City & County of San Francisco

Mental Health SF Staffing Analysis

Findings and Strategies to Address Gaps

Prepared by

OFFICE OF THE CONTROLLER

CITY PERFORMANCE DIVISION

August 21, 2024

About the Controller's Office

The Controller is the chief financial officer and auditor for the City and County of San Francisco. We produce regular reports on the City's financial condition, economic condition, and the performance of City government. We are also responsible for key aspects of the City's financial operations — from processing payroll for City employees to processing and monitoring the City's budget.

Our team includes financial, tech, accounting, analytical and other professionals who work hard to secure the City's financial integrity and promote efficient, effective, and accountable government. We strive to be a model for good government and to make the City a better place to live and work.

About the City Performance Division

The City Performance team is part of the City Services Auditor (CSA) within the Controller's Office. CSA's mandate, shared with the Audits Division, is to monitor and improve the overall performance and efficiency of City Government. The team works with City departments across a range of subject areas, including transportation, public health, human services, homelessness, capital planning, and public safety.

City Performance Goals:

- Support departments in making transparent, data-driven decisions in policy development and operational management.
- Guide departments in aligning programming with resources for greater efficiency and impact.
- Provide departments with the tools they need to innovate, test, and learn.

City Performance team:
Natasha Mihal, Director
Wendy Lee, Project Manager
Cat Benson, Senior Performance Analyst

For more information, please contact:
Wendy Lee, Project Manager
Office of the Controller
City and County of San Francisco
wendy.lee2@sfgov.org

Media inquiries:
con.media@sfgov.org

sf.gov/controller

@sfcontroller

Controller's Office LinkedIn

Executive Summary

The Mental Health San Francisco legislation called for an analysis to identify behavioral health staffing shortages and propose recommendations to support the recruitment and retention of qualified staff. The Controller's Office (CON) City Performance team worked with the San Francisco Department of Human Resources (DHR) and the San Francisco Department of Public Health (DPH) to analyze administrative data and conduct stakeholder interviews to gain insight into challenges faced by the City's civil service programs and nonprofit providers providing community behavioral health services.

Our review produced the following findings:

- **Vacancy rates are high within nonprofit providers and civil service programs.** Vacancy rates were especially high for licensed behavioral health clinicians, hovering around 20% for both nonprofits and civil service programs during fiscal year 2022-2023 (FY22-23).
- **Staffing behavioral health positions is a challenge across the sector, especially in the community behavioral health setting.** In a survey of public behavioral health systems across California, 70% of agencies reported difficulty recruiting licensed mental health and substance use professionals.
- **Civil service programs and nonprofit providers identified distinct challenges in recruiting and retaining staff.** The City significantly increased its behavioral health positions in response to Mental Health SF and other citywide behavioral health initiatives, while experiencing higher turnover and low conversion of eligible job applicants to new hires. City interviewees also identified hiring process challenges including long hiring times and insufficient coordination among hiring staff. Among staff from nonprofit organizations, interviewees identified low wages as the primary challenge for recruitment and retention. In FY22-23, licensed behavioral health clinicians at a subset of nonprofits funded by DPH earned 73% of the *average* salary of clinicians employed by BHS directly, and 69% of the *starting* salary of entry-level clinicians employed by Kaiser Permanente.

This analysis identified fourteen potential strategies to increase hiring and retention for civil service programs and nonprofit behavioral health providers in the City's public behavioral health system. While some strategies support staffing for both nonprofit and civil service positions, others focus specifically on civil service or nonprofit staff. Each strategy is also evaluated based on estimated impact on staffing and estimated effort level needed for implementation. Recognizing it is not feasible for the City and nonprofits to implement every relevant strategy, the ideas below represent a diversity of possible solutions to our City's staffing challenges.

Strategies for both City and nonprofit positions:

1. Providers can explore opportunities to adjust staffing, where appropriate, to further leverage non-licensed behavioral health workers to provide services that support client treatment goals but where licensure or certification are not required.

2. Providers could create additional partnerships and increase outreach to local behavioral health educational institutions to strengthen the pipeline for skilled and diverse healthcare workers interested in community behavioral health.

3. Providers could support employee wellness initiatives to reduce staff burnout.
4. Providers could increase targeted recruitment for potential candidates using a broader range of platforms and different job websites.
5. Providers could promote career development, training opportunities, and tuition reimbursement programs for staff and increase awareness of these resources.
6. DPH should explore the feasibility of increasing the City's capacity to provide clinical supervision through the Behavioral Health Services Clinical Graduate Internship Program.

Strategies specific to nonprofit positions:

7. Nonprofit providers could explore opportunities to implement wage increases for hard-to-fill positions in line with their unique programmatic and operational needs.
8. With the strategy above, DPH should continue to support nonprofit providers to address wage pressures by jointly reviewing existing contracts to assess where modifications may be appropriate and feasible for the overall system of care.
9. The City should expand technical assistance to help nonprofit staff build capacity to understand their operational costs, which can inform submissions to new City funding opportunities or budget discussions with funding departments.

Strategies specific to City positions:

10. DPH Human Resources (DPH-HR) and Behavioral Health Services (BHS) leadership should increase efforts to address higher resignation rates among Behavioral Health Clinicians.
11. The City should continue to use tailored approaches to communicate with eligible candidates for Behavioral Health Clinician positions.
12. DHR and DPH-HR could assess the need and feasibility of implementing a continuous eligible list for Health Worker classifications.
13. In partnership with DPH-HR, DHR should continue to explore strategies to remove the Board of Behavioral Sciences (BBS) number as a minimum qualification for hiring recent graduates of clinical master's programs.
14. In partnership with DHR, DPH-HR should create a behavioral health recruitment webpage explaining available roles at the City.

Given economic constraints in the upcoming years, the City and its contracted nonprofit partners will need to carefully choose among multiple promising strategies. While the challenges facing the City and nonprofit providers are complex, we believe highly effective strategies can increase recruitment and help retain the behavioral health providers who deliver the community mental health and substance use treatment services San Franciscans need.

Table of Contents

Background

COMMUNITY BEHAVIORAL HEALTH IN SAN FRANCISCO

Behavioral healthcare focuses on identifying and treating mental health and substance use conditions. Within the San Francisco Department of Public Health (DPH), the Behavioral Health Services (BHS) division is the largest provider of behavioral healthcare in San Francisco, including prevention, early intervention, and treatment services across the following systems of care:

- Population Behavioral Health
- Adults/Older Adults
- Residential
- Street-Based and Justice-Involved
- Substance Use Disorder
- Comprehensive Crisis and Hope SF
- Children, Youth, and Families
- Transitional Age Youth

BHS employs over 700 civil service staff and contracts with around 80 nonprofits to serve approximately 21,000 people each year across 200 clinical care sites in the city. In fiscal year 2022-2023 (FY22-23), over half of Behavioral Health Services' nearly $600 million annual budget funded nonprofit contracts ($308.8 million), while 27% ($159.8 million) funded civil service staff. Through civil service programs and nonprofit providers, the City provided specialty mental health services to over 16,500 clients and substance use treatment services to over 4,500 clients.[1]

MENTAL HEALTH SAN FRANCISCO

On December 6, 2019, the San Francisco Board of Supervisors passed an ordinance amending the Administrative Code to establish Mental Health San Francisco (Mental Health SF). The legislation improves access to public behavioral health services and substance use treatment for all San Francisco adult residents with serious mental illness or substance use who are experiencing homelessness, enrolled in Medi-Cal, in Healthy San Francisco, or uninsured. Mental Health SF touches all eight domains of Behavioral Health Services, except for Children, Youth and Families.

In 2018, San Francisco voters approved Proposition C ("Our City, Our Home" or OCOH) to create a new gross receipts tax on companies making $50 million or more in annual revenue to generate $250-280 million for the City to fund homelessness services. Of the $87 million in annual OCOH funding for behavioral health services in FY22-23 and $98 million in FY23-24, the budget allocated $52 million to Mental Health SF programs in FY22-23 and $62 million in FY23-24. Mental Health SF has four major initiatives through which it supports individuals with mental illness or substance use disorders. Those initiatives include the Street Crisis Response Team, Mental Health Service Center, Office of Coordinated Care, and New Beds and Facilities.

[1] San Francisco Department of Public Health Annual Report 2022-2023. https://www.sf.gov/sites/default/files/2024-02/FY22-23%20DPH%20Annual%20Report_0.pdf

Behavioral Health Staffing Analysis

Mental Health SF calls for a staffing analysis of City and nonprofit behavioral health service providers to determine where there are staffing shortages that impact the providers' ability to provide effective and timely mental health services. The ordinance also calls for the analysis to identify recommendations to support the recruitment and retention of qualified staff for roles with staffing shortages.

METHODOLOGY

The Controller's Office (CON) City Performance team worked with DPH and the Department of Human Resources (DHR) to conduct a staffing analysis to identify where there may be staffing gaps, what are the root causes of staffing gaps, and what are targeted strategies to address those staffing challenges. This analysis focused on licensed clinicians and non-licensed behavioral health workers because those roles work directly with clients to provide mental health and substance use treatment services. Understanding where staffing challenges exist is key to addressing staffing impacts on the implementation of Mental Health SF and the City's ability to deliver critical services for individuals with serious mental health conditions and substance use treatment needs.

For City behavioral health programs, we analyzed human resources data to calculate average salaries, vacancy rates, promotions, and resignations. We interviewed BHS Systems of Care and Clinic Directors, DPH Human Resources and BHS Operations teams, and the DPH Employee Experience/Justice, Equity, Diversity, and Inclusion teams on the department's staffing challenges, existing initiatives, and possible solutions.

For nonprofit behavioral health providers, we analyzed salary and staff vacancy data from the Controller's Office Nonprofit Worker Wage and Equity Survey. In fall 2022, the Controller's Office conducted a Nonprofit Worker Wage and Equity Survey to understand the current state of wages, vacancies, and staff demographics for over 150 nonprofits doing business with the City. This Mental Health SF Staffing Analysis analyzed a subset of that survey data for nine nonprofits that responded to the more detailed cohort survey and had a contract with BHS. While BHS contracts with many more providers than these nine, the Controller's Office Nonprofit Worker Wage and Equity Survey included these nine to represent some of the largest providers with a range of services delivered.

We also interviewed twelve nonprofits on their staffing challenges and potential solutions, including seven providers who provided mental health services (including outpatient care, intensive case management, and residential treatment), four that provided primarily substance use treatment services (including outpatient care, methadone treatment, residential treatment, and transitional housing support), and one that provided both mental health and substance use treatment. Of BHS's approximately 80 contracted nonprofits, the twelve nonprofits interviewed represent approximately 40% of BHS-funded contract spending in FY22-23, including six of the top ten nonprofits by total BHS funding. We also reviewed the Northern California Fair Pay Nonprofit Compensation Report for nonprofit wage benchmarking.

Finally, we integrated feedback from the Mental Health SF Implementation Working Group, and reviewed literature on behavioral health sector staffing assessments, statewide data reports, and other policy studies to understand sector-wide behavioral health staffing trends and challenges.

VACANCY RATES IN BEHAVIORAL HEALTH ROLES

Unfilled staff positions impact civil service and nonprofit providers' ability to provide behavioral health care. Staff vacancy rates provide a point-in-time assessment of unfilled positions and change over time. While many factors impact staff vacancies and vacancy rates alone do not tell the entire story, they provide a starting place to dive deeper into where there may be underlying staffing challenges.

In fall 2022, a survey of nine nonprofit behavioral health providers revealed an average point-in-time vacancy rate of 20.9% among licensed behavioral health clinicians and 10.3% among non-licensed behavioral health workers (Table 1). These nine surveyed nonprofits reported approximately 187 funded licensed clinician full-time equivalents (FTEs) and 689 funded non-licensed behavioral health worker FTEs. Qualitative interviews with nonprofits confirmed that nonprofit behavioral health providers have a high number of vacancies in these positions. Currently, there is no ongoing systematic data collection to track how these nonprofit vacancy rates may be changing over time.

Table 1. Vacancy Rates Among Licensed and Non-Licensed Behavioral Health Workers For Surveyed Nonprofits With BHS Contracts

Employer	Job Title	Vacancy Rate[1]	Funded FTEs	Vacant FTEs
Surveyed Nonprofits[2]	Licensed Behavioral Health Clinician	20.9%	186.6	39.0
Surveyed Nonprofits[2]	Non-Licensed Behavioral Health Worker	10.3%	689.4	70.8

1. Vacancy rates represent point-in-time vacancies as a percent of budgeted FTEs. Data for surveyed nonprofits are as of Fall 2022.
2. Data represent the average vacancy rate for nine surveyed nonprofits in the Nonprofit Wage and Equity Survey.

In FY22-23, civil service programs had a vacancy rate of 17.5% among Behavioral Health Clinicians and 29.0% among Health Worker III positions (Table 2). In the City workforce, Behavioral Health Clinicians (2930) are licensed behavioral health staff; the Health Worker series (2585-2588) have care coordination, case management support, counselor, and peer support roles, which are most similar to non-licensed behavioral health workers at nonprofits. At this point-in-time snapshot, BHS had higher vacancy rates among Behavioral Health Clinicians (2930) compared to all positions for DPH overall (12.6%) and the city overall (11.5%)

Table 2. Vacancy Rates Among Licensed Clinicians and Non-Licensed Behavioral Health Workers For Civil Service Programs

Employer	Job Title	Vacancy Rate[1]	Total Permanent FTEs	Estimated Vacant FTEs[2]
SFDPH BHS	Behavioral Health Clinician (2930)	17.5%	165	29
SFDPH BHS	Senior Behavioral Health Clinician (2932)	8.7%	64	6
SFDPH BHS	Health Worker I (2585)	2.3%	10	0
SFDPH BHS	Health Worker II (2586)	23.8%	24	6
SFDPH BHS	Health Worker III (2587)	29.0%	76	22
SFDPH BHS	Health Worker IV (2588)	18.9%	18	4

1. Vacancy rates represent a point-in-time percent of budgeted FTEs that are vacant. SFDPH BHS data are as of June 20, 2023.
2. The estimated number of vacancies is calculated by multiplying the number of budgeted FTEs by the vacancy rate.

Furthermore, in FY22-23, BHS had higher vacancy rates for Behavioral Health Clinician (2930) positions in managed care (36%) and adult mental health (19%) treatment settings, which include the outpatient clinic, comprehensive crisis, street-based outreach, and shelter/supportive housing services that are part of Mental Health SF (Table 3).

Table 3. Behavioral Health Clinician and Senior Behavioral Health Clinician Vacancy Rates and Vacant FTEs by BHS Department

Division	Department	2930 Behavioral Health Clinician		2932 Sr Behavioral Health Clinician	
SFDPH BHS	Managed Care	36%	6.7 FTE	46%	3.4 FTE
SFDPH BHS	Mental Health-Adult	19%	13.8 FTE	0%	0 FTE
SFDPH BHS	Mental Health-Children	8%	4.3 FTE	13%	2.5 FTE

Source: Data from DPH-HR as of June 20, 2023.

In FY22-23, both the City and nonprofit behavioral health providers experienced high vacancy rates. Research from the University of Washington's Advancing Integrated Mental Health Solutions Center found that clients who are low-income, on Medi-Cal or uninsured, experiencing homelessness, and have limited social support tend to have more complex behavioral health needs;[2] these more vulnerable populations are the clients served by the City through its civil service and nonprofit providers. Considering the characteristics and needs of the populations the City serves, these staffing challenges directly impact the ability to meet the behavioral health needs of clients, especially those who are the Mental Health SF population, or individuals experiencing homelessness with a mental health or substance use diagnosis.

FACTORS CONTRIBUTING TO HIGH VACANCY RATES

Sector-Wide Staffing Shortage

The behavioral health staffing shortage here in San Francisco is part of a larger sector-wide staffing gap, which is well documented both statewide and nationally. By the year 2036, the Health Resources and Service Administration's (HRSA) National Center for Health Workforce Analysis projects that the United States will have a shortage of 87,630 addiction counselors, 69,610 mental health counselors, 62,490 psychologists, and 27,450 marriage and family therapists to even maintain the current level of services.[3] The National Council for Mental Wellbeing found that 83% of surveyed behavioral health providers believed that the current workforce is unable to meet the need for behavioral health services. Ninety-three percent of respondents have experienced burnout, and nearly half reported they have considered changing roles due to workforce shortages.[4]

The County Behavioral Health Directors Association (CBHDA) of California found that 70 percent of county behavioral health agencies across California had difficulty recruiting licensed professionals to provide mental health and substance use services.[5] Over 80 percent of California counties said that recruiting specialized staff for working with specific populations (such as individuals with co-occurring mental health and substance use disorders or justice-system involved populations) was particularly challenging. Most counties also reported

[2] University of Washington Psychiatry & Behavioral Sciences, AIMS Center. Caseload Size Guidance for Behavioral Health Care Managers. https://aims.uw.edu/wordpress/wp-content/uploads/2023/06/Behavioral-Health-Care-Manager-Caseload-Guidelines_072120-Final.pdf
[3] HRSA Health Workforce, National Center for Health Workforce Analysis. "Behavioral Health Workforce, 2023". December 2023. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf
[4] National Council for Mental Wellbeing. "Help Wanted in Behavioral Health". https://www.thenationalcouncil.org/wp-content/uploads/2023/04/2023.04.21_Workforce-Research-Material-Final_DDV-edits-01.png
[5] Coffman, J., and Fix, M. Building the Future Behavioral Health Workforce: Needs Assessment. Healthforce Center at UCSF, February 2023. https://static1.squarespace.com/static/5b1065c375f9ee699734d898/t/63e695d3ce73ca3e44824cf8/1676056025905/CBHDA_Needs_Assessment_FINAL_Report_2-23.pdf

that staff retention is a challenge and that turnover is high. Sector-wide barriers included burnout, competition from other employers, low compensation, and extensive documentation requirements.

Compared to other regions in California, the Bay Area has among the highest availability of licensed behavioral health professionals per 100,000 population. While San Francisco is not in a medically underserved area, hiring and retaining staff is a particular challenge for safety net community behavioral health providers. Beyond similar factors leading to hiring and retention challenges across the state, civil service and nonprofit providers also identified the following drivers of staffing challenges for client-facing positions in San Francisco's safety net behavioral health system:

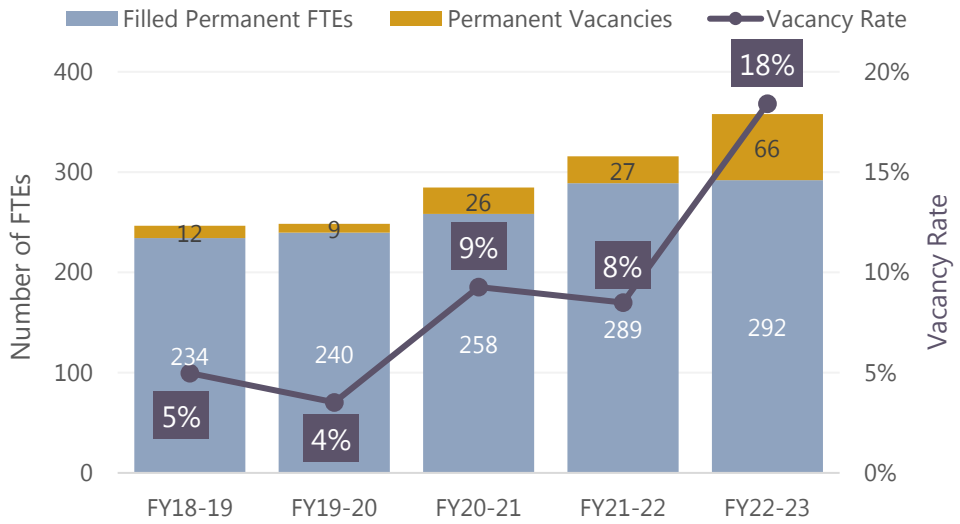
- **Competition For Limited Pipeline:** Due to insufficient pipeline across the sector, nonprofits, civil service, and private health systems are all hiring from an already limited pool of behavioral health staff. Interviewed nonprofits shared that their staff often weigh offers from (or leave for) the City and private health systems (like Kaiser and UCSF). BHS clinic managers shared that candidates for civil service positions weigh offers from private health systems or staff leave for private practice. As noted by the IWG, competition for this limited pipeline exists not only within San Francisco but with other Bay Area counties since there are insufficient numbers of individuals for positions.
- **Increase in Telehealth:** Since the pandemic, many graduating clinicians have been trained primarily or entirely in telehealth. For these clinicians, continuing to work in telehealth is an attractive option. However, civil service programs and most interviewed nonprofits cannot offer fully telehealth positions due to the nature of their service models, which require in-person and some field-based work.

Civil Service Staffing Challenges

Significant Growth in Behavioral Health Positions

Between FY18-19 and FY22-23, SFDPH BHS increased their budgeted behavioral health staff by 45% in response to the implementation of Mental Health SF, OCOH, and other behavioral health initiatives in the City. In the same period, BHS increased their filled FTEs by 25%, leaving an overall vacancy rate of 18% for licensed and non-licensed behavioral health workers in FY22-23 (Figure 1).

Figure 1. Filled and Vacant Behavioral Health Positions at SFDPH BHS

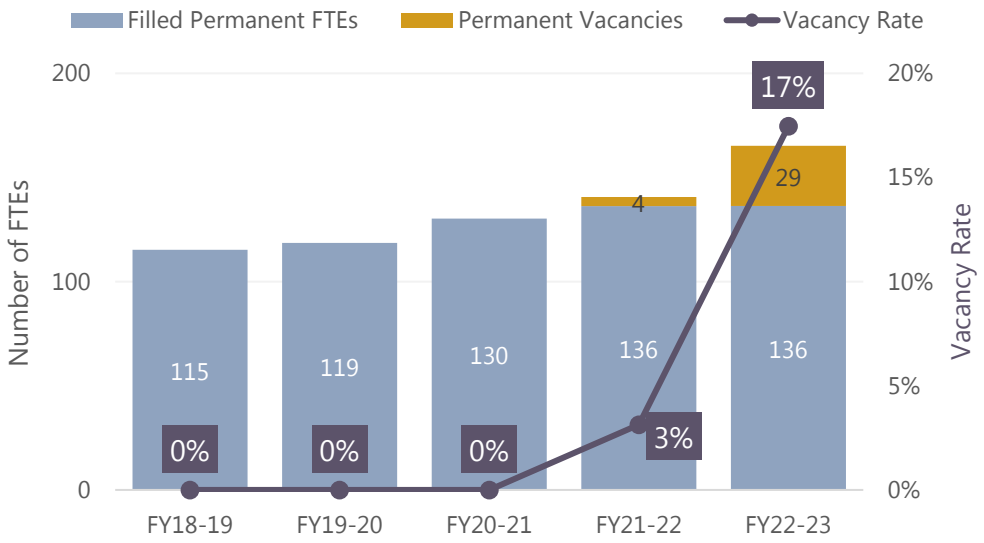


Source: Data represent licensed (2930, 2932) and non-licensed (2585, 2586, 2587, and 2588) behavioral health staff at DPH BHS. Data from PeopleSoft, the City's budget and employment data system. Vacancy rates represent a snapshot in time of the budget for each fiscal year as of July 1, or the day after the end of the prior fiscal year, for FY18-19, FY19-20, and FY21-22. The snapshot from FY22-23 is as of June 20, 2023, two weeks before the end of the fiscal year.

This vacancy rate of 18% was higher than the vacancy rate for DPH as a department (12.6%) and the City overall (11.5%). DPH has not been able to hire at a fast enough rate to fill their new positions created through OCOH funding. The factors leading to high vacancy rates for these client-facing classifications are described below.

SFDPH BHS increased their budgeted permanent Behavioral Health Clinicians (2930) from 115 FTEs in FY18-19 to 165 FTEs in FY22-23, a 43% increase. This growth in budgeted positions is a primary driver of the higher vacancy rate. In June 2023, BHS had filled 136 of those permanent FTEs, leaving 29 vacancies (Figure 2).

Figure 2. Filled and Vacant Behavioral Health Clinicians (2930) at SFDPH BHS



Source: Data from PeopleSoft, the City's budget and employment data system. Vacancy rates represent a snapshot in time of the budget for each fiscal year as of July 1, or the day after the end of the prior fiscal year, for FY18-19, FY19-20, and FY21-22. The snapshot from FY22-23 is as of June 20, 2023, two weeks before the end of the fiscal year.

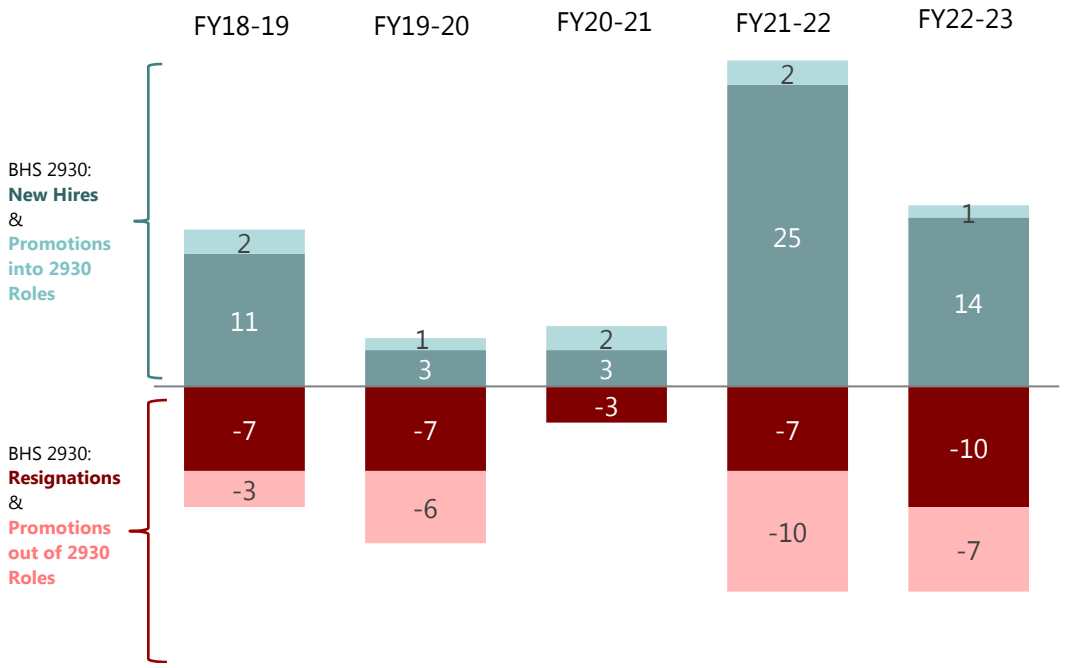
Turnover Among Licensed Behavioral Health Clinicians

While SFDPH BHS successfully filled 42 permanent Behavioral Health Clinicians in FY21-22 and FY22-23, turnover during the same period (17 resignations and 17 promotions out of the classification) blunted the overall progress from BHS's accelerated hiring efforts (Figure 3). Though some turnover is expected in any job and factored into departments' hiring plans, Behavioral Health Clinicians saw the most resignations of the City classifications reviewed in this analysis. In FY22-23, nearly 9% of Behavioral Health Clinicians resigned, which was higher than for BHS overall (6%) and the overall resignation rate for SEIU Miscellaneous employees (3%).

When this staffing analysis began in late 2022, stakeholders identified that the difference between the Behavioral Health Clinician (2930) and Senior Behavioral Health Clinician (2932) salaries did not meet the minimum differential required for promotive positions in same job pathway. This discrepancy may have contributed to challenges filling vacancies in the Senior Behavioral Health Clinician position. In FY23-24, DHR

and DPH Human Resources worked with union partners to address the wage compaction issue by increasing the differential between the classifications effective July 1, 2024.

Figure 3. New Hires, Resignations, and Promotions for Behavioral Health Clinicians at SFDPH BHS



Source: Data from PeopleSoft, the City's budget and employment data system. These data represent the cumulative number of permanent new hires, promotions into the role, promotions out of the role, and resignations from the City in each fiscal year.

In addition to the higher levels of turnover, DPH-HR found that Behavioral Health Clinicians (2930) left the City after shorter lengths of service than for DPH overall (Table 4). Between FY21-22 and FY23-24, Behavioral Health Clinicians worked in their roles for an average of 4.37 years before leaving BHS, whereas staff across DPH worked at the department for more than twice as long, on average, before leaving the department.

Table 4. Number of Behavioral Health Clinician Separations by Fiscal Year

Fiscal Year	Total 2930 Separations	Average length of service for Behavioral Health Clinicians (2930) at time of separation	Average length of service for DPH overall
FY21-22	21	3.23 years	9.55 years
FY22-23	19	4.54 years	10.30 years
FY23-24	17	5.57 years	10.80 years
Overall	**57**	**4.37 years**	**10.15 years**

Source: Data from DPH-HR and PeopleSoft provided August 8, 2024.

BHS clinic managers who participated in qualitative interviews reported that behavioral health clinicians experience a high level of burnout resulting from high caseloads and high patient acuity. High vacancy rates may further exacerbate burnout because with fewer staff, each remaining clinician has a higher caseload. In DPH's 2023 employee engagement survey, Behavioral Health Clinicians most cited insufficient work-life balance as the key factor that would drive them to leave the organization. Two-thirds of Behavioral Health

Clinicians felt their work unit was not adequately staffed, and 54% responded that they always or often feel emotionally exhausted at work.

Low Conversion Among Behavioral Health Clinician Candidates

During 2023, DPH held four rounds of hiring for the 2930 Behavioral Health Clinicians. Each subsequent round had increasingly higher numbers of candidates that met minimum qualifications and made the eligible lists, indicating that there may have been a large enough applicant pool in these recruitments.

During the Notice of Inquiry (NOI) stage of the process, DPH-HR reaches out to individuals on the eligible list via email to inquire if they want to move forward with interviewing for open roles. BHS reported that many Behavioral Health Clinician (2930) candidates drop out of the hiring process at the NOI stage when they do not respond (Table 5). BHS followed up with some of the candidates who did not respond and learned that some candidates did not understand the language that was used in the email that they received and were confused about next steps. Other candidates expressed they were discouraged by the City's requirement that they be available for an interview on short notice with little flexibility about timing.

In addition to the low NOI response rate, a sizable number of individuals who received job offers declined, even after they applied for the position, took the exam, responded to the NOI, and interviewed with the hiring manager. While candidates do not typically elaborate on their reasons for declining a job offer, the significant number of declined offers warrant a deeper dive to understand underlying barriers or issues.

Table 5. Behavioral Health Clinician Hiring Progression

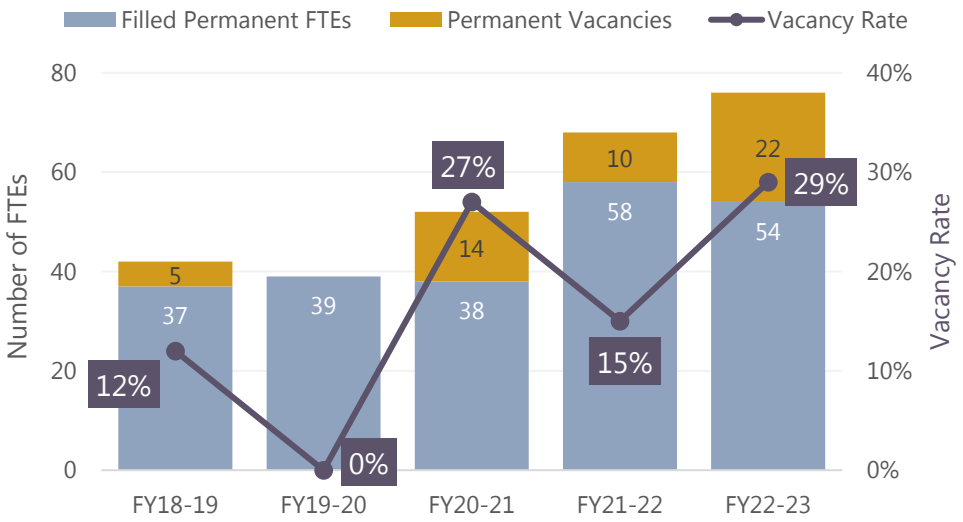
BHS 2930 Hiring Round	Candidates on Eligible List	NOI response rate	Did not respond to NOI	Declined interview	No Show for Interview	Declined Job Offer	Hired
March 2023	77	62.3%	29	1	3	14	20
July 2023	129	37.2%	81	0	3	7	25
October 2023*	154	16.9%	128	2	7	5	9

Source: Data from DPH-HR as of December 5, 2023.
* The October 2023 round hired for Ambulatory Care which is a more specialized setting and may have special conditions, working condition requirements, or position descriptions that affect the response rate.

Pause in Health Worker Recruitment

Comprising over half of all health workers in BHS, Health Worker III (2587) positions grew the most in response to Mental Health SF and other citywide behavioral health initiatives. City HR data shows BHS increased the number of permanent Health Worker III positions from 42 FTEs in FY19-20 to 76 FTEs in FY22-23, an 81% increase (Figure 4). BHS had a higher vacancy rate in the Health Worker III (2587) classification primarily because DPH was instructed to pause examinations until the fall of 2023 to allow for discussions to occur with the unions about the health worker series. As a result, DPH was not able to conduct an exam for this classification for two years (August 2021 to Fall 2023). Thus, BHS could only hire from an eligible list of people who had applied over two years ago, many of whom were likely no longer looking for a job, contributing to a higher vacancy rate during this time. As of mid-September 2023, the City resumed recruitments for all Health Worker classifications, and there were eligible lists that departments could use to hire new permanent staff.

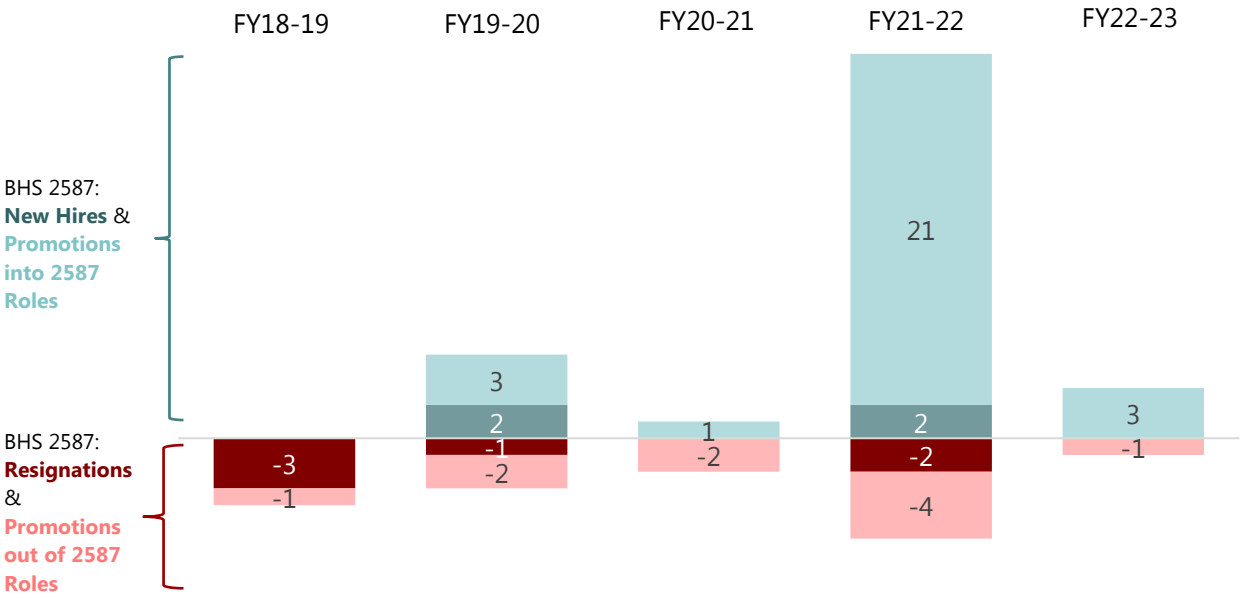
Figure 4. Filled and Vacant Health Worker IIIs (2587) at SFDPH BHS



Source: Data from PeopleSoft, the City's budget system. Vacancy rates represent a snapshot in time for each fiscal year as of July 1, or the day after the end of the fiscal year, for FY18-19, FY19-20, and FY21-22. The snapshot from FY22-23 is as of June 20, 2023, two weeks before the end of the fiscal year.

While a significant number of permanent Health Worker IIIs were promoted into this position in FY21-22 using the eligible list from 2021 (Figure 5), BHS added only three employees in this classification in FY22-23, leaving 22 vacancies. While the lack of recruitment for Health Worker IIIs seems to be the main driver of high vacancies in this classification, BHS clinic managers reported that Health Workers also experience burnout resulting from challenging work and relatively low pay.

Figure 5. New Hires, Resignations, and Promotions for Health Worker IIIs at SFDPH BHS



Source: Data from PeopleSoft, the City's budget and employment data system. These data represent the cumulative number of permanent new hires, promotions into the role, promotions out of the role, and resignations from the City in each fiscal year.

Hiring Process Challenges

The City's complex hiring process also contributes to the high vacancy rate among behavioral health staff. DPH stakeholders discussed a few specific hiring challenges during qualitative interviews:

- **Time to Hire:** The long hiring process leads to many candidates dropping out of the process to accept other jobs. In qualitative interviews, stakeholders shared concerns that hiring delays also create inequities because those who can afford to wait may have an advantage.
- **Communication and Coordination Throughout Hiring Process:** The City's hiring process involves multiple stakeholders from when the job recruitment is posted, through application review, candidate selection and onboarding. DHR, DPH-HR, BHS Operations, and individual hiring managers all have key roles through the various stages, which require partnership and coordination. In qualitative interviews, clinic managers reported communication challenges that resulted in delays, internal confusion about navigating the hiring process, high-pressure timelines, and frustration among staff.

While BHS clinic managers discussed these challenges in the context of hiring behavioral health clinician and health workers, other HR partners also share these concerns about communication and coordination in the hiring process more broadly. In the time since qualitative interviews were completed, DPH and the City have implemented additional planned initiatives to improve the City's hiring process. Within BHS, the centralized Operations team partners closely with DPH-HR and BHS hiring managers to continuously streamline the process and address roadblocks. Citywide, DHR has been developing a Hiring 101 training resource to support department HR teams and hiring managers to better understanding hiring processes.

Hiring Pipeline Challenges

Recent graduates of clinical master's programs are a potential pool of candidates for Behavioral Health Clinician roles at BHS. However, BHS hiring managers identified several existing challenges that make it more difficult to recruit and hire recent graduates.

- **Insufficient Capacity to Host Interns:** Students in clinical master's programs are required to complete an internship as part of their degree requirements. Hosting interns is a great opportunity for the City to help grow the behavioral health workforce more widely and bring in potential new Behavioral Health Clinicians (2930) to decrease vacancies in the department. The City has a formal internship program that hosted 23 interns in academic year 2022-23 at 12 BHS sites and 18 student interns in academic year 2023-24. This is a huge increase since academic year 2021-2022, when the City only hosted four interns. Despite the increase, clinic managers reported that they lack capacity to host as many interns as they would like to. The main challenge is that staff who would serve as a clinical supervisor for interns do not have enough time in their schedule to provide necessary supervision because of high caseloads. The problem here is circular: BHS is not able to host as many interns who could potentially help fill their vacancies because there are currently too many vacancies.
- **Board of Behavioral Sciences (BBS) Registration:** The City requires Behavioral Health Clinicians (2930) to have a BBS number prior to applying to the position as part of the minimum qualifications. However, new clinician graduates must wait around three months after graduation for the State of California to issue them a BBS number. As a result, recent graduates must wait at least three months before they can even apply for a City job. Along with the City's already long and complex hiring process, the BBS requirement before application makes the prospect of applying to or accepting an offer from the City less attractive to recent graduates, especially for those who cannot afford to be without work for so long. The BBS number requirement presents an additional challenge for recent graduates who

interned in a City clinic and might otherwise be able to transition into a Behavioral Health Clinician role upon graduation if it were not for this requirement prior to even applying.

The City faces unique challenges recruiting and retaining behavioral health staff. While BHS increased their number of behavioral health clinician positions by 43% in the past five years, the number of hired staff had not kept up, leaving many vacancies in this role. BHS also faced challenges with low conversion rates of clinician applicants to new hires. Across civil service positions, interviewees identified challenges with the hiring process including the extended hiring process timelines and insufficient coordination across hiring stakeholders. Interviewees also identified pipeline challenges where BHS has limited capacity to host clinical interns and administrative challenges hiring staff directly out of graduate school. For non-licensed health workers, the two-year pause in Health Worker examinations led to a high vacancy rate in the Health Worker III role.

Contracted Nonprofits Hiring Challenges

Contracted nonprofits face their own challenges recruiting and retaining qualified behavioral health staff. In interviews, nonprofits reported that licensed behavioral health clinicians were more difficult to hire than non-licensed behavioral health workers, which is reflected in the vacancy rates in Table 1. This is mostly because there are fewer educational and experience requirements for non-licensed roles, leading to a larger applicant pool. Still, nonprofits reported significant hiring and retention challenges for all behavioral health staff. Some of the drivers of these challenges are listed below.

Lower Wages

Based on interviews with nonprofits providing behavioral health services, lower wages were the most significant factor driving hiring challenges at nonprofits for both licensed and non-licensed staff. Nonprofits reported difficulty getting candidates to accept job offers because of less competitive salaries and benefits packages, and challenges retaining staff who found higher paying jobs elsewhere. This included staff leaving nonprofit roles to accept positions with the City or other private health systems.

Nine nonprofits with BHS contracts responded to the Controller's Office Nonprofit Worker Wage and Equity Survey and shared detailed wage and staff vacancy data (Table 6). Licensed behavioral health clinicians at responding nonprofits made an average of $87,622 in FY22-23, which was 73% of the average salary for Behavioral Health Clinicians (2930) working for the City and 69% of the starting salary for Licensed Masters Mental Health Professionals at Kaiser Permanente (as a proxy for private health systems). Non-licensed behavioral health workers at responding nonprofits made an average of $52,420 in FY22-23, which was 61% of the average salary for Health Worker III (2585) working for the City and 69% of the starting salary for non-licensed Mental Health Workers at Kaiser Permanente.

Table 6. Estimated FY22-23 Salaries for Licensed and Non-Licensed Behavioral Health Staff for Nonprofit, Civil Service, and Private Sector

	Surveyed Nonprofits Average Salary (Fall 2022)*	SFDPH BHS Average Salary (Spring 2023)	Kaiser Permanente Starting Salary (Spring 2023)
Licensed Behavioral Health Clinicians	$87,622/year	$120,411/year	$126,485/year**
Non-Licensed Behavioral Health Workers	$52,420/year	$85,717/year	$75,712/year***

* Controller's Office Nonprofit Worker Wage and Equity Survey

** Source: Kaiser's starting salary for a journey-level Licensed Masters Mental Health Professional – Initial Assessment Coordination

*** Source: Kaiser's starting salary for an entry-level Mental Health Worker. The City's Health Worker III position differs from Kaiser's position slightly; the City's Health Worker III classification is not entry-level and may supervise staff.

The Nonprofit Compensation Associates' Fair Pay Report aggregated salary data for nonprofit case manager staff across different settings, including housing/shelter settings, health/medical services, as well as behavioral health services/family counseling settings.[6] The 2023 report showed that case managers and peer counselors at nonprofits in the San Francisco region have higher average salaries than non-licensed behavioral health workers at BHS-contracted nonprofits (Table 7). In this best available data, benchmarking averages from the Fair Pay report may skew higher, because they also include non-behavioral health settings like housing/shelter settings that have higher salaries on average.

Table 7. Comparison of San Francisco Nonprofit Non-Licensed Worker Salaries

	Non-Licensed Behavioral Health Workers at BHS Contracted Nonprofits* *Source: CON survey*	**Case Manager/ Social Worker****	**Peer Support Group Facilitator****	**Counselor****
		Source: Nonprofit Compensation Associates' Fair Pay Report		
Average Salary	$52,420/year	$62,398/year	$58,015/year	$59,513/year

* Nine BHS-contracted respondents to Controller's Office Nonprofit Worker Wage and Equity Survey
** San Francisco specific salaries per 2023 Nonprofit Compensation Associates' Fair Pay Report. Roles comparable to non-licensed behavioral health worker at the City's contracted nonprofits. Benchmarking data by geographic location aggregates case managers working across different fields of service, which have variable average salaries.

Salaries for licensed behavioral health clinicians at BHS-contracted nonprofits appear comparable to salaries for similar positions at other San Francisco nonprofits (Table 8). Nonprofits emphasized that clinical staff were most difficult to recruit and retain because civil service and private health systems offer higher salaries.

Table 8. Comparison of San Francisco Nonprofit Licensed Behavioral Health Clinician Salaries

	Licensed Behavioral Health Clinicians at BHS Contracted Nonprofits* *Source: CON survey*	**Clinician (Pre-license MFTI/ ACSW)****	**Licensed Clinical Social Worker ****	**Therapeutic Counselor MFCC/MFT****
		Source: Nonprofit Compensation Associates' Fair Pay Report		
Average Salary	$87,622/year	$75,302/year	$87,263/year	$79,690/year

* Nine BHS-contracted respondents to Controller's Office Nonprofit Worker Wage and Equity Survey
** San Francisco specific salaries per 2023 Nonprofit Compensation Associates' Fair Pay Report. Roles comparable to licensed behavioral health staff at the City's contracted nonprofits.

Hiring Pipeline Challenges

- **BBS Number Barrier:** Nonprofit providers had a similar challenge with BBS number requirements for recent graduates of clinical master's programs.
- **Substance Use Counselor Certification:** All the City's substance use treatment services are provided by contracted nonprofits. Substance Use Disorder Counselors in California must complete specific coursework and be certified. Medi-Cal standards also require Substance Use Counselors to register

[6] Nonprofit Compensation Associates. Fair Pay for Northern California Nonprofits: The 2023 Compensation & Benefits Survey Report. "Social Services and Behavioral Health".

with the state when they are hired, giving them a five-year grace period to achieve their official certification. Two interviewed nonprofits shared that they have challenges hiring Substance Use Counselors with the required certifications. Instead, those organizations hire candidates with interest or experience with substance use counseling, help them get registered, and then support them on their path to certification. This support can look like financial support for course and registration fees or support with their schedules so that employees have the time to complete required coursework.

Nonprofit behavioral health providers face unique challenges in recruiting and retaining behavioral health staff. Nonprofits, even those contracted with the City, provide lower average wages to employees than positions with similar job descriptions at the City and private health care providers. Nonprofits also face hiring pipeline challenges, including barriers caused by challenges with BBS numbers and requirements for new hires with specialized Substance Use Counselor Certifications.

Strategies to Address Staffing Challenges

Civil service and nonprofit providers of community behavioral health services face many challenges to successful recruitment and retention of licensed and non-licensed behavioral health staff. Through qualitative interviews, review of departmental hiring initiatives already underway, and review of other assessments and policy briefs, we identified several strategies that may reduce staffing gaps that impact the delivery of behavioral health services. We evaluated each strategy below based on estimated impact on employee recruitment and retention and staff effort required for implementation.

Addressing San Francisco's behavioral health staffing challenges will require strategies to address retention of current staff in the near term, recruitment of staff to fill existing vacancies in the short to medium term, and pipeline development to grow the behavioral health workforce over time. These solutions will require multiple coordinated strategies, which could include several of the following options detailed below (Table 9).

In the time since this Mental Health SF Staffing Analysis started in 2022, the City has already begun implementation of several strategies to address these staffing challenges. While there may be additional existing efforts to highlight in relation to these strategies, known efforts are highlighted below.

Table 9. Summary of Strategies to Consider

#	Strategy
Strategies for **both City and Nonprofit positions**	
1	Providers can explore opportunities to adjust staffing models, where appropriate, to further leverage and develop non-licensed behavioral health workers.
2	Providers could create additional partnerships and increase outreach to local certificate, BA, and clinician programs.
3	Providers could support employee wellness initiatives to reduce staff burnout.
4	Providers could increase targeted recruitment for potential candidates on LinkedIn and other job websites.
5	Providers could promote career development, training opportunities, and tuition reimbursement programs for staff.
6	DPH should explore the feasibility of increasing the City's capacity to provide clinical supervision and host interns through the Behavioral Health Services Clinical Graduate Internship Program.

Strategies for **Nonprofit positions**	
7	Nonprofit behavioral health providers could explore organizational opportunities to implement wage increases for hard-to-fill positions per their unique programmatic and operational needs.
8	In conjunction with the strategy above, DPH should continue to support nonprofit providers to address wage pressures by working together to review existing contracts and assess where modifications may be appropriate and feasible for the overall system of care.
9	The City should expand technical assistance for nonprofits to build capacity in understanding their operational costs, which can inform submissions to new City funding opportunities or budget discussions with funding departments.
Strategies for **City positions**	
10	DPH Human Resources (DPH-HR) and BHS leadership should further increase efforts to understand and address reasons contributing to higher resignation rates among Behavioral Health Clinicians.
11	The City should continue to use tailored approaches to reach out to and follow up with eligible candidates for Behavioral Health Clinicians, including those who decline offers.
12	The Department of Human Resources (DHR) and DPH-HR could assess the need and feasibility of implementing a continuous eligible list for Health Worker classifications.
13	DHR in partnership with DPH-HR should continue to evaluate the feasibility of strategies to remove the Board of Behavioral Sciences (BBS) number as a minimum qualification for hiring recent graduates of clinical master's programs into Behavioral Health Clinician roles.
14	DPH-HR in partnership with DHR should create a behavioral health recruitment webpage explaining available roles at the City based on experience/education, scholarship, and loan repayment options.

STRATEGIES FOR BOTH CITY AND NONPROFIT POSITIONS

1. **Providers can explore opportunities to adjust staffing models, where appropriate, to further leverage and develop non-licensed behavioral health workers.**

   Three interviewed nonprofits adjusted their staffing structures in response to vacancies, including focusing on additional training for non-licensed health workers to help meet client needs, especially with their difficulty filling licensed clinician positions. Nonprofits also shared that their non-licensed peer counselors can bring their lived experience to effectively support clients. Another nonprofit tested out shifting authorizations to its admission department to free up time for its clinicians to focus on direct treatment services. Similarly, BHS clinic managers cited hiring for licensed clinicians as the most challenging, and that non-licensed health workers have been an important part to address the staffing puzzle in the short term.

   Civil service and nonprofit providers should continue experimenting with adjustments to their current staffing models to identify opportunities to leverage their non-licensed staff. These staff could provide services that support client treatment goals where licensure or certification are not required as appropriate and within regulatory requirements (e.g., staffing ratios), client needs, and other clinical considerations. While nonprofits likely have more flexibility in staffing structures as compared to civil service programs, the City can explore the feasibility of leveraging existing non-licensed positions that may have relevant skills as part of their job descriptions but are not currently maximized across all locations or care settings.

Owner	Impacted Positions	Estimated Impact*	Estimated Effort Level**

City & Nonprofits	All behavioral health staff at the City and nonprofits	Medium	High

* Estimated impact describes the estimated effect of the strategy on recruitment and/or retention of behavioral health staff.
** Estimated effort level describes the estimated relative staff resources that may be needed to implement the strategy.

2. Providers could create additional partnerships and increase outreach to local certificate, BA, and clinician programs.

To increase targeted outreach to local certificate, BA, and clinician programs for behavioral health recruiting in San Francisco, the City and nonprofits should consider partnering with various educational institutions that offer relevant programs. A partnership might look like sending a recruiter to present to students on civil service and community-based behavioral health career opportunities in a class, sending a recruiter to a career fair, or posting jobs on the college or university's online job boards, like Handshake.

By building ongoing relationships with these local educational institutions, the City and nonprofits can create a steady pipeline of candidates for licensed and non-licensed behavioral health roles, especially when aligned with academic year and graduation timelines. Members of the IWG highlighted the necessity of building a pipeline that provides outreach and information for how people can become licensed, as well as creating space for non-licensed professionals to build their career in these roles without pursuing additional licensure or graduate training.

For licensed clinicians, the City and nonprofits can recruit students into internship programs and associate-level clinician positions after graduation. Ideally, building these partnerships would increase the number of incoming licensed clinicians, reducing the vacancy rates for these positions. The City could expand its existing work with local educational institutions to develop a pilot pipeline program from Health Worker to Behavioral Health Clinician roles for employees who are interested in pathways to clinical careers. One option to explore is creating stackable credits from the Community Health Worker certification to Associate's Degree, then Bachelor's Degree and Master's in Social Work. The table below lists a sample of local degree programs with behavioral health programs.

College or University	Programs Relevant to Non-Licensed Behavioral Health Roles	Programs Relevant to Licensed Behavioral Health Roles
City College of San Francisco	Certificates in Addiction Counseling, Community Mental Health Worker, Community Health Worker	N/A
San Francisco State University	Bachelor of Arts in Psychology	Master of Science in Counseling (MS), Master of Social Work (MSW)
CIIS (California Institute of Integral Studies)	Bachelor of Science in Psychology	Clinical Psychology (PsyD), Community Mental Health (MA-CP)
University of California, Berkeley	Bachelor of Arts in Psychology	Master of Social Work (MSW)

Recent highlights: Starting in June 2024, DPH-HR will offer virtual informational sessions to current and former students of City College of San Francisco's Community Health Worker programs on the general application process and minimum qualifications for the Health Worker series. BHS is piloting these outreach sessions to increase awareness among potential candidates of opportunities, encourage students to consider careers with DPH, and help build a pipeline for skilled and diverse healthcare workers in community behavioral health.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City & Nonprofits	All behavioral health staff at the City and nonprofits	Medium	Medium

3. Providers could support employee wellness initiatives to reduce staff burnout.

While some amount of burnout is difficult to avoid in the behavioral health field, there are steps that the City and nonprofits could take to reduce burnout as much as possible and help reduce attrition in these roles. For example, providers could focus additional efforts on promoting a supportive work environment where staff feels a level of belonging and camaraderie among the group. Providers can help ensure that workers feel seen and appreciated for their essential work by honoring and highlighting contributions through merit awards, team lunches, or other events. Finally, the City can consider modifying organizational requirements that could increase staff burnout. Efforts to reduce paperwork and documentation requirements would allow clinicians and health workers to focus on patient treatment while reducing burnout and job attrition.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City & Nonprofits	All behavioral health staff at the City and nonprofits	Medium	Medium

4. Providers could increase targeted recruitment for potential candidates on LinkedIn and other job websites.

Some nonprofits shared that they recruit licensed behavioral health clinicians on platforms like LinkedIn. The City can also increase its use of LinkedIn recruiter tools. Nonprofit and City recruiters should continue using tools, like LinkedIn and other platforms, to invite specific candidates to apply.

Generally, the City and nonprofits should make sure their job announcements are posted on a variety of job sites, such as LinkedIn and others, where candidates will be searching for jobs. When possible, recruiters should leverage website data to find out which platforms get the most traffic and target efforts there.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City & Nonprofits	All behavioral health staff at the City and nonprofits	Medium	Low

5. Providers could continue to promote career development, training opportunities, and tuition reimbursement programs for staff.

The City and nonprofits can create additional opportunities for employee development to promote staff retention. Interviewed nonprofits shared some strategies they have underway, such as educational enrichment programs, internal transfer programs to give staff opportunities to work in different settings, and a three-year leadership development program.

Similarly, the City has several existing initiatives to support staff development and training. The City has a Tuition Reimbursement Program, expanded SEIU Work Training Program, and educational leave. For instance, DPH's Project "Promote Our People" (Project POP) provides information to DPH staff on job

announcements, reviewing job duties and minimum qualifications, and answering questions about the application process. Project POP also connects employees to DPH's career advancement webinars and other resources on application writing, resume development, interviewing, and group career coaching.

While the City currently offers some online options for Behavioral Health Clinicians to complete their biannual required Continuing Education Units (CEU), the City could increase funding in this area to expand the training available to clinicians. The City also piloted an Intensive Case Management training program to deepen clinicians' expertise, which the City could continue to offer. The City could also consider new leadership opportunities for staff, like a year-long program for emerging behavioral health leaders. These programs have the dual purpose of increasing the skills of behavioral health staff and increasing the City's recognition of their past and future contributions.

The City and nonprofits can also leverage partnerships with unions to promote information about tuition incentives and other development opportunities and increase staff awareness to these resources. For example, SEIU 1021 has an Educational Fund for staff who are union members interested in moving up the healthcare ladder where members can receive up to $5,250 for eligible healthcare and social service education fees to cover tuition, textbooks, student fees, license and certification exam fees, license renewal fees, and the cost of CEUs. Staff may also be eligible for various local, state, and federal student loan forgiveness programs for public employees.

Recent highlights: DPH and DHR collaborates to provide DPH staff the opportunity to join a DPH-specific group coaching cohort of the Work Training Program for SEIU represented members, which provides up to eight hours of paid education leave for employees to take classes or complete other professional training. During FY23-24, 73 staff received training content on career advancement and participated in group coaching sessions.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City & Nonprofits	All behavioral health staff at the City and nonprofits	Medium	Low

6. DPH should explore the feasibility of increasing the City's capacity to provide clinical supervision through the Behavioral Health Services Clinical Graduate Internship Program.

Social work interns are students pursuing their graduate degree in social work who need to meet training requirements in a supervised field placement before graduating with their degree. The number of interns the City can host through the Behavioral Health Services Clinical Graduate Internship Program currently depends on the number of employees volunteering to provide clinical supervision. The City could provide more support for employees to serve as intern supervisors, which could increase the number of interns and therefore candidates that the City or nonprofits can hire after graduation. The following are some options for how the City could achieve this.

Option 1: DPH Behavioral Health Clinicians must comply with productivity standards set by the department that specify what percentage of their time is spent on client interactions. DPH could adjust productivity standards for clinicians who are serving as intern supervisors to enable them to spend more time on required clinical supervision duties during that supervised internship period.

Option 2: DPH could hire additional licensed staff on a part-time basis specifically to provide clinical supervision. This could include hiring part-time licensed clinicians or Proposition F retirees who are seasoned retired clinicians. DPH is actively exploring the latter option.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City & Nonprofits	All behavioral health staff at the City and nonprofits	Low	Low

STRATEGIES FOR NONPROFIT POSITIONS

7. Nonprofit behavioral health providers could explore organizational opportunities to implement wage increases for hard-to-fill positions per their unique programmatic and operational needs.

All 12 nonprofits interviewed for this report cited low wages as a core staffing challenge contributing to their high vacancy rates. Three nonprofits adjusted their staffing structures as staffing and retention strategies in response to vacancies. Three other nonprofits reported they had to temporarily close programs due to insufficient staffing.

Nearly all nonprofits interviewed for this Mental Health SF Staffing Analysis individually found opportunities within their organization to increase wages to attempt to fill staff vacancies. These nonprofits increased their staff's wages by implementing operational efficiencies, reducing the number of other roles (e.g., nurses), passing through targeted wage increases, and negotiating directly with funders to increase wages and adjust service volumes.

Other nonprofit behavioral health providers can explore the feasibility of these strategies within their respective organizations. Given the complexities of rate-setting contracts in the fee-for-service environment, nonprofits integrate wage considerations and set staff wages on an organizational basis to align with their operational needs, pay structures, and available resources.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
Nonprofits	Nonprofit behavioral health staff	High	High

8. In conjunction with the strategy above, DPH should support nonprofit providers to address wage pressures by continuing to work with nonprofits to review existing contracts and assess where modifications may be appropriate and feasible for the overall system of care.

Since the City contracts with nonprofits to provide a significant proportion of mental health services and all substance use treatment services in the community, addressing the wage pressures among nonprofit behavioral health providers should be a significant City priority for improving hiring and retention.

Given that community behavioral health services are largely funded by a mix of federal, state, and local dollars, addressing nonprofit providers' compensation requires considering the complexities of funding requirements and structures. CalAIM (California Advancing and Innovating Medi-Cal) statewide payment reform has changed rate-setting for county behavioral health services by shifting Medi-Cal payments from

cost-based reimbursement with cost settlement to a fee-for-service model at fixed rates without cost settlement.[7]

Under CalAIM's fee-for-service payment structure for BHS contracts, behavioral health plans do not set wages for the staff of their contractors. County behavioral health plans pay contracted providers based on the volume of services delivered at negotiated provider rates, which are primarily driven by the state's fee-for-service rates. To begin addressing wage pressures for contracted services, nonprofits would need to assess their operational costs (including compensation needs) and integrate those costs into grant proposals and contract budget negotiations with funders. Interviewed nonprofits shared that awareness about the ability to negotiate their contracts with funding departments may vary across different providers. Some organizations adjusted their contracts through negotiation, while another voiced that negotiations seem to have been previously discouraged. Increasing awareness about funding departments' contract negotiation process can empower providers to understand available options under CalAIM payment reform and assess any impacts on service delivery for their individual organization.

BHS and its contracted nonprofits should continue working together to review existing contracts to identify where modifications may be appropriate and feasible. Possible outcomes include contract modifications (i.e., adjusting contracted levels of service within BHS's existing budget authority) or budget modifications (i.e., increasing budget amounts to maintain existing contracted levels of service) depending on what level of care needs have urgent or larger impacts on the broader system of care. Nonprofits shared that residential treatment programs, Full-Service Partnerships, and intensive case management programs are at higher risk of staffing impacts (e.g., temporary closures), since these serve the highest acuity patients and are hardest to staff. Members from the IWG highlighted that certain facility types also have regulatory requirements around staffing, and temporary closures due to insufficient staffing can impact other parts of the system of care.

Recent highlights: As the first year of CalAIM implementation wraps, BHS is working closely with nonprofit providers to assess how implementation of the state's pass-through rates is going and the impact of those rates on providers' ability to deliver the full volume of contracted services.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City & Nonprofits	Nonprofit behavioral health staff	High	High

9. The City should expand technical assistance for nonprofits to build capacity in understanding their operational costs, which can inform submissions to new City funding opportunities or budget discussions with funding departments.

Providing or expanding technical assistance to contracted nonprofits to understand their costs, service volume, and anticipated revenue could help nonprofits better assess their financial position, more fully understand their program costs, and adapt existing service agreements or respond to future funding opportunities. Expanding technical assistance around Medi-Cal billing and CalAIM requirements can

[7] California Mental Health Services Authority (CalMHSA), CBHDA, DHCS. CalAIM Behavioral Health Payment Reform, May 26, 2023. https://calmhsa.org/wp-content/uploads/2023/08/CBHDA_CalMHSA_DHCS-Payment-Reform-Webinar-05262023.pdf

support contracted providers to better understand the impact of state-determined fee-for-service rates on their organization's revenue and how to maximize revenue under CalAIM's new rate structures. Technical assistance may also help nonprofits and their leadership identify operational efficiencies across programs, which would increase additional opportunities for nonprofits to reinvest those cost savings in their own organizational priorities.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City	Nonprofit behavioral health staff	Medium	Medium

STRATEGIES FOR CITY POSITIONS

10. DPH Human Resources and BHS leadership should increase efforts to understand and address reasons contributing to higher resignation rates among Behavioral Health Clinicians.

Though the City hired or promoted 39 staff into the Behavioral Health Clinician (2930) positions, resignations outpaced hiring. BHS clinic managers shared that burnout among behavioral health clinicians was a primary driver in staff leaving the role. Organizational efforts to tackle burnout could better support staff currently in these positions.

While burnout is not unique to licensed clinicians working at the City, the City has the ability to test and implement more specific interventions to tackle burnout among City staff. DPH Human Resources and BHS leadership should leverage findings from their 2023 employee engagement survey to identify and assess specific sources of burnout and determine which interventions would be appropriate to implement. As BHS prepares to release its upcoming Workforce Development Strategic Plan, DPH Human Resources and BHS leadership should consider including evidence-based strategies to address burnout across its behavioral health staff.

In 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a resource on organizational interventions to address burnout in the behavioral health workforce. SAMHSA identified several evidence-based interventions that may help reduce burnout, such as coordinated care team meetings to discuss work life and complex client cases, workflow modifications to improve medication reconciliation and client screening processes, implementing flexible work schedules, and expanding other peer support and resources for staff.[8] These evidence-based interventions could serve as a starting point for a list of possible ideas for implementation at the City.

Recent highlights: In 2023, DPH completed its employee engagement survey, including a deeper dive at areas of strength and areas of growth for specific behavioral health roles. Starting in FY23-24, DPH-HR expanded its outreach efforts by calling and emailing every separating employee to conduct an exit interview and capture potential reasons for leaving in exit surveys.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level

[8] Substance Abuse and Mental Health Services Administration (SAMHSA). Evidence-Based Resource Guide Series: Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies. Sep 2022. https://store.samhsa.gov/sites/default/files/pep22-06-02-005.pdf

City	City behavioral health staff	Medium	High

11. The City should continue to use tailored approaches to reach out to and follow up with eligible candidates for Behavioral Health Clinicians, including those who decline offers.

Between the application and interview stages, the number of eligible candidates that decide to move forward in the hiring process dropped off at the Notice of Inquiry (NOI) step of the City's hiring process. In interviews, stakeholders shared that communication with candidates should be more personalized with information about the role (e.g., type of care setting), avoid using City hiring jargon, and provide a reasonable amount of time for candidates to respond with their interest and interview availability. BHS and DPH-HR have already implemented a more tailored approach by calling each eligible candidate individually to invite them to move forward in the hiring process (highlighted below). DPH-HR could further streamline these more intensive outreach efforts by first reviewing candidates' applications and calling only those whom the department wants to interview based on the specific skills for the position (e.g., intensive case management or mobile outreach). DPH-HR could also consider assigning NOI outreach calls to someone besides the HR analyst, such a hiring manager or other appropriate BHS employee.

In addition to increasing the number of eligible candidates who participate in interviews, a significant proportion of eligible candidates fall out of the hiring process even after receiving a job offer. These candidates invested the time and energy to apply for the role and go through the interview process; hiring managers also identified these candidates as a good fit for the open role. While the City does not currently have a process for following with candidates who decline job offers, DHR and DPH-HR could test out efforts to follow up with Behavioral Health Clinician candidates to solicit feedback on reasons for declined offers to identify underlying challenges or factors. Having additional information about what may be driving candidates to decline the job offer could inform efforts to improve subsequent recruitments.

Recent highlights: DPH-HR previously relied on email alone to canvas the eligible list to find out who wants to be considered for an interview at the NOI step. From a pilot effort of calling each eligible candidate, BHS found that individualized outreach led to higher response rates from candidates and better overall hiring experiences. BHS and DPH-HR have since adopted this tailored individual outreach approach more broadly.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City	DPH BHS Behavioral Health Clinicians (2930)	Medium	Low

12. DHR and DPH-HR could assess the need and feasibility of implementing a continuous eligible list for Health Worker classifications.

The high vacancy rate among Health Workers in Behavioral Health Services during the analysis period was impacted significantly by a pause in recruitment for these positions while the City and union partners reviewed the health worker series. After the City published eligible lists for all Health Worker classifications in summer 2021, it was not until September 2023 that a new eligible list became available again for all Health Worker classifications.

DHR is moving many classifications to a continuous eligibility list hiring model where candidates can apply and take a civil service job exam at any time instead of waiting for a specific recruitment to open. Coupled with an expanded certification rule for how many eligible candidates can be reached for subsequent interviews (i.e., moving to rule of the list), this new hiring model can give departments access to a longer list of eligible candidates, including people who applied to the job more recently and are more likely still looking for a job. It also decreases the number of steps required in the process, and thus should speed up the hiring process. A continuous eligible list has already been implemented for the Behavioral Health Clinician series but has not yet been implemented for the Health Worker series.

Implementing a continuous eligible list for the Health Worker series could likely make it faster and easier to hire into these positions and reduce future vacancies. DHR and DPH-HR could work together to discuss whether this is an appropriate model to address behavioral health staffing challenges. Because DPH BHS employs only about a third of the City's Health Workers, this strategy would affect a wider range of stakeholders and would therefore need their input before implementation.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City	All City Health Worker Classifications (2585-2588)	Medium	Medium

13. DHR in partnership with DPH-HR should evaluate the feasibility of strategies to remove the Board of Behavioral Sciences (BBS) number as a minimum qualification for hiring recent graduates of clinical master's programs into Behavioral Health Clinician roles.

Removing the BBS number as a minimum qualification for recent graduates of clinical master's programs would make it so BHS could hire eligible students in the clinical internship program immediately after graduation without the existing months-long delay associated with waiting for their BBS number before they can apply. This recommendation is expected to have a medium impact on reducing vacancies given that this strategy alone will only reduce one of the multiple hiring challenges for the City. However, without data on the number of interns whose hiring was delayed or thwarted by the BBS number requirement to even apply, it is hard to estimate the precise level of impact on reducing vacancies.

The efficacy of this recommendation also depends on DPH making broader improvements to the hiring process the speed up hiring overall. The following strategies would each help to reduce the impact of BBS number delays on recent graduates being able to apply for Behavioral Health Clinician positions.

Option 1: The City could require that newly hired Behavioral Health Clinicians (2930s) have their BBS number by their start date, but not before they apply for the job. That way, recent graduates would not be delayed in applying for this role. Other organizations offer a grace period for licensed clinicians to get registered after they are hired, rather than requiring registration at the time of application. Given the lengthy hiring process for City positions, employees would likely not start until at least three months after they apply. The City took a similar approach when it first rolled out the continuous eligible list for the Junior Administrative Analyst classification (1820), allowing for candidates to apply prior to college graduation on the condition they have their bachelor's degree in hand by their start date. This option would only partially solve the BBS number challenge because there would still be a delay between the end of a student's internship and their full-time position with the City.

Option 2: The City could review positions to identify which positions should continue to require the BBS number and which positions could no longer retain this requirement. Currently, the Behavioral Health Clinician (2930) includes the BBS number as a minimum qualification, whereas the Medical Social Worker classification (2920) does not require a BBS number. More investigation is needed to determine the feasibility of this option.

Recent highlights: In summer of 2024, BHS launched its 9910 Behavioral Health Clinician Fellowship that will help 25 Master of Social Work interns enter BHS upon graduation by providing participants DPH-relevant training such as trauma-informed care, health equity, cultural humility, and HR career advancement webinars and coaching. During the year-long fellowship, participants will have the opportunity receive training about BHS systems of care and career development coaching while getting their BBS registration before they apply for available Behavioral Health Clinician (2930) recruitments.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City	DPH BHS Behavioral Health Clinicians (2930)	Medium	Medium

14. DPH-HR, in partnership with DHR, should create a behavioral health recruitment webpage to explain available roles at the City based on experience/education, scholarship, and loan repayment options.

Currently, candidates need to have a deep, existing knowledge of the City's hiring system to understand the options for starting a City career in behavioral health. The City could consider creating a new webpage that outlines the education and experience necessary to become a Health Worker or Behavioral Health Clinician. The City should highlight any loan repayment or scholarship opportunities on this page, with clear instructions on applying for these programs. The website should also highlight salaries for each position and general benefits of working for the City, like paid time off and the City pension system. The City can use the Administrative Analyst series webpage on SF Careers as an example for how to structure this kind of position or interest area specific recruitment website. Sharing this webpage widely will be essential for its success at bringing in candidates. Universities and job websites like LinkedIn and Indeed are a promising place to start.

Owner	Impacted Positions	Estimated Impact	Estimated Effort Level
City	City behavioral health staff	Low	Low

Conclusion

Tackling behavioral health staffing challenges and strengthening the behavioral health workforce will require multiple strategies in combination. Addressing system-wide staffing challenges will demand extensive investment at the state and federal level. However, this analysis identified several strategies that the City and County of San Francisco and its contracted nonprofits can take at a local level to improve staff retention, recruitment, and pipeline development to address the growing need for community behavioral health services.

In San Francisco, where there is a high cost of living, wages can be an important factor for the labor market. However, wages alone are not the only factor driving challenges with filling licensed and non-licensed behavioral health roles, especially for these individuals who are committed to the mission of serving clients in the safety net behavioral health system. Other holistic and supportive working environment factors also weigh in.

It would not be feasible to attempt to implement all strategies simultaneously. The City and its contracted nonprofits will need to assess which strategies would be most impactful within current resources and capacity, then develop implementation plans with stakeholders for any selected strategies. Given economic constraints in upcoming years, the City will need to make decisions on how to allocate time and resources and choose strategies that will meaningfully support retention in the near-term, increase recruitment through hiring process improvements, and invest in longer-term pipeline development.

Appendix

Below are the strategies grouped by **estimated impact** on staffing challenges and **estimated effort.** These strategies can inform future discussions on which approaches to explore and prioritize given resource constraints.

	Lower Effort	Medium Effort	Higher Effort
Higher Impact			7. Nonprofit behavioral health providers could explore organizational opportunities to implement wage increases for hard-to-fill positions per their unique programmatic and operational needs. 8. In conjunction with the strategy above, DPH should support nonprofit providers in their efforts to address wage pressures by continuing to work with nonprofits to review existing contracts and assess where modifications may be appropriate and feasible for the overall system of care.
Medium Impact	4. Providers could increase targeted recruitment for potential candidates on LinkedIn and other job websites. 5. Providers could continue to promote career development, training opportunities, and tuition reimbursement programs for staff. 11. The City should continue to use tailored approaches to reach out to and follow up with eligible candidates for Behavioral Health Clinicians, including those who decline offers.	2. Providers could create additional partnerships and increase outreach to local certificate, BA, and clinician programs. 3. Providers could support employee wellness initiatives to reduce staff burnout. 9. The City should expand technical assistance for nonprofits to build capacity in understanding their operational costs, which can inform submissions to new City funding opportunities or budget discussions with funding departments. 12. DHR and DPH-HR could assess the need and feasibility of implementing a continuous eligible list for Health Worker classifications. 13. DHR in partnership with DPH-HR should evaluate the feasibility of strategies to remove the Board of Behavioral Sciences (BBS) number as a minimum qualification for hiring recent graduates of clinical master's programs into Behavioral Health Clinician roles.	1. Providers can explore opportunities to adjust staffing models, where appropriate, to further leverage and develop non-licensed behavioral health workers. 10. DPH Human Resources and BHS leadership should increase efforts to understand and address reasons contributing to higher resignation rates among Behavioral Health Clinicians.
Lower Impact	6. DPH should explore the feasibility of increasing the City's capacity to provide clinical supervision through the Behavioral Health Services Clinical Graduate Internship Program. 14. DPH-HR in partnership with DHR should create a behavioral health recruitment webpage to explain available roles at the City based on experience/education, scholarship, and loan repayment options.		