

California Behavioral Health Planning Council Workforce and Employment Committee – Work Plan 2024

Committee Overview and Purpose

The efforts and activities of the Workforce and Employment Committee (WEC) will address both the workforce shortage and training in the public behavioral health system, including the future of funding, and the employment of individuals with psychiatric disabilities and Substance Use Disorder (SUD) conditions. Additionally, state law provides the Council with specific responsibilities in advising the Office of Health Care Access and Information (HCAI) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development Plan as well as review and approval authority of the final plan. The WEC will be the group to work closely with HCAI staff to provide input, feedback and guidance and also to be the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law.

There are a number of collateral partners involved in addressing the behavioral health workforce shortage in California. A number of them have been working with the Council in prior efforts and provide additional subject matter expertise. These individuals and organizations, collectively known as the WET Steering Committee, will continue to provide the WEC with expertise and are invited to participate in meetings, where appropriate.

Additionally, there are a number of other organizations and educational institutions, at the State level, who are engaged in efforts for the employment of individuals with disabilities, including psychiatric disabilities, with whom the WEC will maintain relationships to identify areas of commonality, opportunities for collaboration and blending of actions. They include but are not limited to:

- CA Council for the Employment of Persons with Disabilities
- State Rehabilitation Council
- Co-Op Programs within the Department of Rehabilitation
- California Workforce Development Board
- Labor Workforce Development Agency
- County Behavioral Health Director's Association (10-Year Strategic Workforce Plan)
 - a. [Workforce Needs Assessment Report](#)
- California Alliance for Child and Family Services (CACFS)
 - a. [Minding the Future: A Report on Workforce Challenges in Youth Behavioral Health](#)

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Strategic Goal 1.0: Provide leadership and collaborate with other stakeholders to support the growth, retention, and quality of California’s behavioral health workforce, reduce the workforce shortage and build sustained mechanism for ongoing workforce education and training to insure a trauma-informed, recovery-oriented workforce.

Objective 1.1: Review and make recommendations to the full Council regarding approval of HCAI WET Plan:

- b. Engage in regular dialogue and collaborating with the WET Steering Committee.
- c. Maintain an open line of communication with HCAI via CBHPC Council staff in order to advise HCAI on education and training policy development and provide oversight for education and training plan development.
- d. Participate in statewide HCAI stakeholder engagement process.
- e. Build the Council’s understanding of state-level workforce initiatives and their successes and challenges.

Objective 1.2: Build Council’s understanding of workforce development ‘best practices’ for both entry-level preparation and continuing competency, including but not limited to the resources from the Annapolis Coalition on the Behavioral Health Workforce, WICHE Mental Health Program, based on national and state-level workforce development resources developed in California.

Objective 1.3: Build the Council’s understanding of County specific workforce development initiatives and their successes and challenges in order to advocate best practices that may be standardized across local agencies in consideration of different needs in local and urban areas.

- a. Encourage agencies to include training appropriate to scope of practice in the workplace for new entrants in the behavioral health workforce and extend training for existing providers.

Objective 1.4: Identify data that shows the gaps of the hard-to-fill behavioral health professions on a statewide level including information about local partnerships providing education and training opportunities.

Objective 1.5: Identify and inventory funding opportunities at the local, state and national levels for workforce development, scholarships, tuition support, etc.

Objective 1.6: Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth.

Objective 1.7: Collaborate with other committees to ensure that Occupational Therapists and other Master’s level, state licensed health providers with mental health practice education are identified as licensed mental health professionals (LMHPs) for Specialty Mental Health Services.

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Strategic Goal 2.0: Ensure through advocacy that any California mental health consumer who wants to work or be self-employed has minimal barriers and timely access to trauma-informed, recovery-oriented employment support services and pre-employment services across the lifespan to secure and retain a job or career of choice.

Objective 2.1: Expand Council's knowledge in order to build and make available a current inventory of employment and education support services available to mental health and SUD consumers in each of California's counties. Such inventory must consider limitations created by unequal access or opportunities due to social inequities.

- a. Identify successful employment programs that are happening at the local level and where they are located.
- b. Strengthen the connections between individuals who need employment services to available programs and services and scale these programs to hard-to-reach, underserved communities.

Objective 2.2: Build Council's understanding of California Department of Rehabilitation's mechanism to support employment and education for California's mental health and SUD consumers, including but not limited to mental health cooperative programs.

Objective 2.3: Build Council's understanding of employment services "best practices" and resources across the lifespan with due exploration of impact of social and racial inequities on such best practices, including but not limited to: Individual Placement & Support (IPS) Model of Supported Employment; Social Enterprises; Clubhouses, self-employment and gig work; supported education; high school pipeline and career development; MHSA funding or other funding sources; and career pathways and advancement for consumers and peers.

- a. Host a listening session, workshop, or event inviting representatives for each employment model including entrepreneurs to provide the perspectives of each model on the community needs, benefits and challenges.

Objective 2.4: Collaborate with CBHPC Legislative and Advocacy Committee to identify, monitor, consider impact of social and racial inequities, and take positions on legislation related to employment and education for California's mental health consumers.

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Strategic Goal 3.0: Integrate equity into all aspects of the Workforce and Employment Committee’s work to increase employment opportunities for providers with diverse backgrounds that align with the populations served as well as strengthen the current behavioral health workforce serving populations with a history of marginalization and discrimination in the public behavioral health system including but not limited to BIPOC individuals, LGBTQIAS, older adults, monolingual, refugee, child welfare, and justice-involved populations.

Objective 3.1: Support a diverse workforce by advocating for increased employment opportunities for individuals from communities listed above who may better relate to and understand the needs consumers with varying ethnic and cultural backgrounds, including cultural humility training to existing behavioral health providers regardless of their ethnic or cultural background, sexual orientation and gender identity (SOGI), or age in order to better serve all marginalized and underserved populations.

Objective 3.2: Advocate for Medicaid reimbursement for providers and traditional healers who deliver culturally-specific treatment and community-defined practices.

Objective 3.3: Advocate for the allocation of state funding and resources to support local workforce development programs for communities of color as well as varying cultural and underrepresented groups.