2019 BHS Workforce Needs Assessment and Development Plan Update

San Francisco Department of Public Health

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Table of Contents

Introduction

Background and Context

In May 2017, the San Francisco Department of Public Health (SFDPH) Behavioral Health Services (BHS) completed the 2017-2022 Five-Year Workforce Development Strategic Plan (the Plan) to outline a process for the department to achieve their workforce development and retention goals. Prompting the development of this Plan was the identification of competing priorities and overlapping initiatives, along with the need to target limited resources within San Francisco Department of Public Health (SFDPH) Behavioral Health Services (BHS). The Plan was created through a collaborative and iterative process by the BHS Workforce Development Team in partnership with Learning for Action, an independent consulting firm. Plan development activities included steering committee meetings, stakeholder interviews, workforce and consumer data collection and analysis, and focus groups. The Plan has been used since its development to guide workforce development decision making.

In the Plan, BHS identifies department-specific goals, strategies, and objectives that complement wider SFDPH workforce development trainings and opportunities. These efforts were designed to supplement, not duplicate, any pre-existing workforce development efforts. There are two key strategies identified in the Plan, aimed at ensuring the BHS has the best possible workforce: 1) building the pipeline of qualified and interested members of the workforce, and 2) supporting the development of the current workforce. Under these overarching strategies are four goals, each with associated strategies and objectives.

Goal 1: Recruitment, Hiring, & Development – Transform our workforce so it better reflects our service populations	
Strategies • Reduce the impact of implicit bias in hiring decisions • Increase opportunities for certification/licensure for communities that need greater representation amongst our workforce • Focus pipeline development work, including incentives and supports, where there is high potential for reaching communities that need greater representation amongst our workforce • Provide incentives and supports to increase the language capability of current staff	**Objectives** • Increase the number of Latino, African American, Asian, Pacific Islander, and Native American behavioral health staff, with a focus on those that are certified and/or licensed • Increase the number of male behavioral health staff • Increase the number of behavioral health staff who speak Mandarin Chinese, Cantonese Chinese, Russian, Tagalog, Vietnamese, and Spanish
Goal 2: Training & Support – Ensure that our workforce has the training, skills, and tools to deliver high quality, responsive care.	
Strategies • Strengthen onboarding materials and practices • Build out training program with a focus on system of care priorities and meeting requirements for clinical licensure & certification • Improve clinical supervision practices • Build staff capacity to manage clinic operations • Improve wellness-based documentation	**Objectives** • Staff have the knowledge and skills to meet expectations as BHS employees • Staff have the knowledge and skills to deliver care according to BHS system of care priorities, e.g.: Trauma-Informed, Family-focused, True North, Cultural and Racial Humility, Wellness and Recovery

	• Staff have the knowledge and skills appropriate to thrive and grow within their roles as clinicians or administrators
Goal 3: Work Environment & Experience – Support and empower staff to be engaged at work and grow professionally within BHS	
Strategies • Deliver Trauma Informed Care trainings and provide support for vicarious trauma • Create and promote new staff wellness resources • Deliver trainings on cultural humility and crucial conversations • Clinic safety initiative • Improve supervision practices • Create opportunities for staff to expand leadership skills	**Objectives** • Increased staff wellness • Increased percentage of staff feeling safe in their clinics • Increased percentage of staff reporting a positive workplace culture • Increased opportunities for staff to grow professionally and be promoted
Goal 4: Incorporating Lived Experiences – Successfully integrate peers across the workforce	
Strategies • Ensure peers receive a minimum of 55 hours of training per year, including: ○ Training to increase supervisory skills ○ Peer-to-peer training ○ Peer specialist mental health certificate • Provide supports to peers interested in joining the workforce (e.g. peer-to-peer employment, ACE program) • Provide supports to peers interested in advancing within the workforce • Leadership academy • Improve supervision practices	**Objectives** • Increased capacity to provide youth-to-youth, parent-to-parent and family-to-family services • Peers have the knowledge and skills appropriate to thrive and grow within their roles • Double the number of qualified peers in supervisory or leadership roles within the BHS workforce • Improved peer supervision skills

Data Collection and Methodology

In 2019, SFDPH BHS partnered with Hatchuel Tabernik & Associates with the goal of understanding the current composition of the BHS civil service workforce and progress made towards the aims of the 2017-2022 Strategic Plan. An initial data crosswalk was completed to identify data needs and gaps. Quantitative workforce and consumer data was then identified, collected, and analyzed. Qualitative data on progress towards the Plan's four goals was collected through interviews and review of secondary program documents. A summary of all data is presented here as the 2019 BHS Workforce Needs Assessment and Development Plan Update.

Data for the Needs Assessment Update was collected on 680 BHS civil service staff from the internal Human Resources (HR) database, and on 18,190 BHS consumers from the SFDPH electronic health record system, Avatar. Publicly available demographic data on the Medi-Cal eligible population in the City and County of San Francisco was also used.[1] Finally, as recent data is unavailable, data from 2014 on BHS contractors was pulled from the *San Francisco Behavioral Health Services Workforce Disparities Analysis* report prepared by Learning for Action, as part of the original

[1] California Department of Health Care Services, Certified Eligible Counts - Summary Tables: ACA Expansion Adult Age 19 to 64 as of April 2019, https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx, accessed 9/24/19

planning process.[2] Data was analyzed to create a demographic profile of BHS Civil Service staff and to identify distinctions between civil service provider type. When possible, characteristics of the BHS contractor population (as of 2014) are outlined. The analysis also examines comparisons between workforce and consumer demographics.

Data Limitations

The data used for the analyses in these reports are limited in the following ways:

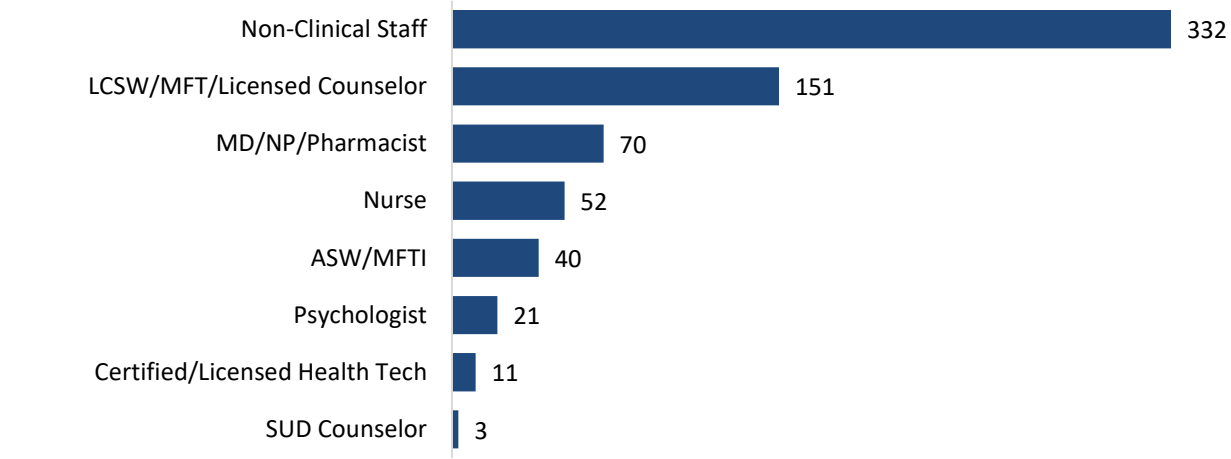
- The Medi-Cal Eligible data set is limited in its available age categories (0-18, 19-64, and 65+) and language fluency categories (English, Spanish, and Other/Unknown), so the possibility for in-depth comparisons is limited.
- No recent data on BHS contractors is available, so data from a previous report is used here, and it is unknown if analysis methods were the same as the present methods.

[2] Taylor, J. T., & Rivera, D. (2015). *San Francisco Behavioral Health Services Workforce Disparities Analysis. San Francisco Behavioral Health Services Workforce Disparities Analysis*. Prepared by Learning for Action for San Francisco Department of Public Health, Behavioral Health Services.

Needs Assessment Update

Civil Service and Contractor Workforce

Figure 1. Number of Civil Service Staff by Provider Type, N=680

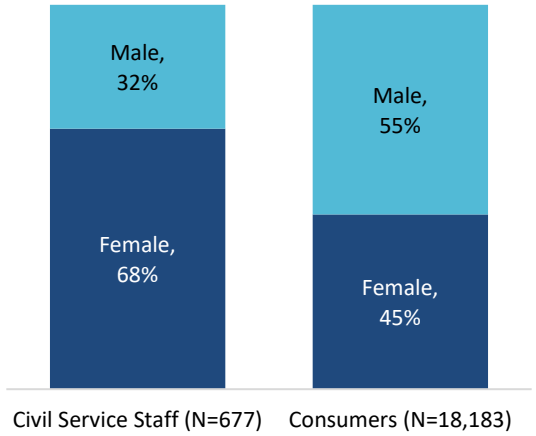


Source: SFDPH Human Resources, 2019

There are a total of 680 civil service staff working in the BHS. About half (49%) of these individuals are in non-clinical position (though some may hold a clinical license). Twenty-two percent are fully licensed masters-level mental health providers (LCSW/MFT/Licensed Counselor). In addition to BHS civil service staff, as of 2014, there are 1,138 mental health contractors working with SFDPH BHS. Among these contractors, 37% are masters-level mental health clinicians; 9% are psychologists; 6% hold medical (MD), nurse practitioner, or pharmacist licenses; and 48% are paraprofessionals (including peers).[3]

Gender

Figure 2. Gender of Civil Service Staff and BHS Consumers



Sources: SFDPH Human Resources, 2019; Avatar, 2019

Table 1. Number of Civil Service Staff by Gender and Provider Type

	Male	Female	Total
MD/NP/Pharmacist	29	41	**70**
Psychologist	8	12	**20**
Nurse	13	39	**52**
LCSW/MFT/Licensed Counselor	39	112	**151**
ASW/MFTI	13	26	**39**
SUD Counselor	2	1	**3**
Certified/Licensed Health Tech	4	7	**11**
Non-Clinical Staff	110	221	**331**
Total	**218**	**459**	**677**

Source: SFDPH Human Resources, 2019

[3] Taylor, J. T., & Rivera, D. (2015). *San Francisco Behavioral Health Services Workforce Disparities Analysis. San Francisco Behavioral Health Services Workforce Disparities Analysis.* Prepared by Learning for Action for San Francisco Department of Public Health, Behavioral Health Services.

Approximately two-thirds (68%) of the BHS civil service staff identify as female, while slightly less than half (45%) of the BHS consumers do. As of 2014, three-quarters of the contractor staff identified as female. [4]

This overrepresentation of female workforce can be seen among all civil service provider types, except among SUD counselors, where two of the three counselors are male. In addition, women are more likely than men to work as a civil service nurse or LCSW/MFT/Licensed Counselor compared to other positions, with approximately 75% of staff in those provider groups identifying as female. Data do not indicate the presence of any transgender or non-binary civil service staff, contractors, or consumers. It is unknown whether this indicates a lack of transgender and non-binary individuals or if current data systems do not include these categories.

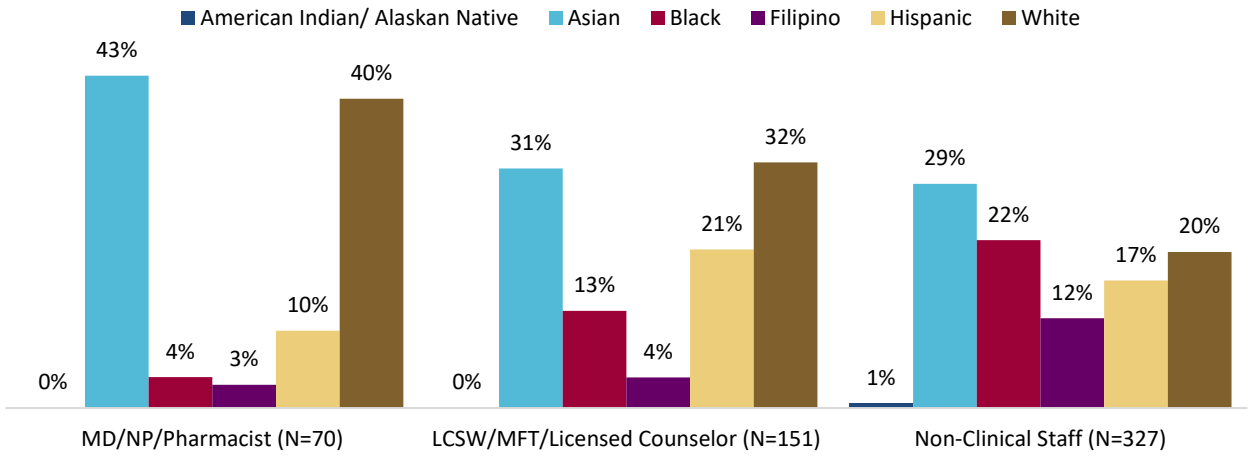
Race/Ethnicity

Table 2. Number of Civil Service Staff by Race/Ethnicity and Provider Type

	American Indian/ Alaskan Native	Asian	Black	Filipino	Hispanic	White	**Total**
MD/NP/Pharmacist	0	30	3	2	7	28	**70**
Psychologist	0	5	1	0	5	10	**21**
Nurse	1	14	4	8	10	15	**52**
LCSW/MFT/Licensed Counselor	0	47	19	6	31	48	**151**
ASW/MFTI	1	6	7	3	17	5	**39**
SUD Counselor	0	1	0	0	2	0	**3**
Certified/Licensed Health Tech	0	1	3	3	4	0	**11**
Non-Clinical Staff	2	96	71	38	54	66	**327**
Total	**4**	**200**	**108**	**60**	**130**	**172**	**674**

Source: SFDPH Human Resources, 2019

Figure 3. Race/Ethnicity of Civil Service Staff for the Three Most Populous Provider Categories



Source: SFDPH Human Resources, 2019

[4] Taylor, J. T., & Rivera, D. (2015). *San Francisco Behavioral Health Services Workforce Disparities Analysis. San Francisco Behavioral Health Services Workforce Disparities Analysis.* Prepared by Learning for Action for San Francisco Department of Public Health, Behavioral Health Services.

Thirty percent (30%) of BHS civil service staff identifies as Asian, making this the most well represented race/ethnicity. Twenty-six percent (26%) of the civil service workforce identifies as white, 19% as Hispanic, 16% as Black, 9% as Filipino, and 0.5% as American Indian/Alaskan Native. The racial/ethnic distribution is more balanced among non-clinical staff than among clinical staff. The racial/ethnic disparity is most pronounced among staff with a medical degree (MD), nurse practitioner, or pharmacist license. Forty-three percent of this provider group identifies as Asian and 40% as white, while only 4% identify as Black and 10% as Hispanic. In addition, there are only four civil service staff in total who identify as American Indian/Alaskan Native, none of whom hold doctoral or masters level license provider positions.

As of 2014, 45% of contracted direct service providers identify as white, 21% as Asian/Pacific Islander, 18% as African American, 10% as Latina/o, 5% as Biracial/Multi-ethnic, 1% as Native American/Alaskan Native, and 0.2% as Middle Eastern.

Table 3. Race/Ethnicity of Civil Service Staff, BHS Consumers, and Medi-Cal Eligible Individuals in San Francisco

	Civil Service Staff (N=680)	BHS Consumers (N=18,190)	Medi-Cal Eligibles (N=206,619)
African American/Black	16%	19%	9%
American Indian/ Alaskan Native	1%	1%	0%
Asian	38%	19%	37%
Hispanic	19%	21%	20%
Other/Unknown	1%	13%	23%
White	25%	26%	11%

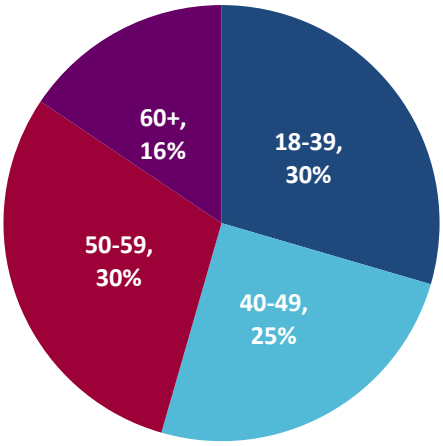
Note: In this table, Asian includes Native Hawaiian/Pacific Islander.
Sources: SFDPH Human Resources, 2019; Avatar, 2019; California Department of Health Care Services, Certified Eligible Counts – Summary Tables: ACA Expansion Adult Age 19 to 64 as of April 2019, https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx, accessed 9/24/19

The racial/ethnic distribution is similar between BHS civil service staff and consumers, though there is a higher percentage of staff (38%) who identify as Asian (which includes Native Hawaiian/Pacific Islander) compared to consumers (19%). The percentage of Asian staff does closely reflects that of the Medi-Cal Eligible population in San Francisco, however. In addition, the proportions of African American/Black civil service staff and consumers are relatively equivalent (16% and 19%, respectively), and are both higher than among the Medi-Cal eligible population (9%).

More data collection and analysis would need to be done in order to determine the reasons that the BHS consumer group does not more closely reflect the Medi-Cal eligible population of San Francisco. With the data currently available it cannot be determined if the discrepancy is due to a difference in need or a difference in access to services (including access that is afforded through a workforce that reflects the population).

Age

Figure 4. Age of Civil Service Staff, 2019, N=674



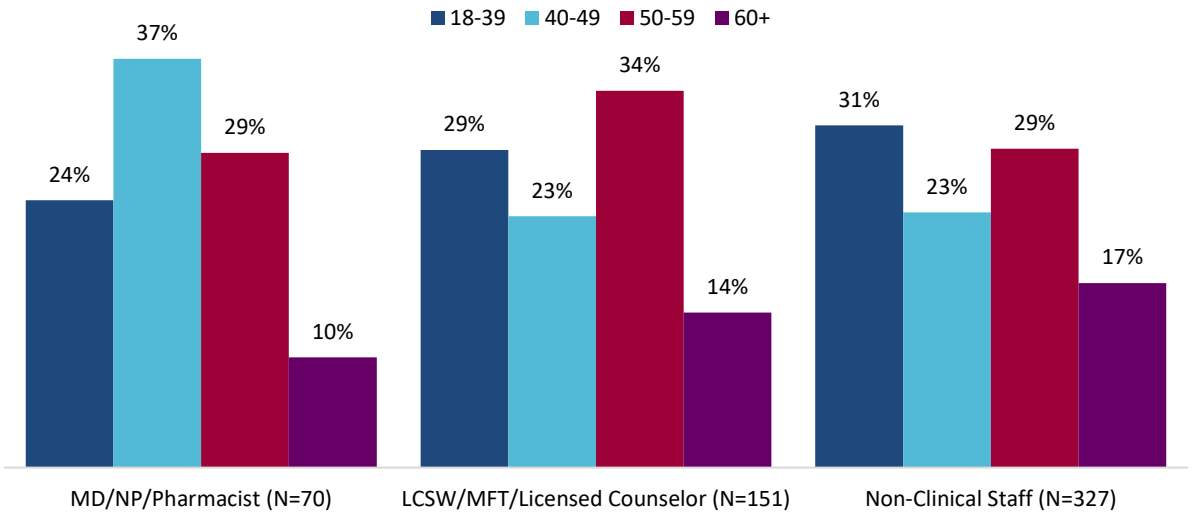
Source: SFDPH Human Resources, 2019

Table 4. Number of Civil Service Staff by License Type and Age

	Age				
	18-39	40-49	50-59	60+	Total
MD/NP/Pharmacist	17	26	20	7	**70**
Psychologist	2	6	6	7	**21**
Nurse	15	10	20	7	**52**
LCSW/MFT/Licensed Counselor	43	34	51	21	**149**
ASW/MFTI	17	13	5	5	**40**
SUD Counselor	1	1	1	0	**3**
Certified/Licensed Health Tech	2	2	4	3	**11**
Non-Clinical Staff	102	76	95	55	**328**
Total	**199**	**168**	**202**	**105**	**674**

Source: SFDPH Human Resources, 2019

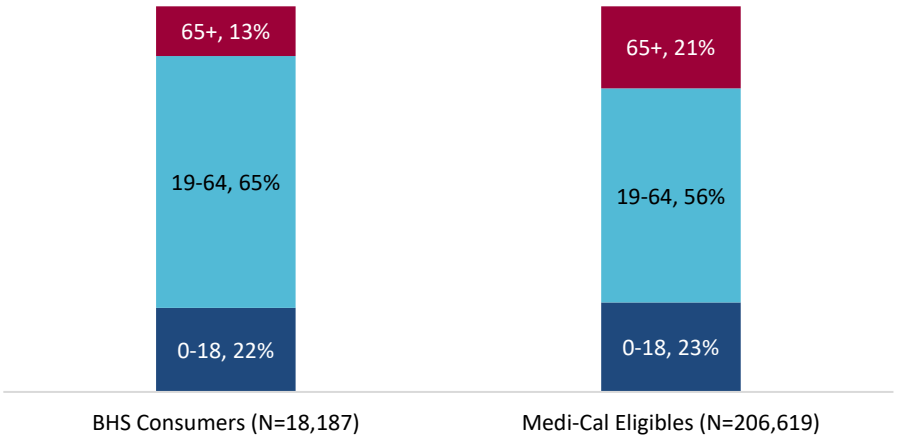
Figure 5. Age of Civil Service Staff for the Top Three Provider Type Categories



Source: SFDPH Human Resources, 2019

Sixteen percent (16%) of the BHS civil service workforce is over the age of 60, indicating that at least 105 staff members will reach retirement age within the next five years. The majority of these individuals are masters-level mental health providers (LCSW, MFT, Licensed Counselor) or non-clinical staff. The provider group with the largest proportion of young staff is the ASW/MFTI provider group with 43% between the ages of 18 and 39. Given that these are post-masters mental health provider trainees, we would expect this group to be younger on average.

Figure 6. Age of BHS Consumers and Medi-Cal Eligible Individuals in San Francisco



Sources: Avatar, 2019; California Department of Health Care Services, Certified Eligible Counts – Summary Tables: ACA Expansion Adult Age 19 to 64 as of April 2019, https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx, accessed 9/24/19

The percentage of BHS consumers who are 0-18 years old reflects the percentage of that age group in the Medi-Cal eligible population. Older adults make up 21% of the Medi-Cal eligible population, but only 13% of the BHS consumer population.

Language Fluency

Table 5. Number of Civil Service Staff with Non-English Language Fluency by Provider Type

	Language							Total Staff with Non-English Fluency	Total Staff
	Cambodian	Spanish	Vietnamese	Tagalog	Korean	Mandarin	Cantonese		
MD/NP/Pharmacist	0	9	1	0	0	3	3	16	70
Psychologist	0	5	0	0	0	2	3	10	21
Nurse	0	4	0	2	0	1	9	16	52
LCSW/MFT/Licensed Counselor	1	34	4	3	0	4	17	63	151
ASW/MFTI	0	14	1	1	0	1	4	21	40
SUD Counselor	0	0	0	0	0	0	0	0	3
Certified/Licensed Health Tech	0	0	0	0	0	1	1	2	11
Non-Clinical Staff	0	35	1	7	1	6	22	72	332
Total	**1**	**101**	**7**	**13**	**1**	**18**	**59**	**200**	**680**

Note: These counts include duplicate individuals as 11 civil service staff speak more than one non-English Language.
Source: SFDPH Human Resources, 2019

Table 6. Language Fluency of Civil Service Staff and Preferred Language of BHS Consumers

	Civil Service Staff (N=680)	BHS Consumers (N=16,358)
English	100%	73%
Spanish	15%	11%
Cantonese	9%	8%
Mandarin	3%	1%
Tagalog/Filipino	2%	1%
Vietnamese	1%	1%
Cambodian	0.1%	0.3%
Korean	0.1%	0.3%
Russian	0%	2%
Other Language	0%	2%

Note: Percentages for Civil Service Staff will not add up to 100% as staff may be fluent in more than one language. It is assumed that all staff speak English.
Sources: SFDPH Human Resources, 2019; Avatar, 2019

In total, 189 (28%) BHS civil service staff speak a language other than English, with 11 individuals speaking multiple non-English languages. A higher proportion of psychologists, nurses, licensed masters level mental health providers, and post-masters mental health provider trainees are fluent in a language other than English compared to other provider types. The majority of civil service staff with non-English fluency speak Spanish, with Cantonese as the second most commonly spoken language. Among Spanish speakers, 34% and 35% are masters-level mental health providers (LCSW, MFT, Licensed Counselor) or non-clinical staff, respectively. Among contracting providers (as of 2014), 32% speak a language in addition to English, with 28 languages represented. Spanish is the most commonly spoken among contractors with non-English language fluency, with 13% speaking the language. Cantonese (7%) is the second most common.[5]

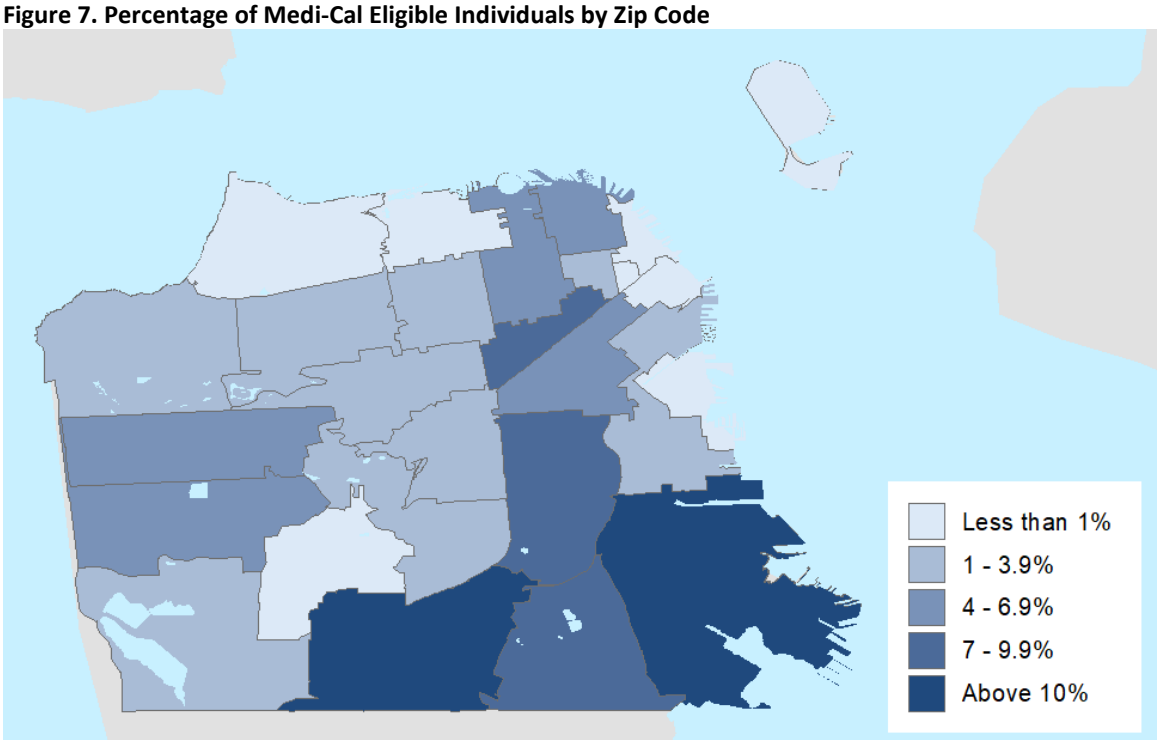
Among the most commonly spoken non-English languages, Spanish and Cantonese, the proportions of civil service staff who are fluent reflects that of consumers who prefer those languages. In addition, the proportion of Spanish speaking consumers is reflective of the Medi-Cal Eligible population, of which 17% speak Spanish. No civil service staff are fluent in Russian, though 2% of consumers report it as their preferred language.

Zip Code

As can be seen in the maps on the following page, there are higher proportions of both Medi-Cal eligible individuals and BHS consumers in the south-eastern areas of San Francisco, roughly covering the South of Market (SOMA), Mission, Bayview/Hunters Point, and Balboa Park/Excelsior/Outer Mission areas. It is noteworthy that the highest concentration (20%) of BHS consumers report 94103, SOMA and part of the Mission, as their zip code, which is not in alignment with the concentration of the Medi-Cal eligible population. Only 6% of Medi-Cal eligible individuals are recorded as living in this zip code. The zip codes with the highest concentrations of Medi-Cal eligible individuals are 94112 (15%) and 94124 (11%). These roughly represent the Balboa Park/Excelsior/Outer Mission and Bayview/Hunters Point areas, respectively.

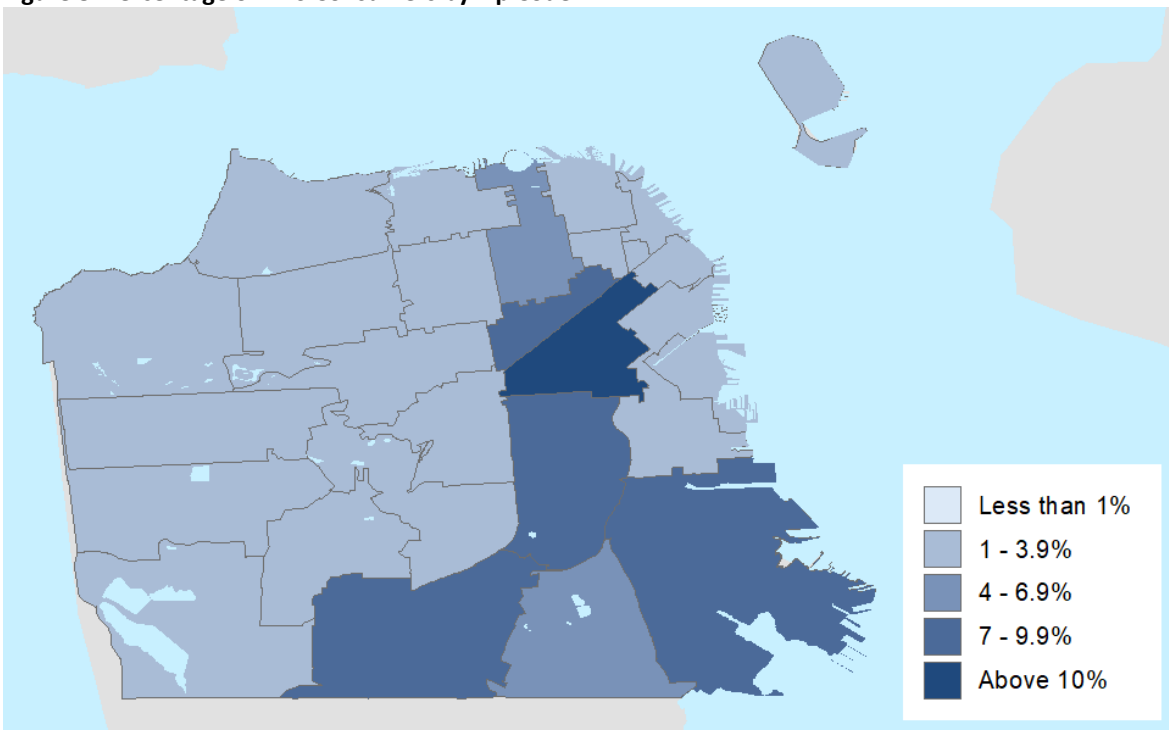
[5] Taylor, J. T., & Rivera, D. (2015). *San Francisco Behavioral Health Services Workforce Disparities Analysis. San Francisco Behavioral Health Services Workforce Disparities Analysis.* Prepared by Learning for Action for San Francisco Department of Public Health, Behavioral Health Services.

Figure 7. Percentage of Medi-Cal Eligible Individuals by Zip Code



Source: California Department of Health Care Services, Certified Eligible Counts – Summary Tables: ACA Expansion Adult Age 19 to 64 as of April 2019, https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx, accessed 9/24/19

Figure 8. Percentage of BHS Consumers by Zip Code



Note: Less than 1% of BHS consumers reported a non-residential San Francisco zip code (e.g. P.O. Box) and 5.8% reported a zip code outside of San Francisco.
Source: Avatar, 2019

Summary

There are several key take-aways from the data presented above:

- About half of the BHS civil service workforce hold non-clinical positions, while the other half occupy positions that require licensure or certification.
- Females are over-represented in the civil service workforce, when compared to consumers, particularly in nurse or LCSW/MFT/Licensed Counselor positions.
- Overall, the racial/ethnic distribution BHS civil service staff is similar to that of consumers, with the exception of staff who identify as Asian being higher than Asian consumers.
- There are greater racial/ethnic disparities among civil service staff with higher levels of licensure compared to non-clinical staff, with the disparity being most pronounced among staff with a medical, nurse practitioner, or pharmacist licenses.
- The racial/ethnic makeup of the civil service workforce is more aligned with the consumer population than the contractor workforce (according to the latest available data).
- The civil service workforce is generally well prepared to meet the language needs of consumers – although no BHS civil service staff speak Russian.
- A higher proportion of psychologists, nurses, licensed masters-level mental health, and post-masters mental health trainee providers are fluent in a language other than English compared to other provider types.
- A large proportion of BHS consumers reside in the SOMA neighborhood, an area with a relatively small proportion of Medi-Cal eligible individuals.

Workforce Development Plan Update

The table below outlines progress made on specific goals and strategies associated with the 2017-2022 Strategic Plan. All relevant data was gathered through interviews with key staff and review of secondary program documents.

Table 7: Behavioral Health Services 5-Year Workforce Development Plan 2017-2022 Update

GOAL 1: Recruitment, Hiring, and Development
Transform our workforce so it better reflects our service populations

Objectives:
A. Increase the number of Latino, African American, Asian, Pacific Islander, and Native American behavioral health staff, with a focus on those that are certified and/or licensed
B. Increase the number of male behavioral health staff
C. Increase the number of behavioral health staff who speak Mandarin Chinese, Cantonese Chinese, Russian, Tagalog, Vietnamese, and Spanish

Strategy	Tactics	Programs	Action Steps	Progress/Status	Intended Outcomes
Focus pipeline development work where there is high potential for reaching communities that need greater representation amongst our workforce Objective Contribution: A, B, C	*High School* • Recruit (specific) target populations (include youth inclined towards helping e.g. peer educators, health academies) • Curriculum includes educational content, exposure to BH professionals and Internships • Social supports are provided • Students are informed about and supported to take next steps in pipeline (e.g. CCSF certificate, college applications, internships, etc.)	*High School* • Public Health Institute (PHI) FACES for the Future Coalition program (sunsets FY 20/21) • Richmond Area Multi-Services, Inc. (RAMS) Program: Summer Bridge (sunset 12/31/17)	*High School* • Increase # of BHS intern placements available for FACES participants • Ensure program deliverables and desired outcomes for FACES align with this plan and demographic priorities • If indicated, consider re-investing funds to offer small stipends to high school students • Continue to build relationships between CCSF-CMHC Program & FACES for the Future • Explore alternate funding sources to support BHS HS programs	*High School* • RAMS Summer Bridge sunset at the end of 2017 as planned • FACES program continues to be implemented as planned	*High School* • % of students matching target populations after 'graduation' reporting interest in, or taking concrete steps towards, BH career in San Francisco

	Developing & Recruiting from the Paraprofessional Workforce • Support Mental Health Academies • Outreach • Support to enroll in career pipeline programs	*Developing & Recruiting from the Paraprofessional Workforce* • Mental Health Mini-Academies ○ 16/17 Street Violence Intervention Program (SVIP) Train the Trainer Pilot ○ SOMA Youth Collaborative • HOPE SF • Population Focused Programs (Latino/Mayan, Samoan. Southeast Asian, Filipino, African American, Native American)	*Developing & Recruiting from the Paraprofessional Workforce* • Provide limited ongoing technical assistance for SVIP efforts • Explore partnership with Roadmap to Peace in the Mission District to provide supportive services and job readiness training to its program participants • Ensure population-focused programs and participants receive education about career pipeline programs.	*Developing & Recruiting from the Paraprofessional Workforce* • Technical assistance for SVIP has grown substantially • As planned, collaboration with community-based initiatives and organizations has included the SOMA Youth Collaborative, HOPE SF Peer Health Leaders, Roadmap to Peace, and case managers and other front-line staff that work directly with program participants – all have participated in the Community Mental Health Academy • A total of 50 trainings were conducted with 2,716; a monthly webinar series was established for substance use treatment providers; year-long training academy for clinical supervisors was conducted; accreditation status for CME (physicians) and substance use counselors was added	*Developing & Recruiting from the Paraprofessional Workforce* • Interested paraprofessionals from these programs enroll in career pipeline programs • Increased language capacity of BHS staff
	Community College Certificate Programs • Fund community college certificate programs serving a high % of BHS target populations to educate & train students to enter front-line behavioral health workers	*Community College Certificate Programs* • 20-25 graduates per year • Community Mental Health • Substance Abuse (sunset 12/31/17) • Medicinal Drumming	*Community College Certificate Programs* • Include funding for both certificate programs in WDET RFQ • Sunset Medicinal Drumming due to more urgent workforce needs (e.g. shortage of child	*Community College Certificate Programs* • Medicinal Drumming was sunset as planned, in order to divert resources to other workforce needs • Community Mental Health Certificate program has	*Community College Certificate Programs* • Graduates secure frontline positions in SF's public behavioral health sector (civil service or CBO) • Graduates go on to earn Drug & Alcohol Certificate,

	using curricula grounded in the wellness & recovery & resiliency principles, community defined practices, evidence-based approaches, best practices & trauma recovery • Engage & recruit consumers of mental health services, their family members & community allies		& adolescent psychiatrists, shortage of substance abuse counselors, etc.) • Increase evaluation efforts to ensure these investments are reaching preferred outcomes.	continued as planned, and meeting contract deliverables • The Drug & Alcohol Certificate program has continued as planned, and meeting contract deliverables	Associate's degree, Bachelor's degree, Master's degree or PhD with the goal of entering SF's public behavioral health sector (civil service or CBO)
	Ambulatory Care: Bachelors Internship Program • Program being designed to expose graduates to behavioral health careers and help them understand how graduate school can benefit them	*Ambulatory Care: Bachelors Internship Program* • None at start of development plan	*Ambulatory Care: Bachelors Internship Program* • Collaborate with Ambulatory Care Workforce Development Officer to clarify goals, expectations, and potential implementation • Review and continue to build out implementation	*Ambulatory Care: Bachelors Internship Program* • This internship program has not yet been implemented due to staff transitions. A new position will be overseeing the implementation of this program as of January 2020 and it will be revisited at that time	*Ambulatory Care: Bachelors Internship Program* • Achieve work experience to better prepare students for careers or graduate studies in behavioral health • The number of staff reflecting the ethnic, cultural & linguistic heritages of the communities being served increases
	Higher Education Partnerships • Develop and recruit more licensed and certified mental health practitioners, who reflect the ethnic, cultural & linguistic heritages of the communities we serve, into SF's public mental/ behavioral health workforce • Explore partnerships with programs in other parts of the country whose student	*Higher Education Partnerships* • San Francisco State University (SFSU) Student Success Program (SSP) (sunset 12/31/17) • California Institute of Integral Studies (CIIS) Student Support Services (sunset 12/31/17)	*Higher Education Partnerships* • Include Higher Ed Partnership funding in WDET RFP • Increase evaluation efforts to ensure these investments are reaching preferred outcomes • Consider reallocation of funds to meet the changing workforce needs	*Higher Education Partnerships* • Both the SFSU and CIIS programs were sunset as planned • This activity area has been removed from the 2017-2021 Strategic Plan, with no plans to reincorporate	*Higher Education Partnerships* • Graduates secure clinical and professional positions in SF's public behavioral health sector (civil service or CBO) • The number of staff reflecting the ethnic, cultural & linguistic heritages of the communities being served increases

	profiles align with BHS's desired workforce profile *Graduate Level Internship Program* • BHS Internship and Training Coordinator recruits, trains and supports 80 Interns per year • Provide stipends for students from diverse communities to create a more diverse pool of interns *Psychiatry Fellowship Training Program* • Partnership with UCSF and ZGH *Mental Health Loan Assumption Program* • BHS staff promotes state funded loan forgiveness programs for priority populations	*Graduate Level Internship Program* • CYF and A/OA multi-cultural student stipends *Psychiatry Fellowship Training Program* • CYF and A/OA *Mental Health Loan Assumption Program* • No local funds • MHSA (state-MHSA) OSHPD 15/16 received 66 SF applications -35 awards ($5k - $ 10k) = $229,974	*Graduate Level Internship Program* • Foster additional or deeper partnerships with local postsecondary institutions (such as CSU East Bay) that have diverse student populations • Improve evaluation efforts to ensure these investments are reaching preferred outcomes *Psychiatry Fellowship Training Program* • Work with UCSF to diversify their pipeline of medical students for placement in fellowship • Re-assess activities to ensure outcomes are being met and increase technical assistance as needed *Mental Health Loan Assumption Program* • Determine if other state or federal programs should be promoted	*Graduate Level Internship Program* • A partnership with CSU East Bay has been developed for recruitment of graduate level interns • Student stipends continue to be dispersed as planned *Psychiatry Fellowship Training Program* • Partnership with UCSF has continued as planned • Two new clinical sites were added: SFHN-BHS Comprehensive Crisis Services and Richard Fine People's Clinic at Zuckerberg General Hospital • Two fellows submitted their capstone projects for inclusion in the annual meeting of the American Psychiatric Association *Mental Health Loan Assumption Program*	*Graduate Level Internship Program* • Increase diversity of interns • Increase number of intern/placements • Increase the awareness of job opportunities within San Francisco County Behavioral Heath *Psychiatry Fellowship Training Program* • Diversity of fellows matches our goals • Continue 80% success retaining fellows in public mental health workforce *Mental Health Loan Assumption Program* • Retention of diverse staff in the BHS workforce

			• Provide more specific guidance to state re SF priorities • Monitor to ensure SF applicants are prioritized according to SFDPH BHS-determined priority demographics • Explore ways to assess long-term benefit of the program for recipients • Explore feasibility of a local loan assumption program, as the state-level program is projected to end	• The state-level program has ended and no local funds have yet been identified as a replacement • Discussions are ongoing and the search for local funds continues	
Reduce the impact of implicit bias in hiring and promotion decisions Objective Contribution: A, B	*Hiring and Promotion Practices* • Support leadership staff to participate in the Implicit Bias Training offered by HR Department at DPH	*Hiring and Promotion Practices* • N/A	*Hiring and Promotion Practices* • Explore ways to further support BHS staff who are involved in hiring and promotion decisions to act on what they are learning about implicit bias through trainings and hiring process • Formalize and/or implement supports for BHS staff who are involved in hiring and promotion decisions to act on what they are learning about implicit bias through trainings and hiring process	*Hiring and Promotion Practices* • There is a dedicated training budget for FY 18-21, including trainings on culturally based implicit biases and racial humility	*Hiring and Promotion Practices* • Increased % of new hires reflect under-represented communities • Increased % of promotions reflect under-represented communities
Increase opportunities for certification/licensure for communities that need greater representation amongst our workforce	*Professional Development Supporting Promotion* • Recruit frontline workers to be promoted via certification, licensure, or other education and training while they are employed	*Professional Development Supporting Promotion* • N/A	*Professional Development Supporting Promotion* • Research and evaluate other models (such as Riverside County, Seneca/USC School of Social Work) of "grow-your-own" programs	*Professional Development Supporting Promotion* • Research and exploration of "grow your own" programs in ongoing – the process is currently on hold because the staff member overseeing	*Professional Development Supporting Promotion* • BHS will have an increase in the number of internal staff promotions and advancements • Promoting from within will strengthen the institutional

Objective Contribution: A, B			• Secure and/or reallocate funds, establish program model, and develop infrastructure for program if indicated • Work with DHR to re-evaluate school-leave program to ensure staff have adequate time to obtain a degree and advance their career • Partner with DPH to provide education regarding HR resources that assist staff with obtaining a higher education.	departed August 2019 and the role remains vacant	knowledge of the BHS workforce
Provide incentives and supports to increase the language capability of current staff Objective Contribution: C	*Language Development Initiative* • Continuing education program for staff to increase language capacity in for priority languages in exchange for commitment to stay with BHS for a certain amount of time	*Language Development Initiative* • N/A	*Language Development Initiative* • Secure funds, (or reallocate funds) establish program model, and develop infrastructure for program if indicated • Review and continue to build out implementation	*Language Development Initiative* • Partnership with City College of San Francisco's Healthcare Interpreting Certificate Program has been developed	*Language Development Initiative* • Increase the language capacity in the BHS workforce for priority languages • Increase staff retention
Goal 2: Training and Support *Ensure that our workforce has the training, skills, and tools to deliver high quality, responsive care.* **Objectives:** A. Staff have the knowledge and skills to meet expectations as BHS employees B. Staff have the knowledge and skills to deliver care according to BHS system of care priorities, e.g.: i. Trauma-Informed ii. Family-focused iii. True North iv. Cultural Humility v. Wellness and Recovery C. Staff have the knowledge and skills appropriate to thrive and grow within their roles as clinicians or administrators					
Strategy	**Tactics**	**Programs**	**Action Steps**	**Progress/Status**	**Intended Outcomes**

Strengthen onboarding materials and practices Objective Contribution: A	*BHS On-Boarding Checklists* • Provide guidance about activities to complete before or near start date *BHS On-Boarding Training* • After DPH and AC Orientation, provide staff with BHS Orientation and Training	*BHS On-Boarding Checklists* • N/A *BHS On-Boarding Training* • N/A	*BHS On-Boarding Checklists* • Finalize checklists • Train staff to use them • Use during on-boarding process • Increase operational capacity to complete tasks on checklist *BHS On-Boarding Training* • Create and pilot an orientation for BHS staff; solicit feedback from BHS Exec leadership and begin implementation, including Substance Use Disorder Services • Identify staffing and other resources needed to meet requirements • BHS on barding offered monthly • Evaluate for satisfaction and impact • Clinic specific onboarding developed	*BHS On-Boarding Checklists* • An online Clinic Director's Manual has been created, including hundreds of documents and resources *BHS On-Boarding Training* • Trainings for all systems of care (Children Youth and Families, Adults/Older Adults, and Transition Age Youth) will be rolled out in January 2020	*BHS On-Boarding Checklists* • Ensure consistent onboarding and training practices for all new hires *BHS On-Boarding Training* • Expand staff knowledge of DPH and BHS priorities • Increase % of staff who feel they have the tools to do their jobs
Build out training program with a focus on system of care priorities and meeting requirements for clinical licensure & certification Objective Contribution: B, C	*Compliance Training* • Civil service staff complete mandatory trainings within the required timeline. (Examples include compliance trainings on privacy and harassment, Disaster Service Workers, 12N, Trauma Informed Systems) *Clinical Skills Training*	*Compliance Training* • Some compliance trainings are monitored • Unclear if other resources are invested in this goal *Clinical Skills Training*	*Compliance Training* • Map mandatory training requirements • Determine how to track completion/compliance • Identify staffing and other resources needed to meet requirements • Determine how DPH/BHS principles can be incorporated into this work *Clinical Skills Training*	*Compliance Training* • SFDPH Human Resources is tracking compliance training completion and collaborating with BHS to ensure that all training requirements are met *Clinical Skills Training*	*Compliance Training* • Staff have the knowledge and skills to deliver care according to BHS system of care priorities *Clinical Skills Training*

	Examples include: • Dialectical Behavioral Therapy • Strengths-Based Model Training • Wellness Recovery Action Program (WRAP) Trainings • Wellness Management and Recovery training (Illness Management and Recovery) • Family-focused Care • Substance Use Disorder Services training *QI and QA Skills* • Ensure that all clinicians are adequately able to perform clinical formulation and risk assessment for individuals and families	• Collaborate with AC Workforce Director & System of Care leadership to identify, prioritize, and implement training priorities (Include Substance Use Disorder Services) *QI and QA Skills* • QI Learning Academy	• Continue to map training needs • Provide opportunities to shadow service delivery sites • Explore creative ways to meet the needs of our clients with the current workforce *QI and QA Skills* • Continue to implement QI Learning Academy, monitor performance, and make adjustments as needed • Explore LEAN training for BHS	• This project is pending. *QI and QA Skills* • The QI Learning Academy has been discontinued, with no plans to revive	Staff have the knowledge and skills to deliver high quality clinical care *QI and QA Skills* • Increased quality of clinical formulation and risk assessment
Improve clinical supervision Objective Contribution: C	*Clinical Supervision Institute* • Institute designed to resource clinical supervisors within BHS to provide reflective, relational, and skill enhancing support to their supervisees • 10-month training program comprised of a 2-day foundational training; 3 specialized trainings	*Clinical Supervision Institute* • New program developed	*Clinical Supervision Institute* • Train 1 cohort of 60 Civil Service and CBO clinical supervisors	*Clinical Supervision Institute* • Training extended to CBO staff, in addition to civil service • The second cohort of 60 clinical supervisors from both civil services and BHS contractors across all BHS systems of care was completed in 2019	*Clinical Supervision Institute* • Increased capacity of the Behavioral Health workforce to be increasingly reflective, relational, and skillful through improved clinical supervision
Build staff capacity to manage clinic operations Objective Contribution: C	*Clinical Operations Support Academy* • Training academy to support Directors within BHS with tools/information that are unique to their leadership position	*Clinical Operations Support Academy* • New program developed	*Clinical Operations Support Academy* • Provide 6 trainings to staff and plan didactic material for implementation • Continue as designed and alter as needed based on participant feedback	*Clinical Operations Support Academy* • An online Clinic Director's Manual has been created, including hundreds of documents and resources	*Clinical Operations Support Academy* • New directors within BHS are supported to manage the numerous tasks that they are responsible for

	• Bi-monthly seminars provided to Directors				
Improve wellness-based documentation Objective Contribution: C	*Documentation Training* • Train people to better understand Medi-Cal, and ensure clinical documentation meets Medi-Cal requirement	*Documentation Training* • New program developed	*Documentation Training* • Integrate clinical perspective into Avatar training • Deepen documentation training to maximize billing • Improve messaging related to documentation requirements	*Documentation Training* • This project is pending.	*Documentation Training* • Staff understand how to maximize use of Avatar to document and bill for their work • Staff bill at the top of their class
Goal 3: Work Environment and Experience *Support and empower staff to be engaged at work and grow professionally within BHS* **Objectives:** A. Increased Staff Wellness B. Increased % of staff feeling safe in their clinics (TN) C. Increased % of staff reporting a positive workplace culture D. Increased opportunities for staff to grow professionally and be promoted					
Strategy	**Tactics**	**Programs**	**Action Steps**	**Progress/Status**	**Intended Outcomes**
Deliver Trauma Informed Care trainings and provide support for vicarious trauma Objective Contribution: A	*TIS Trainings and Resources* • Deliver TIS trainings • Promote Trauma Informed Systems principles	*TIS Trainings and Resources* • TIS Framework and Training Program	*TIS Trainings and Resources* • Continue TIS implementation across DPH including BHS • Re-assess activities to ensure outcomes are being met	*TIS Trainings and Resources* • TIS trainings have continued as planned, with 2700 participants trained in FY 18-19 • "Search Inside Yourself" certification is offered on a monthly basis – this is a yearlong learning and practice venture in emotional intelligence, neuroscience, mindfulness, and leadership	*TIS Trainings and Resources* • Increased staff wellness • Increase the capacity of the Behavioral health workforce to cope with vicarious trauma
Create and promote new staff wellness resources	*Staff Wellness Promotion* • Staff Wellness Coordinator • Staff acknowledgment system • Clinic staff retreats	*Staff Wellness Promotion* • N/A	*Staff Wellness Promotion* • Refine role of Staff Wellness Coordinator	*Staff Wellness Promotion* • Activities were being implemented by the Staff Wellness Coordinator, a role	*Staff Wellness Promotion* • Increased staff wellness and job satisfaction

Objective Contribution: A	• Annual all staff meeting		• Assess staff wellness needs and interest, including the need to address organizational vicarious trauma • Promote existing staff wellness resources • Critical Incident Debriefing (CID) - Assess current CID resources and develop CID protocol • Training in crucial conversations • Explore ways to acknowledge staff contributions • Training and TA for staff to develop skills • Staff retreats that incorporate wellness	that has been vacant since March 2019 – activities will resume when this role is filled	
Deliver trainings on cultural humility & crucial conversations Objective Contribution: A, C	*Soul of Us* • Design and deliver cultural humility trainings focused on internal communications and relationships *Crucial Conversations Training* • Design and deliver crucial conversations trainings	*Soul of Us* • Currently offered through Ambulatory Care Workforce Development *Crucial Conversations Training* • Currently offered through Ambulatory Care Workforce Development	*Soul of Us* • Better integrate DPH/AC/BHS principles into all training curriculum • Assess to determine if projected outcomes are being met and modify plan as needed *Crucial Conversations Training* • Better integrate DPH/AC/BHS principles into all training curriculum • Assess to determine if projected outcomes are being met and modify plan as needed	*Soul of Us* • This project is pending. *Crucial Conversations Training* • This project is pending.	*Soul of Us* • Staff feel respected • Increased sense of belonging in the workplace *Crucial Conversations Training* • Increased capacity of staff to communicate effectively with each other • Reduced levels of staff conflict
Clinic safety initiative	*Clinic Safety Initiative*	*Clinic Safety Initiative*	*Clinic Safety Initiative*	*Clinic Safety Initiative*	*Clinic Safety Initiative*

Objective Contribution: B	• Effectively address and monitor staff's sense of safety in civil service clinics	• Quarterly survey monkey sent to staff to assess 'Safety Climate' of staff. • Identify and implement enhancements to clinic environment to support increased sense of safety.	• Administer baseline survey to assess safety climate and re-administer quarterly to determine impact of interventions. • Assess to determine if projected outcomes are being met and modify plan as needed	• Personal safety alarms were distributed to civil service staff • De-escalation trainings were conducted in FY 17-18 and 18-19	• Increase the % of staff feeling safe in their clinics
Improve supervision practices Objective Contribution: D	*Supervision* • Review and revise supervision guidelines, tools, and practices to shift the focus of supervision to professional development and growth	*Supervision* • N/A	*Supervision* • Review supervision protocols and make recommendations regarding new supervision guidelines and practices • Determine viability of reforms to supervision and implement changes as indicated	*Supervision* • A best practices tool-kit is in development	*Supervision* • Increased motivation of staff to pursue professional development and promotion
Leadership Academy Objective Contribution: D	*Leadership and Professional Development* • Leadership and Professional Development Initiative	*Leadership and Professional Development* • N/A	*Leadership and Professional Development* • Better integrate DPH/AC/BHS principles into all training curriculum • Explore initiative design and feasibility • Assess to determine if projected outcomes are being met and modify plan as needed	*Leadership and Professional Development* • This project is pending.	*Leadership and Professional Development* • Develop skills and tools staff need to succeed • Staff feel more supported

Goal 4: Incorporating Lived Experiences
Successfully integrate peers across the workforce

Objectives:

A. Increased capacity to provide youth-to-youth, parent-to-parent and family-to-family services
B. Peers have the knowledge and skills appropriate to thrive and grow within their roles
C. Double the number of qualified peers in supervisory or leadership roles within the BHS workforce
D. Improved peer supervision skills

Strategy	Tactics	Programs	Action Steps	Progress/Status	Intended Outcomes
Ensure peers receive a minimum of 55 hours of training per year, including training to increase supervisory skills, peer-to-peer training, and peer specialist mental health certificate Objective Contribution: A, B, D	*Peer Training* • Peer Specialist Mental Health Certificate • Advanced Level Training • Leadership Academy • NAMI Peer-to-peer training	*Peer Training* • RAMS peer training (NAMI)	*Peer Training* • Map current peers training efforts • Monitoring state level development for peer certification • Ensure trainings address and incorporate children and family peers • Evaluate these programs to determine efficacy and ensure that training efforts align with state recommendations	*Peer Training* • NAMI training has continued as planned • Trainings address and incorporate children and family peers • State-level development of peer certification is currently in flux	*Peer Training* • Peers have the knowledge and skills appropriate to thrive and grow within their roles • Increased capacity to provide youth-to-youth, parent-to-parent and family-to-family services
Provide supports to peers interested in joining the workforce Objective Contribution: C	*Peer Employment* • Peer-to-Peer Employment Program • Support Access to City Employment (ACE) Program • Support applying for civil service employment	*Peer Employment* • LEGACY (Lifting and Empowering Generations of Adults, Children, and Youth) • RAMS Peer Employment Program	*Peer Employment* • Take inventory and map out the current number of active peer employees within all of BHS, including demographic data • Promote number of peer providers with an emphasis on programs that serve families and youth • Continue workshops re civil service hiring • Continue with collaborative efforts among BHS workforce, BHS Vocational Services and the ACE Program Coordinator to increase access to city employment for consumers • Collaborate with the Peer to Peer Employment Program, other peer projects, and family & consumer	*Peer Employment* • In FY 18-19 there were 352 peers recorded as occupying BHS contractor positions (HR does not track this data for civil service due to confidentiality issues)	*Peer Employment* • More peers in civil service positions • Expanded capacity to provide youth-to-youth, parent-to-parent and family-to-family services • More programs utilizing peers as a modality

			stakeholders to explore ways to increase capacity • Collaborate with the Peer to Peer Employment Program and consumer stakeholders to determine a plan for filling the gaps to ensure all BHS programs utilize peers as a modality • Outreach and recruit peer employees from community colleges, continuing education programs and adult schools.		
Provide supports to peers interested in advancing within the workforce Objective Contribution: C	*Peer Advancement* • Advanced Level Training • Workshops re civil service applications	*Peer Advancement* • Advanced Peer Certificate Program and Leadership Academy	*Peer Advancement* • Collaborate with Peer-to-Peer Employment Program and consumer stakeholders to determine next steps to increase advancement opportunities • Collaborate with the ACE Program Coordinator to break down system barriers and double the number of civil service supervisory positions for peers • Evaluate Advanced Level Training and Peer Specialist Mental Health Certificate programs to ensure that peers are prepared for supervisory positions	*Peer Advancement* • The Advanced Peer Certificate Program, Peer Specialist Mental Health Certificate Program, and the Leadership Academy are all being implemented as planned through RAMS	*Peer Advancement* • More peers in supervisory roles • Improves supervision skills

The table below outlines the alignment of SFDPH BHS Workforce Development Plan goals with MHSA priorities (MHSA priorities have been paraphrased here; full text can be found in the Mental Health Service Act, Part 3.1, Section 5822).

Table 8: Alignment of Behavioral Health Services 5-Year Workforce Development Plan Goals with MHSA-Identified Priorities

Strategic Plan Goals	(a) Expansion of postsecondary education pipeline	(b) Expansion of loan forgiveness and scholarship programs	(c) Creation of a stipend program modeled after the federal Title IV-E program	(d) Establishment of regional partnerships between the mental health system and the educational system	(e) Strategies to recruit high school students for mental health occupations	(f) Curriculum to train and retrain staff to provide services in accordance with MHSA provisions and principles	(g) Promotion of the employment of mental health consumers and family members	(h) Promotion of the meaningful inclusion of mental health consumers and family members in training and education programs	(i) Promotion of meaningful inclusion of diverse, racial, and ethnic community members	(j) Promotion of the inclusion of cultural competency in the training and education programs
GOAL 1: Recruitment, Hiring, and Development										
GOAL 2: Training and Support										
GOAL 3: Work Environment and Experience										
GOAL 4: Incorporating Lived Experiences										