

MENTAL AND BEHAVIORAL HEALTH WORKFORCE NEEDS ASSESSMENT: GREATER SACRAMENTO REGION



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EXECUTIVE SUMMARY

The COVID-19 pandemic has exacerbated social and public health crises in California involving mental and behavioral health for many different populations, in particular low-income people and people of color. Before the pandemic, the California Future Health Workforce Commission reported that two-thirds of Californians with mental illness never received treatment.¹ Many recent studies indicate the problems have only grown worse.²

Policymakers and advocates continue to call for additional program investments and expansion of services. In response to recent events, workforce development and education stakeholders in the Greater Sacramento region have called for an assessment of the need for training and education for mental and behavioral health (MBH) workers. These stakeholders—Sacramento Employment and Training Agency, Institute for Local Government, and the community colleges—have sought specifically to clarify how high schools and community colleges can prepare workers to enter entry-level and paraprofessional MBH positions. As a result, the North/Far North Center of Excellence (COE) conducted an analysis of the labor market, the quality of job opportunities, pathway opportunities, and education and training offerings to better understand the region’s MBH workforce. The study examines five job categories: miscellaneous entry-level and paraprofessional MBH occupations; social workers; clinical counselors and psychologists; psychiatric technicians; and psychiatrists.

The research findings highlight the need to improve access to positions offering middle-income wages and benefits by developing MBH pathways to professional positions using standardized paraprofessional credentials. Recent legislation, including SB 803, which addresses the shortage of mental health workers in California, and statewide planning underscore these needs. The research resulted in the following main findings:

- The Greater Sacramento region is home to a wide array of organizations and facilities that provide MBH services. There are 27,000 MBH jobs in the region, accounting for about one-fifth of all jobs in health care, and community and social services.
- MBH paraprofessional job quality, in terms of middle-income wages and health benefits, poses a concern for workforce developers. However, advancement pathways to professional positions can be strengthened by standardizing MBH paraprofessional credentials. This is critical because professional positions present a current and projected hiring and retention challenge.
- MBH paraprofessional roles span many job titles and work settings but share much in common in terms of job duties and functions, education, and skill requirements and qualifications. This finding encourages the development of standardized credentials that serve multiple roles and work settings.
- The region is home to dozens of postsecondary programs offered by community colleges and four-year universities in social sciences, life sciences (pre-med), counseling, social work, community health workers, and human services that produce hundreds of graduates annually. These graduates represent an opportunity to create a career pathway into MBH paraprofessional and professional positions. Many existing programs offer curricula needed for standardized MBH paraprofessional pathway credentials.

¹ “Meeting the Demand for Health,” California Future Health Workforce Commission, February 2019, accessed November 17, 2020, (pp.16, 28-33, 71), <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>.

² “Large Numbers of Californians Have Delayed Care for Urgent Health Issues During COVID-19,” California Health Care Foundation, press release, October 8, 2020, accessed November 17, 2020, <https://www.chcf.org/press-release/large-numbers-of-californians-have-delayed-care-for-urgent-health-issues-during-covid-19-and-californians-with-low-incomes-report-deteriorating-mental-health/>.

INTRODUCTION

California faces a massive challenge in providing adequate mental and behavioral health (MBH) services. Before the pandemic, the California Future Health Workforce Commission reported that two-thirds of Californians with mental illness never received treatment. The commission also reported that there is a vast disparity between urban and rural regions in available MBH services.³

The pandemic has exacerbated MBH crises across California and has particularly affected low-income people and people of color.⁴ Despite the economic downturn and contraction of public revenues, mental health advocates, policymakers, and stakeholders have continued advocating for increased resource allocation to address MBH needs.⁵

Agencies and mental health advocates call for steering more graduates into the field and exploring workforce education and training program capacity and expansion to address service delivery challenges. The California Future Health Workforce Commission, the Office of Statewide Health Planning and Development, and the California Behavioral Health Planning Council have called for expanding career pathway development to increase the number of trained candidates who are ready to address the acute gap in service delivery.⁶ At the same time, these entities also call for standardizing credentials and developing pathways for peer support, paraprofessionals, and professional programs. Passed by the California Legislature in October, SB 803, the Peer Support Specialist Certification Program Act of 2020, which requires developing a standardized credential for peer-support workers, represents a milestone for MBH stakeholders and advocates.⁷

These developments have encouraged stakeholders in the Greater Sacramento region to assess workforce development, and training and education needs for mental and behavioral health workers. The stakeholders included the following organizations and representatives:

- Sacramento Employment and Training Agency (SETA)
- Institute for Local Government (ILG)
- Innovative Pathways to Public Service (IPPS)
- California Community Colleges Health Workforce Initiative
- California Community Colleges Regional Director for Employer Engagement, Health, Greater Sacramento Region
- California Community Colleges Regional Director for Employer Engagement, Health, South Central Coast Region
- California Division of Apprenticeship Standards (DAS)

The North/Far North Center of Excellence hosted by the Los Rios Community College District conducted the study and examined the labor market, pathway opportunities, and secondary and postsecondary education and training offerings to better understand the region's MBH workforce needs.

³ "Meeting the Demand for Health," California Future Health Workforce Commission, February 2019, accessed November 17, 2020, (pp.16, 28-33, 71), <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>.

⁴ "Large Numbers of Californians Have Delayed Care for Urgent Health Issues During COVID-19," California Health Care Foundation, press release, October 8, 2020, accessed November 17, 2020, <https://www.chcf.org/press-release/large-numbers-of-californians-have-delayed-care-for-urgent-health-issues-during-covid-19-and-californians-with-low-incomes-report-deteriorating-mental-health/>.

⁵ "2020 Legislative Package," Steinberg Institute, accessed November 17, 2020, <https://steinberginstitute.org/legislation/>.

⁶ "2020-2025 Mental Health Services Act Workforce Education and Training Five-Year Plan," Office of Statewide Health Planning and Development, California Behavioral Health Council, February 2019.

⁷ Ibid. The 2004 Mental Health Services Act has provided student, program, and planning support. Clearly, there is more work to be done to address job quality and improvements to curricula.

OVERVIEW AND METHODOLOGY

This study considers the size and performance of the labor market, job quality, pathways for advancement, and available workforce education and training programs for MBH occupations in the Greater Sacramento region.

The study highlights the entry-level and paraprofessional MBH occupations that more frequently have educational requirements at the sub-baccalaureate level. The study also evaluates the need for workforce education and training for youth programs, apprenticeships, and high school and community college programs. Details on job characteristics and pathways for entry-level and paraprofessional MBH positions are included. The report provides a general description of professional pathways leading from entry-level positions.

The section below provides an overview of the report and describes the methods employed in the research.

Community partners and executive interviews

The research benefitted from extensive input through executive interviews and review by community partners, who provided information on industry practices and standards, job titles and functions, hiring and promotional pathways, and candidate requirements. Project partners also provided extensive input on trends and workforce initiatives by state agencies to develop practice standards. In addition, they provided feedback on pathways diagrams and reviewed drafts of the paper. Project partners and executive interview participants are listed in Appendix A.

Regional definition

The report uses the seven-county definition of the Greater Sacramento region, and compares regional labor market data to California. The seven counties are El Dorado, Nevada, Placer, Sacramento, Sutter, Yolo, and Yuba.

Industry overview

The research made use of county resources, website research, job postings, and partner input and executive interviews to describe the MBH ecosystem in the Greater Sacramento region.

Size and performance of the labor market

The research team worked closely with community partners to vet the workforce analysis definition, which yielded 23 occupations in five categories. The categories include (1) miscellaneous entry-level and paraprofessional MBH occupations (health educators, social services workers, community health workers, rehabilitation counselors, and residential advisors); (2) social workers; (3) clinical counselors and psychologists; (4) psychiatric technicians; and (5) psychiatrists. The occupational data analysis uses Emsi software that pulls data from the Bureau of Labor Statistics and other sources to provide estimates of occupational employment.

Wages and job quality

The research uses wage data from Emsi to measure the weighted average of hourly wages for the occupations in the five categories to demonstrate general characteristics of earnings. The analysis also measures job volume by wage levels compared to self-sufficiency wage standards for one adult, and a one-adult, one-child household.⁸

The research also uses an index from the Brookings Institution to analyze job quality for the five occupational groups.⁹ The Brookings index divides occupations by education level, and measured job shares by wage levels and rates of health benefits. Their research looked at occupational mobility over time to see whether certain occupations yielded “good jobs” within 10 years. The Brookings analysis is specific to the four-county metropolitan statistical area for Sacramento-Roseville-Arden Arcade. The index shows the percentage of jobs in each occupation that meets the wage and benefits criteria.¹⁰

⁸ “Self Sufficiency Standard,” Center for Women’s Welfare, <http://www.selfsufficiencystandard.org/California>.

⁹ Chad Shearer and Isha Shah, “Opportunity Industries: Exploring the Industries that Concentrate Goods and Promising Jobs in Metropolitan America,” Brookings Institution, December 18, 2018, accessed November 17, 2020, <https://www.brookings.edu/research/opportunity-industries/>.

¹⁰ The COE averages the occupations in each of the five categories of analysis to arrive at the share numbers and compares each category to the average across all occupations in healthcare practitioners and technical occupations, healthcare support, and community and social services.

Job characteristics and pathways

The research focused on entry-level positions using Burning Glass real-time jobs postings. Close readings and textual coding analysis of dozens of jobs postings revealed typical job titles and a common set of tasks, duties, and requirements for skills, education, and credentials. The COE used the data to construct a pathway map based on de facto employment tiers of entry-level and paraprofessional MBH positions that emerged from the analysis. Community partners and executive interviews generally verified the findings and pathway diagrams.

While the research did not focus on professional pathways, input from partners and the job posting analysis pointed to general professional pathways leading from entry-level positions. The South Central Coast regional consortium for the California Community Colleges provided supporting materials for professional pathways.

Education and training

The research built on an education asset map developed by Julie Holt, Regional Director for Employer Engagement, Health, Greater Sacramento Region. (See Appendix B.) Using the Chancellor's Office Curriculum Inventory System (COCI) and web research, the research team mapped departments and programs to program codes. With the map and additional data analysis, a diagram was created showing credentials offered by programs that directly correspond to employers' preferred qualifications and pathway-relevant programs. The awards data at the university-level came from Emsi's programs awards data; Emsi's data is derived from the Department of Education's Integrated Postsecondary Education Data System (IPEDS). Community college awards data comes from the California Community Colleges Chancellor's Office Data Mart. Awards data is averaged over the last three years for which data is available.



INDUSTRY AND EMPLOYERS

In the Greater Sacramento region, MBH workers are employed by an array of nonprofit, government, and private entities that perform outreach, referrals, and direct services to outpatients and inpatients.

Service providers typically offer separate or specialized services for adults or children, though some specialize in “transition age youth” who are in early adulthood. Health and human services literature, interviews, and jobs postings describe a “continuum of care” in which clients and patients use one or more service providers and/or facilities depending on the type and level of treatment needed. Some organizations provide multiple levels of support in house. Many organizations rely on cross-organization partnerships for service provision.¹¹

Service providers typically have separate or specialized services for adults and children.

Funding for these organizations and services comes from various private grants and public sources, as well as consumer fee-for-service and private insurance companies. Federal and state sources provide a lion’s share of funding. These include Medi-Cal, Local Realignment Revenues, the Mental Health Services Act (also known as Proposition 63, which was passed by voters in 2004 and amended in 2020), and CalWORKS.¹² This report does not provide economic forecasting based on proposed policy interventions. However, the topic is worthy of further research.

The categories below offer a general description of service areas and examples and types of employers outlined by interviewees and derived from labor market analysis of jobs postings.¹³

Front-line community support and referral organizations

A number of organizations provide prevention and education services. These come in the form of suicide prevention, child-care collaboratives, preventive treatment, and counseling services. A number of community-based and faith-based organizations include mental and behavioral health referrals or first-level response amid multiple services they provide. Respite centers address immediate crisis on a short-term basis.

Exhibit 1. Categories and examples of community and referral organizations in the Greater Sacramento region

Prevention and Referrals	Community Support and Respite Centers
Suicide and crisis lines	Nonprofit community centers
El Hogar Senior Link	Turning Point community programs
County outreach teams and stabilization	Counseling centers
General hospital ER navigation and referrals	Faith-based supportive services
School district and youth service providers	Children’s foster, homeless services
Correctional facilities and courts	Homeless shelters and services
	Ethnic and neighborhood nonprofits

¹¹ Autism is not considered a practice area under mental and behavioral health professions and are not included in the analysis. Some literature and anecdotal evidence suggests behavioral technicians who work in autism programs and services have transferrable skills for MBH positions. Similarly, education and training programs for behavioral technicians could have relevance for MBH paraprofessional workers. The topic is worthy of further consideration and research.

¹² “Overview of Funding for Medi-Cal Mental Health Services,” Legislative Analyst’s Office, February 26, 2019, accessed November 17, 2020, <https://lao.ca.gov/handouts/health/2019/Funding-Medi-Cal-Mental-Health-Services-022619.pdf>. See also the report “Mental Health in California: Understanding Prevalence, Systems Connections, Service Delivery, and Funding” by Adriana Ramos-Yamamoto and Scott Graves issued by the California Budget and Policy Center, March 2020, accessed November 17, 2020, <https://calbudgetcenter.org/resources/mental-health-in-california/>.

¹³ Sacramento County Adult Mental Health Service Continuum, 2019-2020. Sacramento County Child and Family Behavioral Health Service Continuum, 2020-2021. Sacramento County Substance Use Prevention and Treatment Services Continuum, 2020-2021.

Outpatient mental and behavioral health services

For-profit and nonprofit outpatient mental and behavioral health organizations provide low-intensity and high-intensity services across a range of general and specialized areas. Wellness centers and other operations provide intensive treatment services. Some specialize in homeless services and substance abuse treatment. Services for children and families include several practice areas and service delivery models, such as Flexible Integrated Treatment (FIT), Parent Child Interaction Therapy, Therapeutic Behavioral Services (TBS), and full-service and wraparound support.

Exhibit 2. Categories and examples of outpatient MBH service organizations in the Greater Sacramento region

Outpatient Adult Service Providers	Children and Family Outpatient Service Providers
Telecare – various programs	Turning Point Community Programs – various
Turning Point Community Programs – various programs	River Oak Center for Children
El Hogar Community Services Guest House Homeless Clinic, Sierra Elder Wellness	Capital Star
Consumer Self Help (CSH) Center – recovery center	Stanford Sierra Youth and Families – various programs
Asian Pacific Community Counseling (APCC) – wellness center	WellSpace Health
Capital Star Behavioral Health Transition Age Youth	UC Davis Child and Adolescent Abuse Resource and Evaluation (CAARE) Diagnostic and Treatment Center

In-patient residential, crisis, and acute care facilities

The majority of intensive, in-patient services are provided by the private sector funded by public dollars that flow through county health and human services agencies. Some organizations also provide direct-to-consumer services. A small number of county and state psychiatric hospitals remain in service. Crisis facilities provide short-term residential stays to a small number of clients. Residential facilities offer transitional and in-patient services for substance abuse disorders and other issues. Acute care and sub-acute care facilities treat patients who are disabled, deemed a danger to themselves or others, or unable to live on their own.

Exhibit 3. Categories and examples of in-patient MBH service organizations in the Greater Sacramento region

Residential Programs	Crisis Services	Sub-acute Care	Acute Care
Transitional residential treatment programs	Mobile support teams – police departments	Psychiatric skilled nursing facilities	Dignity Health and Sacramento County Behavioral Health Crisis Services Collaborative
Group home residential, Therapeutic residential programs	Turning Point – various programs	State psychiatric hospitals	County jail psychiatric
Therapeutic foster care	Capital Star Behavioral Health Transition Age Youth	Mental health rehabilitation centers	Crestwood Center Sacramento Psychiatric Health Facility
Sacramento County Substance Use Prevention and Treatment Services (SUPT)	Sacramento Children's Home		New Heritage Oaks – psychiatric hospital

OCCUPATIONAL EMPLOYMENT

Through a rigorous review process, the COE and a partner work group identified 23 key occupations that comprise the MBH workforce in the Greater Sacramento region. Five categories emerged as units of analysis to describe the size and performance of the labor market. A sample of the occupations is listed in Exhibit 4. (Appendix C lists occupational data in more detail.) Please note that occupations are an economic unit of analysis, the names of which often do not reflect actual jobs titles. The section below describes job characteristics associated with job titles.

Exhibit 4. MBH occupations and categories of analysis

Category	Sample Occupations
Miscellaneous entry-level and paraprofessional MBH occupations	<ul style="list-style-type: none"> • Social and human service assistants • Residential advisors • Health educators • Community health workers • Rehabilitation counselors • Social and community service managers
Clinical counselors/psychologists/school psychologists	<ul style="list-style-type: none"> • Clinical counseling, school psychologists • Clinical psychologists • Marriage and family therapists • Substance abuse and behavioral disorder counselors
Social workers	<ul style="list-style-type: none"> • Child, family, and school social workers • Healthcare social workers • Mental health, substance abuse social workers
Psychiatric technicians	<ul style="list-style-type: none"> • Psychiatric technicians • Psychiatric aides
Psychiatrists	<ul style="list-style-type: none"> • Psychiatrists

The MBH workforce has nearly 27,000 jobs in the Greater Sacramento region. The figure accounts for about 7% of the MBH jobs in California (Exhibit 5).¹⁴ The miscellaneous entry-level and paraprofessional MBH category and the clinical counselors/psychologists/school psychologists category account for a majority of the occupational employment in the region (Exhibit 6). Employment of social and human service assistants, and social and community service managers accounts for nearly half of the miscellaneous category. There are nearly 6,000 social-worker-related jobs in the region. There are a small number of psychiatric technicians and psychiatrists; these categories have fewer than 1,000 jobs in the region, representing just over 3% of the MBH workforce. (Appendix D presents demographic data for the MBH workforce.)

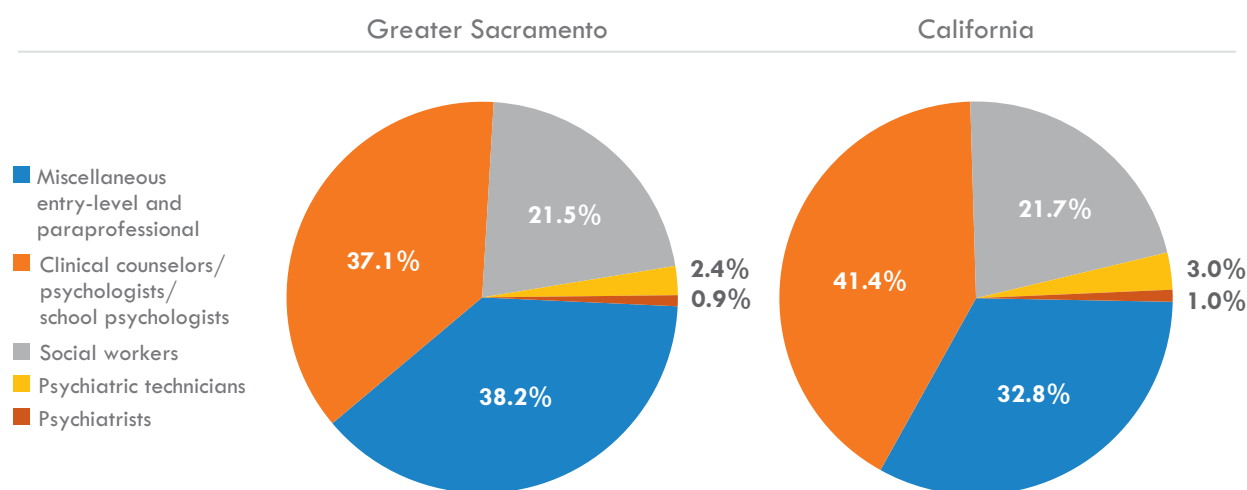


¹⁴ Emsi 2020.3; QCEW, non-QCEW, Self-Employed.

Exhibit 5. Employment and occupational projections, Greater Sacramento region and California, 2019-2024¹⁵

Occupational Category	Greater Sacramento		California	
	2019 Jobs	2019-2024 Projected Annual Job Openings	2019 Jobs	2019-2024 Projected Annual Job Openings
Miscellaneous entry-level & paraprofessional MBH occupations	10,284	1,461	132,316	19,163
Clinical counselors/psychologists/school psychologists	9,990	1,324	167,275	20,299
Social workers	5,791	760	87,743	11,335
Psychiatric technicians	645	101	12,275	1,428
Psychiatrists	244	14	3,972	192
Total	26,954	3,660	403,581	52,417

Exhibit 6. Share of total MBH workforce by occupational employment category, 2019¹⁶

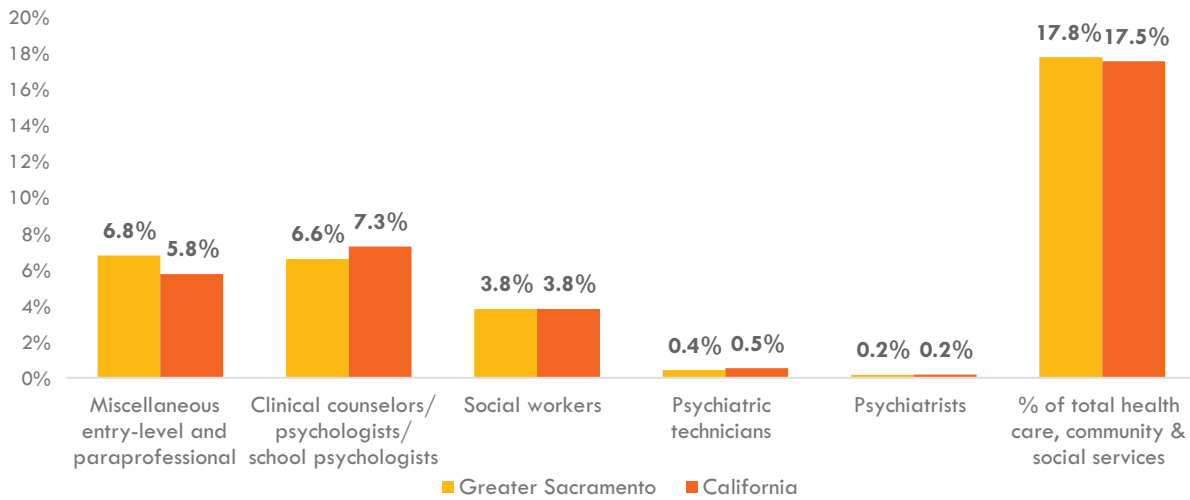


MBH occupational employment is nearly one-fifth the size of all health care, and community and social services occupational employment in the region and state (Exhibit 7). Virtually all of the MBH employment is in the three largest categories—miscellaneous entry-level and paraprofessional MBH occupations, clinical counselors/psychologists/school psychologists, and social workers.

¹⁵ Ibid. Please note projections do not reflect the economic shock caused by the pandemic.

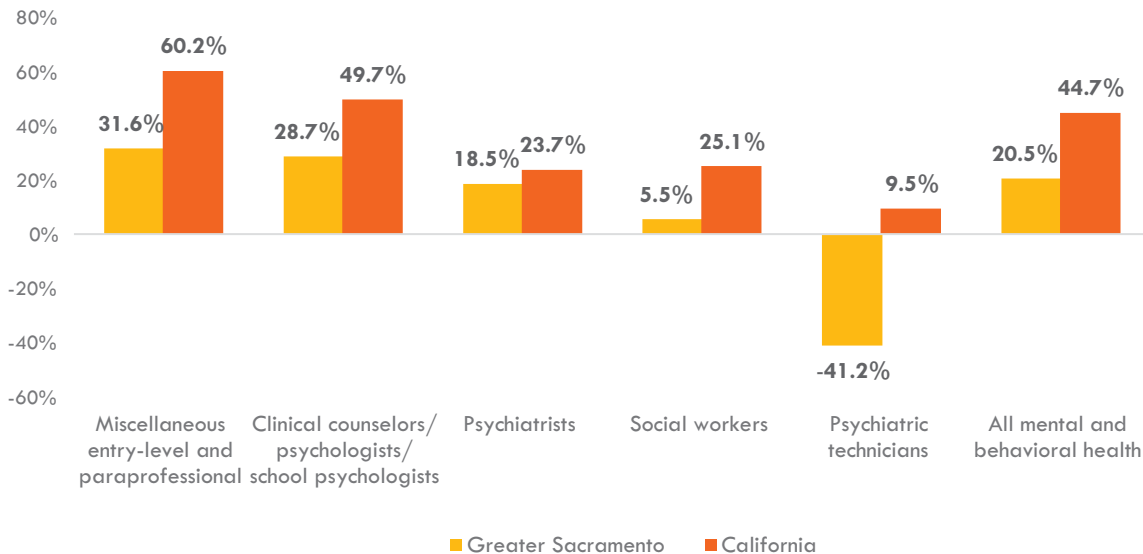
¹⁶ Ibid.

Exhibit 7. MBH occupational employment compared to total of all health care, and community and social services employment, Greater Sacramento region and California, 2019¹⁷



Between 2009 and 2019, MBH occupational employment in the Greater Sacramento region grew by less than half the rate of the state (Exhibit 8). The region substantially trails the state in nearly every category, indicating lagging industry and workforce investments by regional employers. Still, growth rates are very strong in three of the five categories. The psychiatric technician workforce, by contrast, declined by more than 40% in the region over the last 10 years. The region appears to be especially weak in the social worker category. The number of social workers in the region has increased by just 5.5%, compared to a 25% increase in California.

Exhibit 8. MBH occupational employment percentage growth, Greater Sacramento region and California, 2009-2019¹⁸



¹⁷ Ibid. Community and social service occupational employment (SOC 21-0000, 24,500 jobs in 2019); healthcare practitioners and technical occupational employment (SOC-29-0000, 59,500 jobs in 2019); healthcare support occupational employment (SOC 31-0000, 67,500 jobs in 2019). These three occupational categories combined equate to about 152,000 jobs in the Greater Sacramento region. The percentages are compared the 27,000 MBH occupational employment figure. Some MBH occupations do not fit into the three categories used here for comparison.

¹⁸ Ibid.

WAGES AND EARNINGS

The MBH workforce is both on-call and part-time (hourly), as well as full-time (hourly or salaried with benefits). Exhibit 9 displays the weighted average of hourly wages and Exhibit 10 displays median annual wages for the occupations in each category for the Greater Sacramento region and California.

The data shows a wide variation in wages and earnings. In several categories, low wage data indicates areas for concern about job quality. In other cases, the differences within the categories reflect pay levels for unlicensed professionals still in training, or paraprofessional positions that do not require a specific degree or credential. The social worker and clinical counselors/psychologists/school psychologists categories count unlicensed paraprofessionals and licensed professionals. (See Appendix C for detailed occupational data.)

Interviews and job posting data reveal variation in pay among employers for jobs that require similar qualifications. Some employers in the field pay lower wages (below \$20 per hour) for positions that prefer or require significant experience and education.

Earnings are highest for psychiatrists and clinical counselors/psychologists, occupations requiring advanced degrees and licenses. In the Greater Sacramento region, the latter category shows a broad spectrum for median earnings, from \$17.50 per hour to \$51 per hour, which translates to \$36,500 to \$106,000 annually for a full-time employee. There are also sizeable pay differences for social workers, from \$23 per hour to \$37 per hour, which translates to \$47,000 to \$77,500 annually; psychiatric technicians, from \$14 per hour to \$21 per hour, which translates to \$29,500 to \$44,500 annually; and the miscellaneous entry-level and paraprofessional MBH occupations category, from \$13 per hour to \$29 per hour, which translates to \$28,000 to \$60,000 annually.¹⁹ Again, the data analysis includes unlicensed paraprofessionals alongside licensed positions for clinical counselors and social workers.

In general, wages and earnings are higher at the overall state level due to the pay premiums commanded in regions where the cost of living is highest.



¹⁹ Ibid. Wages and earnings mentioned in the text are for the Greater Sacramento region. Wages and earnings do not include employer contributions to health insurance or retirement plans, overtime, bonuses, or other kinds of supplemental pay. See https://www.bls.gov/oes/oes_ques.htm for more information.

Exhibit 9. Median hourly wages, MBH occupations, Greater Sacramento region and California, 2019²⁰

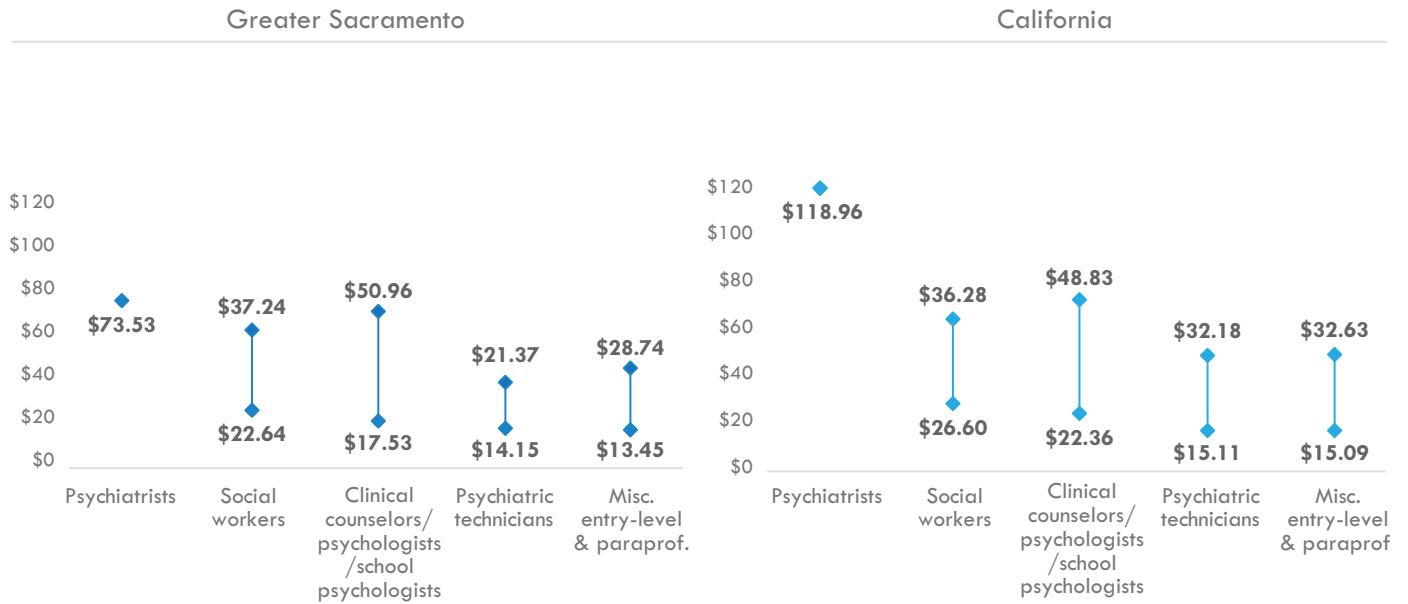
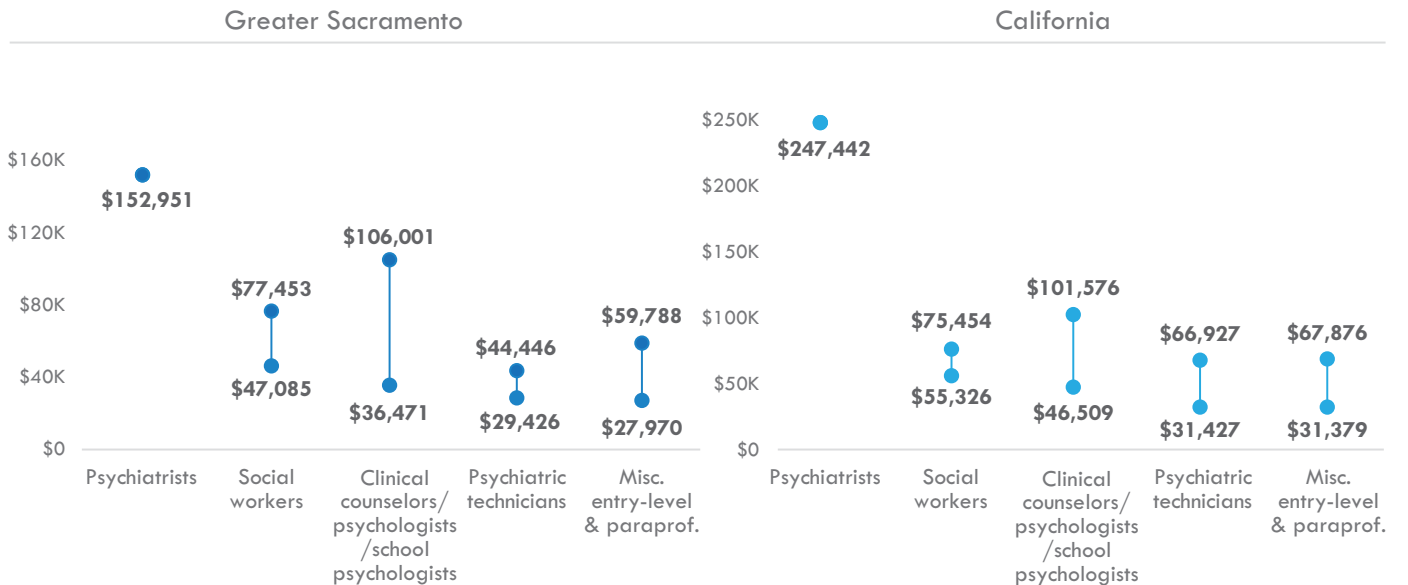


Exhibit 10. Median annual earnings, MBH occupations, Greater Sacramento region and California, 2019²¹



²⁰ Ibid.

²¹ Ibid.

Job shares by wage level

The study determined the share of jobs that meet or exceed self-sufficiency wage levels as a job quality measure (Exhibits 11 and 12). Every MBH occupation in the analysis meets the lower-wage threshold (\$13.18 per hour in the Greater Sacramento region and \$14.13 per hour in California.) In general, the three categories with the most occupations that typically require a bachelor’s degree or master’s degree have the highest shares of jobs that exceed the highest self-sufficiency wage threshold (\$23.88 per hour in the Greater Sacramento region and \$24.66 per hour in California). These three categories are psychiatrists, social workers, and clinical counselors/psychologists/school psychologists.

However, one of these occupations and two other categories are concerning in terms of job quality based on the share of jobs that fall below the higher-wage threshold. Some occupational categories for counselors have low wage levels; the data analysis finds that only half of these jobs pay more than the \$24-per-hour-level in the Sacramento region. Less than a third of jobs in the miscellaneous entry-level and paraprofessional MBH occupations category have wages that meet or exceed that level in the region and state. There are no jobs for psychiatric technicians that surpass the higher self-sufficiency wage at the regional level, although more than 80% do at the state level.

Exhibit 11. Share of MBH jobs that meet or exceed self-sufficiency wage levels, Greater Sacramento region, 2019²²

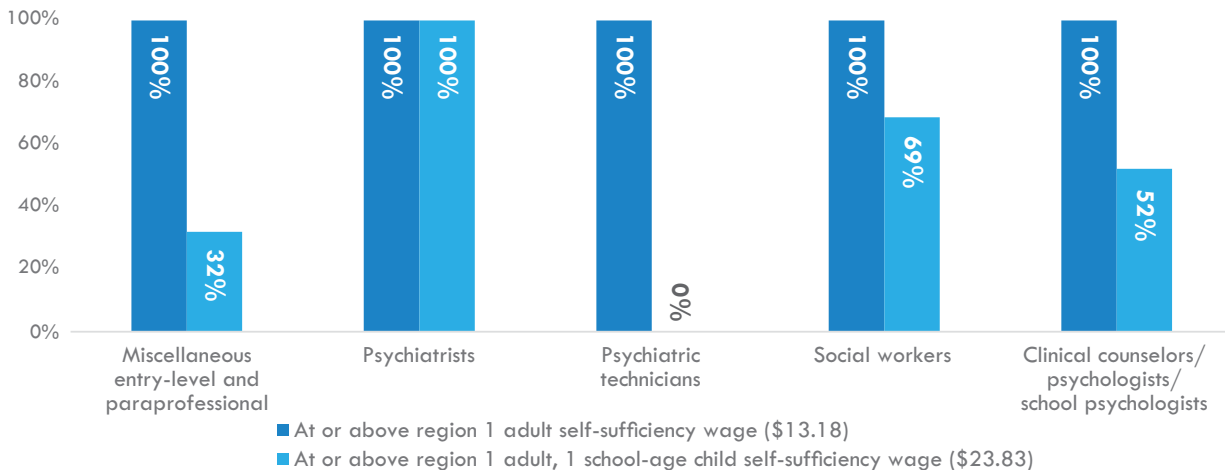
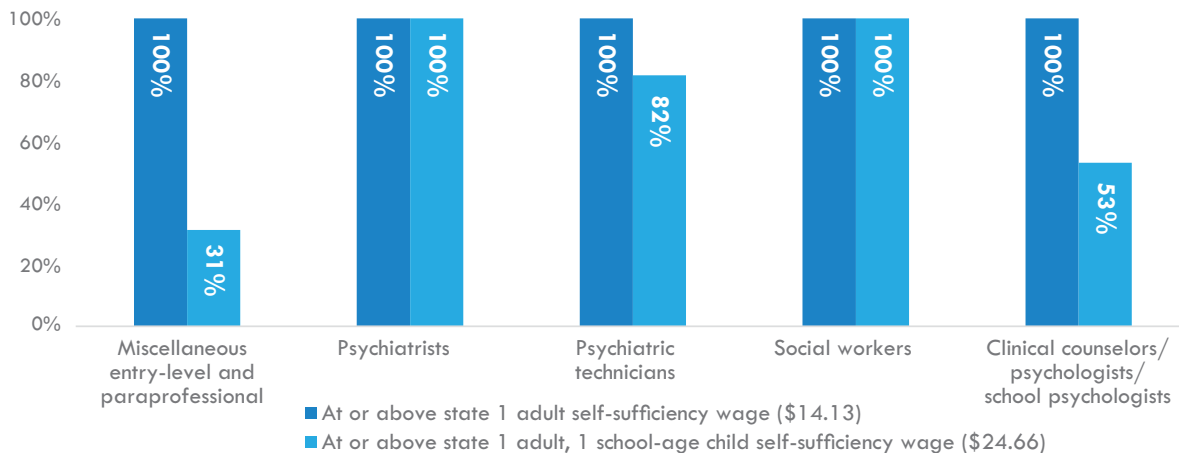


Exhibit 12. Share of MBH jobs that meet or exceed self-sufficiency wage levels, California, 2019²³



²² Emsi 2020.4; QCEW, non-QCEW, Self-Employed. Insight Center for Community and Economic Development, Family Needs Calculator, <https://insightccd.org/2018-family-needs-calculator/>.

²³ Ibid.

JOB QUALITY: INCOME AND BENEFITS

The study employed an index developed by the Brookings Institution to analyze job quality for the five occupational groups. The measures combine occupations by educational requirements, those jobs requiring education below a bachelor's degree, and those jobs requiring a bachelor's degree or higher ("high-skill" occupations). The index defines "good jobs" as jobs that pay at or above a median salary level compared to other occupations in the economy. Good jobs also have health benefits. "Promising jobs" lead to good jobs when measured over a 10-year period. "Other jobs" do not offer median wage levels, benefits, or pathways to good jobs.

Three of the five MBH categories—social workers, psychiatrists, and clinical counselors/psychologists/school psychologists—outperform healthcare and community and social services occupations (Exhibit 13). Nearly three-quarters of jobs in social work and clinical counselors/psychologists/school psychologists qualify as good or promising. The figure is more than 80% in the psychiatry category.

However, it is notable that the Brookings Institution measures in these same three categories show that the vast majority of the good and promising MBH jobs are in occupations that require a bachelor's degree, underscoring the need for pathway development for high-road employment in these areas. Only 6% of the good and promising jobs in social work have educational requirements below a bachelor's degree, and only 5% of the good and promising jobs in clinical counselors/psychologists/school psychologists have educational requirements below a bachelor's degree.

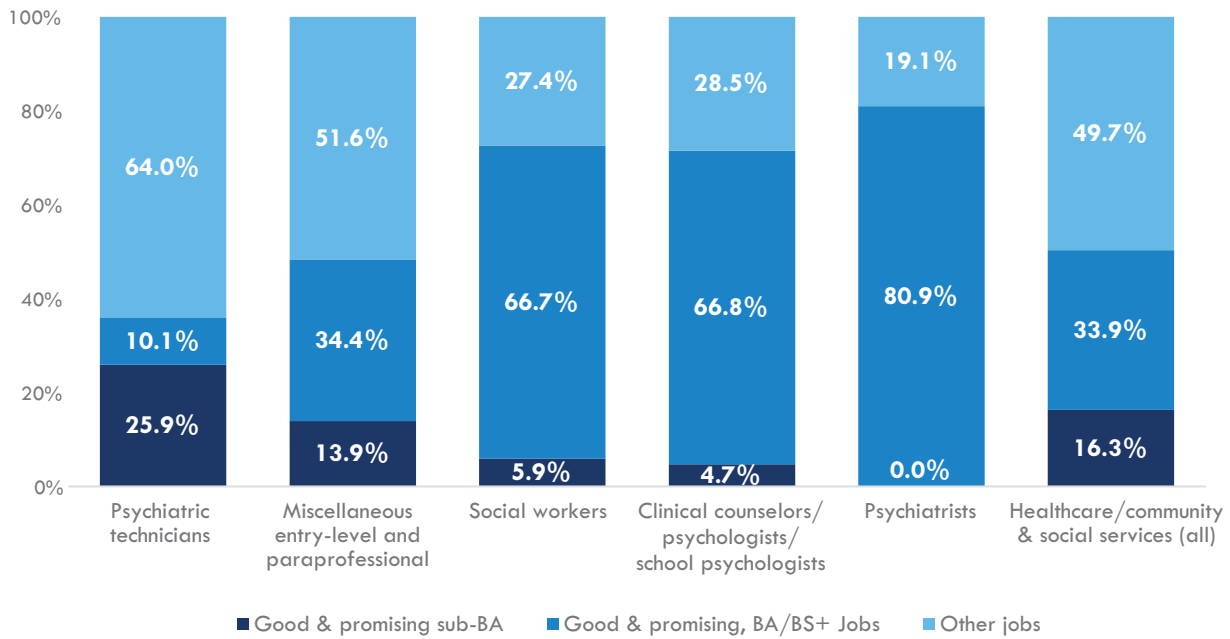
The index reveals that the miscellaneous entry-level and paraprofessional MBH occupations have numbers that are on par with healthcare and community and social services as a whole, but the job quality numbers are lower than peer categories. Only half of jobs overall in the miscellaneous categories are good or promising. The figures are low especially in occupations that require less than a bachelor's degree. Only 14% of jobs that require less than a bachelor's degree in the miscellaneous categories are good or promising.

The psychiatric technician category has the lowest numbers. While there are just two occupations in the category (psychiatric technicians and psychiatric aides), this category shows the most disappointing numbers of any of the occupational groups studied. At the detailed occupational level, the index scores about half of psychiatric technician jobs as good or promising. The other half are in the "other" category. The scores for the vast majority of psychiatric aides occupations, more than three-quarters, are in the "other" category. Virtually none in the group score in the "good" category.

The vast majority of "good and promising" MBH jobs (middle class wages with health benefits as Brookings defines them) are in jobs that require at least a bachelor's degree.



Exhibit 13. MBH occupational job quality, Brookings Institution “good and promising jobs” index, Sacramento-Roseville-Arden Arcade MSA, 2018²⁴



²⁴ Op. Cit. Brookings Institution, “Opportunity Industries.”

JOB CHARACTERISTICS AND PATHWAYS

This section of the report includes a detailed qualitative analysis of dozens of job ads posted by employers in the seven-county Greater Sacramento region between August 2019 and July 2020. Several employer interviews and engagement with community partners throughout Summer and Fall 2020 also informed the writing of this section. These sources provided insights into the typical tasks and duties, and skills, education and experience required for the occupations of focus in this report.

The job postings generally refer to entry-level to mid-level MBH positions that do not require a bachelor's degree; some job postings list a preference for either a bachelor's degree or several years of experience in a related setting. These positions are paraprofessional and do not require state credentials, with the exception of psychiatric technicians and certified nursing assistants.

Job titles by employer

County agencies, major healthcare providers, and nonprofit and for-profit service providers use similar language and distinct titles to refer to entry-level and paraprofessional MBH roles (Exhibit 14). The titles have common keywords including, "Advocate," "Case Manager," "Supervisor," "Community Health," "Peer," "Coordinator," "Mentor," "Coach," "Counselor," "Specialist," and "Technician." The job title "mental health worker" emerged as an example (common to a few organizations) of an entry-level and paraprofessional classification and job title used by county health and human services agencies, though there are few of these jobs. The job title has been used in conversations with other education and community partners as shorthand for entry-level and paraprofessional MBH positions. (See Appendix E for a sample mental health worker job posting in Sacramento County.) Psychiatric technicians have distinct state-mandated training and licensure requirements. A few postings refer to nursing-assistant-type roles that may prefer or require certified nursing assistant training and credentials.



Exhibit 14. Entry-level and paraprofessional MBH job titles by employer²⁵

Job Title(s)	Employer(s)
Advocate; Human Services Social Worker	El Hogar; County of Sacramento
Case manager	Telecare Corp.; Leaders in Community Alternatives; Hope Cooperative
"Community Health" - multiple titles	WellSpace Health; CommuniCare Health Centers; Sacramento Covered (City of Sacramento)
Family Engagement and Partnership Coordinator; Human Services Supervisor	California Rural Indian Health Board; County of Sacramento
Mental Health Case Manager, also "Health Manager"	Hope Cooperative; Yolo County; Telecare
Mental Health Rehab Specialist; Community Mental Health Worker	La Familia; HOPE Cooperative; Center for Positive Changes; Stars Behavioral Health Group (Children focus)
Mental Health Tech (Recovery Coach)	Sierra Vista Hospital; Crestwood
Mental Health Technician	Heritage Oaks Hospital
Mental Health/Recovery Coach; Peer Recovery Coach	Crestwood
Mental Health Worker	Kaiser Permanente; County of Sacramento
Patient Care Support Specialist (Cert. Nurse Assistant preferred)	Sutter Health
Peer Counselor; Youth Peer Mentor; Peer Recovery Coach	AMI Housing; UC Davis Medical Center
Peer Support Advocate; Peer Support Specialist	CommuniCare Health Centers; Turning Point Community Programs
Personal Service Coordinator, Levels I - III	Telecare
Program Services Counselor	Dignity Health
Psychiatric Technician	Kaiser Permanente; State of California; StrataCare Health Corp.
Residential Counselor	Youth facilities (Sacramento Children's Home) and addiction treatment centers (New Dawn); Stars Behavioral Health Group
Service Coordinator	Turning Point Community Programs
"Service Coordinator" - multiple titles	Hope Cooperative; Telecare; Ami Housing; Turning Point Community Programs; Crestwood Behavioral Health
Youth Advocate	Turning Point Community Programs; STARS behavioral Health Group; Sacramento Children's Home

Despite variation in job titles and work settings, paraprofessional MBH workers perform strikingly similar job duties for a range of employers.

Duties and functions

Despite the variation in setting (inpatient, outpatient, community support), and job titles, the paraprofessional MBH positions identified in the analysis generally perform similar tasks and duties according to interviews and detailed analysis of dozens of job postings.

Workers in these positions are key members of a treatment and service team, whose role is to provide front-line direct support to clients, patients, and their families. They support patients in navigating various resources and services within and outside their organizations. They make referrals for mental health and healthcare services, insurance, and housing. In some cases, they are performing outreach in the community, facilitate intake, and act as liaisons for new and existing clients.

²⁵ "Labor Insight Real-Time Labor Market Information Tool," Burning Glass, 2020.3. Analysis by the COE. Job titles included in the same cell refer to titles that are equivalent in name and duties, skills, and requirements.

They work with clients and patients from many different socioeconomic backgrounds, such as people who are homeless, of various ethnicities, or identify as LGBTQ+. They are on the front lines for crisis intervention. They provide ongoing paraprofessional mentorship and coaching in individual and group settings for recovery, life skills, and occupational skills. They monitor and track clients, collecting information for case management records. They generate basic to advanced case documentation and keep medical records for insurance requirements—eligibility, coding, and billing. At a more advanced level, they perform assessments and collaborate on service planning.

With more advanced credentials, a few of these workers act at the entry-level within the nursing or psychiatric technician standard of care; they may report to credentialed workers in some cases. These roles are involved in clinical regimens for medication or protocols in a standard of care.

This list summarizes these duties and functions:

- Front-line, direct-service member of treatment team
- Diverse socioeconomic and identity community context, homeless
- Crisis management
- One-on-one and group mentorship and paraprofessional counseling
- Addiction and recovery coaching
- Patient navigation for community, treatment, and healthcare services
- Referrals for insurance, housing
- Community outreach
- Case management—records, documentation
- Documentation for insurance eligibility, coding, billing
- Assessment and service planning
- Nursing or psychiatric technician standard of care protocols

Skills and knowledge

Information provided in interviews and job postings analysis allowed the research team to determine a common set of skills across settings and job titles for entry-level and paraprofessional MBH positions.

These workers must have communication skills for interaction with professional and paraprofessional care teams. Again, cultural sensitivity and awareness of needs from members of diverse socioeconomic and cultural backgrounds is a common requirement. They also need communication, mentoring, and group facilitation skills to support patients in one-on-one and group settings. They often teach life and coping skills. They need crisis management skills for direct intervention with patients. They frequently need familiarity with community resources—housing (shelters and transitional), legal services, job training, foster care, childcare, and other community support systems for patient referrals.

Employers nearly universally prefer workers who have personal or familial experience in MBH settings, or work experience in similar facilities or contexts (such as acute care). Supervising or facilitating patients and clients in 12-step and recovery treatment programs are popular preferences among employers.

Employers ask for similar skill and knowledge qualifications when seeking entry-level and paraprofessional MBH job candidates.

These workers need basic office skills and digital literacy to keep case records (case management practices). They also make inputs to patient records in management information systems (MIS) for insurance eligibility, billing, and coding. They have to have knowledge of HIPAA for record keeping and communication protocols. Digital literacy also relates to a key emerging trend—telehealth. More research is needed to identify telehealth trends and opportunities in MBH.

Entry-level MBH workers need basic medical, pharmacological, and psychiatric terminology. In more advanced roles, these paraprofessionals are working in a standard of care of psychiatric technician or nursing, as credentialed workers or assistants.

This list summarizes employers' knowledge and skill preferences:

- Professional team communication
- Crisis management
- One-on-one mentorship and paraprofessional counseling
- Group facilitation and paraprofessional counseling
- Familiarity with community resources (housing, legal, family services)
- Personal experience in MBH (treatment or work setting)
- 12-step and recovery practices
- Medical and pharmacology terminology
- Digital literacy, management information systems (MIS) records basics
- Basic case management practices and record keeping
- Microsoft Office
- Billing and coding
- HIPPA confidentiality and privacy regulations
- Nursing or psychiatric technician standard of care protocols

Wide ranging levels of education can substitute for years of experience for paraprofessional MBH candidates.

A high school diploma is the most typical formal educational requirement.

Education, experience, and credentials

The job postings analysis reveals common preferences among employers for education, experience, and credentials.

Notably, employers allow for wide ranging substitutions of education and experience. Employers commonly specify credit units (12, 18, 24) and degrees in social sciences (psychology, sociology, counseling, social work) as substitutes for years of experience and vice versa. Job postings indicate that candidates can qualify for positions that require two or more years of experience (up to six years) with significant progress toward a degree (listed in credit unit counts), an associate degree, or a bachelor's degree.

In addition, a small number of job postings show positions that offer hours toward clinical internships for professional and master's degree programs. In some entry-level positions, employers prefer or require a formal degree, sometimes a bachelor's degree. The education requirements suggest that these positions can serve as launching pads for workers en route to professional positions in counseling and social work.

A high school diploma is the most frequently cited education requirement, but employers generally prefer candidates with personal or familial experience in the MBH system, or work experience in a similar setting. Postings frequently cite specific numbers of years of related work experience for qualifications.

This list summarizes common education and experience requirements cited in job postings and interviews:

- High school diploma
- 1-6 years of formal work experience in a setting related to MBH
- Units of coursework (12, 18, 24) in psychology, social work, counseling, or sociology, substituted for experience
- An associate or bachelor’s degree in these social science fields for more advanced positions
- Two specific formal paraprofessional credentials appeared in a few job postings:
 - Certified Nursing Assistant (CNA)
 - Psychiatric Technician²⁶

In about half of postings, employers ask for one of several credentials in drug and alcohol counseling and crisis management. Exhibit 15 describes program basics for these credentials. The first two are the programs recognized by the California Department of Health Care Services. Many of the region’s community colleges provide preparation for the first two credentialing organizations.

Exhibit 15. Employer preferences for third-party credentials for drug and alcohol counseling and crisis management

Credential	Requirements
<p>California Consortium of Addiction Programs and Professionals²⁷</p> <ul style="list-style-type: none"> • Registered Alcohol Drug Technician (RADT) • Certified Drug and Alcohol Counselor (CADC) • Licensed Advanced Drug Counselor (LAADC) 	<ul style="list-style-type: none"> • RADT – 9-hour course • CADC Level I – 300+ hours specified education; 250+ hours field practicum ICRC written exam + 3,000 hours experience • CADC Level II – Same as Level 1 + additional work experience per education level • CADC Level III – Same as Level 1 with bachelor’s + 4,000 hours work experience • LAADC – same as above + area master’s + advanced written exam
<p>Addiction Counselor Certification Board of California²⁸</p> <ul style="list-style-type: none"> • Certified Addiction Treatment Counselor (CATC) 	<ul style="list-style-type: none"> • Education eligibility <ul style="list-style-type: none"> ◦ community college substance/addiction program ◦ bachelor’s in human services, social science ◦ relevant coursework • CATC exam • 2000+ hours of supervised field experience
<p>Crisis Prevention Institute (CPI)²⁹</p> <ul style="list-style-type: none"> • Nonviolent Crisis Intervention (NCI) • Verbal Intervention (VI) • NCI + Advanced Skills (physical) 	<ul style="list-style-type: none"> • NCI, VI – Short-term online programs • NCI + Advanced – Online and 4-day in-person for physical intervention skills

²⁶ Licensure overseen by the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT), <https://www.bvnpt.ca.gov/applicants/index.shtml>.

²⁷ Overseen by the California Department of Health Care Services, the California Consortium of Addiction Programs and Professionals (CCAPP) is the credentialing organization for the RADT, CACD, and advanced credentials, <https://ccappcredentialing.org/index.php/career-ladder>.

²⁸ Overseen by the California Department of Health Care Services, the Addiction Counselor Certification Board of California (ACCBC) administers the credentialing of Certified Addiction Treatment Counselors (CATC), <https://www.accbc.org/get-certified/>.

²⁹ The Crisis Prevention Institute (CPI) offers several credential programs, <https://www.crisisprevention.com/Our-Programs>.

There are no standard advancement pathways for entry-level and paraprofessional MBH workers, but the research findings support pathway development in industry with education and training providers.

The preferences for formal college and university social science coursework, frequently cited micro-credentials, and a shared set of knowledge and skills could indicate an opportunity for the development of a common curriculum for an entry-level and paraprofessional MBH credential.

Entry-level and paraprofessional MBH pathways

Regarding the entry-level or paraprofessional MBH segment of the workforce, there are no typical or well-defined advancement pathways within organizations or generally in the field.³⁰ However, given the credentials noted above, an opportunity exists for the development of standard, formalized advancement pathways alongside education and training pathways for entry-level and paraprofessional MBH workers.

Exhibit 16 displays a possible framework based on the analysis of job postings and employer interviews. The diagram is based on analysis of job postings and interviews; with a few exceptions, it does not reflect actual movement of workers or employer/industry-defined pathways. The tiers represent positions that have similar qualifications for education, experience, and skills.³¹

Entry-point positions require a high school diploma and emphasize peer support and mentorship, frequently from people with direct experience in a behavioral health setting as a patient or family member. These are front-line positions that generally require little formal work experience in the field and could represent important occupational transitions for many.

Entry-level positions are formally part of a care team and take part in program operations and treatment protocols. They may perform paraprofessional counseling duties and collect information for case management and insurance. Employers prefer or require college or university coursework or degrees in specified areas of social sciences. In addition, these positions prefer or require one or more years of formal work experience in MBH settings. Employers may also prefer candidates and workers in these positions to work toward drug and alcohol counseling credentials or paraprofessional licenses.

Advanced entry-level to mid-level positions require two or more years of experience, some measure of college or university education, and industry-recognized credentials, or some combination of these. Workers in these positions may be involved in shaping program design and coordinating some operations. These workers lead patient groups and perform one-on-one counseling with professional supervision. They may take on additional responsibilities for intake and assessment, case management, coding, billing, and record keeping. Psychiatric technicians, mental health workers, and certified nursing assistants are working in formal standards of care and in accordance with designated professional practices, under professional supervision.

Alternate diagrams of professional and educational pathways, developed in the South Central Coast region, are presented in Appendix F.

³⁰ A minority of employers specify particular levels of employment and advancement pathways in job postings (e.g., Personal Service Coordinator, Levels I, II, and III). Some of these same employers, however, also advertise for positions with different job titles that appear highly similar in function and skill requirements, challenging interpretation.

³¹ The research did not explore the alignment of these tiers with pay levels or other job quality measures.

Exhibit 16. Entry-level MBH and paraprofessional pathways, Greater Sacramento region³²

	Common Job Title(s)	Employers	Qualifications
Advanced Entry to Mid-level	Psychiatric Technician; Mental Health Worker; Program Services Counselor; Service Coordinator level II & III, Case Manager; Health Manager; "Community Health"-various; Mental Health Specialist; Personal Service Coordinator, levels II & III	Kaiser Permanente Medical Group; Dignity Health; Turning Point Community Programs; Hope Cooperative; Telecare; Ami Housing; Crestwood Behavioral Health; Leaders in Community Alternatives; Yolo County; Wellspace Health; City of Sacramento; County of Sacramento	<ul style="list-style-type: none"> • 2-6 years relevant experience substitutes for bachelor's or associate in social science/counseling field • Para-prof. case management/coordination • CADC- counselor or advanced • Inclusive of qualifications listed below +
Entry-level	Mental Health Technician; Patient Care Support Specialist; Behavior Technician; Residential Counselor levels I & II; Personal Service Coordinator level I	Crestwood Behavioral Health; Sierra Vista Hospital; Autism Spectrum Therapies; Learn It Systems; Capitol Autism Services; STE Consultants;	<ul style="list-style-type: none"> • Mental health/psychiatric experience; Associate degree; Units in sociology, psychology, counseling • CADC Technician/Counselor; CNA • Para-professional skills/duties
Entry-point	Mental Health/Recovery Coach; Peer Recovery Coach; Youth Advocate; Peer Support Specialist; Peer Counselor; Peer Recovery Coach; Behavior Interventionist; Advocate;	Crestwood Behavioral Health; CommuniCare Health Centers; Turning Point Community Programs; AMI Housing; UC Davis Medical Center; Sierra Vista Hospital; El Hogar; Intercare Therapies	<ul style="list-style-type: none"> • Personal history in mental health/recovery facility • High school diploma/GED • Direct service roles; first level of service team; mentorship

Professional Pathways

The study did not quantify the number of workers who transition from entry-level and paraprofessional jobs to professional positions that require advanced degrees and licensure. However, the interviews and job posting analysis indicates there is some fluidity and mobility among these ranks. Many workers start in entry-point or entry-level positions and advance to mid-level and professional positions with additional education and experience. Some workers start in paraprofessional roles and later enter professional training and education programs.

Others work in paraprofessional roles while receiving professional training in master's degree programs. Again, paraprofessional education and training are highly similar or the same as prerequisites for professional programs. A few employers offer stipend or reimbursement programs for workers who complete additional college and university programs.

While the data indicates that additional research can show how many workers move between the ranks, the qualitative evidence encourages standardizing and formalizing professional pathways for entry-level and paraprofessional MBH workers. Exhibit 17 shows the pathway areas identified in the research.

³² "Labor Insight Real-Time Labor Market Information Tool," Burning Glass, 2020.3. Analysis by the COE.

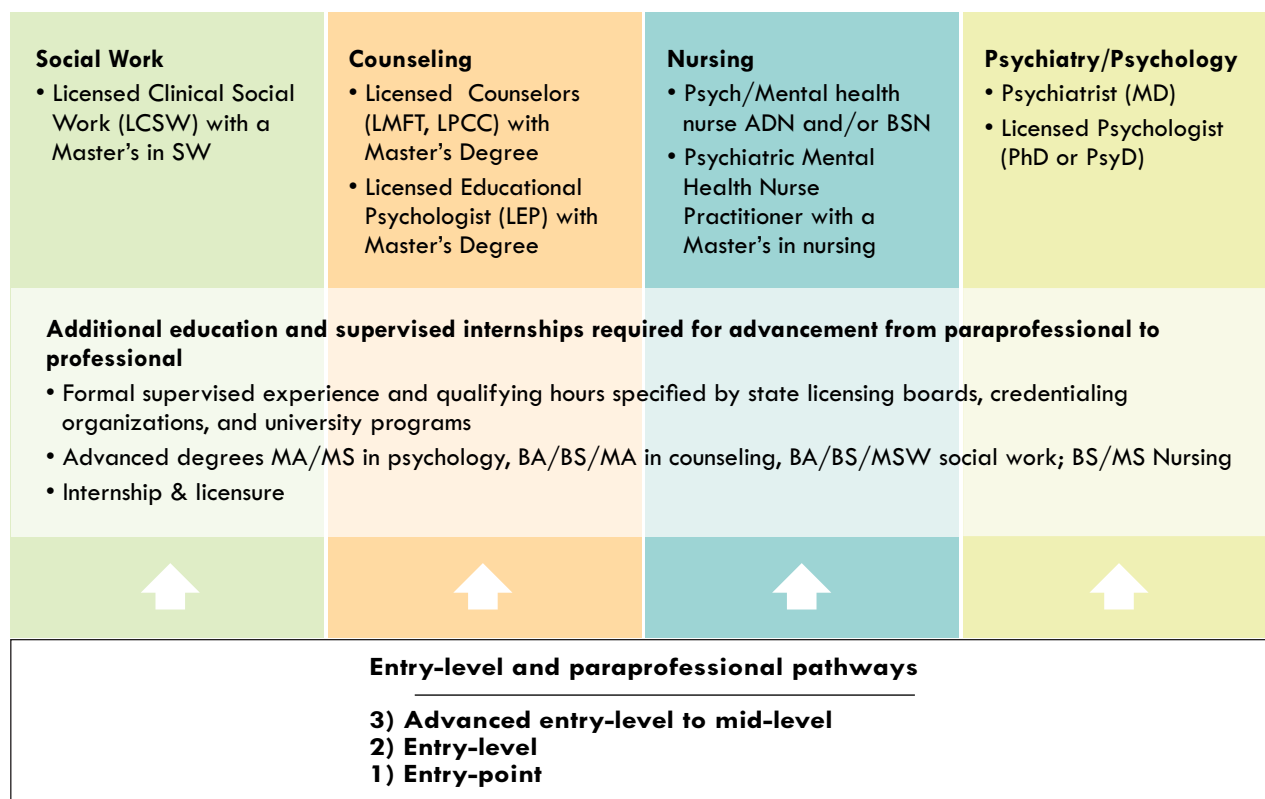
Pathways in social work and counseling: Many of the job postings list preferences for coursework, certificates, and associate degrees in social work and counseling. Professional positions in these fields require a master's degree and licensure. Degree programs include Marriage and Family Therapy (MFT), Licensed Clinical Social Worker (LCSW), and a host of master's programs in counseling and social work. Some paraprofessional positions provide qualified internship hours for professional programs.

Pathways in nursing: Many entry-level and paraprofessional positions report to a registered nurse and have responsibilities that fall under protocols in the nursing standard of care. The same postings sometimes refer to registered nursing, vocational nursing, or psychiatric technician as required qualifications.³³

Pathways in psychiatry and psychology (psychologist): These licensed positions require advanced and doctoral degrees. While pathways are likely to require many years of university study and internship completion, pre-med and biology programs offered by the community colleges and universities in the Greater Sacramento region can offer pathways to these advanced-level positions.

Alternate diagrams of professional and educational pathways, developed in the South Central Coast region, are presented in Appendix F.

Exhibit 17. Entry-level MBH and professional pathways, Greater Sacramento region³⁴



³³ The job postings research uncovered few postings for nurses working in specialty mental and behavioral health categories. Some reports indicate trends for using nurses to fill needs in mental and behavioral health settings. Again, in a limited number of cases, paraprofessionals are working with a licensed nurse within the nursing scope of practice. A recent survey study indicates that just 2.3% of newly licensed California nurses go to work in mental and behavioral health settings. "California Newly Licensed RN Employment Survey," Health Impact, Fall 2019, p. 12, <https://healthimpact.org/publication/california-newly-licensed-rn-employment-survey-report-fall-2019/>.

³⁴ Ibid.

EDUCATION PROGRAMS AND AWARDS

The Greater Sacramento region has a wealth of community college and university programs that prepare students with the qualifications needed to enter the MBH workforce.

Community colleges

Exhibit 18 displays a matrix of community college programs that complement employer preferences for MBH positions. All eight community colleges in the region offer transfer programs and coursework in biological sciences and social sciences (psychology and sociology). Gerontology offers another transfer pathway for community colleges. Employers cite these programs for paraprofessional MBH positions. These programs also offer preparation for professional positions.

Terminal degree and certificate programs in chemical dependency (alcohol and controlled substances and addiction studies) and human services are commonly offered by area community colleges. Folsom Lake College offers programs in social work. Multiple colleges have programs in human services. For example, Sacramento City College has a program in Community Health Care Worker and Community Studies, and Yuba College offers the region's only Psychiatric Technology program. Nursing programs are not specific to paraprofessional MBH occupations but are referred to in employer jobs postings. These and other programs provide entry-points and advancement pathways for paraprofessionals in the field. (Appendix B has an alternate version of the programs, displayed in a brochure format.)

Exhibit 18. Sacramento regional community college programs related to MBH health (C=certificate; D=associate degree)³⁵

Program	American River College	Cosumnes River College	Sacramento City College	Folsom Lake College	Yuba College	Woodland Community College	Sierra College	Lake Tahoe Community College
Biology (Transfer/PreMed)	D	D	D	D	D	D	D	
Certified Nursing Assist.	C			C				
Chemical Dependency (Alcohol/Controlled)	C/D	C/D	C/D	C/D	C/D	C/D		C/D
Community Health Care Worker			C					
Community Studies			C/D					
Gerontology	C/D		C/D	D				
Human Services	C/D	C/D		C/D	C/D	C/D		
Licensed Vocational Nursing			C/D					
Registered Nursing	D		D		D		D	
Psychiatric Technician					C/D			
Psychology (Transfer)	D	D	D	D	D	D	D	D
Social Work				C/D				
Sociology (Transfer)	D	D	D	D	D	D	D	D

³⁵ California Community Colleges Chancellor's Office Data Mart. The table includes programs in biology, licensed vocational nursing, and registered nursing. The awards data do not include totals for these three program areas—most students in these programs will end up in other career fields. The research determined these programs were too general to include in the count of eligible regional programs supplying MBH workers.

Exhibit 19 displays the three-year average awards related to MBH (certificates and associate degrees) for the community colleges in the region. Psychology, a common transfer degree program, has the highest number of awards, followed by sociology, another transfer program. These programs have hundreds of graduates each year. Alcohol and controlled substances (chemical dependency, addiction studies) and human services (community studies, social work, human services) combined confer nearly 350 awards annually. Gerontology, community health worker, and psychiatric technician programs confer the smallest number of awards. (See Appendix G for award details by college.)

Exhibit 19. Three-year average annual certificates and associate degrees related to MBH, Sacramento regional community colleges, 2017-18 to 2019-20 academic years³⁶

TOP Code	Program Name	Certificate	Associate
1239.00	Psychiatric Technician	19	5
1261.00	Community Health Care Worker	12	0
1309.00	Gerontology	19	34
2001.00	Psychology, General	0	2,284
2104.00	Human Services	48	166
2104.40	Alcohol and Controlled Substances	44	90
2208.00	Sociology	0	701

Universities

The Greater Sacramento region’s universities offer many bachelor’s, master’s, and doctoral programs related to MBH professions. Exhibit 20 displays programs offered by the University of California, Davis (UCD); California State University, Sacramento (CSU Sacramento); and William Jessup University (WJU), a private college. The analysis does not include online or satellite university campus programs.

The programs include biology, encompassing pre-med and pre-health pathway programs. UCD has medical and doctoral programs in psychiatry and clinical psychology. CSU Sacramento has several master’s programs in counseling for marriage and family therapy, and school psychology. There are standard psychology bachelor’s programs at all three institutions in the analysis.

CSU Sacramento also has a certificate and master’s program in behavioral analysis, as well as programs in health science and community health, and gerontology. UCD has graduate programs in human development. The region has associate, bachelor’s, and graduate programs in nursing and nurse practitioner. CSU Sacramento and UCD have programs in public health. CSU Sacramento has a school of social work that supports a master’s program. CSU Sacramento and UCD have bachelor’s and graduate programs in sociology. (Appendix B has an alternative version of the programs, displayed in a brochure format. Appendix G has the award details by college.)

³⁶ Ibid.

Exhibit 20. Sacramento regional university programs for MBH³⁷

Program	UC Davis	CSU Sacramento	William Jessup University
Biology/Pre-med	BA/Minor	BA/BS/MA/MS	BS
Behavioral Analysis, Psychologist		Cert/MA/MS	
Behavioral Health/Psychiatry	MD		
Biology & Pre-med; Pre-Health Profession	BA	Advising Pattern	
Counseling-MFT, School, Rehab		MS/Minor	
Gerontology		Minor, Cert., BS, Grad Cert.	
Health Science/Community Health		BS	
Human Development	MS/PhD		
Family Nurse Practitioner	MS		
Registered Nursing/Nursing	MS/PhD	BS/MS	
Psychology/Psychologist	BS, MA, PhD	MA, BA, Minor	BA
Public Health	MA, PhD	MA	
School Psychologist		MA/MS	
Social Work		BA/MSW	
Sociology	BA, PhD	BA/MA	

Regional universities confer hundreds of bachelor's and advanced degree awards annually related to MBH. Similar to the community colleges, psychology and sociology account for the lion's share of awards. CSU Sacramento confers about 1,000 awards in social work annually. Overall, 900 degrees in human development and family studies, and 200 awards in gerontology are conferred, on average, each year by four-year public and private universities in the region (Exhibit 21).

Exhibit 21. Three-year average annual bachelor's, master's, and doctoral program awards related to MBH, Sacramento regional public and private universities, 2016-17 to 2018-19 academic years³⁸

CIP Code	Program	Bachelor's	Master's +
19.0701	Human Development and Family Studies, General	897	27
30.1101	Gerontology	203	0
42.0101	Psychology, General	1,547	260
44.0700	Social Work	667	330
45.1101	Sociology	1,470	56
2104.40	Alcohol and Controlled Substances	44	90
2208.00	Sociology	0	701

³⁷ Emsi, 2020.4; QCEW, non-QCEW, Self-Employed. Emsi uses the U.S. Department of Education IPEDS dataset. The awards data do not include totals for biology, public health, or nursing programs. The research determined these programs were too general to include in the count of eligible regional programs supplying MBH workers.

³⁸ Ibid.

CONCLUSION AND RECOMMENDATIONS

The COVID-19 pandemic has exacerbated social and public health crises involving mental and behavioral health (MBH) affecting many different populations in California.

Policymakers and stakeholder groups have placed renewed emphasis on resource allocation and program development to address mental and behavioral health needs in the state. In response, stakeholders in the Greater Sacramento region collectively requested an assessment of workforce development, training, and education needs.

The North/Far North Center of Excellence (COE) studied the labor market, quality of MBH jobs, pathway opportunities, and postsecondary education and training offerings to better understand the region's MBH workforce.

Stakeholders requested that the study focus primarily on the need for workforce education and training at the high school and community college level. As such, the study highlights the entry-level and paraprofessional MBH occupations which more frequently require entry-level education at the sub-baccalaureate level.

Findings

- **The Greater Sacramento region is home to a wide array of organizations and facilities that provide MBH services, but not all regional communities have equal access to services.** The research examined the employer landscape in the region and found many organizations that provide community support and referral services; outpatient and MBH services for adults and children; and in-patient residential facilities, crisis services, sub-acute care, and acute care facilities. Literature indicates that rural and urban parts of the region do not have similar levels of service delivery.³⁹
- **MBH occupational employment is about one-fifth the size of the total number of jobs of all healthcare and community and social service occupations in the region and the state.** Regional growth is strong but significantly trails the state. There are nearly 27,000 MBH workers in the Greater Sacramento region and about 400,000 workers in California; most are miscellaneous paraprofessional MBH workers, counselors and psychologists, and social workers. Job growth has been substantial, but growth in the region lags the state by a significant margin, probably owing to rural parts of the region.⁴⁰
- **Paraprofessional MBH positions generally do not present a major recruitment challenge. Professional MBH positions do.** Despite the gulf in service delivery and the need for guiding more graduates into the field,⁴¹ COE analysis of program awards and executive interviews with employers does not indicate a workforce gap, or special recruitment challenges, for paraprofessional MBH workers. The few paraprofessional MBH positions (such as “mental health worker” and “mental health assistant”) employed by major healthcare providers and county governments are highly coveted and are often filled internally. Externally-advertised positions receive many dozens of applications. The industry appears to have established pipelines for most paraprofessional MBH positions. Conversely, employer interviews and a literature review indicate present hiring challenges and a future supply gap for many professional MBH positions.⁴²

³⁹ Op. cit. California Future Health Workforce Commission.

⁴⁰ In the Greater Sacramento region, psychiatric technicians have lost over 40% of jobs between 2009 and 2019. The research did not identify the source of the decline.

⁴¹ “Large Numbers of Californians Have Delayed Care for Urgent Health Issues During COVID-19,” California Health Care Foundation, press release, October 8 2020, accessed November 18, 2020, <https://www.chcf.org/press-release/large-numbers-of-californians-have-delayed-care-for-urgent-health-issues-during-covid-19-and-californians-with-low-incomes-report-deteriorating-mental-health/>. “Meeting the Demand for Health,” California Future Health Workforce Commission, February 2019, accessed November 17, 2020, (pp.16, 28-33, 71), <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>.

⁴² Op. cit. Office of Statewide Health Planning and Development and California Behavioral Health Planning Council (p. 45). The survey found seven top positions from respondents statewide. All were professional positions that were rated hard-to-retain, and hard-to-fill. Janet Coffman, Timothy Bates, Igor Geyn, and Joanne Spetz, “California’s Current and Future Behavioral Health Workforce,” Healthforce Center at the University of California-San Francisco, February 12, 2018, accessed November 18, 2020, https://www.calhospital.org/sites/main/files/file-attachments/californias_current_and_future_behavioral_health_workforce.pdf?1518560440.

- **Job quality in terms of wages and benefits are generally on par with healthcare and community support occupations. However, the job quality of paraprofessional roles in counseling, psychiatric technician, and other miscellaneous support roles pose concerns for workforce development partners.** These study categories show concerning wage levels under \$20 per hour (less than \$40,000 annually for full-time employment). When measuring the volume of jobs in each of the five categories, the analysis found that just half of jobs in the clinical counselors/psychologists/school psychologists category pay more than the self-sufficiency level of \$24 per hour; only a third of the jobs in the miscellaneous category pay above that level. When applying a Brookings Institution index that takes health benefits into account, the research found that half of jobs in the miscellaneous paraprofessional MBH occupations category do not pay middle-income wages or have health benefits (“good jobs”); these jobs also offer no pathway to a good job within 10 years (“promising jobs”). For psychiatric technicians, more than 60% of jobs do not qualify as good or promising.
- **Middle-income wages and health benefits are most common for jobs requiring bachelor’s degrees and professional roles requiring advanced degrees. Far fewer workers with less than a bachelor’s degree have similar earnings and benefits.** Using the same Brookings Institution index, the analysis indicates that the vast majority of MBH jobs with middle-income wages and benefits are apportioned to workers with bachelor’s and advanced degrees. This is especially true for the social worker and clinical counselors/psychologists/school psychologists categories. Few workers without bachelor’s degrees earn middle-income wages and have benefits in these categories.
- **Entry-level and paraprofessional MBH jobs have more commonalities than differences in terms of job duties and skills, education, and credential requirements.** Despite wide variation in job titles, paraprofessional MBH roles perform highly similar duties and have the same skill requirements across organizations and job titles. (This is partly owed to Medi-Cal reimbursement standards.) These workers serve on care teams, provide direct patient support, manage case notes, and perform assessments; they need digital skills for billing and coding, and familiarity with medical terms and processes. A high school diploma is the most common required education level required for entry-level and paraprofessional MBH positions. Many job postings ask for one or more years of experience with a significant ability to substitute education coursework for years of experience. Several credentials in alcohol and drug counseling and paraprofessional MBH licenses are commonly listed as preferred qualifications for candidates.
- **There are no industry standard or typical pathways for MBH paraprofessionals to advance into higher positions or climb the professional ranks. An opportunity exists to develop advancement pathways with standard credentials.** The analysis shows that many paraprofessional MBH positions have job duties and requirements that present de facto advancement tiers. Based on the analysis of dozens of job postings and executive interviews, a conceptual tiered pathway diagram (with entry-point, entry-level, and advanced entry-level and mid-level positions) is presented this report. Similarly, some paraprofessional MBH workers progress to professional pathways, though the research found no evidence that such pathways are standardized in the field. Employer preferences for educational qualifications and existing job duties at the paraprofessional level present clear opportunities for workers to gain qualifications for professional credentials.
- **The Greater Sacramento region has dozens of community college and university degree and certificate programs that align with employer-preferred qualifications.** The research indicates that the region is well positioned to continue supplying the workforce with a qualified entry-level and paraprofessional MBH workforce. Awards data shows robust award production by community college programs in social sciences, pre-health, alcohol and controlled substances, nursing, psychiatric technician, gerontology, community studies, and community health workers. Regional universities offer numerous undergraduate and graduate programs in counseling, gerontology, community health, nursing, social work, public health, human development, psychology, and sociology.

Recommendations

A supply gap or employer difficulty in hiring paraprofessional MBH workers was not found by the study, although professional positions do present hiring challenges. The recommendations focus on improving job quality at the paraprofessional level by creating credentials and pathways to middle-income positions at the professional level. Workforce development efforts in the region should provide expanded middle-income job prospects for new entrants to the field and incumbent workers.

- **The community colleges should work with employers to adapt existing curriculum and create new curriculum that aligns with peer-support standards set by SB 803, the Peer Support Specialist Certification Program Act of 2020.**⁴³ SB 803, passed in September 2020, sets goals to standardize scope of practice, supervision standards, and curriculum and training for peer support staff—the entry-point positions described in the pathway section above. The bill presents an opportunity for community colleges to engage with employers to connect existing and new curriculum to state standards. Program and pathway development for peer support can offer new entrants to the field, many of them recent patients and clients, a promising future with college entrance.
- **Employer and school efforts should focus on developing pathways for incumbent entry-level and paraprofessional MBH workers to advance to professional positions in line with recommended innovations outlined in California’s 2020-2025 Mental Health Services Act Workforce Education and Training Five-Year Plan.**⁴⁴ The same employer and school partners who engage in efforts around SB 803 can also create pathway opportunities that link the entry-level and paraprofessional MBH occupations to professional occupations, where the majority of middle-income jobs with benefits are. Community college programs in community health worker, human services, and social work should provide pre-requisites, co-requisites, and qualifying internship hours toward corresponding, standard paraprofessional MBH positions. The preparation and achievement, in turn, should offer pre-requisites and co-requisites for professional positions in social work, counseling, and other professional positions. State agencies, employers, and schools should begin laying the groundwork to establish these additional standards.
- **Career pathway program design and marketing for community college programs in social work, community health worker, and human services should emphasize the common skills and duties identified in this report.** Existing programs in social work, human services, and community health worker prepare students for careers beyond mental and behavioral health; nonetheless, these programs and others can align coursework and marketing to include paraprofessional MBH positions. Some of the coursework and credentials exist in a patchwork among campuses. Program faculty and supportive technical assistance providers should standardize their efforts to provide access to offerings for new entrants to the field and incumbent workers. Resources included in the appendices should be widely distributed in professional training and workforce development engagement efforts.
- **The Greater Sacramento region should leverage well-established regional workforce development partnerships to align curriculum with paraprofessional and professional MBH pathways.** The Sacramento Employment and Training Agency (SETA), Institute for Local Government (ILG), and area community colleges and universities have well-established school-employer-agency partnerships through the Strong Workforce Program (community colleges) and Innovative Pathways to Public Service (ILG), among other initiatives. These groups, and others, are well-positioned to work on aligning curriculum with standards of practice and advancement opportunities. These opportunities should include specific training and internship milestones that lead to promotion.

⁴³ “Senate Bill No. 803,” California Legislative Information, accessed November 18, 2020, https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=2019202005B803.

⁴⁴ Op. cit. Office of Statewide Health Planning and Development and California Behavioral Health Planning Council (pp. 13-14).

APPENDIX A: PROJECT PARTNERS AND PARTICIPANTS IN EXECUTIVE INTERVIEWS

Several partners collaborated to shape this report. They provided detailed input for report scoping during the initial phase of research and reviewed the report after the research analysis had been completed. Special thanks to:

- Julie Holt, Regional Director for Employer Engagement, Health, California Community Colleges, Greater Sacramento region
- Irene Ornelas, Regional Director for Employer Engagement, Health, California Community Colleges, South Central Coast region
- Terri Carpenter, Workforce Development Manager, Sacramento Employment and Training Agency (SETA)
- Bina Lefkovitz, Project Consultant, Institute for Local Government
- Josef Preciado, Grant Project Director, California Apprenticeship Initiative, American River College

The following people participated in executive interviews that informed the study:

- Melissa Jacobs, Behavioral Health Division Manager, Sacramento County
- Diana White, COO, Turning Point Community Programs
- Lisa Clawson, Director, HR Business Partner, Kaiser Permanente
- Michael Jones, Manager, Recruitment Services, Kaiser Permanente
- Brenda Shipp, COO, WellSpace Health
- Christie Gonzales, Deputy Chief, Behavioral Health Operations, WellSpace Health



APPENDIX B: ASSET MAP SHOWING MBH EDUCATIONAL AND OCCUPATIONAL PATHWAYS

Julie Holt, Regional Director for Employer Engagement, Health, for the California Community Colleges created the asset map shown below.

Behavioral/Mental Health Occupations Educational Pathways – Sacramento Region

Behavioral Health Careers are a growing part of the health workforce with many job opportunities in the Sacramento Region and beyond. Below is information that can help identify educational programs in your region for these careers. The color coding below identifies the level of education and the groupings of programs relate to a career pathway. Next to each program title, click on the live links to connect to the specific college program information.

Certificates	Associate Degrees & Associate Degrees for Transfer	Bachelor's Degrees	Masters Degrees	Doctorate Degrees
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Peer Support Specialist Certificate

[CAL Voices ACCESS Organization](#)

Social Work, Sociology, Human Services Counseling & Chemical Dependency Counseling

- Community Health Worker Certificate - [Sac City College](#)
- Community Studies Certificate - [Sac City College](#)
- Social Work-Human Services Certificate - [Folsom Lake College](#)
- Human Services/Chemical Dependency Counseling Certificate - [CRC/ARC/Yuba/SLTCC/Woodland](#)
- Social Work/Human Services AA and AA Transfer - [Folsom Lake College](#)
- Community Studies AA - [Sac City College](#)
- Human Services/Chemical Dependency Counseling AA degree - [CRC/ARC/Yuba/SLTCC/Woodland](#)
- Sociology AA Transfer* - [ARC/SCC/CRC/Woodland/Sierra/Yuba/SLTCC](#)
- Counseling, Minor - [Sacramento State](#)
- Social Work BA - [Sacramento State](#)
- Sociology BA* - [Sacramento State/UC Davis](#)
- Masters of Social Work - [Sacramento State](#)
- Counseling Masters-Licensed Marriage and Family Therapist & Licensed Professional Clinical Counselor - [Sacramento State](#)
- Sociology MA* - [Sacramento State/UC Davis](#)
- Social Work Doctorate - [USC](#)
- Sociology Doctorate* - [UC Davis](#)

* Sociology degree alone does not result in jobs providing direct patient services unless it is accompanied by an internship and/or a certificate. Recommended path for sociology is AA-transfer to BA in social work to Masters in Social Work.

Psychology**

- Psychology AA & AA Transfer - [SCC/FLC/CRC/Sierra/ARC](#)
- Psychology AA Transfer - [Yuba College](#)
- Psychology AA - [Woodland College](#)
- Psychology BA - [South Lake Tahoe CC](#)
- Psychology BA - [Sacramento State](#)
- Psychology Minor - [Sacramento State](#)
- Psychology- Behavior Analysis Certificate - [Sacramento State](#)
- Psychology BS - [UC Davis](#)
- Psychology- Behavior Analysis MA (Psychologist) - [Sacramento State](#)
- Psychology MA - [Sacramento State](#)
- Psychology- School Psychologist MA - [Sacramento State](#)
- Psychology MA - [UC Davis](#)
- Psychology-Psychologist Doctorate - [UC Davis](#)

** Psychology Degree alone (AA/AS-BA/BS-MA) does not result in jobs providing direct patient services for behavioral/mental health. Certificate or degree in behavioral analysis/school psychology/psychologist does result in jobs with direct patient services.

Psych Technician

Psychiatric Technician Certificate - [Yuba College](#)

Nursing - Psychiatric Mental Health Specialty

- Certified Nurses Assistant Certificate - [ARC/Sierra/FLC](#)
- Licensed Vocational Nursing Certificate (degree option) - [Sac City College](#)
- Registered Nurse AS - [Sac City College](#)
- Registered Nurse AS - [American River College](#)
- Registered Nurse AS - [Sierra College](#)
- Registered Nurse AS - [Yuba](#)
- Registered Nurse BS*** - [Sacramento State](#)
- Nursing- Masters - [Sacramento State](#)
- Nursing- Masters - [UC Davis](#)
- Family Nurse Practitioner- Masters - [UC Davis](#)
- Psychiatric/Mental Health Nurse Practitioner MS - [UCSF](#)
- Nursing - Doctorate - [UC Davis](#)

*** Public health nursing certificate available upon completion

Medical Doctor - Psychiatry

- Biology - AS Transfer - [SCC/ARC/FLC/CRC/Woodland/Yuba](#)
- Biology & Premed Track BA - [UC Davis](#)
- Pre-Health Professional Program (advising pattern for medicine) - [Sacramento State](#)
- Social Sciences or Psychology BA with science classes***
- Social Science/Social Work or Psychology AA or AA-T****
- MD in Behavioral Health/Psychiatry - [UC Davis School of Medicine](#)

**** must complete courses Intro to Biology, Human Physiology, General chemistry, Organic chemistry, Biochemistry, General Physics, General Psychology, Sociology and Statistics; Anatomy and microbiology may be helpful for Medical School Admissions Test (MCAT)

Public Health & Health Sciences

- Pre- Health Occupations AS - [SCC/CRC/FLC](#)
- Health Science AS - [Sierra College](#)
- Health Science - Community Health Education BS - [Sacramento State](#)
- Public Health Masters - [Sacramento State](#)
- Public Health Masters - [UC Davis](#)
- Public Health Sciences Doctorate - [UC Davis](#)

Gerontology

- Gerontology Certificate - [ARC/SCC/FLC](#)
- Gerontology- multiple concentrations AA - [ARC/SCC/FLC](#)
- Gerontology BS, minor, certificate - [Sacramento State](#)
- Gerontology Graduate Certificate - [Sacramento State](#)
- Masters of Social Work - [Sacramento State](#)
- Human Development Doctorate - [UC Davis](#)

Child and Human Development, Family Studies, Social Justice Studies, Anthropology and Ethnic/Women's Studies associate and bachelor degrees can be a pathway into behavioral health degrees.



Health Workforce Initiative
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California Community Colleges

APPENDIX C: DETAILED OCCUPATIONAL DATA

Exhibit C1. Top occupations by annual openings, miscellaneous entry-level and paraprofessional MBH, Greater Sacramento region, 2019⁴⁵

SOC	Description	2019 Jobs	2019-2024 Annual Openings	Median Hourly Earnings	Typical Entry Level Education
21-1093	Social and Human Service Assistants	4,961	753	\$22.09	High school diploma or equivalent
11-9151	Social and Community Service Managers	2,820	328	\$28.38	Bachelor's degree
21-1015	Rehabilitation Counselors	825	111	\$16.17	Master's degree
39-9041	Residential Advisors	573	111	\$13.45	High school diploma or equivalent
21-1094	Community Health Workers	623	90	\$17.76	High school diploma or equivalent
21-1091	Health Education Specialists	483	68	\$28.74	Bachelor's degree

Exhibit C2. Top occupations by annual openings, clinical counselors/psychologists/school psychologists, Greater Sacramento region, 2019⁴⁶

SOC	Description	2019 Jobs	2019-2024 Annual Openings	Median Hourly Earnings	Typical Entry Level Education
21-1018	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	2,339	408	\$22.11	Bachelor's degree
21-1012	Educational, Guidance, and Career Counselors and Advisors	2,488	288	\$31.65	Master's degree
21-1013	Marriage and Family Therapists	1,417	196	\$20.17	Master's degree
19-3031	Clinical, Counseling, and School Psychologists	1,029	125	\$49.40	Doctoral or professional degree
21-1019	Counselors, All Other	1,004	118	\$17.53	Master's degree

Exhibit C3. Top occupations by annual openings, social workers, Greater Sacramento region, 2019⁴⁷

SOC	Description	2019 Jobs	2019-2024 Annual Openings	Median Hourly Earnings	Typical Entry Level Education
21-1021	Child, Family, and School Social Workers	1,802	223	\$22.64	Bachelor's degree
21-1022	Healthcare Social Workers	1,528	218	\$33.01	Master's degree
21-1029	Social Workers, All Other	1,700	193	\$37.24	Bachelor's degree
21-1023	Mental Health and Substance Abuse Social Workers	762	127	\$25.61	Master's degree

⁴⁵ Emsi, 2020.3; QCEW, non-QCEW, Self-Employed.

⁴⁶ Ibid.

⁴⁷ Ibid.

Exhibit C4. Top occupations by annual openings, psychiatric technicians, Greater Sacramento region, 2019⁴⁸

SOC	Description	2019 Jobs	2019-2024 Annual Openings	Median Hourly Earnings	Typical Entry Level Education
29-2053	Psychiatric Technicians	473	66	\$21.37	Postsecondary nondegree award
31-1133	Psychiatric Aides	172	35	\$14.15	High school diploma or equivalent

Exhibit C5. Top occupations by annual openings, psychiatrists, Greater Sacramento region, 2019⁴⁹

SOC	Description	2019 Jobs	2019-2024 Annual Openings	Median Hourly Earnings	Typical Entry Level Education
29-1223	Psychiatrists	244	14	\$73.53	Doctoral or professional degree



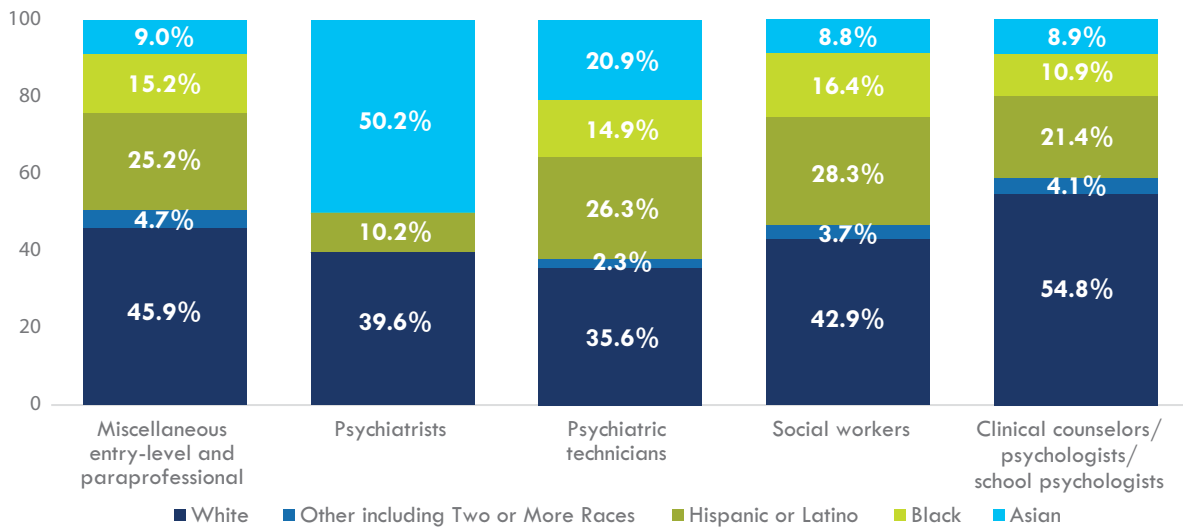
⁴⁸ Ibid.

⁴⁹ Ibid.

APPENDIX D: DEMOGRAPHICS

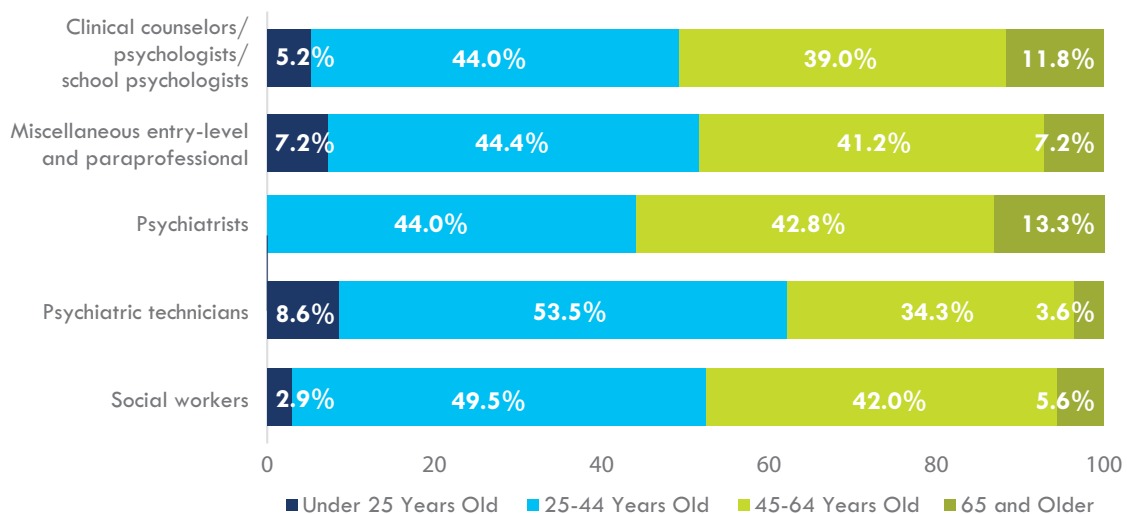
Whites comprise the majority of mental and behavioral health workers in the Greater Sacramento region. Asians make up the majority share of psychiatrists, and a larger share of the psychiatric technician category. Hispanics or Latinos make up a similar share in all categories but appear underrepresented among psychiatrists compared to the other groups. Black workers are underrepresented in the clinical counselors/psychologists/school psychologists category; the data indicates there are few or no Black psychiatrists.

Exhibit D1. Share of jobs by race and ethnicity in job categories, Greater Sacramento region, 2019⁵⁰



Like many industries and occupations, a retirement wave looms over the mental and behavioral health workforce, posing a concern for workforce development and the industry in coming years and decades. Four of the five categories have roughly half or more of the workforce that is age 45 and older. Nearly 12% of the workforce in the clinical counselors/psychologists/school psychologists category, and 13% of the psychiatrists category, are over age 65. The psychiatric technicians category has the youngest workforce with 62% of workers under the age of 45.

Exhibit D2. Share of jobs by age in job categories, Greater Sacramento region, 2019⁵¹



⁵⁰ Emsi, 2020.3; QCEW, non-QCEW, Self-Employed.

⁵¹ Ibid.

APPENDIX E: SAMPLE JOB POSTING FOR MENTAL HEALTH WORKER, SACRAMENTO COUNTY

Salary⁵²

\$42,804.00 - \$52,053.84 Annually

Location

Sacramento, CA

Job Type

Permanent Full-Time

Department

DHHS - Health & Human Services

Job Number

28152-E

Closing

Continuous

The Position

**This is a continuous filing exam. The filing cut-offs are at 5:00 pm on:
11/25/19, 1/27/20, 3/23/20, 5/25/20, 7/27/20, 9/28/20, 11/23/20**

Under general supervision, performs a wide variety of duties to assist professional mental health services staff in coordinating and providing mental health services for individuals with an acute or persistent mental disorder or co-occurring disorders.

Examples of Knowledge and Abilities

Knowledge of

- Basic social and psychological needs, problems, attitudes and behavior patterns of individuals with acute or persistent mental disorders or co-occurring disorders
- Community resources such as public assistance programs, drug rehabilitation programs, and housing shelters
- Basic interviewing techniques and psychiatric terminology

Ability to

Establish and maintain effective working relationships with patients and their families, and with professional, paraprofessional and support staff in the department, in outside agencies, and with the general public

- Recognize changes in patient's condition or behavior and take action, as appropriate
- Work effectively as a member of a multi-disciplinary mental health or alcohol and drug treatment team
- Communicate clearly and effectively both verbally and in writing
- Understand and follow written and verbal instructions
- React effectively in crisis situations

⁵² The job posting has been truncated to fit the format of the report; it does not include abuse reporting, CPR, DMV license requirement, probationary period, or criminal background portions of the original posting. Other mental health worker job postings require licensure and credentials for psychiatric technician, registered nurse, or vocational nurse. Please refer to the Sacramento County jobs page for more information about specific hiring processes, <https://www.sacounty.net/Government/Pages/Employment.aspx>.

- Work effectively in stressful, emotional and/or confrontational situations requiring good judgment, self-control, and persuading and motivating people
- Document medical records and other relevant documents accurately and thoroughly
- Use community resources to assist clients
- Protect patient privacy, confidentiality, and adhere to security guidelines
- Read, write and speak English at a level necessary for satisfactory job performance

Employment Qualifications

Minimum Qualifications

Either: 1. Two years of full time paid experience in a private or governmental agency providing direct mental health related services to patients, which included identifying patients' mental health needs, using community resources, and client advocacy.

Or: 2. Possession of an Associate's Degree, or higher, from an accredited college or university in a mental health related field such as Social Work, Rehabilitation Counseling, Psychology, or Counseling; or 60 semester units (90 quarter units), from an accredited college or university, of which 24 semester units (36 quarter units) must have been in Social Work, Rehabilitation Counseling, Psychology, or Counseling.

Or: 3. Two years of full time paid experience as a Certified Nursing Assistant working with patients with physical disabilities, mental confusion, and/or behavioral disturbances.

Physical Requirements:

Positions in this class require the incumbent to be able to:

- Restrain and assist in restraining patients.
- Lift a patient with assistance from other staff.

Individuals who do not meet these requirements due to disability will be reviewed on a case-by-case basis.

Working Conditions:

Positions in this class require the incumbent to:

- Work irregular hours, holidays, and weekends.
- Work with persons infected with communicable diseases.
- Work in a locked psychiatric facility around patients with a persistent mental illness that may also exhibit aggressive behaviors.

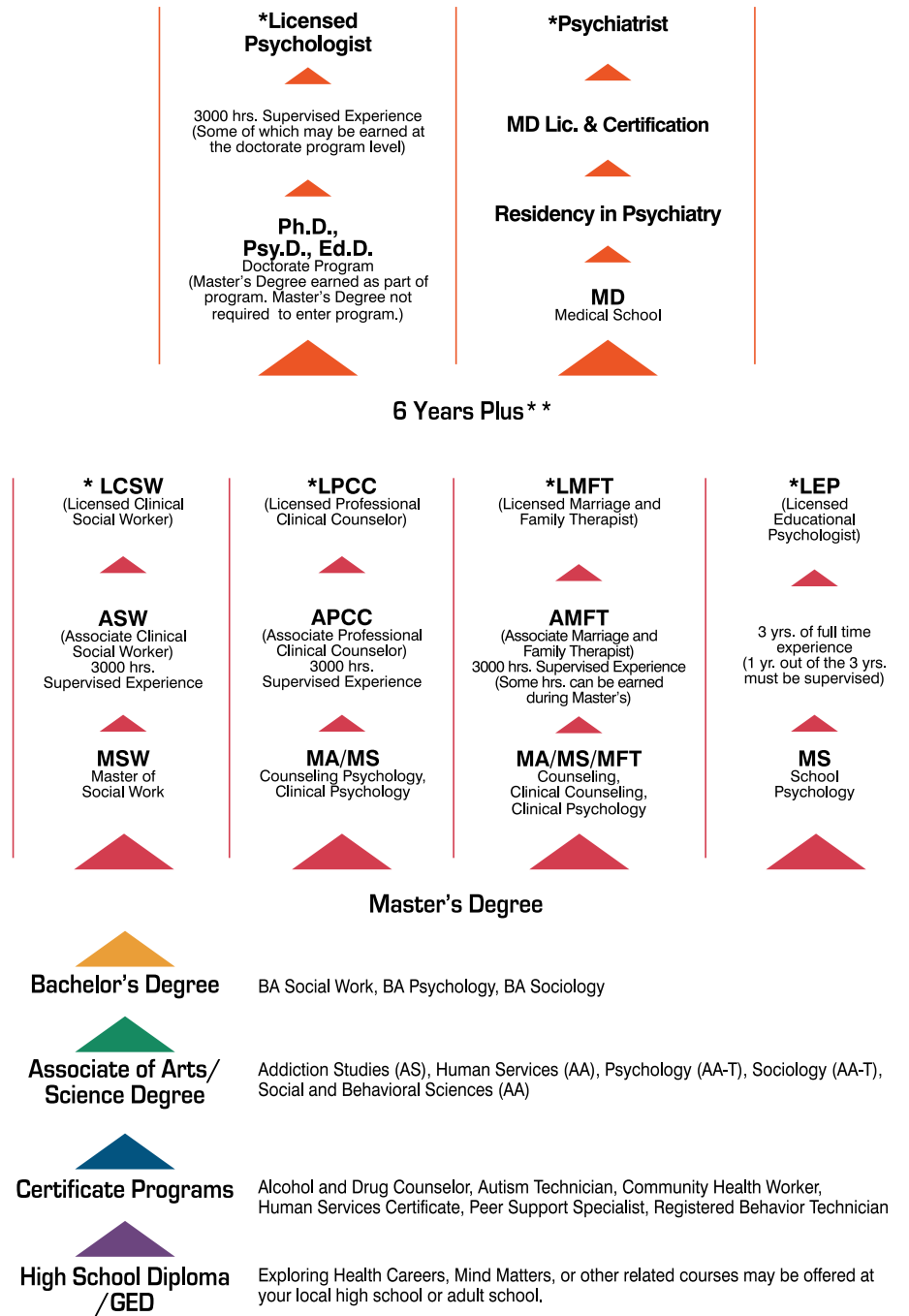
Special Skills:

Special skills classes require sufficient knowledge to speak, read and write fluently a language other than Standard English; and/or knowledge of a multi-cultural group encompassing but not limited to: family member roles and living environments; the various characteristics or problems unique to the group in employment, education, health, economics and social customs; and current social movements involving the group. Incumbents use the specific language and multi-cultural knowledge in the performance of typical duties, incorporating this knowledge to appropriately serve clients and families in a manner that is culturally competent and affirming. In addition, incumbents translate and interpret using Standard English and a language other than Standard English, and act as a consultant to others regarding the specific multi-cultural group.

APPENDIX F: MBH EDUCATIONAL PATHWAY DIAGRAMS

An education and industry consortium in the South Central Coast region created these education pathway graphics.

Exhibit F1. Diagram showing behavioral and mental health educational career pathways



**Licensed Practitioner: these licenses require a master's level degree and exam under the following boards: CA Board of Nursing: Advanced Practice Registered Nurse (APRN), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), and Psychiatric Mental Health Nurse (PMH)*

CA Board of Behavioral Sciences: Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage & Family Therapist (LMFT), Licensed Educational Psychologist (LEP)

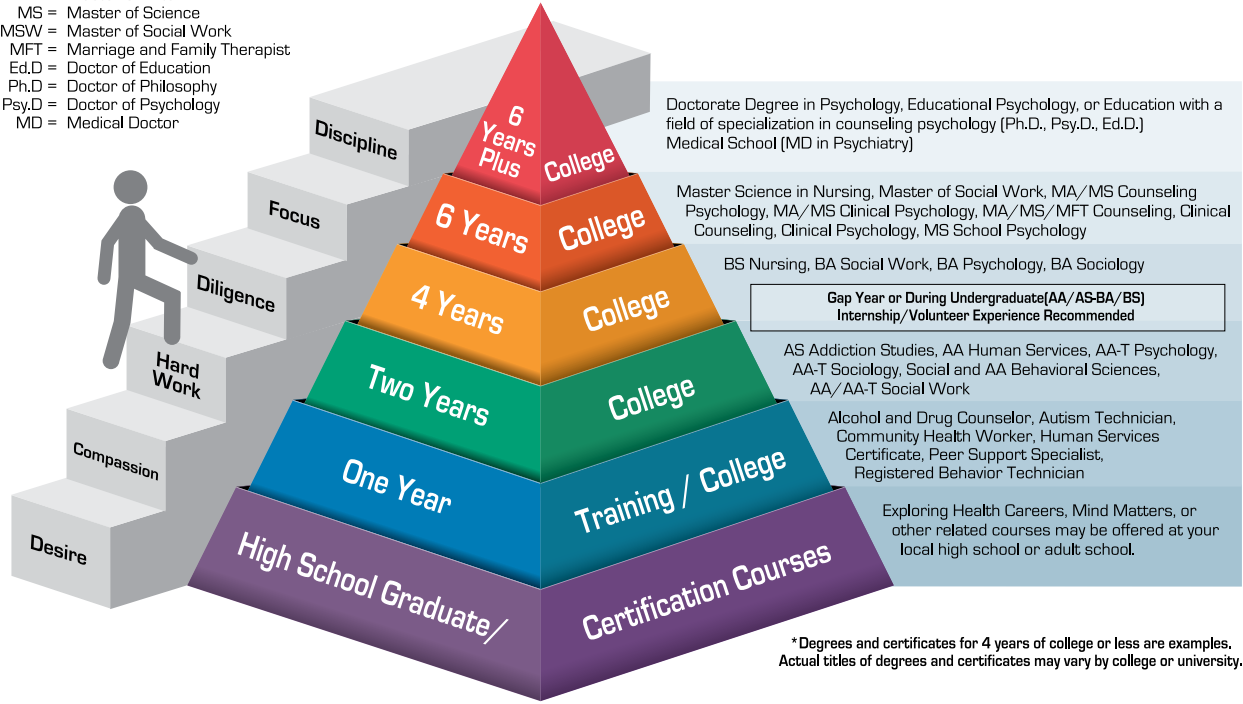
Board of Psychology of CA: Licensed Psychologist

Medical Board of CA: Licensed Psychiatrist

****Doctorate Degrees can be earned in Nursing, Social Work, Psychology, and as a Marriage and Family Therapy.**

Exhibit F2. Diagram showing certificates and degrees related to behavioral and mental health

- AA-T = Associate in Arts for Transfer
- AS = Associate in Science
- AS-T = Associate in Science for Transfer
- MA = Master of Arts
- MS = Master of Science
- MSW = Master of Social Work
- MFT = Marriage and Family Therapist
- Ed.D = Doctor of Education
- Ph.D = Doctor of Philosophy
- Psy.D = Doctor of Psychology
- MD = Medical Doctor



APPENDIX G: AWARDS BY MBH-RELATED PROGRAM, COMMUNITY COLLEGES AND FOUR-YEAR UNIVERSITIES

Exhibits G1 and G2 break out the average annual awards by specific program code for community colleges and four-year public and private universities in the Greater Sacramento region.

Exhibit G1. Three-year average annual certificates and associate degrees related to MBH, Sacramento regional community colleges, 2017-18 to 2019-20 academic years

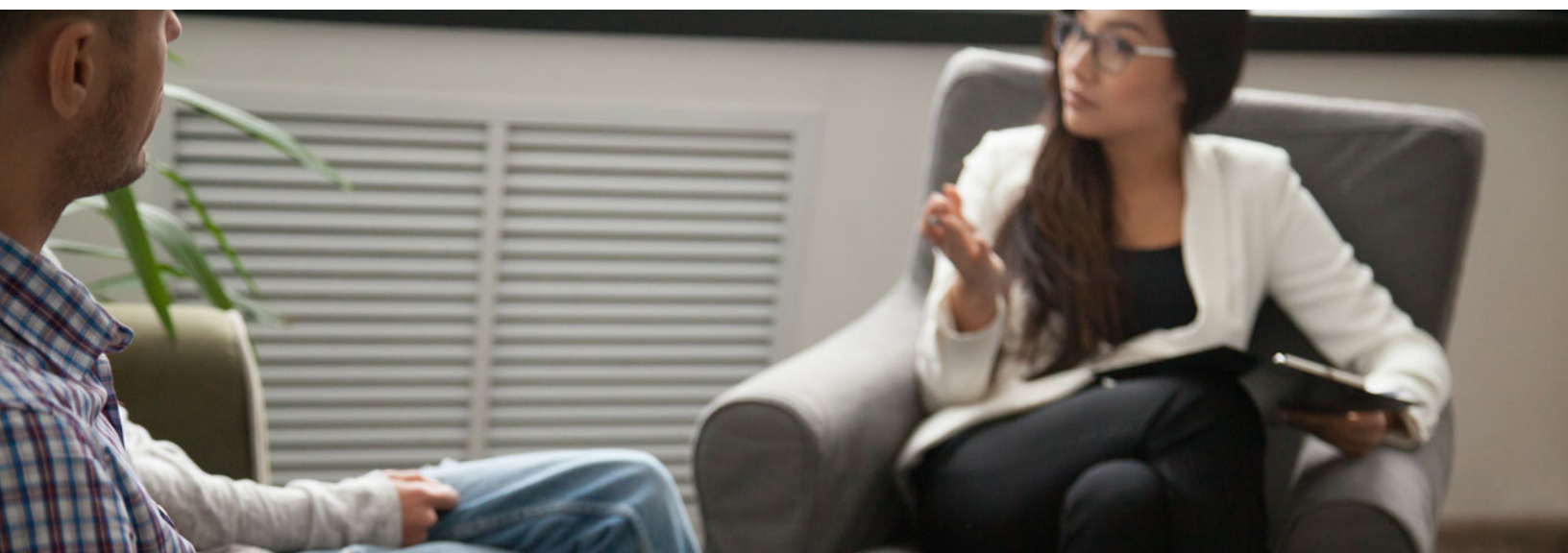
TOP Code	Program	Certificate	Associate Degree
1239.00	Psychiatric Technician	19	5
	Yuba	19	5
1261.00	Community Health Care Worker	12	0
	Sacramento City	12	0
1309.00	Gerontology	19	34
	American River	17	15
	Folsom Lake	0	1
	Sacramento City	2	18
2001.00	Psychology, General	0	2,284
	American River	0	431
	Cosumnes River	0	178
	Folsom Lake	0	176
	Lake Tahoe	0	59
	Sacramento City	0	382
	Sierra	0	814
	Woodland	0	89
	Yuba	0	155
2104.00	Human Services	48	166
	American River	14	59
	Cosumnes River	15	42
	Folsom Lake	16	19
	Sacramento City	3	12
	Woodland	0	15
	Yuba	0	19
2104.40	Alcohol and Controlled Substances	44	90
	American River	12	37
	Cosumnes River	7	13
	Lake Tahoe	1	3
	Woodland	8	16
	Yuba	16	21

Continued

TOP Code	Program	Certificate	Associate Degree
2208.00	Sociology	0	701
	American River	0	112
	Cosumnes River	0	138
	Folsom Lake	0	53
	Lake Tahoe	0	28
	Sacramento City	0	214
	Sierra	0	98
	Woodland	0	31
	Yuba	0	27

Exhibit G2. Three-year average annual bachelor's and master's degrees related to MBH health, Sacramento regional universities, 2016-17 to 2018-19 academic years

CIP Code	Program	Bachelor's	Master's +
19.0701	Human Development and Family Studies, General	897	27
	University of California-Davis	897	27
30.1101	Gerontology	203	0
	California State University-Sacramento	203	0
42.0101	Psychology, General	1,547	260
	California State University-Sacramento	1,332	43
	University of California-Davis	0	87
	William Jessup University	215	130
44.0700	Social Work	667	330
	California State University-Sacramento	667	330
45.1101	Sociology	1,470	56
	California State University-Sacramento	777	33
	University of California-Davis	693	23



MORE ABOUT THE CENTERS OF EXCELLENCE

The Centers of Excellence (COE) for Labor Market Research deliver regional workforce research and technical expertise to California Community Colleges for program decision making and resource development. This information has proven valuable to colleges in beginning, revising, or updating economic development and Career Education (CE) programs, strengthening grant applications, assisting in the accreditation process, and in supporting strategic planning efforts.

The Centers of Excellence Initiative is funded in part by the Chancellor's Office, California Community Colleges, Economic and Workforce Development Program. The Centers aspire to be the leading source of regional workforce information and insight for California Community Colleges. More information about the Centers of Excellence is available at www.coecc.net.

For more information on this study, contact:

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Important Disclaimer

All representations included in this report have been produced from primary research and/or secondary review of publicly and/or privately available data and/or research reports. Efforts have been made to qualify and validate the accuracy of the data and the reported findings; however, neither the Centers of Excellence, COE host District, nor California Community Colleges Chancellor's Office are responsible for applications or decisions made by recipient community colleges or their representatives based upon components or recommendations contained in this study.

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