Entry-Level Position	Promotional Pathway: Top 2 Responses
Unlicensed Substance Use, Behavioral Health, or Mental Health Counselor (25 employers)	<b>Licensed Counselor (n=12)</b> <b>Team Lead (n=4)</b>
Case Manager (24 employers)	<b>Team Lead (n=8)</b> <b>Licensed Counselor (n=7)</b>
Outreach Worker (17 employers)	<b>Team Lead (n=6)</b> <b>Case Manager (n=6)</b>
System Navigator (11 employers)	<b>Team Lead (n=4)</b> <b>Case Manager (n=4)</b>
Community Health Worker (9 employers)	<b>Case Manager (n=3)</b> <b>Team Lead, Community Health Worker (both n=2)</b>
Residential Aide (7 employers)	<b>Case Manager (n=3)</b> <i>All other responses 0 or 1</i>
Social/Human Service Assistant (6 employers)	<b>Case Manager (n=2)</b> <i>All other responses 0 or 1</i>



**Required Education & Experience for Promotions:** Most employer leaders require post-secondary education, including Bachelor’s and Master’s degrees, for promotional positions. In terms of experience, many leaders require multiple years, including three to five years for Program Coordinators and Program Managers. One exception is the Community Health Worker position, where some employers do not require formal education or experience but is also most likely to be compensated at the lowest wage tier.

Promotional Position	Required Education: Top 2 Responses	Required Experience: Top 2 Responses
<b>Case Manager</b> (29 employers)	Bachelor's (n=11) High School Diploma (n=8)	1 year (n=15) 2 years (n=8)
<b>Licensed Counselor</b> (26 employers)	Master's Degree (n=16) Certificate (n=5)	1 year (n=10) 2 years (n=7)
<b>Program Manager</b> (24 employers)	Bachelor's Degree (n=9) Master's Degree (n=5)	2 years (n=9) 3-5 years (n=9)
<b>Program Coordinator</b> (21 employers)	Bachelor's Degree (n=8) Certificate (n=5)	2 years (n=7) 3-5 years (n=7)
<b>Team Lead</b> (20 employers)	High School Diploma (n=8) Bachelor's Degree (n=5)	2 years (n=9) 1 year (n=7)
<b>Community Health Worker</b> (15 employers)	No Education (n=7) High School Diploma (n=7)	1 year (n=5) No Experience (n=4)
<b>Behavior Technician</b> (7 employers)	Certificate, Registered License, Bachelor's Degree (all n=2)	No Experience (n=4) 1 year (n=3)

**Support to Help Workers Move into Promotional Positions:** Employer leaders described a variety of supports available to help workers move into promotional positions, especially on-the-job coaching and mentoring (92%) and internal professional development and leadership opportunities (86%). Fewer leaders said they offer financial resources (44%) or adequate time off (44%) for workers who want to pursue school or professional development.



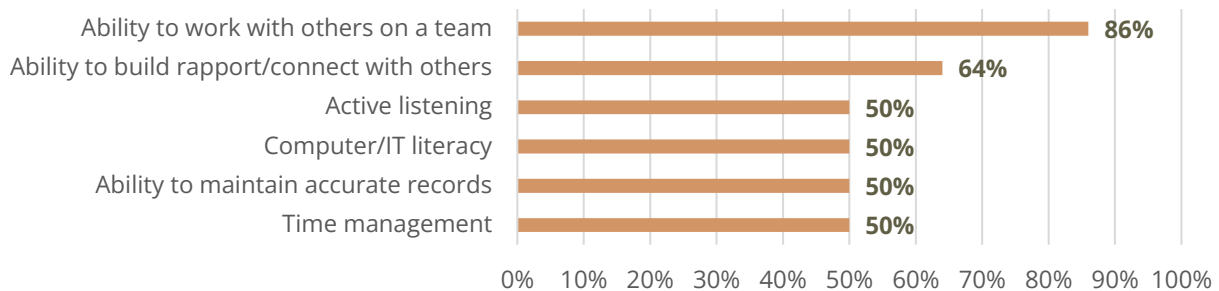


# SECTION 4: EMPLOYER DEMAND FOR ENTRY-LEVEL BEHAVIORAL HEALTH POSITIONS

## 4.1 Desirable Skills & Qualities in New Entry-Level Employees

When asked to choose the top five most desirable skills and qualities in new entry-level staff, employer leaders most often cited soft skills, particularly the ability to work with others on a team (86%), build rapport and connect with others (64%), and active listening (50%). Employers also identified operations-related skills such as computer/IT literacy (50%), time management (50%), and the ability to maintain accurate records (50%) as desirable skills.

**Employers: Desirable Skills & Qualities in New Entry-Level Employees. Choose Top 5**

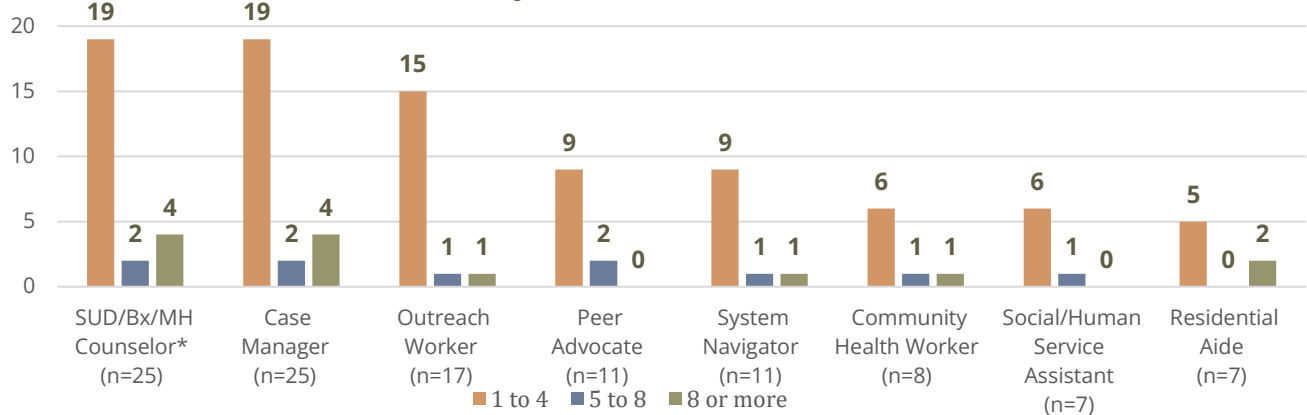


Note: All other responses below 50%

## 4.2 Highest Entry-Level Vacancies

Employer leaders reported worker shortages for every entry-level position they employ, especially unlicensed substance use, behavioral health, or mental health Counselors and Case Managers.

**Number of Vacancies for Each Position Organization Employs: Now/Projected in Next 6 Months**



\*Unlicensed Substance Use, Behavioral, or Mental Health Counselor

**Strategic Hiring & Workforce Development Plans for Entry-Level Positions:** When asked about strategic hiring and workforce development plans for entry-level positions to address worker shortages, the majority of employer leaders (61%) say they either do not have a plan (39%) or that rapid growth has made planning challenging (22%).

### 4.3 Challenges in Recruiting & Retaining Entry-Level Staff

**Entry-Level Positions Difficult to Recruit & Retain:** In an open-ended question about entry-level positions that are difficult to recruit and/or retain, employer leaders again highlighted Counselors, especially in substance use disorder and mental health, and Case Managers. In addition, some leaders also mentioned Community Health Workers, bilingual workers, IT, security, and staff available evenings and weekends.

**Substance Use Disorder:** In California, substance use disorder is defined as the continued use of alcohol and/or other drugs despite significant problems related to cognitive, behavioral, and physiological symptoms. Substance Use Disorder Counselor Certification is [required](#) for all those who provide counseling services in any program that is licensed or certified by the California Department of Health Care Services. Related services may include evaluating Alcohol and Other Drug (AOD) treatment and/or recovery needs, developing and updating treatment and recovery plans, implementing treatment and recovery plans, continuing assessment and treatment planning, conducting counseling sessions, and related documentation ([California Department of Health Care Services](#)).



**Entry-Level Positions Difficult to Recruit/Retain:  
Substance Use Disorder/Mental Health Counselors & Case Managers**



*“Substance use disorder counselors.  
Lack of experience and/or  
too overwhelming for individuals  
working with this population.”*

*“We are having difficulty recruiting and  
maintaining substance use  
disorder counselors and mental health  
therapists.”*

*“Case managers are overworked and  
underpaid, and turnover is high.”*

*“We have a difficult time recruiting and  
retaining entry-level clinicians and  
case managers that specialize in  
mental health services and care.”*

*“Case managers are hard to retain as  
they tend to train with us  
and move to higher paying positions in  
different settings.”*

**Mental Health:** Mental health includes emotional, psychological, and social well-being and helps determine how people handle stress, relate to others, and make choices ([MentalHealth.gov](http://MentalHealth.gov)). Mental illnesses include severe bipolar disorder, schizophrenia, and depression. Some people living with serious mental illness simultaneously experience alcohol and drug use disorders ([CalMatters](http://CalMatters)).

**Reasons for Recruiting & Retention Challenges:** When asked about the reasons behind these recruiting and retention challenges, employer leaders highlighted wages, high demand, and contract requirements.

Low Wages	High Demand	Contract Requirements
<p><i>"Pay is not high enough."</i></p> <p><i>"Difficult to stay competitive with pay."</i></p> <p><i>"Low hourly pay rate."</i></p> <p><i>"The position can be draining and may not be worth the pay. The competition may be paying more."</i></p> <p><i>"Tend to leave for higher paying jobs."</i></p> <p><i>"Low pay."</i></p>	<p><i>"High demand of opportunities for these positions."</i></p> <p><i>"Large volume of jobs throughout the industry."</i></p> <p><i>"Not enough individuals applying for the positions."</i></p> <p><i>"We are not receiving many applicants. Those we receive do not follow through with interviews."</i></p> <p><i>"Not a large pool of applicants."</i></p>	<p><i>"Difficulties in identifying potential candidates that are registered/certified by one of the approved boards."</i></p> <p><i>"There is a very specific certification that is difficult to obtain. The individual has to truly want to work with this population to go forward with this educational track."</i></p> <p><i>"Contracts don't allow us to hire people without two years of experience in addition to a degree in a relevant field."</i></p>

## 4.4 Employer Training and Professional Development Needs

**Onboarding Training Gaps:** In an open-ended question about onboarding and training gaps for new entry-level staff, employer leaders most often mentioned time as a key barrier, including limited time to onboard workers given urgent staffing needs and time-consuming registration requirements. Leaders also mentioned fragmented onboarding training, as well as a need for more experiential training.

Time Constraints	Registration Requirements	Fragmented Onboarding System	Experiential Training
<p><i>“Currently in our programs, it is difficult to carve out time to adequately train staff as management is responsible for more than one program due to being short staffed.”</i></p> <p><i>“Time constraints result in a rushed training process sometimes - i.e., need to get staff up and running quickly to fill open positions.”</i></p> <p><i>“There is no time to take new staff off the line. Once they are hired, we need them to get to work.”</i></p> <p><i>“Managers and clinical supervisors have limited time to provide extensive training due to the large volume of contractual requirements related to their programs.”</i></p>	<p><i>“The process for onboarding and completing county training can be time-consuming. CCAPP does not have an easily accessible website, and individuals find challenges when registering.”</i></p> <p><i>“Being registered, meeting the requirements for ASAM, tuberculosis, LiveScan, Cultural Competence, and Infectious Disease Control/HIV.”</i></p> <p><i>“Need to register with CCAPP or CADTP prior to working as counselor/ case manager.”</i></p> <p><i>“It takes them a long time to get through the Sage onboarding process.”</i></p>	<p><i>“There are so many moving parts, it can be hard to keep track of all of them when bringing on new employees. Making sure employees go through every necessary training is probably the most difficult.”</i></p> <p><i>“We provide training for 2-3 weeks and support new staff by including them in different shifts to see the full operation. Gaps may be present as each day is different, so they will not be exposed to everything that could possibly happen.”</i></p> <p><i>“We need to create a streamlined approach to onboarding so it is clear and consistent every step of the way.”</i></p> <p><i>“Lack of structure during onboarding.”</i></p> <p><i>“Since the organization is so large and there are so many moving parts, some important pieces of training may get lost along the way. Case Managers may feel unsupported later on as a result.”</i></p>	<p><i>“Once folks are hired, we could benefit from an experiential training model with on the ground mentors and coaches.”</i></p> <p><i>“I wish we could take more time with training, do more booster training, shadowing of other staff, and skill practice. I wish supervisors were more available to work alongside staff in the field.”</i></p> <p><i>“The onboarding process for all entry-level outreach workers would be field-based, including riding with their expected teams and getting familiar with the homeless landscape.”</i></p> <p><i>“An intensive, mentored street outreach training program.”</i></p>

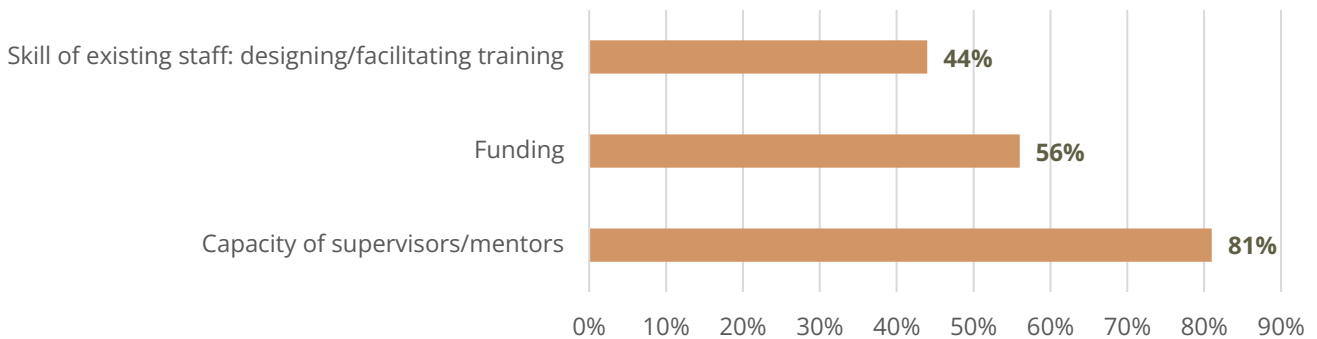
Note: CCAPP means the California Consortium of Addiction Programs and Professional, ASAM means the American Society of Addiction Medicine, and CADTP means the California Association of DUI Treatment Programs.

**New Training Needs:** In an open-ended question about new training and professional development needs for entry-level employees, employer leaders most often said workplace professionalism, including effective communication, reliability, boundaries, and working as a team. Some leaders also mentioned peer-led trainings and mentoring. Other mentions included clinical supervision, safety in the field, de-escalation, social determinants of health, harm reduction, documentation, and public speaking.

Workplace Professionalism	Peer-Led Training & Mentoring
<i>"Effective communication, leadership techniques, and utilizing a team approach."</i>	<i>"More opportunities for peer-based learning and mentoring."</i>
<i>"Appropriate work communication skills."</i>	<i>"Peer training, coaching training."</i>
<i>"Service orientation, how to handle stressful jobs, and professional communications."</i>	<i>"Transition-age peer mentors."</i>
<i>"Professionalism and boundaries in the workplace. Working with others, communication, how to work with a supervisor, accepting feedback, relationships."</i>	<i>"I believe pairing individuals with a peer mentor from another agency would be helpful so that they can share openly and obtain private feedback."</i>
<i>"Basic office work skills like answering calls/emails."</i>	

**Barriers to Implementing Training:** In terms of barriers to implementing training and/or partnering with a training program for new and existing entry-level workers, employers most often cited capacity constraints among supervisors and mentors (81%). Over half identified funding (56%) as a barrier.

**Employers: Barriers to Implementing for Entry-Level Workers.**  
Choose all that apply



## 4.5 Additional Employer Insights

In an open-ended question about other helpful information on workforce development for entry-level behavioral health services jobs, employer leaders again emphasized low wages and funding as barriers.

Low Wages	Funding
<p><i>"The pay seems to be the biggest barrier to recruitment and retention right now."</i></p> <p><i>"Increasing the competitive wages paid to entry-level behavioral health jobs would make these positions more desirable and rewarding."</i></p> <p><i>"We will never be competitive employer as long as our wages stagnate."</i></p>	<p><i>"There is no funding to support comprehensive outreach, recruitment, and training of new staff. We are so desperate for staff that we also can't afford to keep them in training because we need them working in the field/clinic ASAP. We need our funders to understand the predicament we are in and to help us by granting more funds, allowing us to build in cost-of-living increases, and merit pay."</i></p> <p><i>"Allowing additional work hours and compensation for leadership staff during training periods for new staff. It is very challenging training staff and managing all tasks. Funding to develop internal training videos for new staff."</i></p>

**Cultural Competence & Humility:** Finally, across survey questions, employers – like workers – identified cultural competence and humility as critical to positive behavioral health outcomes and an important training need. [Cultural humility](#), a process of self-reflection and discovery in order to build honest and trustworthy relationships, offers promise in helping to better understand and eliminate health disparities. Employer leaders mentioned priorities such as cultural humility, anti-bias curriculum and training, and culturally appropriate training for formerly incarcerated community members. Workers similarly emphasized cultural humility, cultural competency, cultural diversity, and cultural sensitivity. Nearly all workers (96%) identified “cultural and community awareness working with specialty populations” as important for success. A [key objective](#) in the public mental health system in California is to “expand awareness and outreach efforts to effectively recruit racially, ethnically, and culturally diverse individuals,” including people with lived experience, to build a workforce with the skills necessary to deliver successful services. Key principles for valuing and integrating lived experience into the workforce include “(1) lived experience is expertise, (2) integrating people with lived experience into the workforce is a type of workforce diversity and increasing all forms of workforce diversity is important; and (3) storytelling can be empowering, healing, educational and destigmatizing” ([Lived Experience Academy](#)).

**Key Principles for Integrating Lived Experience into the Workforce**

1. Lived experience is expertise
2. Integrating people with lived experience into the workforce is a type of workforce diversity, and increasing all forms of workforce diversity is important
3. Storytelling can be empowering, healing, educational and destigmatizing

Source: Lived Experience Academy

## SECTION 5: WORKER VOICE & WISDOM

### WERC: Worker-Centered

To respect the life experiences that workers with barriers bring to the workplace and provide educational programs that build on those strengths to promote compassion and dignity on the job

Worker voice and wisdom is one of the four essential elements of the High Road Training Partnership model. WERC is committed to a worker-centered approach that respects the experience and expertise that workers with barriers bring to the workplace to support positive behavioral health outcomes and creates healthy work environments important to retaining quality staff.

### 5.1 Workers on Organizations Defining Roles & Contributions to Success

The majority of workers surveyed (69%) rated their organization a 4 or 5 (on a 5-point scale) when it comes to clearly defining roles and responsibilities. A majority (69%) also agreed that the organization has clearly communicated how their contributions impact the success of organization.

### 5.2 Workers on Skills Important to be Successful in the Organization

When asked about job-related skills important to being successful in the organization, a large majority of workers described every skill as important. In terms of skills that are very important, like employer leaders, workers highlighted soft skills such as the ability to build rapport and connect with others (91%) and active listening (88%). Like employer leaders, workers also highlighted operations-related skills such as the ability to maintain accurate records (79%), as well as cultural competence (80%). For workers, resourcefulness is also very important (80%) to their success.



Skill Important to Success <i>5-point Importance Scale for Each Item</i>	Total Important	Very Important	<i>Employers: Desirable Skills/Qualities in New Entry-Level Staff (Choose Top 5)</i>
Ability to build rapport/connect with others	99%	91%	64%
Active listening	99%	88%	50%
Time management	98%	78%	50%
Ability to maintain accurate records	97%	79%	50%
Proper documentation	97%	74%	44%
Cultural and community awareness working with specialty populations	96%	80%	44%
Resourcefulness	96%	80%	39%
Ability to work with others on a team	96%	76%	86%
Social awareness/observation skills	96%	74%	33%
Problem solving	96%	73%	42%
Knowledge in mental health	95%	67%	19%
Principles of care: trauma-informed, harm reduction, strengths-based	94%	75%	28%
Service orientation	94%	60%	19%
De-escalation/conflict resolution	93%	71%	42%
Knowledge of substance use/behavioral health	93%	70%	47%
Managing emotions	93%	67%	25%
Ability to teach others how to do something	93%	59%	6%
Care coordination/care transitions	91%	54%	28%
Systems navigation	90%	54%	14%
Motivational interviewing	89%	68%	22%
Computer/IT literacy	88%	40%	50%
Monitoring and assessment	88%	56%	11%
Public speaking	72%	41%	8%



### 5.3 Workers on Training & Professional Development

**Support for Success on the Job:** Overall, the workers surveyed feel supported by their organizations. The majority (70%) agreed that the organization has provided sufficient access to resources and tools needed to do their jobs well. The majority (67%) also agreed that the organization has provided timely and effective feedback and training to help them perform their jobs to satisfactory levels.

**Important Training & Professional Development:** In an open-ended question about the training and professional development workers want their organizations to continue or offer, many of the workers surveyed first said they want their organizations to better connect professional development to career advancement and offer financial support and paid time off for education. In terms of specific training areas, workers identified mental health and peer-led training and learning as important.

Connect Training to Career Advancement	Financial Support & Paid Time Off for Education	Mental Health	Peer-Led Training & Learning
<p><i>"I would like to see opportunities for advancement following professional development."</i></p> <p><i>"More trainings to develop skills for furthering careers."</i></p> <p><i>"Chance to grow in the company and make more income."</i></p> <p><i>"Offer a ladder to grow."</i></p>	<p><i>"Assistance with paying for education."</i></p> <p><i>"Financial aid for higher education and licensing."</i></p> <p><i>"Paid tuition for higher education in order to have more opportunities within the organization."</i></p> <p><i>"Additional resources for continued education and paid time off to acquire the additional education."</i></p> <p><i>"More leeway for staff to take trainings that count towards service time."</i></p>	<p><i>"Knowledge in mental health."</i></p> <p><i>"Mental health related education."</i></p> <p><i>"Continuing education surrounding mental health disorders and communities."</i></p> <p><i>"Continue to offer trainings to add to improvement in counseling in the area of substance use disorders and mental health."</i></p> <p><i>"Continued training in mental health treatment."</i></p>	<p><i>"I would like to see peer trainers."</i></p> <p><i>"Peer-led trainings."</i></p> <p><i>"Culturally directed and intentional peer-based support training."</i></p> <p><i>"Education between co-workers."</i></p>

### Trauma-Informed Practices

Trauma-informed care is a model for organizational change in health, behavioral health, and other settings that promotes resilience, helps prevent burnout and secondary trauma, and creates healthy workplaces that support recruitment and retention. Key principles of trauma-informed care include organizational safety, trustworthiness, transparency, cultural sensitivity, collaboration, and empowerment among and between staff and clients (WERC Trauma Informed Care Policy & Guidelines). Systems **become trauma-informed** “by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery.”

In addition, workers in both the survey and online focus group emphasized the importance of trauma-informed care to better support their clients, as well as their own health, wellness, and longevity at work. Behavioral health workers are at risk of burnout, including emotional exhaustion, depersonalization, and reduced personal accomplishment, and secondary trauma (i.e., indirect exposure to trauma through a firsthand account or narrative of a traumatic event). The federal government recently identified **burnout** as a key factor in retaining competent staff in treatment organizations and state behavioral health systems. Trauma-informed care can help prevent burnout and compassion fatigue, while increasing job quality and worker retention.

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### Worker Training Priority: Trauma-Informed Care

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*“Implementing trauma-informed care for clients and staff.”*

*“Trauma-informed care, active listening, and conflict resolution.”*

*“Trauma-informed care, motivational*

*“Principles of care: trauma-informed, harm reduction, strengths-based.”*

*“Training on self-care, vicarious trauma, and stress management.”*

**Additional Training or Education to Excel in Jobs:** At the same time, in an open-ended question about additional training or education that would help them excel in their jobs, workers again mentioned mental health, as well as substance use disorder and technology skills. In addition, a number of workers expressed an interest in higher education. When asked about skills and qualities where they would like additional training from a list of options, the area mentioned most often was computer/IT literacy (33%).

Mental Health	Substance Use Disorder	Technology Skills	Higher Education
<p><i>"Knowledge of all types of mental health concerns."</i></p> <p><i>"Mental health crisis."</i></p> <p><i>"Cognitive Behavioral Therapy and Dialectical Behavior Therapy."</i></p>	<p><i>"Codependency and substance abuse."</i></p> <p><i>"Available to obtain certificate or continuing education units for substance abuse counselor."</i></p> <p><i>"How to help people with addiction."</i></p> <p><i>"I believe that all workers should be encouraged and provided free access to drug and alcohol counseling accreditation classes."</i></p>	<p><i>"Computer skills."</i></p> <p><i>"Computer literacy."</i></p> <p><i>"Excel spreadsheets."</i></p> <p><i>"Creating more spreadsheets."</i></p> <p><i>"Learning Excel and running reports."</i></p> <p><i>"Technology management."</i></p>	<p><i>"I believe having a Bachelor's degree will help me excel in my job."</i></p> <p><i>"I would like to go back to school to get my psychology degree."</i></p> <p><i>"Offering Community Health Workers to go back to school to obtain a BA or MSW."</i></p> <p><i>"County-funded degree in Public Administration."</i></p>

## 5.4 Worker Career Interests

**Career Interests:** Finally, in an open-ended question about other teams or groups within the organization that they would like to learn more about, workers expressed a variety of interests, including mental health, clinical services, family support and preservation, housing, systems, trauma, and workforce. Some workers wanted to learn about all of the departments in the organization. In the online focus groups, when asked about professional goals (i.e., positions, higher education), workers highlighted areas such as care coordination and public policy.

**Worker Voice**

*"I would like to learn more about all of the different departments we have within our organization."*

## SECTION 6: RECOMMENDATIONS

Based on the findings from the high road labor market analysis, there are opportunities for leaders in the behavioral health services sector to address worker shortages, retain highly qualified staff, operate with excellence, and improve behavioral health outcomes, while also continuing to provide quality jobs, support healthy work environments, and increase diversity and equity in the labor force.

### Recommendation 1: Expand Trauma-Informed Practices to Benefit All Stakeholders

Behavioral health services employers can increase trauma-informed workplace practices – and, by extension, help address critical worker shortages, increase access to quality jobs, and better meet urgent behavioral health needs – in several ways.

**Expand Trauma-Related Training & Supervision:** To help prevent burnout and compassion fatigue and increase worker recruitment and retention, employers can expand training in areas such as secondary trauma, self-care, mindfulness, and trauma-informed supervision.

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#### Worker Voice: Lived Experience

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*“I want opportunities to get promoted without losing sight of what I bring to the table - lived experience as a parent of a child with mental health concerns. The only way to promote is to go back to school to get a degree and then be assigned tasks that pull me further away from advocating for families.”*

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**Increase Peer-Led Training & Create New Promotional Pathways for the Peer Workforce:** In their respective surveys, both employers and workers identified peer-led training as a key need. Peer Specialists are an important component of the transformational [CalAIM](#) effort in California. As the state describes, “Peer support specialists and community health workers will advance California’s effort to promote health equity by providing culturally competent services.” Some of the employers surveyed have already implemented new peer-based programs in areas such as substance use and justice-involvement. Whether implementing internally and/or partnering with training partners, employers will need to develop supporting infrastructure and promotional pathways that recognize the expertise that Peer Specialists bring to behavioral health services organizations. In WERC’s experience, this includes training employer leaders and their teams in

areas such as harm reduction, creating a culture of peer connectedness, practices for supervising and supporting peer workers, emotional intelligence, creating a feedback culture, strength-based assessment, fair chance hiring and supervision, and trauma-informed supervision.

**Modify Entry-Level Job Requirements to Better Recognize Lived Experience as Expertise:** To expand the pool of qualified applicants to include workers with barriers and lived experience – with positive impacts for all stakeholders – the sector can explore opportunities to modify job classifications and job descriptions to incorporate more competency-based elements, streamline hiring processes to reduce complexity and make jobs more accessible to a wider variety of workers, and create promotional pathways that recognize both formal education and other expertise such as lived experience. One opportunity could be to set up certification processes similar to apprenticeship models that enable Peer Specialists to signal their competencies and advance in their careers.

**Engage Policymakers & Funders Upstream on Implementing Trauma-Informed Practices:** Employers identified rigorous contract requirements as a key barrier to recruiting and retaining quality staff. Because hiring and promotional requirements are often embedded in funding contracts, employers should engage policymakers and funders upstream on how to design grants, policies, and contracts that support more inclusive hiring and promotion practices and increase worker retention and longevity.

### Peer Specialists Improve Outcomes

According to the [California Mental Health Planning Council](#), “Peer Specialists are empathetic guides and coaches who understand and model the process of recovery and healing while offering moral support and encouragement to people who need it. Moral support and encouragement have proven to result in greater compliance with treatment/services, better health function, lower usage of emergency departments, fewer medications and prescriptions, and a higher sense of purpose and connectedness on the part of the consumer.” As part of its [National Guidelines for Behavioral Health Crisis Care](#), SAMHSA recommends hiring peers with lived experience that reflect the characteristics of the community served as much as possible, including characteristics such as gender, race, primary language, ethnicity, religion, veteran status, lived experiences, and age.

## Recommendation 2: Increase Access to Quality Entry-Level Jobs

Based on the findings in this labor market analysis, employers also have several opportunities to improve access to quality entry-level jobs in the behavioral health services sector.

**Continue to Increase Starting Wages:** While some employers reported paying higher wages (\$22 or more) for positions such as unlicensed substance use, behavioral health, and mental health Counselors and Case Managers, several entry-level positions still remain at or near minimum wage (\$15 to \$17 per hour). Employers recognize that low wages for entry-level positions are a key barrier to recruiting and retaining quality staff. Increasing wages for entry-level positions can continue help workers reach a living wage in Los Angeles County and attract and retain more workers to fill and prevent shortages.

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## Employers: Increase Concrete Support for Education

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*“Time off for individuals studying for their licensure and assistance paying for studying materials would be good incentives for recruiting and retaining staff.”*

**Offer Concrete Support for Additional Education:** Workers expressed an interest in higher education (i.e., college degrees, advanced degrees) and other forms of continuing education (i.e., certifications, licensing) to help them excel in their current jobs and move into promotional positions and would like more concrete support from employers (i.e., financial assistance, paid time off). Employers agree that they are less likely to offer this concrete support (44%) relative to other types of support for career advancement. Some employers recognized this as an opportunity to address worker shortages. As one employer leader said, “It would be helpful to have tuition programs for staff that want to pursue Bachelor and Master level positions such as Master of Social Work, Bachelor of Social Work, or Marriage and Family Therapist.” Another employer leader shared, “Time off for individuals studying for their licensure and assistance paying for studying materials would be a good incentive for recruiting and retaining staff.” As with employer-match retirement systems, employers could link financial support to years of service or implement a vested approach to facilitate advanced budget planning and increase return on investment.

**Better Connect Professional Development with Career Advancement:** While the majority of workers reported feeling well supported in terms of tools, resources, and timely and effective feedback to perform well on the job, many also shared that training and professional development does not always translate into career advancement. In addition to training workers to excel in their current jobs, employers can also explore ways to train workers in skills important for their next promotional jobs. Employers can also increase their understanding about worker career goals to help tailor professional development, as well as link professional development to specific job descriptions and hiring rubrics for promotional positions. While important for all workers, these strategies can help reach the one-third of workers who did not agree that they have the training, resources, and support they need for career advancement.

**Expand from Mentoring to Sponsoring:** Another opportunity to support career advancement for entry-level workers is to expand from mentoring – over 90% of leaders said they provide on-the-job coaching and mentoring to help workers move into promotional positions – to [sponsoring](#). While mentoring concentrates on sharing advice and knowledge, sponsoring focuses on advocacy for career advancement such as expanding a worker’s visibility within the organization, directly involving the worker in visible projects and mission-critical roles, and recommending the worker for a specific promotion. Sponsoring often emerges out of a mentoring relationship, where sponsors develop trust and confidence with entry-level workers.

**Collaborate on a High Road Jobs Quality Assessment Tool in Behavioral Health:** Finally, employers can collaborate on developing a High Road Jobs Quality Assessment tool that would identify key elements of job quality in behavioral health services specifically, support job quality audits, and help organizations address any quality gaps in areas such as wages, training, job stability, and career pathways.

### **Recommendation 3: Concentrate Capacity-Building Resources where Workers & Employers Identify the Greatest Needs**

Employer leaders and workers identified several priorities for capacity building and infrastructure support.

**Mental Health & Substance Use Disorder:** Both employers and workers expressed a need for continued training and professional development in mental health and substance use disorders. Increasing resources in these areas can help entry-level workers who are taking on aspects of these roles due to current shortages provide better services now, while reducing stress. The sector can also prioritize these areas for financial support and paid time off to pursue related licenses and certifications and modify job descriptions for these counselors to include competency-based and apprenticeship elements. Some employers also mentioned going upstream to educational institutions to better prepare the talent pipeline. As one employer shared, colleges and universities need to “encourage students to obtain their Registered Alcohol and Drug Technician certificates if they want to start the pathway to this career.”

**Comprehensive Onboarding that includes Experiential Learning:** Onboarding is a critical time for new entry-level workers and lays the groundwork for both short- and long-term success. The employer leaders surveyed would like to develop a more structured and comprehensive training system that is feasible to implement, especially given capacity constraints. As one leader described, “Having a widely accepted list of topics that entry-level employees should educate themselves with upon hire would be beneficial.” Asked about training gaps for entry-level workers, another leader wanted “a formal orientation process and a list of highly regarded trainings each entry-level employee should attend.” Specifically, employer leaders want to increase experiential learning during onboarding.



#### **Employers: Include Experiential Learning in Onboarding**



*“Once folks are hired, we could benefit from an experiential training model with on the ground mentors and coaches.”*

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**Workplace Professionalism:** While workers highlighted the importance of trauma-informed care, employers highlighted a need for training on workplace professionalism for entry-level staff, including effective communication, boundaries, and reliability. Building these skills in entry-level staff will support organizational success and provide entry-level workers with a strong foundation for career advancement. Employers are willing to invest in dedicated workers. As one leader shared, “We will train anyone that comes with an open mind, willingness to learn, and that is reliable and will show up when scheduled.”

**Technology & Documentation:** Both employers and workers expressed a need for more support for entry-level staff in technology and computer literacy. Among other benefits, IT skills can help workers maintain accurate files, support proper documentation, track activities and outcomes, and prepare reports.

**Increasing Funding:** Finally, employers identified additional funding for more comprehensive outreach, recruitment, and training of new staff as a priority. Employers and workers in the behavioral health services sector are well-positioned to educate and inform policymakers and philanthropy on sector needs and help shape future rounds of funding to improve training and professional development support.

## **Recommendation 4: Capitalize on COVID-19 Investments to Support Behavioral Health**

This is also a critical window for the behavioral health services sector to build on training and investments made during the COVID-19 pandemic. As Community Health Workers, Contract Tracers, and other service-oriented positions created during the pandemic complete their temporary contracts, there is an opportunity to transition interested workers into permanent, entry-level jobs in behavioral health services. In greater Los Angeles, this includes workers in the Los Angeles County Community Ambassador Network and Community Health Worker Outreach Initiative. Employers can also capitalize on pandemic-era investments by continuing and expanding hybrid training and professional development opportunities that enable workers to develop their skills when their schedules permit.

## **Recommendation 5: Implementing an Ecosystem Approach**

Finally, the behavioral health services sector is a field where increased collaboration could lead to better outcomes for all stakeholders. As this labor market analysis highlights, competition between the public sector and nonprofit community organizations can lead to market inefficiencies. According to one employer leader, “We are constantly being outbid by bigger employers. We hire staff and train them, and then they leave us for higher paying jobs.” Another employer leader said an “inability to match public salaries and benefits” is a key reason their organization has difficulty recruiting and retaining entry-level staff. As a third employer bluntly shared, “Staff are being poached within the sector.” Where important public goods like behavioral health and wellness are



concerned, employers should explore opportunities to meet worker shortages as a cooperative ecosystem, rather than individual organizations competing for resources. For example, organizations with shortages could develop a pool of crisis workers able to deploy quickly to meet client needs in a kinship-care type model, where clients can have a primary supporting relationship and a network of secondary supporters. Regions could collaborate on a behavioral health-specific coordinated entry system and/or share training resources, including remote trainings that allow greater numbers of workers to participate at little to no additional costs. Government and philanthropy can incentivize collaboration by funding and facilitating ecosystem partnerships.

## CONCLUSION

Utilizing a High Road Training Partnerships framework, this labor market analysis lifts up both worker and employer voices to provide in-depth insights into entry-level worker shortages in the behavioral health services sector in Los Angeles and strategies to address these shortages, while increasing access to quality jobs for workers with barriers to employment. This analysis also identifies the capacity building support that employers and workers need to meet increasing demand for entry-level behavioral health services, including in mental health, substance use disorders, peer-led training and mentoring, trauma-informed care, technology, workplace professionalism, comprehensive onboarding, and cultural competence and humility. Employers want to work with policymakers and funders to increase wages for entry-level workers, develop new pathways for career advancement that better values lived experience, and create healthy work environments to prevent burnout and increase worker longevity.

Additional quantitative and qualitative research can deepen understanding of entry-level sector needs, including how different subgroups of employers (i.e., public sector, nonprofit providers) and entry-level workers (i.e., different positions, different behavioral health specializations, different race and ethnicity groups, different gender identities and expressions, different types of intersectionality, different types of lived experience) define healthy workplaces, experience barriers to success and longevity, and prioritize professional development needs. Additional research can also help employers pilot and evaluate the impact of programs and initiatives designed to improve behavioral health outcomes and increase workforce equity before implementing wide scale.

As Los Angeles and the country struggle with ongoing racial injustice and the global pandemic, as well as other social challenges such as generational poverty, increasing inequality, climate disruption, and mass incarceration, the behavioral health services sector can play a leading role in both treating the negative effects of these challenges and addressing their root causes. While serving everyone with behavioral health needs is important, the sector must also commit to recognizing and continuing to report progress on behavioral health outcomes – and access to quality jobs – for historically disenfranchised populations such as Black, Indigenous, and people of color, LGBTQI+ people, and people experiencing extreme poverty.