

Workforce and Employment Committee

Meeting Minutes

June 19, 2024

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

WET Steering Committee Members Present:

Presenters: Anne Powell, Sharmil Shah, Christian Jones, Alexandria Simpson, Michael Freeman, Guyton Colantuono, Mary Mojica, Katie Andrew, Tonica Robinson, Gina Rambeau

Staff present: Ashneek Nanua, Simon Vue

Meeting Commenced at 1:30 p.m.

Item #1 Review and Accept April 2024 Draft Meeting Minutes

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – June 2024

Item #2 Overview of Peer Support Specialist, Community Health Worker (CHW), and Certified Wellness Coach (CWC) Providers

Christian Jones, Sharmil Shah, and Anne Powell from the CA Department of Health Care Access and Information (HCAI) presented an overview of the Certified Wellness Coach (CWC) Benefit. The overview included the Behavioral Health Wellness Coach profession levels, requirements for each level, scope of services, certification requirements in the education and workforce pathways, examples of where CWCs may work, and the career lattice for CWCs.

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Alexandria Simpson from the Medi-Cal Behavioral Health Division at the CA Department of Health Care Services (DHCS) presented an overview of Peer Support Specialists. Alexandria provided background information on Senate Bill 803, health care delivery systems in which Peer Support Specialists operate, certification requirements, and services that Peer Support Specialists provide.

Michael Freeman from the Health Care Benefits and Eligibility Division at DHCS presented an overview of Community Health Workers (CHWs). Michael provided information on the services that CHWs provide, health delivery systems, reimbursement rates, training via the certificate pathway and work experience pathway, and provider billing. Michael then presented a comparison of the role and scope of practice between Medi-Cal Peer Support Specialists, CHWs, and Behavioral Health Wellness Coach I and II. Additionally, Michael shared whether lived experience and certification is required for each profession and for the eligibility requirements.

The WEC engaged in a question-and-answer session with the presenters. HCAI clarified the academic requirements for the Behavioral Health Wellness Coaches. Committee members requested more precision and clarity in future presentations. Members indicated that there is a difference between the provider type and the Benefit.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 Public Comment

Aaron Bailey stated that the scope of practice for the Certified Wellness Coach (CWC) is already being done daily by teachers, school counselors, coaches, youth ministers in schools, childcare centers, and home day cares except for the screening and case management component. He applauded that the CWC service can be billed for and expands coverage. However, he cautioned against accidentally reducing the emotional wellness and behavioral health of children in California by creating a legislative barrier to entry where teachers cannot talk about emotional regulation without obtaining an additional credential or cutting services that are already being provided. HCAI clarified that the CWC service is meant to be additive.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Panel on Distinctions and Overlap Between Peer Support Specialist, CHW, and CWC Provider Types

The WEC invited a panel including representatives from a community-based organization, state agencies, Managed Care Plans, and a county mental health department to provide various perspectives on the opportunities, barriers, and system impact to build and expand the Peer Support Specialist, Certified Wellness Coach (CWC), and Community Health Worker (CHW) provider types billable by Medi-Cal. The panelists answered a series of questions pertaining to their understanding of the distinctions and overlap between each provider type.

Guyton Colantuono and Mary Mojica from Project Return Peer Support Network (PRPSN) represented a community-based organization (CBO) and lived experience perspective. Guyton stated that one of the main differences between Peer Specialists and the other provider types is that peer services have historically been defined by the organization rather than the funding source. He reiterated that the perspective for the Medi-Cal Benefit differs from the organizational perspective. Another distinction between the professions is that peers are leading with their shared lived experience when delivering peer services which makes these services powerful. Mary Mojica shared how her lived experience with navigating services helped her assist others with service access and navigation. She placed emphasis on the value of lived experience. She added that peer Support Specialists save the county money and offers customized programs and services for individuals served. Peer Support Services offer benefits of being able to deliver services in the community including the hard-to-reach areas. The concerns are that peers are not being paid enough to do the work they do and that agencies are hiring peers for the first time and are not familiar with the things peers do.

Tonica Robinson from the Los Angeles County Department of Mental Health (LADMH) provided a county perspective on the panel. She shared that the impact of the three provider types is substantial in reaching out to stigmatized communities through outreach, education, and service linkage. Tonica shared that LADMH is working to separate the role of Peer Support Specialists and CHWs to enable peers to have a distinct work title. The peer support role is a role of empowerment which is different than the CHW role. LADMH does not have Certified Wellness Coaches at this time but appreciates that this role would help youth. Barriers include an inability for individuals to access peer certification opportunities due to not having a high school diploma as well as individuals with lived experience who have criminal records.

Katie Andrew, Director of Government Affairs for Quality and Behavioral Health at Local Health Plans of California (LHPC) provided a Managed Care Plan (MCP) perspective on the panel. LHPC represents 17 non-profit community-based health plans that deliver

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mental health and substance use disorder care. Local plans have been supportive of the new provider types as they are able to reach Medi-Cal members in the way the health plans cannot. One challenge for CHW implementation is the lack of provider networks' familiarity with the Medi-Cal Benefit and how to utilize this provider type. LHPC is assisting with this challenge by helping initiate provider trainings and get information to Chief Executive Officers. There are plans that employ CHWs in-house and help spread the word about the Benefit so they can bill and be part of the Medi-Cal system. Many local plans are also working on implementing efforts to build partnerships to certify CHWs by incentivizing evidence through no-cost programs or offering scholarships and salary stipends to providers who may be hesitant to hire CHWs due to concerns about sustainability. Plans also have been working on relationship-building to create trust as well as initiate training and technical assistance to organizations and providers. The ability for many Federally Qualified Health Centers (FQHCs) and rural health clinics to have CHWs bill through Medi-Cal is a challenge due to them being a large provider type in the Medi-Cal system. LHPC brought this issue to the state as well.

Alexandria Simpson and Michael Freeman from DHCS represented the state perspective on the panel. The DHCS representatives reiterated comments from previous presenters regarding the value of lived experience having a positive impact and reaching cultural and linguistically diverse population. Challenges include finding ways to take advantage of the experience of CBOs that have done peer work for years into the Medi-Cal system as well as bridging the gap between CBOs and county systems. It also takes time to enroll the provider type, increase member awareness, and integrate the service into existing systems. It is important to educate formalized licensed medical community on the importance and benefits of CHWs and peers in their systems of care. Medi-Cal has not historically directly worked with CBOs, so the state is working with Managed Care Plans on technical assistance to make this work. MCPs have flexibility to contract with CBOs to provide services and DHCS does not typically get involved in those contractual relationships beyond having the base Fee-for-Service payment rates.

Anne Powell, Christian Jones, and Sharmil Shah from the CA Department of Health Care Access and Information (HCAI) shared that children and youth will have CWCs in school settings or CBOs to navigate life struggles as a prevention and early intervention strategy. CWCs may also work with children and families in their home if services are best provided in this setting. One goal is to fund the profession with Medi-Cal, but HCAI is not aware of the payment rates at this time.

The WEC engaged the panelists in a discussion and question-and-answer session. Committee members expressed that parent peers working in the Children's System of Care are not being included in much of what is occurring with the new provider types and shared challenges of billing for parent partners to bill for services. These parent partners have the training and experience to communicate with and navigate multiple

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care systems. There is a missed opportunity for parent partners to be an integral part of this process which includes a lack of threshold languages offered in the peer trainings. The committee also expressed appreciation for prevention and early intervention strategies for children in these professions. Committee members asked if there are financial incentives that the state offers to counties who would implement the CHW and CWC roles beyond Medi-Cal reimbursement. HCAI launched an employer-support grant for \$125 million to support these efforts for CWCs. DHCS has Providing Access, and Transforming Health (PATH) Capacity and Infrastructure, Transition, Expansion and Development (CITED) grants specific for community-based organizations to increase their infrastructure for the Medi-Cal process. The incentive payment program may include the utilization of CHWs in Managed Care Plans. The committee expressed concerns about confusion of individuals not having clarity of which provider certification to pursue due to the use of these professions in different systems of care and agencies. A lack of integration contributes to this confusion as well. There is a need to ensure the beneficiary and health care agencies have a clear understanding of the different provider types.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 May Revision Health Workforce Budget Cut Updates

WEC staff provided updates on the budget cuts in the Governor's May Revision for the behavioral health workforce programs in California. The May Revision proposed to cut \$824.6 million of General Fund across five years for various health workforce initiatives such as training and education and increasing the number of underrepresented individuals in health professions. It is also proposed to cut \$189.4 million of Mental Health Services Act (MHSA) workforce programs that includes social work programs, Addiction Psychiatry, and slots in Master of Social Work programs. WEC leadership met with advocacy organizations including a coalition that wrote a letter opposing the budget cuts. CBHPC also wrote a letter of opposition for the funding cuts specifically for Peer Support Specialists, Community Health Workers, college, and university grants that support behavioral health professionals, and supported the recommendations outlined in the coalition letter.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 California Department of Rehabilitation (DOR) Presentation on Cooperative Programs Data

Gina Rambeau from the California Department of Rehabilitation (DOR)'s Cooperative Programs Section presented on mental health and substance use disorder data from the Cooperative Programs throughout the state. DOR leverages federal funding for service provision costs with non-federal share dollars by public agencies through a cash match via quarterly or annual payments, certified expenditure match, programs providing crash, certifying time/costs, or a combination of these. The service contracts include assessment and evaluation, training and work experience, employment services and supports, IPS model, and student services. The contract types include Interagency Cash Transfer Agreements (ICTA), Third Party Cooperative Agreement (TPCA), TPCA with private non-profit subcontractors, and Case Service Contracts (CSCs). Gina shared the specific counties that participate under each contract. The types of employment that behavioral health participants receive based on the current fiscal year include but are not limited to customer service representatives, grocery store and food service workers, custodian workers, security guards and parking lot attendants, cashier and retail sales associates, stock clerk at warehouses, clerical and administrative support management, personal home care aids, and medical records specialists at the county.

Gina shared statewide data for Fiscal Years (FY) 2021-22, 2022-23, and 2023-24 with data on participants served broken down by county. She shared statistics on the number of third-party cooperative agreements, case service contracts, and cash transfer agreements for each fiscal year. Gina then shared the number of Cooperative Program participants and participants employed at least 90 days after their case closed.

The WEC engaged in a question-and-answer session with the DOR representative. Gina clarified that San Diego County contracts provides only the cash match, and all contract services are provided by Mental Health Systems, Inc. which is a private, non-profit organization that utilizes the Individual Placements and Supports (IPS) model. The committee asked what type of money is used for the cash match. Gina stated that the cash match comes from a variety of non-federal sources such as Mental Health Services Act (MHSA) dollars. Committee members clarified that IPS does not have a full evaluation component but rather an interest and matching component. Kern County may have a Memorandum of Understanding (MOU) but not a Cooperative Agreement or contract. Gina stated that DOR requires private non-profit service contractors be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). DOR's Community Resources evaluates and certifies the service providers.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Wrap Up/Next Steps

Committee members discussed next steps for the October 2024 Quarterly Meeting. There was interest to invite a mental health organization that employs Community Health Workers and Peer Support Specialists to examine the roles of each provider type in practice. The interest is to determine how an agency is managing the provider types and what the experience is for the recipient of services. Committee members requested for additional dialogue for the following meeting with presenters in the role as subject-matter experts and discussants versus in-depth presentations. Additionally, committee members mentioned that past presentations have not been well-informed and had gaps of information for the role of nurses in the behavioral health field so it may be helpful to have the committee explore the nursing level of expertise at future meetings to increase education on the WEC for this provider type.

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua, Walter Shwe – October 2024