

San Mateo County  
Behavioral Health & Recovery Services  
Workforce Development Plan  
Fiscal Years 2026-2029



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**



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# Overview

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## Organization and Policy Context

Recent legislative and policy changes, including the Behavioral Health Services Act (BHSA) and several Medi-Cal initiatives, have reshaped behavioral health care across the state. In light of these changes, San Mateo County Behavioral Health and Recovery Services (BHRS) launched the **BHRS Transformation Journey**, a strategic visioning effort designed to improve evidence-based, integrated, client-centered services for the highest need individuals; strengthen data-driven decision making; advance long-term financial sustainability; and foster a culture of learning and continuous improvement across the behavioral health system.

Ensuring that the **workforce is both engaged and prepared to implement changes** associated with new behavioral health policies is central to the BHRS Transformation Journey. Through an Organizational Capacity Assessment, BHRS has identified and assessed key workforce competencies that will be needed in this new context. The assessment found that BHRS has a relatively strong foundation in equity and collaboration—supported over the years by the Office of Diversity and Equity (ODE) Multicultural Organizational Development (MCO) efforts—while there is medium to low capacity in areas including fiscal and contract management, data analysis and utilization, communication, regulatory compliance, and strategic planning competencies. In response, BHRS is in the process of aligning staffing resources and efforts including this Workforce Development Plan to advance the Transformation Journey goals.

## BHRS Workforce Development Plan

The BHRS Workforce Development Plan is part of the BHRS Three-Year Integrated Plan and will **guide implementation of recruitment, retention, and training strategies for fiscal years 2026-2029**. The Workforce Development Plan is an organizational-level plan that includes the activities of the Workforce Education and Training (WET) team as well as broader organizational and system-level workforce strategies. The Workforce Development Plan builds on earlier workforce efforts and existing MCO Action Plan priorities, while introducing new strategies to address emerging needs, BHSA funding requirements, and the goals of the BHRS Transformation Journey.

## Staff Input and Strategy Development

BHRS partnered with an independent consultant to design tools and collect and analyze staff input on workforce development needs and strategies through the following methods.

### Staff Survey

The online workforce development staff survey sought feedback from BHRS staff and contractors on needs, preferences, and priorities related to workforce retention and workforce training. BHRS emailed



the survey to **over five hundred** staff and contractors and promoted it in BHRS staff meetings in October and November 2025.

- There were **233 responses**. Of **191 complete responses**, 81% were BHRS employees and 19% were contracted providers.
- **Close to half (45%) were direct service staff, 20% were program managers/supervisors**, 17% were administrative staff, 9% were in a peer/family support role, and 8% were executive leadership. *(N=191)*
- **The largest groups identified as Latino/a/x or Hispanic (42%), White (37%), and Asian (15%).** Black/African American staff made up 9% of responses, 7% identified as another race or ethnicity, 3% identified as Native American, American Indian, or Indigenous, and 2% identified as Native Hawaiian or Pacific Islander. *(N=175; staff could select as many as applied)*

### Staff Input Sessions

Virtual input sessions provided opportunities to gather in-depth feedback on workforce recruitment and retention. Input session participants were invited to offer comments verbally, in the meeting chat, or on an anonymous feedback document. In cases where group sessions could not be scheduled, individual interviews were conducted. To promote representation of different workforce experiences, specific input forms were also sent to the Contractor’s Association (contracted mental health and substance use providers), AOD Contractors, and the Office of Community and Family Affairs (OCFA) team.

Input Session	Stakeholder Representation
1. Management Team	Managers and Executive Leadership from all units
2. Adult Clinical Leadership Team	BHRS leadership and management of treatment programs for adults
3. Youth Clinical Leadership Team	BHRS leadership and management of treatment programs for children and youth
4. Admin & Finance Director (Interview)	Executive Leadership directing all administrative and finance teams
5. AOD Health Services Manager (Interview)	Manager overseeing AOD contracted providers

### Additional Data

For context and additional data, the strategy development process included a review of the BHRS Organizational Assessment, the MCOA Action Plan, 2025 Employee Engagement survey results, 2024 Government Alliance on Race and Equity (GARE) survey results, and 2023 Trauma-Informed Organization survey results.



## Strategy Prioritization

Input session and open-ended survey comments were organized into the following categories based on topics raised by staff and research on factors that influence behavioral health workforce retention.<sup>1</sup>

Workforce Recruitment and Retention	<ol style="list-style-type: none"> <li>1. Pipeline, Recruitment, and Hiring</li> <li>2. Career Development and Advancement</li> <li>3. Retention Incentives</li> <li>4. Staff Wellness, Support, and Engagement</li> <li>5. Peer Engagement and Leadership</li> </ol>
Workforce Training	<ol style="list-style-type: none"> <li>1. Training Capacity</li> <li>2. Training Topics</li> </ol>

BHRS identified workforce strategies through meetings with the WET Director, ODE Director, and BHSA Manager, followed by review by the BHRS Director to confirm alignment with the BHRS Transformation Journey, ODE/BHRS values, and budget feasibility. The Workforce Development Plan includes both short- and long-term strategies, recognizing that some require system-level change and coordination with other system partners, while others can be implemented within the existing system to achieve immediate workforce benefits. The plan distinguishes strategies led by the WET team from those implemented by other BHRS teams or leadership.

## Organization of the Plan

The plan is divided into the following two sections:

1. **Workforce Recruitment and Retention:** This section identifies and prioritizes recruitment, retention, and career advancement strategies for the next three years to build a behavioral health workforce that reflects and responds to San Mateo County’s diverse client population.
2. **Workforce Training:** This section identifies and prioritizes workforce training priorities for the next three years that align with BHRS Transformation goals, including honoring lived experience; advancing equity, trauma-informed care, and staff wellbeing; and strengthening responsiveness to emerging needs in compliance, evidence-based practices, performance and data-driven planning, and strategy and fiscal stewardship.

Each section presents:

- A summary of staff input from survey results and input sessions<sup>2</sup>
- Current BHRS and County activities pertaining to the topic
- Upcoming three-year strategies

<sup>1</sup> [MHA Stipend Program Retrospective Study Highlights: Retention; California's Children's Mental Health Workforce](#)

<sup>2</sup> The term “staff” is used to refer to all levels including leadership, managers, supervisors, and direct service staff. Summaries of staff priorities may reflect activities currently offered as well as opportunities for expansion. Detailed survey results can be found in the Appendix.



## Summary of FY 2026-29 Workforce Development Plan Objectives

Section	Objectives
Pipeline, Recruitment, and Hiring	<ul style="list-style-type: none"> <li>• Improve recruitment and hiring processes to reduce barriers, shorten time-to-hire, and increase the number of qualified applicants from diverse backgrounds and with lived experience.</li> <li>• Expand the clinical intern pipeline by increasing the number of clinical supervisors.</li> </ul>
Career Development and Advancement	<ul style="list-style-type: none"> <li>• Strengthen career advancement supports and pathways for clinical and non-clinical staff, including peers, with particular attention to staff from underrepresented communities.</li> </ul>
Retention Incentives	<ul style="list-style-type: none"> <li>• Strengthen staff retention through incentives that promote wellbeing and work-life balance; help offset the costs of education, training, and licensure; and recognize staff longevity and commitment, with attention to supporting workforce diversity, equity, and inclusion.</li> </ul>
Staff Wellness, Support, and Engagement	<ul style="list-style-type: none"> <li>• Strengthen workload management practices to support sustainable caseloads and overall workloads, reduce burnout, and promote staff wellbeing.</li> <li>• Increase trust in leadership by improving communication, decision-making clarity, and opportunities for staff input.</li> <li>• Expand and promote staff wellness supports to improve employee wellbeing, resilience, and retention across BHRS.</li> </ul>
Peer Engagement and Leadership	<ul style="list-style-type: none"> <li>• Strengthen professional development and leadership opportunities for peers to support skill-building, career advancement, and retention.</li> <li>• Improve consistency and integration of peer roles across the system by clarifying role definitions, expectations, and supports within BHRS and contracted agencies.</li> </ul>
Training Capacity	<ul style="list-style-type: none"> <li>• Increase staff capacity to participate in training and professional development by reducing operational and scheduling barriers.</li> <li>• Strengthen systemwide access to training on co-occurring mental health and substance use treatment.</li> <li>• Increase engagement of administrative, finance, and contracts staff in training and professional development opportunities.</li> </ul>
Training Topics	<ul style="list-style-type: none"> <li>• Monitor workforce needs and training capacity and add trainings where feasible and aligned with BHRS Transformation goals.</li> </ul>



# Workforce Recruitment and Retention

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## 1. Pipeline, Recruitment, and Hiring

### Summary of Staff Input<sup>3</sup>

Attracting and retaining qualified staff is a critical priority for workforce development. Staff emphasized that a combination of financial incentives, flexible work arrangements, and strategic outreach efforts are effective in supporting recruitment, but administrative processes (e.g., scheduling, developing inventory of questions, standardizing procedures, etc.) have presented barriers to efficient recruitment and hiring.

#### Overall recruitment and hiring

##### Key strategies for attracting qualified staff:

- **Financial benefits** including hiring bonuses for hard-to-fill positions and loan repayment.
- **Flexible schedules**, particularly telework/hybrid arrangements, as well as flexible work weeks.
- **Visibility** via marketing, job fairs, university outreach, and job postings that clearly highlight the culture of the team and job duties.
- **Opportunities to engage** in professional development and equity-focused work.

##### Key barriers to recruitment and hiring:

- Lengthy and cumbersome Human Resources (HR) **hiring processes** leading to lost candidates.
- **Generalized recruitment** with reused candidate lists, rather than targeted recruitment.
- Substantial **administrative tasks required from supervisors** in the interview and hiring process.
- **Compensation and benefits** relative to the high cost of living in San Mateo County.
- Difficulty attracting candidates for **high-intensity clinical roles**, especially in crisis and field-based care teams.
- Potentially intimidating **interview process** particularly for bilingual, bicultural individuals and individuals with lived experience.

*“When it comes to setting interviews and offering, that takes several steps to approve, and then when we extend the offer, the fingerprinting and approval can take up to 6 to 8 weeks.”*

##### Staff recommendations to improve recruitment and hiring:

- Improve **clarity and timeliness of the hiring process** in alignment with County HR requirements.
- Conduct more **targeted recruitment and advertising**.

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<sup>3</sup> This topic was included in staff input sessions and not on the staff survey.



- Address the **workload of supervisors** who are involved in hiring and onboarding by bringing in support from other departments and/or HR.
- **Expand partnerships** with local colleges, particularly those that offer addiction studies programs to support recruitment for Alcohol and Other Drug (AOD) positions.

### Clinical internship program as a pipeline

Increasing the number of clinical supervisors is key to strengthening the clinical workforce pipeline. Supervisors are less likely to take on interns without a combination of workload reductions and financial incentives. Staff recommended the following:

- **Reduce caseloads** while supervising interns.
- **Offer financial incentives** such as stipends, higher pay, or coverage of licensing/training fees.
- **Further centralize intern training and supervision** to reduce burden on supervisors.

*“A lot of clinicians have said they would feel interested, but are overwhelmed with their existing workload. The idea of taking on extra work feels undoable. People recognize the value, [they] just don’t feel able.”*

#### **Survey insights:**

- *2024 GARE Survey:* 73% indicated the County is taking concrete actions to increase equity in its recruitment, hiring, promotion, and retention processes, up from 43% in 2022.



## Current Activities

The WET team, BHRS, and the County currently offer the following programs, resources, and supports.

WET/BHRS	County Human Resources
<ul style="list-style-type: none"> <li>● Staff participation in outreach/job fairs</li> <li>● MCOB strategies to adopt and implement inclusive, equitable recruitment and hiring (e.g., language in job postings, hiring checklist, efforts to diversify and train hiring panels)</li> <li>● Health Equity Initiatives (HEI) support Cultural Stipend Internship Program (CSIP) intern projects, professional development of participants, and promotion of job opportunities.</li> <li>● Clinical internship program coordination               <ul style="list-style-type: none"> <li>○ Coordination of intern didactic training content</li> <li>○ Provision of required supervision trainings that offer CEUs</li> <li>○ Site supervisor meetings</li> <li>○ Supervision guidelines and templates</li> <li>○ Cultural Stipends (CSIP)</li> <li>○ Supervisor Incentive Proposal (in process)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Hiring bonuses for hard-to-fill positions</li> <li>● Availability of flexible schedules (9/80; 4/10; telework)</li> <li>● Participation in outreach/job fairs</li> <li>● Advertising in professional associations</li> <li>● Referral bonuses for current employees</li> <li>● Classification for interns to transition to permanent positions</li> </ul>

## FYs 2026-29 Strategies

In addition to continuing existing activities/supports, the following will be priorities for FYs 2026-29.

Strategy	Responsibility
<p><b>Objective:</b> Improve recruitment and hiring processes to reduce barriers, shorten time-to-hire, and increase the number of qualified applicants from diverse backgrounds and with lived experience.</p>	
<p>Expand BHRS involvement in job fair opportunities to increase visibility and outreach to diverse candidate pools.</p>	<p>WET Team</p>
<p>Use internal personnel and leadership meetings to identify and address gaps and bottlenecks in recruitment and hiring processes (e.g., job posting review, time to hire).</p>	<p>BHRS Executive Team and Managers, BHRS Personnel Committee</p>
<p>Expand the role of Health Equity Initiatives (HEIs) in supporting pipeline development and recruitment strategies (e.g., develop relationships with local schools and agencies, review and promote job postings, expand opportunities for belonging and networking for staff from marginalized communities).</p>	<p>WET Team</p>



Strategy	Responsibility
Strengthen and sustain partnerships with educational institutions, including mental health and AOD programs, to build pathways into BHRS and contracted agencies.	WET Team
Consult and collaborate with Human Resources and/or Payroll to: <ul style="list-style-type: none"> <li>● Clarify and explore options for flexible schedules for new employees and ensure equity across departments</li> <li>● Improve clarity, consistency, and timeliness of the hiring process</li> <li>● Expand hiring bonuses beyond hard-to-fill classifications</li> <li>● Explore options for supporting BHRS managers with the administrative needs of recruitment and interview processes (e.g., scheduling, developing inventory of questions, standardizing procedures, etc.).</li> </ul>	BHRS Executive Team
Collaborate with County leadership to review and adjust compensation competitiveness for newly hired staff, as feasible within existing structures.	BHRS Executive Team
<b>Objective:</b> Expand the clinical intern pipeline by increasing the number of clinical supervisors.	
Develop a rotating group supervision cohort for interns to distribute supervision load among multiple supervisors.	WET Team
Provide supervisor training on the BHRS clinical intern supervision process and the tools provided by the WET team.	WET Team
Communicate and promote career benefits of clinical intern supervision, including leadership development, promotion readiness, and influence on practice standards, while highlighting available supports.	WET Team/BHRS Managers
Implement workload management strategies for supervisors to ensure that intern supervisors' workloads, including caseload expectations, are adjusted to account for the number of students supervised and the level of client care those students provide.	BHRS Personnel Committee
Consult with County HR to explore opportunities for a pay differential or higher classification for supervisors overseeing clinical students.	WET Team/BHRS Executive Team



## 2. Career Development and Advancement

### Summary of Staff Input

Career development opportunities are key to staff engagement and retention. Staff shared that opportunities for skill-building and leadership development are valuable when coupled with support from supervisors to ensure that workloads remain manageable. Staff priorities for career development focused on four key areas: training and education, on-the-job skill building, mentoring and supervision, and career pathways.

#### Training and education:

- Access to **professional networks and conferences** (the top choice for clinical staff and a top driver of retention on the staff survey).
- **Professional certification** programs (a top driver of retention on the staff survey).
- Leadership development and supervisory **skill-building**.
- **Specialized team-based training** and **cross-training** across teams.
- **Educational supports** such as tuition reimbursement and paid training.

#### On-the-job skill building:

- Opportunities for leadership or specialized roles such as **work out of class** or **special projects** (a top driver of retention on the staff survey).

*“Work out of class rotations have been really helpful because it’s a learning for them. [It] really helped boost morale and engagement within the team.”*

#### Mentoring and supervision:

- **Mentorship**, with particular interest in one-on-one support.
- **Supervision** for associate clinicians to work toward their license.
- **Incentives and workload management** for senior staff who mentor/coach newer staff and supervise associate clinicians.

#### Career pathways:

- Career advancement opportunities for **clinical staff** who do not pursue administrative roles (e.g., clinical specialist in a subject matter or modality).
- Career ladders for **peer support specialists**, such as staff who mentor others and/or take on special projects (e.g., senior peer support specialist).

#### **Survey insights:**

- *2025 Employee Engagement Survey:* 57% of respondents reported that they have career opportunities in BHRS. Career development ranked as the second most important factor to improve job satisfaction and the third most important factor influencing thoughts about leaving the organization.



- *2025 Workforce Development Staff Survey*: Opportunities for professional development and for career advancement were each identified by about one-third of respondents (32% and 29%, respectively) as ways to feel more valued in their role. For peer respondents, the opportunity for career advancement was the top factor in feeling valued.

### Current Activities

The WET team, BHRS, and the County currently offer the following programs, resources, and supports.

WET/BHRS	County System
<ul style="list-style-type: none"> <li>● Leadership-related training (e.g., management development program, performance evaluation, supervision 101, etc.)</li> <li>● Mentorship program (in development)</li> <li>● Special Assignment Guidelines</li> <li>● Team training budgets</li> <li>● CalMHSA partnership to increase supervision support for ASWs and AMFTs to complete their licensing hours</li> <li>● Co-occurring Consult Group</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">SMC Tuition Assistance Program</a></li> <li>● Work out of class opportunities</li> </ul>

### FYs 2026-29 Strategies

In addition to continuing existing activities/supports, the following will be priorities for FYs 2026-29.

Strategy	Responsibility
<b>Objective:</b> Strengthen career advancement supports and pathways for clinical and non-clinical staff, including peers, with particular attention to staff from underrepresented communities.	
Increase opportunities for certification in clinical modalities aligned with the state-wide evidence-based practice (EBP) focus.	WET Team
Increase communication about professional development opportunities, including special assignments, work-out-of-class experiences, and HEIs.	BHRS Managers
Improve consistency of communication about the County Tuition Assistance Program to support staff in pursuing certifications or higher degrees.	BHRS Managers
Promote AOD career pathways by highlighting AOD skills/experience in job descriptions for internship opportunities.	WET Team/BHRS Managers



Strategy	Responsibility
<p>Promote and expand career advancement opportunities for peers, including pathways into administrative and leadership roles. For example:</p> <ul style="list-style-type: none"><li>● Promote open administrative and leadership positions with peers</li><li>● Add the value of lived experience in administrative and leadership job recruitments</li><li>● Expand professional development (e.g., training, mentoring) to prepare peers for administrative and leadership roles</li><li>● Promote opportunities for peer certification and continuing education training opportunities (e.g., AOD, housing, etc.)</li><li>● Leverage the Health Ambassador Program (HAP) as a pipeline for community workers and peers.</li><li>● Explore the creation of an internship program for peers.</li></ul>	OCFA Team
<p>Explore higher-level roles and financial incentives for clinicians and peers, such as:</p> <ul style="list-style-type: none"><li>● Clinical specialist/expert role for clinicians not wishing to move into an administrative role (e.g., Senior Clinician/Clinical Lead)</li><li>● Senior Peer Support Specialist for peers with more experience or specialized experience</li></ul>	WET Team/BHRS Executive Team



### 3. Retention Incentives

#### Summary of Staff Input

Both financial and non-financial incentives support retention by helping staff feel valued and supported. Staff highlighted factors that support them to stay at BHRS or their contracted agency.

#### Effective financial incentives:<sup>4</sup>

- **Retention bonuses** applied fairly and transparently (the top desired financial incentive).
- **Assistance with expenses** to support the workforce such as housing, transportation, or child care costs.
- **Support for fees** for licensure or certification.

*“Retention bonuses are hard unless you give them to every single person, otherwise you don't know how to decide who gets them.”*

#### Effective non-financial incentives:

- **Telework/hybrid schedules** (the top non-monetary driver of retention; see Section 4).
- **Flexible workweeks** (e.g., 4/10 or 9/80).
- Access to **wellness supports** (see Section 4).

#### **Survey insights:**

- *2025 Workforce Development Staff Survey:* The top financial incentives that would increase motivation to stay with BHRS were retention/longevity bonuses (65%); housing, transportation, or child care assistance (48%); and support for licensure or certification fees (42%).
- *2025 Employee Engagement Survey:* Flexible job conditions—including telework and flex hours—were the leading factor in job satisfaction and second most important factor influencing retention.

<sup>4</sup> While compensation and benefits remain a challenge due to San Mateo County’s high cost of living and competitive salaries elsewhere, this issue exceeds the scope of the Workforce Development Plan and therefore the plan does not include retention strategies related to compensation.



## Current Activities

The WET team, BHRS, and the County currently offer the following programs, resources, and supports.

WET/BHRS	County System
<ul style="list-style-type: none"> <li>Retention bonuses with one-time funding (past activity)</li> <li>Support administering the state loan repayment program</li> </ul>	<ul style="list-style-type: none"> <li>Availability of flexible schedules (9/80, 4/10)</li> <li><a href="#">Child care</a> and <a href="#">commute</a> benefits and <a href="#">parental leave policy</a></li> <li><a href="#">Housing resources</a> including Employee Down Payment Assistance Program, Home Sharing program, and Claremont EAP Apartment Locator and Moving/Relocation Services</li> </ul>

## FYs 2026-29 Strategies

In addition to continuing existing activities/supports, the following will be priorities for FYs 2026-29.

Strategy	Responsibility
<b>Objective:</b> Strengthen staff retention through incentives that promote wellbeing and work-life balance; help offset the costs of education, training, and licensure; and recognize staff longevity and commitment, with attention to supporting workforce diversity, equity, and inclusion.	
Improve communication and support for staff applying to the state-administered loan repayment program.	WET Team
Leverage state-administered retention bonus programs, including promoting opportunities to staff and exploring ways to expand eligibility in a fair and transparent manner.	WET Team
Develop telework guidelines for BHRS teams aligned with County policy and departmental needs.	BHRS Executive Team
Communicate staff concerns regarding return-to-work policies and desired financial incentives (e.g., transportation and housing stipends) to higher-level County leadership.	BHRS Executive Team

## 4. Staff Wellness, Support, and Engagement

### Summary of Staff Input

Staff wellness directly affects engagement, retention, and service quality. Staff most often emphasized that workload management, work-life balance, and leadership support affect their wellbeing and burnout.



### Barriers to staff wellness and engagement:

- **Workload management:**
  - Heavy workloads driven by emotionally intense work and administrative demands and time-sensitive requests, particularly during BHRS system changes; added responsibilities without reductions elsewhere contributing to a “culture of overwhelm.”
- **Work-life balance:**
  - Concerns about losing telework and hybrid options that support staff wellbeing, with potential for increased burden for staff with longer commutes.
- **Leadership trust and communication:**
  - Perceived disconnect between frontline staff and upper management, particularly related to decision-making and opportunities for meaningful input.
- **Support from supervisors/managers:**
  - Variation in supervision quality due to supervisor time and/or capacity.

*“In general, I would say BHRS has done an excellent [job] at making an equitable and inclusive workplace. However with the [return to office policy]...I feel that this aspect of working at the County is far lower. This policy disproportionately hurts women, younger people, and people with disabilities. While this is above the BHRS level, it does impact my perception of inclusion, respect, and support.”*

*“I work on a supportive team that [supports wellness] exceptionally well. This is a key reason why I stay at the county.”*

*“I see efforts within certain teams, but it's not felt across all programs and feedback does not seem genuinely accepted when offered.”*

### Staff recommendations to support wellness and prevent burnout:

- **Workload management:**
  - Improve workload management systems and revisit productivity expectations considering time spent on meetings, trainings, supervision, and administrative duties.
  - Streamline workflows and strengthen cross-team collaboration to reduce workload impacts of new policies.
- **Work-life balance:**
  - Maintain work flexibilities, including telework/hybrid work, to the extent possible.
- **Leadership trust and communication:**
  - Implement change management best practices (e.g., phasing in system changes and supporting two-way communication between leadership and frontline staff).
  - Expand trauma-informed leadership practices aligned with the MCOA Action Plan, including clear communication, transparency, management and clinical supervision through training, and meaningful opportunities for staff input and feedback.
- **Wellness supports:**
  - Expand team-based and cross-team wellness activities, ensuring availability and access in all regions of the county.



- Encourage and support staff to take time off.
- Improve physical work environments, including clinic facilities.

### **Survey insights:**

- **Workload and work-life balance**
  - *2025 Workforce Development Staff Survey*: More manageable workloads & work/life balance was the most frequently selected factor that would help staff feel more valued (44%).
  - *BHRS Organizational Capacity Assessment*: Approximately one-third of the organization's time is spent on meetings, requests, and inquiries; 75% of survey respondents spend time handling inquiries and requests.
- **Leadership practices**
  - *2025 Workforce Development Staff Survey*: Communication and transparency from leadership, and improved workplace culture and morale were each identified by about one-third of respondents (34% and 29%, respectively) as ways to feel more valued in their role.
  - *2025 Employee Engagement Survey*: 81% agreed or strongly agreed that they have a favorable working relationship with their manager/supervisor, while 53% agreed or strongly agreed that they trust the Department Leadership/Executive Team.
  - *2024 GARE Survey*: 85% indicated that leadership in their department participates and supports conversations about racial equity.
  - *2023 Trauma-Informed Organizational Practices Assessment (TIOA)*: Empowerment, Voice, and Choice was the domain rated as earliest in development.
- **Organizational culture**
  - *2025 Workforce Development Staff Survey*: 75% rated the overall culture of inclusion, respect, and support at BHRS as good, very good, or excellent.
  - *2025 Employee Engagement Survey*: 78% indicated their department is operationalizing a commitment to equity.
  - *2024 GARE Survey*: 79% indicated their department is taking action to improve social equity in the workforce.
  - *2023 TIOA*: Cultural, Historical, Race and Gender Awareness was the domain rated as furthest in development.
- **Wellness supports**
  - *2025 Workforce Development Staff Survey*: 64% indicated that BHRS prioritizes staff wellness in visible and culturally responsive ways very or extremely well (32%) or fairly well (33%).
  - *2025 Employee Engagement Survey*: 78% indicated their department supports and encourages individual health and wellbeing.
  - *2025 Workforce Development Staff Survey*: 66% reported that County/BHRS resources support their wellness at work very or extremely well (35%) or fairly well (31%).



## Current Activities

The WET team, BHRS, and the County currently offer the following programs, resources, and supports.

WET/BHRS	County System
<ul style="list-style-type: none"> <li>Wellness Coordinator (limited term position)</li> <li>Annual Employee Appreciation Day</li> <li>Annual staff retreats for teams</li> <li>MCOD Action Plan strategies to support leadership training, equity and inclusion of staff voice, and staff wellness</li> <li>Office of Improvement and Innovation (OII) efforts to improve change management protocols for new mandates</li> </ul>	<ul style="list-style-type: none"> <li>Employee Assistance Program (EAP)</li> <li><a href="#">LifeBalance Program</a></li> </ul>

## FYs 2026-29 Strategies

In addition to continuing existing activities/supports, the following will be priorities for FYs 2026-29.

Strategy	Responsibility
<b>Objective:</b> Strengthen workload management practices to support sustainable caseloads and overall workloads, reduce burnout, and promote staff wellbeing.	
Invest in a resource management system to support staffing allocation and caseload/workload management.	WET Team/BHRS Executive Team
Develop guidelines for workload planning, including task trade-offs and reprioritization when new responsibilities are assigned, informed by time studies and staff input.	WET Team
Utilize non-clinical interns to alleviate administrative burden on clinical staff.	WET Team
<b>Objective:</b> Increase trust in leadership by improving communication, decision-making clarity, and opportunities for staff input.	
Focus mentorship program efforts on pairing leadership staff with line/direct staff to strengthen connections and support professional growth.	WET Team
Continue MCOD education and training efforts to support trauma-informed leadership among supervisors, managers, and executive leadership.	WET Team
Include staff wellness as a standing agenda item in leadership, management, and team meetings.	BHRS Executive Team and Managers
In alignment with BHRS Organizational Assessment recommendations, implement a coordinated communications initiative to increase staff awareness and understanding of changes related to the BHRS Transformation Journey.	BHRS Communications
Explore opportunities to enhance feedback, accountability, and professional development through completion of performance evaluations on all levels.	County System



Strategy	Responsibility
<b>Objective:</b> Expand and promote staff wellness supports to improve employee wellbeing, resilience, and retention across BHRS.	
Continue to promote existing wellness benefits.	OII-Wellness/ BHRS Managers
Develop team wellness guidelines outlining allowable activities for the use of team training budgets (e.g., staff retreats).	BHRS - OII Wellness
Expand wellness champions and wellness events at multiple geographic locations, including South and North clinics, to increase accessibility.	BHRS - OII Wellness
Continue and expand integration of wellness and self-care into team activities, including meetings and retreats.	BHRS - OII Wellness
Increase staff appreciation and recognition opportunities to acknowledge contributions and achievements at all levels.	BHRS - OII Wellness
Expand cross-team/department events to foster staff connections across BHRS.	BHRS - OII Wellness



## 5. Peer Engagement and Leadership

### Summary of Staff Input

Integrating peers and family partners into the workforce enhances service delivery and supports inclusion. Staff emphasized the need for career development, recognition, and meaningful participation of peers in leadership and decision-making processes.

#### Key recommendations for peer integration:

- **Standardize and clarify** peer roles across clinics.
- Involve peers in **leadership opportunities**, including hiring panels, RFP reviews, and steering committees.
- Increase **recognition and visibility** of peer contributions internally and publicly.
- Support and incentivize peer **professional development** through paid certification and training opportunities.
- Establish a formal advisory body to **coordinate peer professional development**.

*“Increase visibility and public acknowledgements of peers’ work, educate staff about the value of public about peer support, [and] showcase successes.”*

#### Connection to career development:

- Develop structured **career ladders** for peers to support retention and career advancement (see Section 2).

#### **Survey insights: 18 peers responded to the 2025 Workforce Development Staff Survey**

- 72% rated the overall culture of inclusion, respect, and support at BHRS as good, very good, or excellent.
- 59% felt their experience, perspectives, and background are valued within BHRS very much or completely.
- Opportunities for career advancement and professional development, including certification, were the top factors that would help peers feel more valued in their role and increase motivation to stay at BHRS/their contracted agency. Specialized training, leadership development and supervisory skill building, cross-training, and coaching or mentoring were top priorities to support career development.



## Current Activities

The WET team and BHRS currently offer the following programs, resources, and supports.

WET/BHRS
<ul style="list-style-type: none"> <li>• BHRS/WET trainings</li> <li>• Connection to CalMHSAs <a href="#">areas of specialization trainings</a> for peer support specialists</li> <li>• OCFA trainings, workgroups, and support in pursuing peer certification</li> <li>• OCFA efforts to standardize peer and family partner role</li> </ul>

## FYs 2026-29 Strategies

In addition to continuing existing activities/supports, the following will be priorities for FYs 2026-29.

Strategy	Responsibility
<b>Objective:</b> Strengthen professional development and leadership opportunities for peers to support skill-building, career advancement, and retention.	
Promote the availability of state-administered and local training opportunities to support peer skill development.	WET Team and OCFA
Explore ways to increase peer voice to inform peer professional development initiatives.	OCFA Team
<i>See additional career advancement strategies in Section 2 above.</i>	
<b>Objective:</b> Improve consistency and integration of peer roles across the system by clarifying role definitions, expectations, and supports within BHRS and contracted agencies.	
Increase awareness and prioritization of peer support services across contracts and programs.	OCFA Team
Enhance visibility and recognition of peers' contributions, including public acknowledgment, staff education on the value of peer support, and showcasing successes.	OCFA Team
Continue developing peer and family partner workforce guidelines to define core responsibilities, establish uniform expectations, and provide standardized training and oversight.	OCFA Team



# Workforce Training

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Training is an essential component of staff retention and maintaining a skilled workforce. This section includes efforts to promote and enhance workforce training in alignment with BHS and BHRS Transformation Journey requirements and funding. The section is split into two parts: the first addresses staff capacity to participate in trainings, while the second focuses on specific training topics. Most workforce training strategies are specific to the WET Team.

## 1. Training Capacity

### Summary of Staff Input

Staff conveyed that their capacity to attend trainings is limited mainly by workload, scheduling, and relevance of available trainings.

#### Barriers to training participation:

- **High workload**, cited by over half of staff.
- Trainings not **relevant** to some staff roles, especially non-clinical staff.
- **Scheduling** conflicts, including challenges securing coverage at clinics.
- Trainings reaching **enrollment capacity**.

*“If we say it’s a value for staff to attend trainings, then we have to help deprioritize [other] work...and give that explicit permission.... If these decisions aren’t done across the organization, then different teams will have their own priorities.”*

#### Staff recommendations for improving training access:

- Provide **dedicated time and funding** for professional development.
- Provide **leadership support** for attendance by adjusting workload priorities.
- Offer as much **advance notice** as possible.
- Offer **multiple sessions** of key trainings to accommodate schedules and limit disruptions to client services.
- Allow **greater independence** in training selection for individuals and teams.
- Offer trainings of **varying lengths** (half-day, multi-day, shorter sessions).

**Survey insights – 2025 Workforce Development Staff Survey:**

- Workload was the top barrier to attending trainings—cited by at least 50% of direct service staff and peers, at least 60% of management and executive staff, and 35% of administrative staff.



- 42% of staff said they had capacity to take only one or no trainings of personal interest per year beyond required trainings, and 47% said they could take two to three.
- The next most common barriers to participating in trainings were lack of alignment with staff’s professional role (22%) and trainings reaching capacity (17%).

**Current Activities**

WET/BHRS	County System
<ul style="list-style-type: none"> <li>● WET training calendar and synthesized announcements that highlight trainings in the upcoming three months</li> <li>● Team training budgets</li> <li>● Availability of in person and virtual trainings to increase access</li> </ul>	<ul style="list-style-type: none"> <li>● 20-hour training policy</li> <li>● Education Leave policy</li> </ul>

**FYs 2026-29 Strategies**

In addition to continuing existing activities/supports and advancing **overall workload management strategies** (see Section 4 above), the following will be priorities for FYs 2026-29.

Strategy	Responsibility
<b>Objective:</b> Increase staff capacity to participate in training and professional development by reducing operational and scheduling barriers.	
Allocate a specific number of professional development hours available to each staff, in addition to the County 20-hour training policy.	BHRS Executive Team
Promote use of team training budget to support professional development and continuing education of staff.	BHRS Managers
Explore and address barriers to the supervisor approval process for staff to attend trainings (e.g., training platform approval roles and timeline).	WET Team, BHRS Managers
<b>Objective:</b> Strengthen systemwide access to training on co-occurring mental health and substance use treatment.	
Promote use of team training budgets for co-occurring training specific to different teams.	WET Team, BHRS Executive Team and Managers
Develop a SharePoint/Intranet page to centralize and organize all co-occurring protocols and resources. Can include links to our co-occurring recorded trainings.	WET Team
<b>Objective:</b> Increase engagement of administrative, finance, and contracts staff in training and professional development opportunities.	
In WET promotional announcements, clearly state which trainings would be beneficial for administration, finance, and contracts staff.	WET Team
Send Administration & Finance Director a list of upcoming trainings that would be applicable to administration, finance, and contracts staff.	WET Team



## 2. Training Topics

Staff input on training needs was gathered primarily through the staff survey. The following table summarizes the priorities that staff identified along with the current and upcoming WET activities.

### Staff Priorities and WET Activities

Category	Staff Priorities	Current and Upcoming Activities
<b>General training for clinical and non-clinical staff</b>	<ul style="list-style-type: none"> <li>Evidence-based practice (EBP) trainings and tools</li> <li>Trauma-informed care practices</li> <li>Crisis response and de-escalation</li> <li>Advanced trainings in cultural humility, ensuring content is relevant to staff from marginalized groups</li> </ul>	<ul style="list-style-type: none"> <li>EBP trainings being supported by BH-CONNECT at the state level</li> <li>Crisis response and de-escalation offered annually</li> <li>Launching Cultural Humility 102 Training Winter 2025</li> <li>Launched Critical Conversations Training</li> <li>HEI Strategic Plans: specialized trainings to be provided</li> </ul>
<b>Clinical training and support</b>	<ul style="list-style-type: none"> <li>Advanced trainings in clinical modalities and working with specific populations (e.g., children, adolescents, teens, parenting)</li> <li>Case consultation opportunities with specialists in areas such as eating disorders, autism, and co-occurring conditions</li> </ul>	<ul style="list-style-type: none"> <li>WET has offered advanced level trainings in Eye Movement Desensitization and Reprocessing (EMDR), eating disorder, hoarding disorder, Mindfulness-Based Substance Abuse Treatment (MBSAT) Certification, Dialectical Behavior Therapy (DBT) and Motivational Interviewing (MI) for specialty topics/populations</li> <li>Launching Trauma 101 training for youth population</li> <li>PTT trained in Loving Solutions</li> <li>TGI training to be launched</li> <li>Suicide Assessment and Intervention for youths, adults and older adults.</li> <li>MBSAT training for youth population</li> <li>Case consultation for eating disorder and hoarding disorder training series</li> <li>Co-occurring Consult Group (managed outside of WET)</li> </ul>
<b>Co-occurring disorders and integrated treatment</b>	<ul style="list-style-type: none"> <li>Access to updated materials, toolkits, or evidence-based practices for both mental health and substance use treatment</li> </ul>	<ul style="list-style-type: none"> <li>BHRS/WET trainings on co-occurring disorders through contracted trainer</li> <li>RELIAS Training offers wide range of topics</li> </ul>



Category	Staff Priorities	Current and Upcoming Activities
	<ul style="list-style-type: none"> <li>● Cross-training between mental health and substance use disorder staff</li> <li>● Co-occurring disorders and integrated treatment approaches</li> <li>● Clearer protocols or workflows addressing co-occurring concerns</li> </ul>	
<b>BHRS Transformation Journey training topics</b>	<ul style="list-style-type: none"> <li>● Strategic Planning (<i>Strategy and Fiscal Stewardship</i>)</li> <li>● Client and Organizational Data (<i>Data-Driven Planning</i>)</li> <li>● Continuum of Behavioral Health Care Services and Integrated Care Models (<i>Client-Centered Care</i>)</li> <li>● Interpersonal and Communication Skills (<i>Learning and Continuous Improvement</i>)</li> </ul>	<ul style="list-style-type: none"> <li>● Ongoing Office of Improvement and Innovation (OII) and other BHRS efforts to prepare and train the workforce on key skills prioritized for the BHRS Transformation Journey</li> </ul>
<b>Administrative and cross-system trainings</b>	<ul style="list-style-type: none"> <li>● Greater understanding of clinical services for contract monitors</li> <li>● Increased knowledge of billing and administrative processes for clinicians</li> <li>● System-specific trainings (e.g., Avatar ADAM, Fee-for-Service, EPIC)</li> </ul>	<ul style="list-style-type: none"> <li>● Ongoing Office of Improvement and Innovation (OII) and other BHRS efforts to prepare and train the workforce on key skills prioritized for the BHRS Transformation Journey</li> </ul>

### FYs 2026-29 WET Strategies

Current and upcoming WET and BHRS activities meet most of the priority topics that staff shared. BHSA requires trainings to focus on EBPs and support the BHRS Transformation Journey, and WET funding aligns with these requirements, so not all desired topics can be offered. The WET Team will continue monitoring workforce needs and training capacity and add trainings where feasible and aligned with BHRS Transformation goals.



# Appendix: Staff Survey Data

The 2025 Workforce Development Staff Survey received 233 responses. The tables below present detailed survey data: table titles note the number of staff that responded to the survey question.

## A. Training and Professional Development

*Table 1. Clinical staff: Areas of additional training that would support ability to serve clients (n=130)*

Answer Choices	Percent	Number
Evidence based treatment modalities	56.2%	73
Trauma-informed care practices	49.2%	64
Crisis response and de-escalation	43.1%	56
Self-care and burnout prevention	36.2%	47
Clinical assessment and treatment planning	27.7%	36
Client engagement	18.5%	24
Cultural humility and responsiveness	11.5%	15
Other	10.0%	13
Peer support principles and practices	8.5%	11
I don't need additional training	0.0%	0

*Table 2. Clinical staff: Additional training or resources that would support competency in addressing co-occurring mental health and substance use-related issues (n=129)*

Answer Choices	Percent	Number
Access to updated materials, toolkits, or evidence-based practices for both mental health and substance use treatment	62.0%	80
More cross-training between mental health and substance use disorder (SUD) staff	58.9%	76
Co-occurring disorders and integrated treatment approaches	58.1%	75
Clearer protocols or workflows for addressing co-occurring concerns	51.2%	66
Harm reduction strategies and principles	51.2%	66
Trauma-informed care in the context of co-occurring use	48.8%	63
Ongoing supervision or consultation with mental health or substance use specialists	42.6%	55
Foundational training on mental health, substance use, addiction, and recovery	39.5%	51
Culturally responsive approaches to co-occurring treatment	36.4%	47
Other	8.5%	11



*Table 3. BHRST Transformation Journey trainings that would help staff advance the priorities within their role at BHRST (n=200)*

Answer Choices	Percent	Number
Strategic Planning (Program Planning, Visioning, Goal Setting, Population Health Data for Decision-Making)	44.5%	89
Client and Organizational Data (Data Analysis, Trend Identification, Root Cause Analysis, Data Storytelling and Visualization)	43.5%	87
Continuum of Behavioral Health Care Services and Integrated Care Models	43.0%	86
Interpersonal and Communication Skills (Navigating Difficult Conversations, Conflict Resolution, Customer Service, Emotional Intelligence)	42.5%	85
Client-Centered Principles for Strategy Development	39.5%	79
Trauma-Informed Leadership and Multicultural Organizational Development	36.5%	73
Foundational Knowledge (Electronic Health Records (EHR), Insurance Billing and Authorization Processes, Behavioral Health Terminology and Systems)	30.0%	60
Designing Welcoming Environments for Clients and Families	29.5%	59
Change Management and Adaptive Leadership	23.5%	47
Regulatory Compliance (Role of Managed Care Plans, Regulatory and Policy Analysis)	19.5%	39
Fiscal Stewardship (Fiscal Management, Budgeting, Revenue Optimization)	19.0%	38
Process and Continuous Improvement Methodologies (LEAP, Six Sigma)	12.5%	25
Project Initiation and Management (RFP and Contract Development, Project Management, Contract Management and Monitoring)	11.0%	22
Another type of training	5.5%	11

*Table 4. Primary barriers that limit staff ability to participate in BHRST trainings (n=196)*

Answer Choices	Percent	Number
My current workload makes it difficult to attend trainings	52.0%	102
I have not experienced any barriers to training participation	23.5%	46
The available trainings do not align with my professional role	22.5%	44
Training sessions reach capacity before I can register	17.4%	34
There is limited or unclear communication about training schedules and registration	13.3%	26
I have difficulty obtaining supervisor approval to attend trainings	7.7%	15
Not applicable – I have not participated in BHRST trainings	5.1%	10



*Table 5. Staff capacity to complete trainings of personal interest offered by WET given the set of required trainings (n=202)*

Answer Choices	Percent	Number
No Capacity: Due to current workload and required trainings, I am not able to attend any additional trainings of personal interest.	11.4%	23
Limited Capacity: I can only attend 1 additional training of personal interest per year due to time or workload constraints.	30.2%	61
Moderate Capacity: I am able to attend 2–3 additional trainings of personal interest throughout the year.	46.5%	94
High Capacity: I am able to attend 4 or more additional trainings of personal interest throughout the year.	11.9%	24

*Table 6. Preferred timing for trainings (n=202)*

Days	Percent	Number
Monday	28.2%	57
Tuesday	31.2%	63
Wednesday	28.2%	57
Thursday	29.2%	59
Friday	33.2%	67
Flexible/No preference	32.2%	65
Times	Percent	Number
Morning (before 12 PM)	45.1%	91
Midday (12–2 PM)	25.3%	51
Afternoon (after 2 PM)	18.8%	38
Flexible/No preference	40.1%	81
Times of Year	Percent	Number
Winter (January–March)	13.9%	28
Spring (April–June)	9.9%	20
Summer (July–September)	22.3%	45
Fall (October–December)	10.9%	22
Flexible/No preference	67.3%	136



## B. Staff Retention

*Table 7. Top three things that would help staff feel more valued in their role at BHRS/contracted agency (n=197)*

Answer Choices	Percent	Number
More manageable workloads and better work-life balance	44.2%	87
Better communication and transparency from leadership	33.5%	66
More opportunities for professional development	32.0%	63
More opportunities for career advancement	29.4%	58
Improved workplace culture and morale	29.4%	58
Increased collaboration across roles and teams	26.9%	53
A stronger voice in organizational or policy discussions	19.8%	39
Recognition and celebration of achievements and contributions	17.3%	34
None - I already feel sufficiently valued in my role	8.1%	16
Increased supervision and support from managers	7.1%	14

*Table 8. Activities/opportunities staff would most like to have available for developing leadership or specialized skills (n=197)*

Answer Choices	Percent	Number
Attendance at professional conferences or workshops	49.2%	97
Leadership development or supervisory skill-building	40.1%	79
Specialized training within my team or department	39.1%	77
Cross-training with other staff or teams (e.g., work out of class)	37.1%	73
Coaching or mentorship	32.0%	63
Participation in specialty projects or committees (e.g., program or policy development)	26.9%	53
None of the above	5.6%	11
Other	3.1%	6

*Table 9. Type(s) of mentorship staff would you be interested in participating in for professional development (n=197)*

Answer Choices	Percent	Number
One-on-one mentorship	56.9%	112
Group mentoring (one or more mentors work with multiple mentees simultaneously in a group setting)	42.6%	84
Peer mentoring (individuals of similar experience levels, roles, or career stages support each other in their professional and personal development)	41.6%	82
Reverse mentoring (direct service/line staff mentoring senior staff)	18.8%	37
I am not interested in participating in a mentoring program	15.7%	31



*Table 10. Financial supports (not including existing loan repayment program) that would most increase staff motivation to remain at BHRS/BHRS contracted agency (n=195)*

Answer Choices	Percent	Number
Retention or longevity bonuses	65.1%	127
Housing, transportation, or child care assistance	48.2%	94
Support for licensure or certification fees	42.1%	82
Continuing education or training stipends	32.3%	63
Tuition assistance for pursuing higher education	21.5%	42
Support for Continuing Education training fees	20.5%	40
Compensation for supervising clinical students	13.9%	27
Other	8.7%	17
None – financial supports would not impact my decision to stay	3.1%	6

*Table 11. Career development supports that would most increase staff motivation to remain at BHRS/BHRS contracted agency (n=195)*

Answer Choices	Percent	Number
Access to conferences or professional networks	44.6%	87
Professional certification pathways (for clinical and non-clinical staff)	44.1%	86
Opportunities to take on leadership or specialized roles	30.8%	60
Support for pursuing licensure or advanced degrees	25.1%	49
Cross-training or rotation opportunities across programs	24.1%	47
Organizational recognition for professional growth or achievement	19.5%	38
Career planning support from supervisors	16.9%	33
None – career development supports would not impact my decision to stay	10.8%	21
Other	4.6%	9

### C. Organizational Climate, Equity, and Inclusion

*Table 12. Rating of overall culture of inclusion, respect, and support within BHRS (n=187)\**

Answer Choices	Percent	Number
Poor	6.4%	12
Fair	18.2%	34
Good	28.3%	53
Very good	33.2%	62
Excellent	13.9%	26

\*8 respondents indicated “I’m not sure/I haven’t had enough experience to say.” Percentage calculations exclude these responses.



*Table 13. Rating of extent to which staff feel that their experience, perspectives, and background are valued within BHRS (n=189)\**

Answer Choices	Percent	Number
Not at all	5.3%	10
A little bit	13.8%	26
Somewhat	28.0%	53
Very much	40.2%	76
Completely	12.7%	24

*\*6 respondents indicated “I’m not sure/I haven’t had enough experience to say.” Percentage calculations exclude these responses.*

#### **D. Staff Wellness Support**

*Table 14. Rating of how well BHRS prioritizes staff wellness in ways that are visible, resourced, and culturally responsive (n=177)\**

Answer Choices	Percent	Number
Not well at all	10.2%	18
A little bit	25.4%	45
Fairly well	32.8%	58
Very well	23.2%	41
Extremely well	8.5%	15

*\*16 respondents indicated “I’m not sure/I haven’t had enough experience to say.” Percentage calculations exclude these responses.*

*Table 15. Rating of how well current County/BHRS resources (e.g., EAP, supervision, debriefings) support staff’s emotional, psychological, and relational wellness at work (n=166)\**

Answer Choices	Percent	Number
Not well at all	10.2%	17
A little bit	24.1%	40
Fairly well	30.7%	51
Very well	25.3%	42
Extremely well	9.6%	16

*\*27 respondents indicated “I’m not sure/I haven’t had enough experience to say.” Percentage calculations exclude these responses.*



## E. Staff Background

*Table 16. Respondents by involvement in clinical services as a clinical service provider, supervisor, manager, or director (n=223)*

Answer Choices	Percent	Number
Involved in clinical services	59.6%	133
Not involved in clinical services	40.4%	90

*Table 17. Respondent role (n=191)*

Answer Choices	Percent	Number
Administrative Professional	16.8%	32
Direct Service Staff	45.0%	86
Intern	0.5%	1
Peer/Family Support	9.4%	18
Program Manager or Supervisor	19.9%	38
Executive Leadership	8.4%	16

*Table 18. Respondent employment (n=191)*

Answer Choices	Percent	Number
BHRS employee	80.6%	154
BHRS contracted provider	19.4%	37

*Table 19. Respondent race/ethnicity (n=175)*

Answer Choices	Percent	Number
Asian or Asian American	14.9%	26
Black or African American	9.1%	16
Latino/a/x or Hispanic	42.3%	74
Native American, American Indian, Indigenous	2.9%	5
Native Hawaiian or Pacific Islander	2.3%	4
White or Caucasian	36.6%	64
Another race, ethnicity, or tribe	7.4%	13