

## **Workforce and Employment Committee**

### **Meeting Minutes**

April 17, 2024

**Committee Members present:** Walter Shwe, Arden Tucker, Jessica Ocean, Don Morrison, Maria Sierra, Susie Baker, Jessica Grove, Dale Mueller, Deborah Pitts, Bill Stewart, Lynne Martin Del Campo

**WET Steering Committee Members Present:** Chad Costello

**Presenters:** Anne Powell, Sharmil Shah, Al Rowlett, Diana White, Jennifer Wellenstein, Star Cannon, Tiffany Murphy, Guyton Colantuono, Katelynn Williams, Gina Muse, Nancy Medrano, Sarah Frohock, Beth Dillard, Emilio Muniz, Brad Brunner, Regina Kaiser

**Staff present:** Ashneek Nanua, Justin Boese, Simon Vue, Jenny Bayardo

**Meeting Commenced at 1:30 p.m.**

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#### **Item #1      Approve January 2024 Draft Meeting Minutes**

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The Workforce and Employment Committee (WEC) reviewed the January 2024 Draft Meeting Minutes. The minutes were accepted by the committee with no edits.

#### **Action/Resolution**

The January 2024 WEC Meeting Minutes are accepted and will be posted to the CBHPC website.

#### **Responsible for Action-Due Date**

Ashneek Nanua – April 2024

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#### **Item #2      Update on Occupational Therapist Provider Types**

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Committee member, Deborah Pitts, updated the WEC on current efforts to establish Occupational Therapists (OTs) as Licensed Mental Health Professionals (LMHPs) in the Specialty Mental Health Services System and Licensed Practitioners of the Healing Arts (LPHAs) in the Drug Medi-Cal Organized Delivery System. Deborah shared that OTs have internationally been a part of mental health services but have not been recognized as a mental health provider in the United States. Therefore, they were limited in scope of services they were able to provide. OTs have now been approved as LMHPs and LPHAs by the Centers for Medicare and Medicaid Services (CMS). There is a draft

Behavioral Health Information Notice (BHIN) released by the Department of Health Care Services that describes regulatory changes that will be effective retroactively to July 1, 2023. Deborah thanked the Planning Council for the support on these efforts.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #3      HCAI Update**

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Anne Powell and Sharmil Shah from the Office of Health Workforce Development at the Department of Health Care Access and Information (HCAI) presented on the Certified Wellness Coach (CWC) Profession. HCAI is tasked to design, build, and launch grant programs for this profession. Wellness coaches would help expand the behavioral health workforce to better address the needs of youth and diverse communities in California via prevention and early intervention (PEI) services and supports. Wellness coaches offer non-clinical services such as wellness promotion and education, screening, care coordination, individual and group support, and crisis referral. HCAI representatives shared that the Wellness Coach certification website is open. The website provides information on grants and scholarships for individuals interested in pursuing certification for the Wellness Coach profession including the Certified Wellness Coach Employer Support Grant, Wellness Coach Scholarship Program, and Wellness Coach Education Program. HCAI representatives shared the award amounts, service obligations, and evaluation criteria for the grants and scholarships.

HCAI then shared other behavioral health workforce activities such as the Behavioral Health Scholarship Program, Golden State Social Opportunity Program, and Psychiatric Education Capacity Expansion (PECE) Grant Program. Sharmil Shah shared that HCAI is diligently working on a long-range strategy for the nursing and behavioral health components of the upcoming 2026-2030 Workforce Education and Training (WET) Plan. HCAI will involve the WEC in the development process once the work commences.

The WEC engaged HCAI in a question-and-answer session upon conclusion of the presentation. Key discussion points include the following:

- There are two pathways to become a Certified Wellness Coach (CWC): educational pathway and workforce pathway. HCAI welcomes the experience of those with a college education to enter the profession, including Peer Support Specialists and others who have an Associate or Bachelor degree.

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- HCAI aims to have an educated workforce to do PEI work with children and youth which was derived from a lengthy stakeholder process. HCAI was able to justify the CWC profession with less education than a Master's degree.
- Committee members expressed concerns on care coordination which requires significant knowledge of multiple comorbidities and systems of care. Care coordination needs to be clearly defined for CWCs. Anne Powell shared that care coordination will be done in collaboration with their supervising certified behavioral health professional.
- The Department of Rehabilitation (DOR) supports 150,000 individuals with lived expertise per year who are working towards competitive employment. The CWC scholarship for individuals under the education pathway is for prospective applicants that are recently graduated. Therefore, individuals connected to DOR who are interested in pursuing careers in human services would not qualify for the scholarship yet but are on the road to qualification upon receiving an Associate's degree.

### Action/Resolution

The WEC will invite HCAI representatives to subsequent meetings to provide updates on initiatives and projects pertaining to the behavioral health workforce and Workforce Education and Training (WET) Five-Year Plan.

### Responsible for Action-Due Date

HCAI representatives, Walter Shwe, Ashneek Nanua – Ongoing

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### Item #4      Discussion of Community-Based Organization Challenges Re: Medi-Cal Billing for Peer Support Specialists

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The committee invited representatives from peer-run community-based organizations (CBOs) to share their perspectives of challenges and opportunities to bill Medi-Cal for Peer Support Specialist (PSS) Certification. Tiffany Murphy, Executive Director of the Consumers Self Help Center; Star Cannon, Program Director of the Consumers Self Help Center; and Guyton Colantuono, Executive Director of Project Return Peer Support were in attendance. Additionally, representatives from Turning Point Community Programs (TPCP) were present to share their organization's perspective on Medi-Cal billing for Peer Support Specialists. Representatives included Al Rowlett, Executive Director, Diana White, Chief Operations Officer, and Jennifer Wellenstein, Deputy Chief Operations Officer. All presenters were provided with a list of questions pertaining to the following:

- Percentage of individuals in the organizations who are Medi-Cal certified PSSs
- Whether the organizations have experience with Medi-Cal billing
- Whether PSS in the organizations are interested in becoming certified
- Counties that the organizations are contracted with

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- Concerns about Medi-Cal billing for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS)
- Concerns with the changes occurring from the Behavioral Health Services Act

TPCP has a history of supporting people with lived experience in the workplace and encouraging individuals who identify as peers to be certified. Services are provided in the following counties: Sacramento, Yolo, Solano, Butte, San Joaquin, Stanislaus, Merced, Placer, and Nevada. TPCP has programs with peer positions, programs that 100% peer-run organizations, and contracts with peer organizations such as the Consumers Self Help Center to provide services in the community. TPCP has a peer-run respite center in Nevada County where all staff have lived experience and identify as peers. Peers were involved in the development, structure, and implementation of the respite program. This program is heavily focused on the peer certification process and is contractually obligated to bill Medi-Cal through the relationship with the county. TPCP provided support to peers by paying them to get certified and providing time for them to study.

The presenters shared that the peers from TPCP provided feedback on the challenges of certification such as the billing codes being more restrictive and narrowly defined, “professionalizing” the peer workforce through tests and classes, and increased stress levels around testing and certification. A unique challenge is that there is more pressure from counties to bill services where the organization may not have had to bill before which impacts the peers who provided services before certification. This is because the service provided must now be a reimbursable service when it did not need to be reimbursable before certification. The concern about billing for SMHS is that TPCP does not want the valued, non-reimbursable services to be de-emphasized to the point where they are not provided anymore especially if clients are asking for those services and articulating that those services are helpful to them in ameliorating the distress they are experiencing. It is important to continue providing those services.

The Consumers Self-Help Center is a peer-run organization elevating individuals with mental health challenges to volunteer and employment roles or stabilization. On all these levels, the peers have experience with billing Medi-Cal. Peers are encouraged to get certified in the organization, specifically peers providing services under TPCP community wellness centers due to the changes in county contracts. Peers in the organization have expressed that the certification feels clinical due to the documentation requirements for billing, which makes them apprehensive. Challenges also include the lack of scholarships and maintaining the quality of services while individuals undergo preparation for the certification. TPCP has been responsive to challenges that the Consumers Self Help Center has which is collaborative and has been supportive of flexibility for peers. The presenters shared that it would be nearly impossible for the Consumers Self Help Center to provide services on its own as a Medi-Cal certified body. This is due to the difficulty of being a small peer-run organization meeting the capacity and expectations of becoming a medically cleared entity to provide the services. The presenters expressed gratitude for the ability to subcontract and stated that they would like to find ways to mitigate the barriers so that other small peer-run organizations can become Medi-Cal providers.

Project Return Peer Support Network is a peer-run organization based in Los Angeles County that does not currently bill Medi-Cal. Some of the issues are that individual non-profit organizations do not have the capacity for the administrative overhead and staffing needed for Medi-Cal billing. The evaluations are out-of-date and included requirements such as the need to have a medication room for organizations that do not dispense medications or a chart room when electronic health records are more common. Another challenge is that peers are not able to access client records which highlights internal stigmas. Additionally, in many counties, two Medi-Cal billing mental health agencies in the same county cannot serve the same client. It would require peers to disenroll in an organization with more services to re-enroll in the smaller, peer organizations due to the single fixed point of responsibility. This is a barrier for peer-run agencies as these agencies have historically been complementary to the transitional mental health system.

The WEC engaged the presenters in a question-and-answer session. Key discussion points include the following:

- Payment reform requires services to be provided under certain classifications with a restricted number of services for peers to provide (total of two services). Therefore, it would not be feasible to have Medi-Cal be the only funding stream for these peer-run organizations. It would be helpful to ask the state to implement value-based payments.
- Presenters and committee members expressed thoughts that a medical model is being used to bill for peer services which is a non-medical service.
- There is a need to ensure that all peers are being represented in the system versus skewing peers that are employed through certification.
- The validity of certification may have taken away from the movement of peers. Many peers do not desire to be certified which puts limitations on them. Medi-Cal billing alters the way that services are provided as they are not able to provide services as creatively as they could in the past.
- Committee members expressed a desire for statewide peer certification versus Medi-Cal billing certification. There are questions on how Certified Wellness Coaches (CWC) will be paid for. If CWCs are not billed through Medi-Cal, that profession will be less restrictive than the Peer Support Specialist certification.
- Children's services have adjunct therapeutic services where the child is associated with a primary provider and then they receive an added-on service. There were questions as to why peers may not function in that space in the same capacity.
- Parent partners historically have found creative ways to bill for peer services. The Childrens' system of care is losing many peers due to their current inability to bill.

#### **Action/Resolution**

The WEC will continue to track and provide input for Senate Bill 803 implementation.

#### **Responsible for Action-Due Date**

Walter Shwe, Ashneek Nanua – Ongoing

**Item #5      Public Comment**

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John Travers, Project Return Peer Support Network, stated that he did Medi-Cal billing in 2005-2006. There was a recovery plan, known as a treatment plan, and when the documentation was shown to the client, the client said, “Is this how you see me?” John said that this experience illuminates what was stated on the panel.

Chad Costello, Executive Director for the CA Association of Social Rehabilitation Agencies, pointed out confusion on the taxonomy issue for certified peer providers. There should be no reason that a certified peer provider is limited to two billing codes because they may operate in other provider roles. It is a misinterpretation at the county level, impacts the workforce crisis, and is discriminatory because peers may be able to do other things. Another issue to address in the structure are peers who must operate under the direction of specific provider types for the head of service. This is a provider issue, and we are missing opportunities for other organizations that may access other populations.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #6      California Department of Rehabilitation (DOR) Presentation**

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Representatives from the California Department of Rehabilitation (DOR), Butte County Department of Behavioral Health, Caminar, and DreamCatchers Empowerment Network, presented to the WEC on vocational programs and services for individuals with behavioral health conditions. Katelynn Williams, Acting Chief of the Cooperative Programs Section for DOR, and Nancy Medrano, a DOR Cooperative Program Staff Member, provided an overview of DOR behavioral health programs. DOR has state and local third-party agreements where public partner agencies contribute to non-federal funding. The Cooperative Programs Section (COOPS) of DOR includes an administrative component, renewals and amendments, monitoring, program evaluation, and technical assistance/training. DOR representatives described the third-party Cooperative Program partners, requirements, funding mechanisms, and contract program services. The Individuals Placements and Supports (IPS) model is embedded within the Cooperative Programs. COOPs meet quarterly with the CA Association of Social Rehabilitation Agencies (CASRA), all Mental Health Cooperative Program partners, attend the Department of Health Care Services Substance Use Disorder Integrated Care Conference, and the CBHPC meetings.

Regina Muse, Team Manager for DOR, and Sarah Frohock, Beth Dillard, and Emilio Muniz from the Butte County Department of Behavioral Health (DBH), presented on Butte County's vocational programs. The Butte County representatives shared history of the Butte County Behavioral Health Cooperative Program with DOR (BCBH/DOR) as well as populations of focus in the county including consumers of Butte County's DBH services. BCBH/DOR Co-Op services include job coaching, vocational assessment, vocational and academic training, on-the-job training, situational assessment, and adult work experience. The Butte County team then shared statistics of total individuals served by fiscal year and successful closures from individuals served; counts of clients who experienced inpatient hospitalizations one year prior to admission to the vocational program and one-year post-discharge from the vocational program by fiscal year; counts of clients with a crisis encounter one year prior to admission to the vocational program, during the program, and one-year post discharge from the vocational program by fiscal year; and homelessness rates by fiscal year.

Butte County's Behavioral Health Vocational Programs include a Supportive Temporary Employment Program (STEP) and a DOR Cooperative Program. The team shared statistics of STEP participants gaining employment in Fiscal Year 2019-20 to present day.

Brad Brunner, Executive Director of Caminar, shared Caminar's STEPs (Sensible Cyclery Bike Shop and Pro Touch Landscape and Janitorial). Sensible Bikery provides an opportunity for individuals who have not worked before and offers vocational training and flexibilities such as learning skills like notifying the organization when they cannot come into work. Pro Touch teaches individuals how to clean, mow, and provides special pricing to behavioral health clients. Pro Touch allows individuals to work directly in the community.

Regina Kaiser, Executive Director of DreamCatchers Empowerment Network, shared that DreamCatchers has 3 Co-Op contracts across the state: Butte, Fresno, and Sonoma Counties and is a fee-for-service provider for DOR serving 8 different counties for the state's vocational rehabilitation program. Dreamcatchers also has a STEP ReStore Habitat for Humanity. The STEP is a 9-month program with a job coach to build job skills and learn to communicate with an employer. During the 9 months, STEP assists the individual with preparing their application to enroll in the DOR contract and work with an employment specialist to get the individual long-term job placement in the community.

The Butte County DBH team shared challenges and best practices. Challenges include: lack of funding; COVID-19, transportation and employers in rural areas; criminal history; fear of losing benefits; limited opportunities for minors in STEP; staff turnover or unfulfilled positions; and eligibility being contingent on continuance in county behavioral

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health services. Best practices in the DOR Cooperative include weekly Co-Op tracking meetings, competing vendors working collaboratively, and outreach to staff meetings to increase referrals. Best practices for STEP include a focus on community-based work versus locations on a behavioral health campus/site with a variety of opportunities offered depending on experience and need. It was also helpful to have feedback mechanism collaboration through monthly co-op tracking meetings. Best practices for both programs include fluidity between programs and internal designated behavioral health vocational staff. Presenters highlighted best practices of patience and flexibility as well as morale and encouragement. Another best practice is the coordination with the 6<sup>th</sup> Street Center for Youth for unhoused Transition-Age Youth population.

The WEC engaged the presenters in a question-and-answer session upon conclusion of the presentation. Key discussion points from committee members and presenters included the following:

- There are problems in the program design as participants may collapse after the 9-month work period and individuals were not educated on their American Disabilities Association (ADA) protections.
- Committee members shared their own experience in the DOR vocational rehabilitation program and highlighted that there may be more options for counseling and support on social security or the transition off of it.
- Butte County sends out a variety of positions throughout the county to advertise which positions in the county are available and there is an interview process involved.

### Action/Resolution

N/A

### Responsible for Action-Due Date

N/A

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## Item #7      CBHPC Workgroups Update

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Representatives from each workgroup will report on the activities of each workgroup at the following quarterly meeting. Ashneek Nanua, committee staff, provided an update on the Children and Youth Workgroup (CYW) and Reducing Disparities Workgroup (RDW) meetings. The CYW will watch a short screening of Hiding in Plain Sight and will discuss the possibility of hosting a larger film screening event. The RDW will receive a presentation from the CA Department of Public Health's Office of Health Equity on current equity efforts at the state. The Substance Use Disorder Workgroup is in the beginning phase of developing the work activities of their group and will be meeting on Thursdays of the quarterly meetings during the lunch hour.



**Action/Resolution**

The workgroup representatives will update the WEC on the activities of each group.

**Responsible for Action-Due Date**

Susie Baker, Bill Stewart, Don Morrison, Arden Tucker – Ongoing

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**Item #8      Wrap Up/Next Steps**

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Committee members expressed interest in exploring the following topics:

- Identify the differences between the scope of Peer Support Specialists (PSS), Community Health Workers (CHW), and Certified Wellness Coaches (CWC). It may be helpful to hear about the overlap between the professions. It is important to understand the impact of these three different provider types on the behavioral health system and how individuals with lived experience understand the differences. It would also be helpful to understand the hiring practices and understanding and utilizing these professions in different counties and if they are prioritizing specific professions over others.
- Address gaps for parent-family peer partnerships in the children's system of care which may be a consideration to address with the state because many counties are missing out on this partnership while there is funding available for it.
- View the data of the inventory of DOR Cooperative programs by county, services provided, contractor, and program type as this is a major component of the employment service and funding across the state.
- Look at the employment and workforce part of Senate Bill 43 due to Substance Use Disorders (SUD) being added with little mention of the workforce piece of it.

**Action/Resolution**

The WEC Officer team will plan the agenda for the June 2024 Quarterly Meeting.

**Responsible for Action-Due Date**

Ashneek Nanua – June 2024