

Workforce and Employment Committee

Meeting Minutes

October 16, 2024

Committee Members present: Walter Shwe, John Black, Don Morrison, Maria Sierra, Susie Baker, Jessica Grove, Bill Stewart, Lynne Martin Del Campo, David Cortright, Arden Tucker, Lanita Mims-Beal

WET Steering Committee Members Present:

Presenters: Josefina Alvarado Mena, Kimi Tahara, Rebecca Alvarado, Alfonso Silva-Piontek, Anibal Pablo Ramos, Joseph Gray

Staff present: Ashneek Nanua, Simon Vue

Meeting Commenced at 1:30 p.m.

Item #1 Review and Accept June 2024 Draft Meeting Minutes

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

Action/Resolution

The June 2024 Workforce and Employment Committee Meeting Minutes are accepted and will be posted to the Planning Council's website.

Responsible for Action-Due Date

Ashneek Nanua – October 2024

Item #2 Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration Discussion on Requiring Occupational Therapists on Community In-Reach Teams (Action)

Council Member Deborah Pitts stated that the California Department of Health Care Services submitted the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver Addendum to the Centers for Medicare and Medicaid Services for review. The Addendum includes a new service called Community Transition In-Reach Teams. The teams work with individuals in long-term care settings to move them into the community. Mental Health Plans that opt-in will be able to leverage funding for community-based,

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multi-disciplinary care teams that provide services up to 180 days before an individual is discharged from inpatient, residential, subacute, or non-carceral behavioral health institutional settings. Multiple providers are required on the team which include a licensed mental health professional, Certified Peer Support Specialist or a practitioner with lived experience of a behavioral health condition, an additional Specialty Mental Health Services practitioner, and an Occupational Therapist.

Deborah shared that the California Behavioral Health Directors Association made a comment during the Addendum's public comment period requesting that Occupational Therapists be optional members on the community transition in-reach teams. This position was based on an argument that there are a small number of Occupational Therapists available in California that could serve in this role and counties already utilize case managers that might be within the scope of the Occupational Therapist. Deborah shared that she and her association, Occupational Therapy Association of California, disagree with this view and would argue that Occupational Therapists have been recognized as specialized providers in functional assessment in other jurisdictions that have taken on similar projects. California also has 19 entry level Occupational Therapist programs in California showing a growth in supply compared to earlier years. There are also pipeline programs offered by the Department of Health Care Access and Information (HCAI) to help fill the Occupational Therapist positions on the in-reach teams. Deborah recommended that counties first try to recruit Occupational Therapists and then the county request a waiver for the requirement if they are not able to recruit them for the in-reach team in good faith.

Deborah and the Occupational Therapy Association of California raised these concerns to the Department of Health Care Services. The department is willing to take written recommendations on this item. Deborah requested that the Workforce and Employment Committee take a position that the Planning Council is in support of the original request to the Centers for Medicare and Medicaid Services where Occupational Therapists are required members of the community transition in-reach teams.

The committee supported Deborah's request to support Occupational Therapists as required providers on the in-reach teams. Bill Stewart made a motion to send a letter directed to the Deputy Director of Behavioral Health at the Department of Health Care Services, Paula Wilhelm. The intent of the letter is to support the original plan in the 1115 Waiver that requires Occupational Therapists on Community Transition In-Reach Teams. Dave Cortright seconded the motion. The motion passed.

Action/Resolution

The committee will send a letter to the Department of Health Care Services to support the original plan in the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Waiver to require Occupational Therapists on Community Transition In-Reach Teams.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue – November 2024

Item #3 Summary of Peer Support Specialist, Community Health Worker, and Certified Wellness Coach Provider Types

Workforce and Employment Committee staff presented an overview of the of Peer Support Specialist, Community Health Worker, Certified Wellness Coach Benefits. The overview included comparisons for each provider in the following categories: scope of practice, populations served, common work settings, certification requirements, and health care delivery systems in which each provider operates. Staff shared web resources for each provider type upon conclusion of the presentation.

The committee engaged in a question-and-answer session. Members asked for clarification about the education requirements for the Certified Wellness Coach Level 1 and Level 2. Staff clarified that the Certified Wellness Coach Level 1 requires an Associate's degree and Level 2 requires a Bachelor's degree. Staff indicated that the degree subject must be in a health-related field and will double check the list of eligible subjects. Committee members expressed concerns about the lack of career ladder for Peer Support Specialists.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Public Comment

Joseph Gray, Peer Support Specialist, stated that his agency in Yolo County has a career ladder for Peer Support Specialists. The agency has billable peers and non-billable peers. Some peers are fully fundable by grants, contracts, and billable services in Prenatal Substance Use Program and Adult Substance Use Program. There are about 100 clients in the Adult Substance Use Program and 15-20 clients in the Prenatal Substance Use Program.

Stephanie Ramos, CalVoices, referenced a chart in the presentation that shows the different types of services provided and indicated that peer services have a title for two billing codes and clarity is needed for decision-makers of the billing codes on the therapeutic services that peers provide. She said that services provided by Community

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Health Workers and Wellness Coaches are also provided by peers which the committee may want to look at. Additionally, Stephanie stated that there is not a built-in next step in the career ladder for peers who want to remain peers and pursue a career that will provide for them financially. Instead, peers are often encouraged to get a degree and be a social worker.

Steve McNally, Orange County, asked what systems the certified Peer Support Specialist may bill in. He asked if peers can only bill in Specialty Mental Health Services or if they can bill under the California Advancing and Innovating Medi-Cal Initiative and whether Community Health Workers may bill under this initiative. Steve also stated that there is information available online about the total number of peers but there is not information about specialty peers. He stated that he can find out the names of the peers but not where they work or how to get assistance from a peer.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Safe Passages Presentation and Discussion on Employing Peer Support Specialists, Community Health Worker, and Certified Wellness Coach Providers

Josefina Alvarado Mena, Chief Executive Officer, Kimi Tahara, Operations and Health Executive Director, Rebecca Alvarado, Clinical Director and Licensed Clinical Social Worker, and Alfonso Silva-Piontek, Equity Policy Manager and Clinical Social Worker, presented on the challenges and opportunities to employ Peer Support Specialists, Community Health Workers, and Certified Wellness Coaches from the community-based organization perspective. Josefina shared the vision and guiding principles for Safe Passages. The core functions include direct services, policy and advocacy, innovative program development, and investing in people. Target communities include disadvantaged communities in Alameda County such as individuals experiencing the highest disparities from the Coronavirus 2019 pandemic, children, youth, and families, and communities with high unemployment, violence, and stressors.

Safe Passages has over 28 years of experience providing prevention-focused programs and activities. The organization has held several state and local contracts with public systems for prevention and intervention services for youth and families as well as workforce contracts. Safe Passages is the lead entity for the California Reducing Disparities Program Behavioral Health Initiative. The organization is also working in 20 school communities in Alameda County. Safe Passages has the following program

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areas: early childhood development and literacy, school-based programs, family stabilization, public health, behavioral health, youth development, and workforce development. The behavioral health services include the Early Childhood Initiative, School-Based Services, and Life Coaching. Each area utilizes community outreach, peer support, and public health education strategies.

Kimi Tahara discussed behavioral health workforce development at Safe Passages. The organization's Executive team and staff are composed majority of people of color which is representative of the workforce served. Kimi stated that it is important to have a diverse workforce. There was an emphasis of thinking of how to support individuals with limited English and technology proficiencies. It is also important to make sure the job description is easy to understand and identify individual training needs.

Rebecca Alvarado stated that one of the main organizational philosophies is relationship building and relatability. She emphasized that it takes time to get to know the experience of individuals as well as their unique strengths. Many individuals in the work roles have intersectionality in their ability to serve people. It is also important to recognize that people with lower socioeconomic status have limited time, so it is important to help them meet their basic needs which requires much of their time. High school diploma is valuable; however, other community knowledge is equally and more valuable to do the job of Peer Support Specialists, Community Health Workers, and Certified Wellness Coaches.

Alfonso Silva-Piontek discussed the importance of representation. Many individuals find barriers to meet the minimal requirement to enter these work roles, particularly for communities of color, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) youth, foster care youth, and new students. Therefore, we need to find ways to remove these barriers. Safe Passages work with community members from birth to adulthood including caregivers who may enter these roles. It is also important to have opportunities for individuals in these work roles share their experiences beyond a direct practice role, as well as have lived experience at the micro, mezzo, and macro levels.

Josefina Alvarado Mena expressed the importance of valuing community time and creating ways to compensate community members for their participation in policy processes. Additionally, Josefina raised the importance of valuing lived experience and the need to change the way that we think about the valuation of experience as compared to formal education. She stated that we also need to find ways to widen the workforce pathways and the ability for Community-Based Organizations to certify peers and Community Health Workers.

The committee engaged the presenters from Safe Passages in a question-and-answer session. The following questions and key points were discussed:

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- Committee members affirmed the importance of having a diverse workforce representing the individuals that are served.
- Presenters emphasized the importance of sharing workforce pathways for individuals to get paid for their strengths.
- Individuals are discouraged from educational requirements as communities of color have had negative school experiences over multiple generations. Therefore, the presenters expressed a need for community-driven pathways that do not initially require the formal education system. This involves the following:
 - Community certification based on hours completed under supervision and guidance.
 - Questioning the connection between a high-school diploma and the core competencies required for the job position, and
 - Replacing the diploma with something directly related to the individual's ability to do the job.

The presenters asked the committee to bring the recommendations from Safe Passages to the state. This will help organizations such as Safe Passages bill Medi-Cal for Peer Support Specialists, Community Health Workers, and Certified Wellness Coaches. The focus is a sustainable workforce in organizations across the state which require a diversified funding portfolio. Policy reforms must happen for the current certification process to reach long-term workforce sustainability in terms of workforce diversity and expansion.

Action/Resolution

The committee will elevate the recommendations provided by Safe Passages for state policy development and reform for Peer Support Specialists, Community Health Workers, and Certified Wellness Coaches provider roles.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Walter Shwe – TBD

Item #6 Public Comment

Lynn Rivas, Executive Director for the California Association of Mental Health Peer-Run Organizations (CAMHPRO), supported the recommendation to eliminate the high school diploma requirement. She stated that Proposition 1 is taking a lot of money away from behavioral health services. Peer-run organizations are drastically impacted, particularly small peer-run organizations that focus on stigma reduction. Peer-run organizations are the original creators of the recovery model and the evidence-base studies that show the effectiveness of peer work came from peer-run organizations. Lynn stated that most counties are denying the possibilities of a Medi-Cal contract with peer-run organizations. There is non Medi-Cal money that can be applied to peer-run

organizations and is the best investment because they are effective. County organizations are different than peer-run organizations. Lynn shared that we need to know the outcomes, particularly if there are positive outcomes in peer-run organizations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Peer Support Specialist and CHW Perspectives and Discussion

Anibal Pablo Ramos, Community Health Worker and Assistant Coordinator at Safe Passages, Joseph (Joey) Gray, Peer Support Specialist, and Maria Sierra, committee member and Peer Support Specialists, shared their experiences, challenges, and opportunities in their work roles and Medi-Cal Peer Support Specialist Certification. Anibal shared his experience receiving support from Safe Passages and asked about the kind of work done at the organization due to the positive experiences he had with his case worker. Once he received information about what the organization did, Anibal took notes and began helping people with translation after becoming more English-proficient. He received a call for a job opportunity at Safe Passages and was trained by the organization. Anibal is not certified but stated that he enjoys the work he does. He added that it took him 2-3 months to get hired at the county. As a Community Health Worker, Anibal identifies client needs, assists with resource navigation, and conducts follow-ups. He shared the challenges of certification are competing priorities of providing for clients' basic needs.

Joey Gray shared his experience as a former foster youth and justice-involved youth who previously experienced homelessness. He started his recovery journey in 2015 and started work in youth HIV advocacy at the state and federal levels. He started peer work in Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) services. He helped negotiate contracts to help youth with inpatient treatment and now works with billable Substance Use Disorder Services and Prenatal Substance Use Disorder Program. He is also on the Peer Stakeholder Advisory Council at the California Mental Health Services Authority.

Joey shared the challenges for mental health peer roles. He stated that his organization in Yolo County requires individuals with lived experience to have 2 years of stability for non-billable peers. The cost of the certification exam is not affordable for some individuals. Additionally, non-billable peers are funded under grants that last for only one year which poses challenges for workforce sustainability. Joey also shared that the

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certification exam is not designed in a way for people to pass because three of the four questions on a test question are correct and they must choose one answer. Joey has personally coached individuals to support them with skills needed to pass the exam.

Maria Sierra shared her lived experience and challenges as a child and transition-age youth. She expressed the cultural barriers of getting mental health care as an individual in the Hispanic community. Maria stated that she made a change after having her first child. She shared that one of her attentive and patient providers made a difference in her life and helped her decide what type of provider she wanted to be. Maria was working with kids and the director of the organization told her that she would be a good parent partner which is how she got into her work role. She experienced stigma of parent partners not being viewed as professionals; however, certification is beginning to change the stigma.

Maria shared challenges of Medi-Cal Peer Certification. Maria stated that the certification exam makes it difficult for many qualified individuals to pass the exam. She expressed hope to remove barriers for parent peers to become certified. Another barrier is the education requirement as many individuals are required to obtain their General Education Development (GED) diploma to become certified. This is a difficult process as many individuals must decide between working and providing for their family or obtaining their education. The 80-hour training can also be a barrier for individuals who are undergoing training and providing services, which is an obstacle for the individual and the organization.

The committee engaged the presenters in a question-and-answer session. Several committee members expressed the value of lived experience and the need to honor their past traumas and expertise. Committee members with lived peer experience shared that the certification exam does not reflect their years of lived experience and the work they do in their roles. Members expressed that the certification exam should reflect the work these individuals do in the field and address educational barriers.

Action/Resolution

The committee will elevate the recommendations provided by the presenters.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Walter Shwe – TBD

Item #8 Public Comment

Stephanie Ramos, CalVoices, thanked the panelists for speaking and acknowledged their courage to speak on difficult topics. She expressed that the challenges shared by

the panelists has occurred over the last 15-20 years and that money needs to be invested on the employer side for recovery models. It may help to look at the money invested in these areas and take the opportunities to invest in these organizations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

**Item #9 Member Discussion of Peer Support Specialist and
Community Health Worker Provider Types and Employment in
California**

The committee discussed potential action steps regarding the recommendations provided during present and past meetings. Members recommended the following:

- There is a need to change the system at the management level in organizations. This goes beyond training at the provider level. This action will help address the same barriers that peers have faced for several years.
- Speak to politicians about removing some certification requirements and find alternatives in place. One action item may be to make Community-Based Organizations certifying entities. There is a need to consider potential cost shifts and additional administration requirements that organizations may face if this were to happen. Foster Family Agencies may have a model to look at.
- Determine if the California Mental Health Services Authority has made any changes to the certification exam and if additional certifications can be made based on the challenges presented to the committee.
- Support the recommendations made by Safe Passages.
- Elevate the value of lived experience and advocate for the removal of barriers that prevent qualified individuals with lived experience from becoming certified providers.
- Present Evidence-Based Programs and Community-Defined Evidence Practices and models that are effective to the state.
- Have discussions with the regional representative for the Substance Abuse and Mental Health Services Administration regarding federal requirements for Peer Certification.

Action/Resolution

Staff will contact the California Mental Health Services Authority to inquire if the organization has updated the certification exam or requirements prior to January 2025 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Walter Shwe – January 2025

Item #10 Public Comment

Stephanie Ramos, CalVoices, stated that a lot of the certification requirements that the committee and presenters identified as barriers are due to the way that the legislation was written. She indicated that the California Mental Health Services Authority often references Senate Bill 803 statute and Department of Health Care Services guidelines and therefore is unsure about the level of flexibility that the California Mental Health Services Authority may have to adjust certification. CalVoices has advocated for dual certification for Peer Support Specialists, Community Health Workers, and Certified Wellness Coaches due to the overlap of core competencies in these roles, and recruitment efforts are typically for the same people in these roles. Additionally, there is fear in the peer community regarding the future of the peer workforce due to the Behavioral Health Services Act. CalVoices has advocated for Peer Certification to be used outside of the county system because peers are not currently able to provide and bill for peer services outside of counties. CalVoices has also advocated for a requirement in the BHSA for organizations to hire peers. Lastly, Stephanie stated that CalVoices would like to advocate for county and Community-Based Organization to be included in the next Workforce Education and Training Five-Year Plan for the employment of peers and creating recovery-oriented systems.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #11 Nominate Workforce and Employment Committee Chair-Elect for 2025 (Action)

Bill Stewart volunteered himself as the Workforce and Employment Committee Chair-Elect nominee for 2025. Arden Tucker motioned approval for Bill Stewart as the committee Chair-Elect for 2025. Dave Cortright seconded the motion. Staff took a roll call vote. The motion passed.

Action/Resolution

Staff will share the nomination to the Planning Council's Officer team for approval.

Responsible for Action-Due Date

California Behavioral Health Planning Council's Officer Team – January 2025

Item #12 Wrap Up/Next Steps

Committee leadership will plan next steps for the January 2025 Quarterly Meeting based on the priorities identified during the October 2024 Quarterly Meeting.

Action/Resolution

Committee leadership will plan the agenda for the January 2025 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Walter Shwe – January 2025