

**The workers:** The National Union of Healthcare Workers represents approximately 4,000 Kaiser Permanente mental health clinicians in California, including more than 2,000 psychologists, licensed clinical social workers, marriage and family therapists and addiction medicine counselors in Kaiser’s Northern California region.

**Kaiser’s poor track-record on mental health:** Despite having over [\\$54 billion in reserves](#) and recording an [\\$8.1 billion profit in 2021](#), Kaiser Permanente is a chronic violator of state and federal mental health parity laws. It was [fined \\$4 million in 2013 by the Department of Managed Health Care \(DMHC\)](#) for failing to provide timely mental health care and was later required to submit to outside monitoring of its mental health system. In May 2022, the DMHC announced that it was [initiating a special investigation](#) into Kaiser’s mental health system after patient complaints jumped 20 percent in 2021 compared to 2020.

**Kaiser’s is [already violating](#) California’s new mental health law:** SB 221, which was sponsored by NUHW, is [a landmark law](#) that took effect July 1, 2022. The law requires health insurers and HMOs, including Kaiser, to provide return mental health therapy appointments within 10 business days of the previous appointment unless the therapist determines that a longer wait will not be detrimental to the patient. However, Kaiser patients are [routinely waiting four-to-eight weeks](#) between therapy appointments. Also, Kaiser’s [own internal booking system](#) shows that patients who received an initial mental health assessment on June 13 weren’t scheduled for follow-up appointments for more than two months in Sacramento and parts of the Bay Area and Central Valley.

**[Kaiser failed to increase staffing](#) amid surging demand for mental health care:** As the COVID-19 pandemic wore on, demand surged for mental health care. CDC survey data found that symptoms of anxiety disorder and depressive disorder tripled from 10.8 percent in 2019 to 32.2 percent in 2021. But Kaiser staffs just one full-time equivalent mental health clinician for every 2,600 Kaiser members in Northern California.

**Kaiser’s Retention Crisis:** Across California, Kaiser’s rate of attrition for mental health clinicians has [doubled in the last 12](#) months from 8% to 16% as clinicians struggle with unmanageable caseloads. Between June 2021 and May 2022, 668 clinicians left Kaiser. That’s nearly double the 335 clinicians who left during the previous 12-month period and more than double the 316 clinicians who left the year before that. In Kaiser’s Northern California region that includes the Bay Area, Sacramento and Central Valley, 377 clinicians left between June 2021 and the end of May 2022, compared to 186 during the previous 12-month period — a 17 percent increase. NUHW surveyed more than 200 of the departing clinicians statewide. The survey found that:

- 85% of clinicians said they had an unsustainable workload and/or not enough time to complete the work/caseload assigned to them.
- 76% of clinicians said that their inability to “treat patients in line with standards of care and medical necessity” was a factor in their decision to leave.

**Kaiser does not have sufficient external providers to offset understaffing:** [San Diego City Attorney Mara Elliott is suing Kaiser](#), alleging that 38 percent of the psychologists, therapists and licensed clinical social workers listed in Kaiser’s provider directories were not actually available to care for Kaiser patients. In her [complaint](#), Elliott wrote, “Kaiser has been widely criticized in California for its failure to provide adequate and timely mental health services. But rather than actually fixing that problem, it has instead published illusory provider directories to dupe consumers into thinking that its problem with providing mental health care services is resolved, and it has a much larger network than it actually has.”

**Kaiser deceptive clinician shortage claim:** While Kaiser claims that it’s hamstrung by a nationwide shortage of clinicians, it fails to note that in California it primarily operates in regions with [high concentrations of mental health clinicians](#). In a 2019 report, the nonpartisan [Legislative Analyst Office found no clear evidence of a statewide shortage](#) of mental health clinicians. Between 2009 and 2017, the number of professional degrees in mental health fields actually increased 70 percent, according to the report.

**What clinicians are fighting for in Northern California:** Kaiser clinicians have been without a contract since last September. They are seeking a contract that addresses understaffing and unmanageable workloads, which have resulted in record turnover and long waits for therapy sessions that violate state law. Their proposal includes:

1. Up to an additional 30 minutes per day to perform patient care tasks outside of face-to-face appointments, such as returning phone calls and emails from patients in distress, communicating with social service agencies and ensuring that patients are receiving help beyond Kaiser to support their recovery.
2. The ability for clinicians to stop taking new patients when they have no available appointments for their current patients within two weeks as required by state law.
3. Set a ratio of one appointment for a new patient for every six appointments with returning patients to improve return access as required under SB 221.
4. A requirement that Kaiser hire and maintain a sufficient number mental health to comply with SB 221