

# Workforce and Employment Committee Agenda

Wednesday, January 15, 2025

1:30 p.m. to 5:00 p.m

[Hilton La Jolla Torrey Pines](#)

10950 North Torrey Pines Road

La Jolla, California 92037

Fairway III Room

[Zoom Link](#)

Meeting ID: 869 1326 9037 Passcode: WEC2025

Join by phone: 1-669-900-6833 Passcode: 2511855

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|----------------|---|--------------|
| <b>1:30 pm</b> | <b>Welcome, Introductions, and Housekeeping</b><br><i>Walter Shwe, Chairperson and All Members</i>  |              |
| <b>1:40 pm</b> | <b>Review and Accept October 2024 Draft Meeting Minutes</b><br><i>Bill Stewart, Chair-Elect and All Members</i>   | <b>Tab 1</b> |
| <b>1:45 pm</b> | <b>California Mental Health Services Authority (CalMHSA)<br/>Update and Discussion Re: Medi-Cal Peer Support Specialist<br/>Certification Process and Exam</b><br><i>Lucero Robles, Director of Quality Assurance, CalMHSA</i>  | <b>Tab 2</b> |
| <b>2:20 pm</b> | <b>Public Comment</b>   |              |
| <b>2:25 pm</b> | <b>Break</b>  |              |
| <b>2:35 pm</b> | <b>Department of Health Care Access and Information Updates</b><br><i>Sharmil Shah, Assistant Deputy Director, Office of Workforce<br/>Development, Department of Health Care Access and<br/>Information (HCAI)</i><br><i>Anne Powell, Health Program Specialist II, Policy Section of Office of<br/>Workforce Development, Department of Health Care Access and<br/>Information (HCAI)</i><br><i>Paula Wilhelm, Deputy Director of Behavioral Health, California<br/>Department of Health Care Services (DHCS)</i> | <b>Tab 3</b> |
| <b>3:35 pm</b> | <b>Public Comment</b>   |              |
| <b>3:40 pm</b> | <b>Member Discussion on the Behavioral Health Services Act<br/>Workforce Component</b><br><i>Walter Shwe, Chairperson and All Members</i>   | <b>Tab 4</b> |
| <b>4:05 pm</b> | <b>Public Comment</b>   |              |

<b>4:10 pm</b>	<b>Break</b>	
<b>4:20 pm</b>	<b>Update Workforce and Employment Committee Work Plan</b> <i>Walter Shwe, Chairperson and All Members</i>	<b>Tab 5</b>
<b>4:45 pm</b>	<b>Public Comment</b>	
<b>4:50 pm</b>	<b>Wrap up/Next Steps</b> <i>Walter Shwe, Chairperson and All Members</i>	<b>Tab 6</b>
<b>5:00 pm</b>	<b>Adjourn</b>	

*The scheduled times on the agenda are estimates and subject to change.*

**Workforce and Employment Committee Members**

**Chairperson:** Walter Shwe **Chair-elect:** Bill Stewart

**Members:** Susie Baker, John Black, David Cortright, Jessica Grove, Lynne Martin Del Campo Lanita Mims-Beal, Donald Morrison, Dale Mueller, Jessica Ocean, Deborah Pitts, Maria Sierra, Arden Tucker

**WET Steering Committee Members:** Chad Costello, Kristin Dempsey, John Drebing, Janet Frank, Le Ondra Clark Harvey, Kathryn Kietzman, Robb Layne, Robert McCarron, Carli Stelzer, Heidi Strunk

**Staff:** Ashneek Nanua, Simon Vue

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 15, 2025**

**Agenda Item:** Review and Accept October 2024 Draft Meeting Minutes

**Enclosures:** October 2024 Draft Meeting Minutes

**Background/Description:**

The Workforce and Employment Committee will review the draft meeting minutes for the October 2024 Quarterly Meeting and have a chance to make corrections. The committee will then accept the meeting minutes.

# Workforce and Employment Committee

## Meeting Minutes (Draft)

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.**

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### **Item #1      Review and Accept June 2024 Draft Meeting Minutes**

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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

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### **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)**

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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,

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

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

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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

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### **Item #4      Public Comment**

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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

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

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

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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

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:



- 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

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### **Item #6      Public Comment**

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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

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**Item #7      Peer Support Specialist and CHW Perspectives and Discussion**

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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

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

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### **Item #8      Public Comment**

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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

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<b>Item #9</b>	<b>Member Discussion of Peer Support Specialist and Community Health Worker Provider Types and Employment in California</b>
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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

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**Item #10      Public Comment**

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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

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

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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

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**Item #12      Wrap Up/Next Steps**

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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

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 15, 2025**

**Agenda Item:** California Mental Health Services Authority (CalMHSA) Update and Discussion Re: Medi-Cal Peer Support Specialist Certification Process and Exam

**Enclosures:** Medi-Cal Peer Support Specialist Certification Program Presentation (For a copy of this presentation, please contact [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov))

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides Council members with updates regarding the Medi-Cal Peer Support Specialist Certification process and exam from California Mental Health Services Authority. The Workforce and Employment Committee will use this information to advocate for best practices and policies for Peer Support Specialists working in the public behavioral health system.

**Workforce and Employment Committee Work Plan:** This agenda item corresponds to Objective 1.6:

**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.

**Background/Description:**

Lucero Robles, Director of Quality Assurance for the California Mental Health Services Authority, will provide updates on the Medi-Cal Peer Support Specialist Certification process and exam. The presentation will include information on the status of the Certification Exam and whether the exam has been updated since it was initially released. The presentation will also include information on the availability of scholarships for the exam and certification process, and whether the scholarship funding provided by the California Mental Health Services Authority thus far has been fully allocated and utilized.

**Additional Resources:**

[Senate Bill 803 – Bill Text](#)

[DHCS Peer Support Services Webpage](#)

[CalMHSA Peer Certification Webpage](#) and [CA Peer Certification Website](#)

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 15, 2025**

**Agenda Item:** Department of Health Care Access and Information Updates

**Enclosures:** Department of Health Care Access and Information Behavioral Health Initiatives Presentation (For a copy of these presentation slides, please contact [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov))  
[Behavioral Health Workforce Strategy Report](#)

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides Council members with updates on the development of the 2026-2030 Workforce Education and Training Five-Year Plan and the Department of Health Care Access and Information's goals regarding the workforce component of the Behavioral Health Services Act.

**Workforce and Employment Committee Work Plan:** This agenda item corresponds to Work Plan Objective 1.1: Review and make recommendations to the full Council regarding approval of the Department of Health Care Access and Information's Workforce Education and Training Plan:

- Engage in regular dialogue and collaborating with the Workforce Education and Training Steering Committee.
- Maintain an open line of communication with Department of Health Care Access and Information via Council staff to advise the Department of Health Care Access on education and training policy development and provide oversight for education and training plan development.
- Participate in the Department of Health Care Access and Information's statewide stakeholder engagement process.
- Build the Council's understanding of state-level workforce initiatives and their successes and challenges.

**Background/Description:**

The Department of Health Care Access and Information (HCAI) is statutorily required to coordinate with the California Behavioral Health Planning Council for the planning and oversight of the 2026-2030 Workforce Education and Training Five-Year Plan. Sharmil Shah, Assistant Deputy Director for the Office of Workforce Development at the Department of Health Care Access and Information, and Anne Powell, Health Program Specialist II for the Policy Section of the Office of Workforce Development at the



Department of Health Care Access and Information, will provide an update on the development of the plan and provide an overview of the Behavioral Health Workforce Strategy report.

Additionally, Paula Wilhelm, Deputy Director of Behavioral Health at the Department of Health Care Services, will present on initiatives such as the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration and Behavioral Health Services Act, as these initiatives pertain to the behavioral health workforce.

**Additional Resources:**

[2020-2025 MHSA WET Five-Year Plan](#)

[HCAI Behavioral Health Programs Webpage](#)

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 15, 2025**

**Agenda Item:** Member Discussion on the Behavioral Health Services Act Workforce Component

**Enclosures:** Behavioral Health Services Act Council Prioritization Document  
Excerpt from Department of Health Care Services Draft Module 2

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The committee will discuss their role and potential action items regarding the workforce component of the Behavioral Health Services Act and use information from the discussion to advocate for and support the growth and quality of California's behavioral health workforce.

**Workforce and Employment Committee Work Plan:** This agenda item corresponds to Work Plan Objective 1.5: Identify and inventory funding opportunities at the local, state and national levels for workforce development, scholarships, tuition support, etc.

**Background/Description:**

In March 2024, voters passed Proposition 1, which includes two parts: the Behavioral Health Services Act (BHSA) and a \$6.4 billion Behavioral Health Bond for community infrastructure and housing with services. The Behavioral Health Services Act modernizes the Mental Health Services Act to address today's behavioral health system and needs. These reforms expand services to include treatment for people with Substance Use Disorders, provide ongoing resources for housing interventions and workforce, and continue investments in prevention, early intervention, and innovative pilot programs.

Proposition 1 includes a significant workforce component within the Behavioral Health Services Act, aimed at building and supporting a robust behavioral health workforce. This initiative focuses on training, retaining, and diversifying the workforce to meet the growing demand for quality behavioral health services.

In December 2024, the Department of Health Care Services (DHCS) released a draft of the Behavioral Health Transformation Policy Manual Module 2, which outlines the policies of the Behavioral Health Services Act. While the public comment period for the draft policy manual closed on December 23, 2024, the committee may consider

reviewing the workforce components of Module 2 to identify areas to provide comments if there are future opportunities to provide input.

The workforce components of the Behavioral Health Transformation Policy Manual Module 2 for the committee's consideration include the following:

### **7.A Behavioral Health Services and Supports**

#### **A.4 Workforce Education and Training**

- A.4.1 WET Alignment with Statewide Workforce Initiatives
- A.4.2 WET Allowable Activities
- A.4.3 Workforce Recruitment, Development, Training, and Retention
- A.4.4 Professional Licensing and/or Certification Testing and Fees
- A.4.5 Loan Repayment
- A.4.6 Retention Incentives and Stipends
- A.4.7 Internship and Apprenticeship Programs
- A.4.8 Continuing Education
- A.4.9 Efforts to Increase the Racial, Ethnic, and Geographic Diversity of the Behavioral Health Workforce

The committee will also review the Council's BHSA Prioritization document and discuss their scope and role to inform workforce policy development and implementation under the Behavioral Health Services Act, as well as potential action items and next steps.

#### **Additional Resources:**

[HCAI's Workforce Education and Training Council meeting webpage](#)  
[Senate Bill 326 - BHSA](#)

## **7.A Behavioral Health Services and Supports**

### **A.4 Workforce Education and Training**

Counties may use a portion of BHSS funds for Workforce Education and Training (WET).

Counties should incorporate efforts to increase the racial, ethnic, and geographic diversity of the behavioral health workforce, including incorporating individuals with lived experience into the workforce, across all WET activities. BHSS funds for WET activities must be spent within 10 years, after which unspent funds will be subject to reversion. All transfers into WET are irrevocable and cannot be transferred out of WET. Additional information on fiscal policies can be found in Sections 6.B.7 and 6.B.8.

#### **A.4.1 WET Alignment with Statewide Workforce Initiatives**

WET activities should supplement, but not duplicate, funding available through other state-administered workforce initiatives, including the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) workforce initiative administered by the Department of Health Care Access and Information (HCAI). Counties should prioritize available BH-CONNECT and other state-administered workforce programs whenever possible.

BHSS funds should be used to:

- Supplement workforce activities funded through BH-CONNECT and other state-administered programs (e.g., stipends for childcare or transportation to supplement a retention bonus available through the BH-CONNECT workforce initiative).
- Create WET programs within the county that complement state-administered workforce programs.

#### **A.4.2 WET Allowable Activities**

WET activities must only address the needs of the county behavioral health delivery system. Activities that may be supported with BHSS funds include, but are not limited to, the following:<sup>4</sup>

- Workforce recruitment, development, training, and retention
- Professional licensing and/or certification testing and fees
- Loan repayment
- Retention incentives and stipends

- Internship and apprenticeship programs
- Continuing education
- Efforts to increase the racial, ethnic, and geographic diversity of the behavioral health workforce (e.g., individuals with lived experience)

BHSS funds for WET activities ***may not*** be used to:

- Address the workforce recruitment and retention needs of systems other than the county behavioral health delivery system, such as criminal justice, social services, and other non-behavioral health systems.
- Pay for staff time spent providing direct behavioral health services.
  - Staff time spent supervising interns and/or residents who are providing direct county behavioral health services through an internship or residency program may be funded.
  - Employers must not be reimbursed for the time an employee takes from their duties to attend training.
- Off-set lost revenues that would have been generated by staff who participate in WET programs and/or activities.

Counties may also use BHSS funds to support administration and coordination of all WET programs and activities (e.g., hiring a WET coordinator).

County-operated and/or county-contracted providers that are employed or volunteer in the county behavioral health delivery system may participate in WET activities. Certain WET activities require a commitment to employment in the county behavioral health delivery system over a certain time period. Additional information on WET activities is provided in subsequent sections (A.4.3 – A.4.9).

### **A.4.3 Workforce Recruitment, Development, Training, and Retention**

Counties may use BHSS funds for county-operated and county-contracted behavioral health workforce recruitment, development, training, and retention activities that include the following:

#### ***Recruitment and Retention***

Recruitment and retention activities may include, but are not limited to, the following:

- Supporting workforce recruitment, including recruiting culturally and linguistically competent staff.
- Providing financial incentives to recruit or retain employees.
- Providing supported employment services to employees and individuals seeking employment.
- Creating and implementing promotional opportunities and policies that promote job retention.
- Establishing Regional Partnerships to support recruitment and retention.

### *Training and Technical Assistance*

Training and technical assistance activities may include, but are not limited to, the following:

- Education and training programs and activities for prospective and current employees, contractors, and volunteers.
- Collaboration and partnerships to develop curricula and provide training to groups such as individuals receiving services and their family members; individuals from underrepresented racial/ethnic, cultural, and linguistic communities; and other unserved or underserved communities.
- Activities that incorporate the input of individuals receiving services and their family members and, whenever possible, utilize them as trainers and consultants in WET programs and/or activities.
- Activities that promote cultural and linguistic competence and incorporate the input of diverse racial/ethnic populations that reflect California's general population into WET programs and/or activities.
- Payment to trainers for training, technical assistance, and consulting, and travel expenses of trainers and participants, including mileage, lodging, and per diem.
- Other costs of providing training, such as materials, supplies, and room and equipment rental costs.
- Evaluation of the effectiveness of the training and its impact on service delivery.

Employees, contractors and volunteers in non-behavioral health systems, such as criminal justice, social services and health care may participate in training and technical assistance programs and activities; however, they cannot be the sole recipients.

### *Behavioral Health Career Pathway Programs*

Behavioral health career pathway activities may include, but are not limited to, the following:

- Programs to prepare individuals receiving services and/or their family members for employment and/or volunteer work.
- Programs and coursework in high schools, adult education, regional occupational programs, colleges, and universities that introduce individuals to and prepare them for employment.
- Career counseling, training, placement programs, and/or outreach that increase access to employment to unserved and underserved groups and individuals who share the racial/ethnic, cultural, and/or linguistic characteristics of individuals receiving services, their family members, and others in the community with behavioral health needs.
- Supervision of employees that are in a Behavioral Health Career Pathway Program.

### *Workforce Staffing Support*

Workforce staffing support may include, but are not limited to, the following activities:

- Staff to plan, recruit, coordinate, administer, support, and/or evaluate WET programs and activities when the staff is not funded through any of the other funding components.
- Staff to support Regional Partnerships<sup>5</sup> when performing activities that address the following:
  - Shortages within the workforce or shortages of workforce skills identified as critical by the Regional Partnership.
  - Deficits in cultural and/or linguistic competence.
  - Promotion of employment and career opportunities for individuals receiving services and their family members.
- Staff to provide ongoing employment and educational counseling and support to individuals receiving services and/or their family members who are entering or currently employed in the workforce.
- Staff to provide education and support to employers and employees to assist with the integration of individuals receiving services and/or their family members into the workforce.

#### **A.4.4 Professional Licensing and/or Certification Testing and Fees**

Counties may use BHSS funds to cover fees associated with preparing for, applying for, or renewing a license or certification for individuals who are employed, on a full- or part-time basis, in the county behavioral health delivery system.

Counties may support a wide range of activities related to licensing and certification including, but not limited to:

- Any fees associated with preparing for, applying for, or renewing a license or certification, such as:
  - Academic membership fees
  - Application fees, including fees to obtain academic transcripts or have photos taken of the applicant
  - Exam fees
  - Background check fees
  - License renewal fees
  - Fees associated with transferring a license or certification from another state to California
- Any activities that enable provider testing for a license or certification, such as training courses, costs of study material, or coaching.

#### **A.4.5 Loan Repayment**

Counties may use BHSS funds to establish locally administered loan repayment programs that pay a portion of the educational loans of individuals who make a commitment to work in the county behavioral health delivery system. Counties have the flexibility to establish loan repayment programs that meet local needs but must adhere to the following minimum requirements.

##### *Eligible Educational Loans*

Only loans held by an educational lending institution are eligible for assumption. Eligible educational loan programs include but are not limited to:

- The Federal Family Education Loan Program in 20 U.S.C. Sec. 1071 et seq.
- The Federal Direct Loan Program in 20 U.S.C. Sec. 1087b et seq.

The following fiscal liabilities are ***not eligible*** for loan assumption:



- An educational loan(s) that has not been disbursed at the time the applicant signs a loan assumption application and a loan assumption agreement
- An educational loan that was used for the educational expenses of someone other than the applicant
- An educational loan that has been consolidated with a loan of another person or with a non-educational loan
- Lines of credit
- Home equity loans
- Credit card debt
- Business loans
- Mortgages
- Personal loans
- Other consumer loans

### *Eligible Participants and Service Providers*

Individuals must be employed on a full- or part-time basis and must commit to a county-determined term of employment. Counties must ensure terms of employment are met and establish processes to recoup funds should recipients not meet their service commitments.

### *Maximum Repayment Amount*

Loan repayment will be subject to a maximum repayment amount of \$60,000 per year, per practitioner in alignment with the BH-CONNECT workforce initiative. There is no lifetime limit on loan repayment amount.

### *Service Obligation*

Counties have the flexibility to define service obligations for participants that are commensurate with the loan repayment amount for up to two years for each year of loan repayment. Counties must ensure service obligations are met and have processes to recoup funds if commitments are not met.

### *Payments*

Payments must be made directly to the lending institution and must be applied to the principal balance, if not otherwise prohibited by law or by the terms of the loan agreement between the participant and the educational lending institution.

#### **A.4.6 Retention Incentives and Stipends**

Retention incentives and stipends pay or reimburse individuals directly for expenses, or a portion of the expenses, associated with employment or participation in training, educational programs, or other activities in preparation for working in the county behavioral health delivery system. Employment must be on a full- or part-time basis, and recipients must commit to a county-determined term of employment that is commensurate with the incentive or stipend amount. Counties must ensure that the terms of employment are met and must establish processes to recoup funds should recipients not meet their service commitments.

The county may contract with a fiduciary entity, university, or accredited educational institution to establish incentive and stipend programs.

Counties have the flexibility to define which expenses are eligible for retention incentives and stipends and the level of payment. Examples of these types of incentives and stipends include:

- Scholarships, which may include, but are not limited to:
  - Tuition
  - Registration fees
  - Books and supplies
  - Room and board
  - Childcare
  - Transportation
  - Other costs and fees associated with attending an educational program
- Recruitment bonuses and retention bonuses, which may include, but are not limited to:
  - Signing bonuses
  - Performance bonuses
  - Spot bonuses
  - Referral bonuses
- Retention incentives and stipends, which may include, but are not limited to:

- Travel expenses including commuting to work and mileage, lodging and per diem if travel is for the purpose of participating in an educational or training activity or for professional travel
- Home office costs
- Professional insurance
- Childcare
- Wellness
- Moving or relocation expenses
- Housing
- Cellphone or internet services to support employment
- Training and professional development costs

As described above, county BHSS funds should supplement activities funded through the BH-CONNECT or other state-administered workforce initiative. Use of BHSS funds to supplement BH-CONNECT programs may be particularly beneficial in scenarios where certain costs are not allowable as part of the BH-CONNECT workforce program. For example, counties may use BHSS funds for stipends for childcare, housing, or other wraparound supports as an “add-on” to a recruitment or retention bonus available through BH-CONNECT.

#### **A.4.7 Internship and Apprenticeship Programs**

Counties may use BHSS funds for internship and apprenticeship programs. For activities that involve supervision of post-graduate interns, only faculty time spent supervising interns in programs designed to lead to licensure or certification may be funded.

Activities and expenses that may be funded as part of residency and internship programs include but are not limited to:

- Time required of staff, including university faculty, to supervise psychiatric residents or post-graduate interns training to work as psychiatric nurse practitioners; masters of social work; marriage and family therapists; clinical psychologists; clinical counselors; licensed marriage and family therapists; or certified addiction treatment, substance use disorder, or alcohol and other drug counselors.
- Time required of staff, including university faculty, to train psychiatric technicians or to train physician assistants to work in the county behavioral health delivery

system and to prescribe psychotropic medications under the supervision of a physician.

- Addition of a mental health specialty to a physician assistant program.

#### **A.4.8 Continuing Education**

Counties may support a wide range of activities related to continuing education in order to develop and retain a well-trained behavioral health workforce, including:

- Costs associated with both virtual and in-person continuing education opportunities, including:
  - Registration fees
  - Development and preparation for continuing education, including expenses and consulting fees
  - Payment to trainers
  - Other costs of providing continuing education, such as materials, supplies, and room and equipment rental costs
  - Travel expenses of trainers and county behavioral health delivery system participants, including mileage, lodging and per diem
- Costs associated with purchasing or renewing online training systems or platforms that offer continuing education courses.

#### **A.4.9 Efforts to Increase the Racial, Ethnic, and Geographic Diversity of the Behavioral Health Workforce**

Counties may use BHSS funds for activities to increase the racial, ethnic, and geographic diversity of the behavioral health workforce, including incorporating individuals with lived experience into the workforce. Efforts to diversify the workforce should be incorporated across WET activities in recognition of the need to develop a culturally and linguistically competent workforce that can meet the behavioral health needs of individuals of all backgrounds.

Prioritization of Sections for BHSA					
Topic	Code Section(s)	Implementation Date (Effective Date)	Lead Committee	All Relevant Committees	Committee Action Update
Definitions of who can be served under BHSA	SEC 2(b); SEC 12 4094 (f)(1)(B); SEC 12 4094 (h); 4096.5(b); SEC 38 5806(a),(2)(a),(D)(E)(5)(7)(8)(9)(10);SEC 46 5835(2)(A); SEC 50 5840(E)(i)(ii) and (c)(3); SEC 53 5840.6(c)(1) and (f)(2); SEC 55 5840.7(a) (1)(3)(6); SEC 76 5868(a)(2)(A)(D)(3)(4)(5)(8)(9)(10); SEC 78 5878.1(a); SEC 81 5878.3(a)(1)(A)(c); SEC 95 5892(d) and (L)(7)	July 1, 2026 (All sections)	TBD	LPPC, HHC, SMC	
FSPs and restrictive nature of who is eligible/time limitations	Part 4.1: 5887(d)(1) ; 5887.1; SEC 95 5892(a)(2A)	July 1, 2026 (Both sections)	SMC	LPPC, SMC	
Data Requirements	SEC 109 WIC 5963.02 (b), WIC 5963.04 (a)(2); SEC 18 WIC 5604.2 (a)(7); SEC 25 WIC 5610 (b)(1); SEC 27 WIC 5613, SEC 30 WIC 5664 (a)	January 1, 2025 (SEC 27 County Data to Boards and DHCS, SEC 25 WIC 5610 (b)(1), SEC 109 WIC 5963.04 (a)(2) BHOATR), July 1, 2025 (SEC 109 Integrated Plan Data), July 1, 2026 (SEC 25 WIC 5610 (b)(1))	POC	POC	
Outcomes	SEC 64. WIC 5848 (c),(e); SEC 84 WIC 5886 (k)(1); SEC 113 WIC 14707.5 (b)(2), (c), (d), (e)(1); SEC 114 WIC 14707.5; SEC 25 WIC 5610 (b)(1)	January 1, 2025 (SEC 64, SEC 84, SEC 113, SEC 114) July 1, 2026 (SEC 25)	POC	POC	
Integrated Plan (3-year County Plans)	SEC 40 5813.5 (d)(g)(4); SEC 63 5847; SEC 95 5892(a)(1)(B)(C); Chapter 3 Article 2 5963, 5963.01, 5963.02, 5963.03, 5963.04, 5963.05	January 1, 2025 (Chapter 3 Article 2 5963.03, 5963.05); July 2026 (Chapter 3 Article 2 5963.04 County Behavioral Health Outcomes, Accountability, and Transparency Report) July 1, 2026 (SEC 40 5813.5 (d)(g)(4)), SEC 95 5892(a)(1)(B)(C), Chapter 3 Article 2 5963, 5963.01, 5963.02)	SMC	SMC	

Topic	Code Section(s)	Implementation Date (Effective Date)	Lead Committee	All Relevant Committees	Committee Action Update
Engaging Stakeholders with Emphasis on Consumer Voice	SEC 38 WIC 5806 (1); SEC 64 WIC 5848 (a); SEC 95 WIC 5892 (c)(3), (e)(1)(C)	<b>January 1, 2025</b> (SEC 38 Stakeholder Engagement on IPs)	POC	POC	
Statewide Workforce	SEC 2(e), 1095.5(a)(1), SEC 12 4094 (1)(1)(C)(D), SEC 38 5806 (C) and (b)(c); SEC 42 5830 (c)(3); SEC 53 5840.6(c)(4)(6); SEC 55 5840.7(c); SEC 66 5848.5(b)(3)(4)(8-b-iv-vi); SEC 95 5892(f)(1)(D) and (1)(5)	<b>January 1, 2025</b> (SEC 10, SEC 66) <b>July 1, 2026</b> (All Other Sections)	WEC	WEC	
Housing Continuum	SEC 43 5830 (a)(1) SEC 95 5892 (a)(1)(A),(b)(1)	<b>July 1, 2026</b> (Both sections)	HHC	HHC, SMC	
Implementation of SUD services in all parts of the mental health service system	SEC 2(b); SEC 40 5813.5(j)(k); SEC 50 5840(a)(1),(3), and (e); SEC 53 5840.6(e)(4); SEC 55 5840.7(a)(1)(5); SEC 81 5878.3(d)(2); SEC 90 5891(a)(1); SEC 92 5891.5(a)	<b>July 1, 2026</b> (All sections)	SMC	LPPC, SMC	
Effective collaboration with partners in the behavioral health transformation for a statewide plan that serves all Californians	SEC 109 5963.06. (c)(11); SEC 58 WIC 5845 (f)(13), (g)(1)	<b>December 21, 2029</b> (SEC 109) <b>January 1, 2026</b> (SEC 58 Collaboration between BHSOAC with CBHDA, DHCS, CBHPC on reports and recommendations)	TBD	TBD	
Behavioral Health Board	SEC 15 WIC 5604; SEC 19 WIC 5604.2; SEC 109 WIC 5963.03 (b)	<b>January 1, 2025</b> (All sections)	POC	POC	
<b>Voluntary vs. Involuntary Services*</b>	SEC 12 4094(h); SEC 13;SEC 38 5806( E); SEC 61 5845.5( e)(2); SEC 74 5852.5(a), SEC 85 5886 (F)(viii); SEC 95 5892(d)	<b>January 1, 2025</b> (SEC 61, SEC 74, SEC 85) <b>July 1, 2026</b> (All Other Sections)	SMC	LPPC, PRC, SMC	
<b>Crisis Continuum*</b>	SEC 2(i); SEC 12 4094; SEC 13 4096.5; SEC 32 5675; SEC 36 5805; SEC 53 5840.6(7) and ( e)(1) ; SEC 55 5840.7(a)(1)(2)(10); SEC 66 5848.5; SEC 74 5852.5(a); SEC 76 5868; Part 4.1 5887( e); SEC 95 5892(f)(1)( E)(vi)(IV)	<b>January 1, 2025</b> (SEC 66, SEC 74) <b>July 1, 2026</b> (All Other Sections)	SMC	SMC	

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 15, 2025**

**Agenda Item:** Update Workforce and Employment Committee Work Plan

**Enclosures:** [Workforce and Employment Committee 2024 Work Plan](#)

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The Work Plan is an instrument to guide and monitor the Workforce and Employment Committee activities in its efforts to uphold its duties within the framework of the Planning Council.

**Background/Description:**

The purpose of the Work Plan is to establish the objectives and goals of the Workforce and Employment Committee, as well as to map out the necessary tasks to accomplish those goals. Committee members will review and update the committee Work Plan to fulfill and prioritize activities for the 2025 calendar year.

**Motion:** Adopt the Workforce and Employment Committee Work Plan 2025

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 15, 2025**

**Agenda Item:** Wrap Up/Next Steps

**Enclosures:** Kennedy Forum's Report, "[Building the Mental Health and Substance Use Disorder Workforce We Need](#)"

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The Workforce and Employment Committee will plan next steps for the April committee meeting. Committee members will also review and identify recommendations within the Kennedy Forum's report, "*Building the Mental Health and Substance Use Disorder Workforce We Need*." The committee will identify action items to advocate for building a robust and equitable behavioral health workforce through policy change.