

Workforce and Employment Committee Agenda

Wednesday, June 19, 2024

Lake Arrowhead Resort

27984 CA-189, Lake Arrowhead, CA 92352

Pinecone and Acorn Room

[Zoom link](#)

Meeting ID: 874 1115 1669 Passcode: WEC2024

Join by phone: 1-669-900-6833 Passcode: *4397507#

1:30 pm to 5:00 pm

- | | | |
|----------------|---|--------------|
| 1:30 pm | Welcome, Introductions, and Housekeeping
<i>Walter Shwe, Chairperson and All Members</i> | |
| 1:35 pm | Review and Accept April 2024 Draft Meeting Minutes
<i>Walter Shwe, Chairperson and All Members</i> | Tab 1 |
| 1:40 pm | Overview of Peer Support Specialist, Community Health Worker (CHW), and Certified Wellness Coach (CWC) Providers
<i>Christian Jones, State Policy Analyst, Office of Health Workforce Development (OHWD), California Department of Health Access and Information (HCAI)</i>
<i>Sharmil Shah, Assist Deputy Director, OHWD, HCAI</i>
<i>Alexandria Simpson, Medi-Cal Behavioral Health Division, California Department of Health Care Services (DHCS)</i>
<i>Michael Freeman, Assistant Deputy Director, Health Care Benefits and Eligibility Division, Department of Health Care Services</i> | Tab 2 |
| 2:10pm | Public Comment | |
| 2:15 pm | Panel on Distinctions and Overlap Between Peer Support Specialist, CHW, and CWC Provider Types
<i>Sharmil Shah, Assist Deputy Director, OHWD, HCAI</i>
<i>Christian Jones, State Policy Analyst, Policy Section, HCAI</i>
<i>Anne Powell, Health Program Specialist II, OHWD, HCAI</i>
<i>Alexandria Simpson, Medi-Cal Behavioral Health Division, DHCS</i>
<i>Michael Freeman, Assistant Deputy Director, Health Care Benefits And Eligibility Division, DHCS</i>
<i>Katie Andrews, Director of Government Affairs for Quality & Behavioral Health, Local Health Plans of California</i>
<i>Tonica Robinson, Los Angeles County Department of Mental Health</i>
<i>Guyton Colantuono, Executive Director, Project Return Peer Support Network</i> | Tab 3 |
| 3:00 pm | Break | |

- 3:10 pm** **Panel on Distinctions and Overlap Between Peer Support Specialist, CHW, and CWC Provider Types (Continued)**
Sharmil Shah, Assist Deputy Director, OHWD, HCAI
Christian Jones, State Policy Analyst, Policy Section, HCAI
Anne Powell, Health Program Specialist II, OHWD, HCAI
Alexandria Simpson, Medi-Cal Behavioral Health Division, DHCS
Michael Freeman, Assistant Deputy Director, Health Care Benefits And Eligibility Division, DHCS
Katie Andrews, Director of Government Affairs for Quality & Behavioral Health, Local Health Plans of California
Tonica Robinson, Los Angeles County Department of Mental Health
Guyton Colantuono, Executive Director, Project Return Peer Support Network
- 3:40 pm** **Public Comment**
- 3:50 pm** **Break**
- 4:00 pm** **California Department of Rehabilitation Presentation on Cooperative Programs Data** **Tab 4**
Gina Rambeau, Cooperative Programs Section, CA Department of Rehabilitation
- 4:50 pm** **Public Comment**
- 4:55 pm** **Wrap up/Next Steps**
Walter Shwe, Chairperson and All Members
- 5:00 pm** **Adjourn**

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

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Workforce and Employment Committee Members

Chairperson: Walter Shwe **Chair-elect:** TBD

Members: Susie Baker, John Black, Jessica Grove, Donald Morrison, Dale Mueller, Jessica Ocean, Deborah Pitts, Maria Sierra, Bill Stewart, Arden Tucker

WET Steering Committee Members: Le Ondra Clark Harvey, Robb Layne, Kristin Dempsey, Janet Frank, Olivia Loewy, E. Maxwell Davis, Robert McCarron, Kathryn Kietzman, Chad Costello, John Drebing, Heidi Strunk, Marcellus Brookshaw

Staff: Ashneek Nanua, Simon Vue

TAB 1

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 19, 2024**

Agenda Item: Review and Accept April 2024 Draft Meeting Minutes

Enclosures: April 2024 Draft Meeting Minutes

Background/Description:

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

Workforce and Employment Committee

Meeting Minutes (Draft)

April 17, 2024

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

WET Steering Committee Members Present: Chad Costello

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

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve January 2024 Draft Meeting Minutes

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – April 2024

Item #2 Update on Occupational Therapist Provider Types

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

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 HCAI Update

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

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

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

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

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

Action/Resolution

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

Responsible for Action-Due Date

HCAI representatives, Walter Shwe, Ashneek Nanua – Ongoing

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

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

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

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

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

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

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

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

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

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

Action/Resolution

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

Responsible for Action-Due Date

Walter Shwe, Ashneek Nanua – Ongoing

Item #5 Public Comment

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

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 California Department of Rehabilitation (DOR) Presentation

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

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

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

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

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

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

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

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

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 CBHPC Workgroups Update

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

Action/Resolution

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

Responsible for Action-Due Date

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

Item #8 Wrap Up/Next Steps

Committee members expressed interest in exploring the following topics:

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – June 2024

TAB 2

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 19, 2024**

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

Enclosures: Comparison Chart of Pre-Clinical Behavioral Health Disciplines: Certified Wellness Coach, Peer Support Specialist, and Community Health Worker/Promotor/Tribal Representative

Overview of Certified Wellness Coach Presentation

Medi-Cal Peer Support Services Overview Presentation

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 committee members with an overview of Peer Support Specialist, Community Health Worker (CHW), and Certified Wellness Coach (CWC) provider types. The WEC will use this information to advocate best practices and policies for all three professions in the public behavioral health system.

WEC Work Plan: This agenda item corresponds to WEC Work Plan 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:

Representatives from the Department of Health Care Services (DHCS) will provide the committee with an overview of the distinctions and overlap between Peer Support Specialists, Community Health Workers (CHW), and Certified Wellness Coaches (CWC).

Additional Resources:

[DHCS Peer Support Services Webpage](#)

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

[DHCS Community Health Worker Webpage](#)

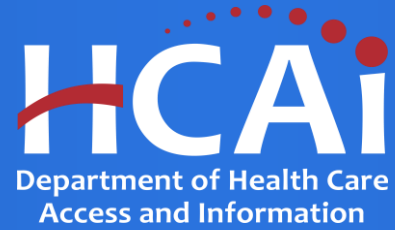
[Certified Wellness Coach Website](#)

Comparison Chart

Role	Degree Requirements	Non- Degree Requirements	Lived Experience
Certified Wellness Coach (CWC) I and II	CWC 1 – An associate degree related to behavioral health. CWC 2 – A bachelor’s degree related to behavioral health. Specific degrees here .	CWC 1 – At least 400 hours of behavioral health field experience CWC 2 – At least 800 hours of behavioral health field experience.	Not required but encouraged
Peer Support Specialist (PSS)	Not Required	Medi-Cal certification requirements include minimum 80 hours of training and certification exam	Must have lived experience with the process of recovery from mental illness or substance use disorder.
Community Health Worker/ Promotor/ Tribal Representative CHW/P/R	Not Required	CHW/P/R requirements for the CHW Medi-Cal benefit - CHW/P/Rs must demonstrate minimum qualifications through a certificate or work experience pathway. Currently no statewide standard for non-Medi-Cal CHWs.	Must have lived experience that provides a connection between the CHW/P/R and the community served.

Role	Primary Purpose	Services	Type of Service
CWC I and II	Deliver age-appropriate non-clinical care for children and youth with mild behavioral health symptoms	<ul style="list-style-type: none"> • Wellness promotion and education • Screening • Care coordination • Individual support • Group support • Crisis referral 	Preventative and Rehabilitative (early intervention)
PPS	To prevent relapse, empower clients through strengths-based coaching, support linkages to community resources, and educate beneficiaries and their families about their conditions and the process of recovery	<ul style="list-style-type: none"> • Educational skill building groups • Engagement • Therapeutic activity 	Rehabilitative
CHW/P/R	Assist with managing and preventing chronic conditions, and helping people get the preventive services and other health care services they need by breaking down barriers to care related to social drivers of health	<ul style="list-style-type: none"> • Health education • Health navigation • Screening and assessment • Individual support or advocacy • Violence prevention services 	Preventative

Role	Service population	Service Locations	Supervisor
CWC I and II	Children and youth aged 0-25 with mild behavior health symptoms	Currently school and school linked organizations but can work in any organization that serves youth 0-25.	Licensed Professional or education's Pupil Personnel Services staff
PPS	Persons seeking recovery from a mental disorder, psychology trauma, or substance use disorder	Primary care offices, emergency rooms, inpatient facilities, and recovery centers, public mental health system	Behavioral Health Professional
CHW/P/R	Persons with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services.	Generally, hospitals, public health departments, and community-based organizations (no restrictions on place of service)	Licensed provider, hospital, outpatient clinic, local health jurisdiction, or community-based organization.



Overview of Certified Wellness Coach

**Dr. Sharmil Shah, Christian Jones
and Anne Powell**

**California Behavioral Health Planning Council
June 19, 2024**



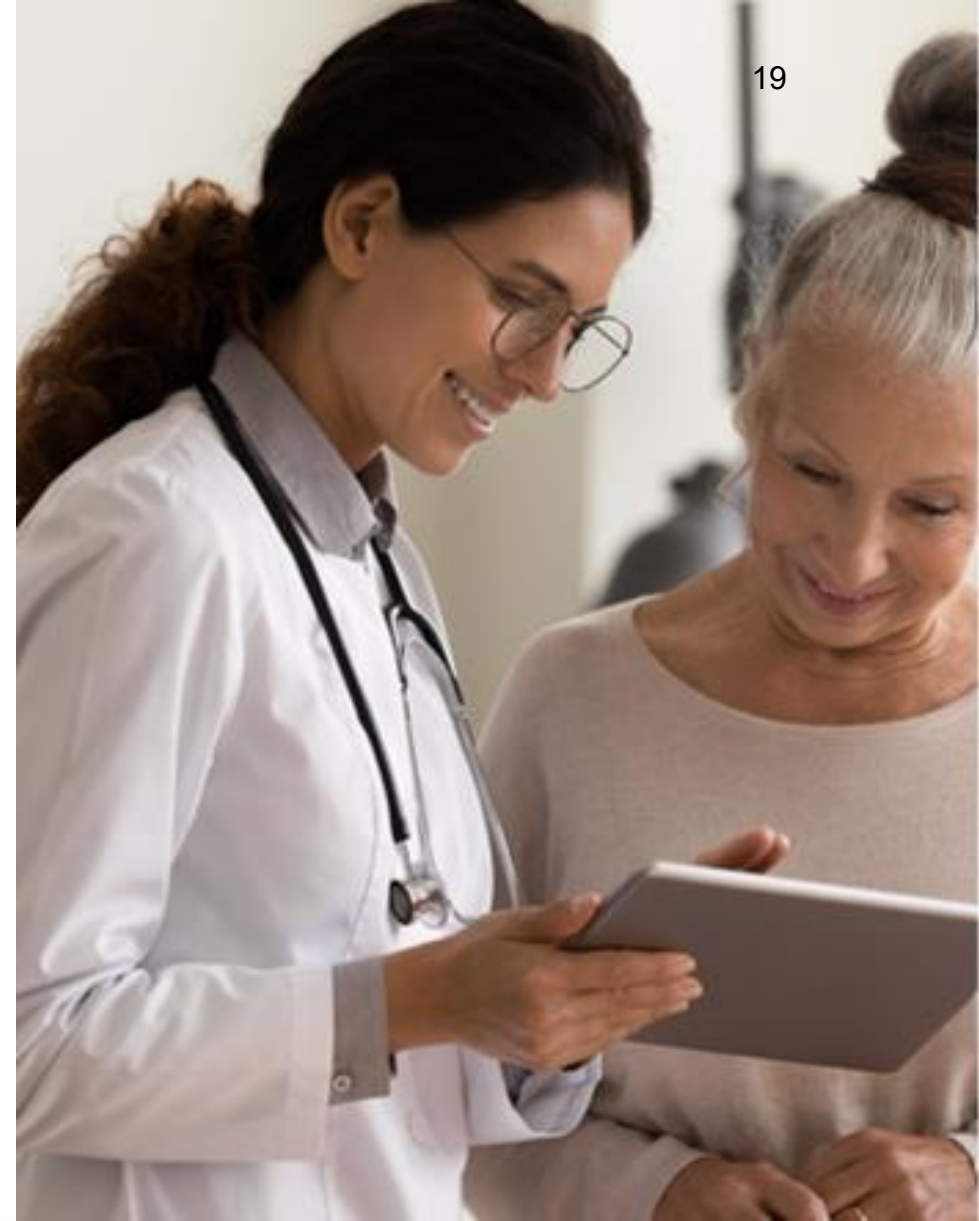
The HCAi Vision

Every Californian should have access to equitable, affordable, quality health care provided in a safe environment by a diverse workforce — guided by health information that improves outcomes for all.

As California's health care needs expand, HCAI is now responsible for managing an array of programs that grew substantially in this year's budget, including new areas of workforce development.

HCAI Overview

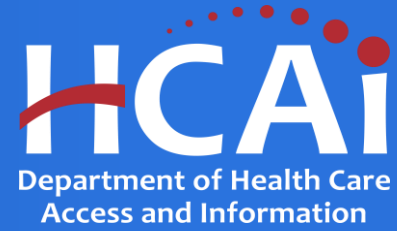
- Established in 1978 as **OSHPD** – the Office of Statewide Health Planning and Development to ensure healthcare accessibility within California
- Transitioned to the Department of Health Care Access and Information (**HCAI**) in 2021 to reflect a growing portfolio and a more descriptive name



Health Workforce Development

- **Support and increase a health workforce that:**
 - Serves medically underserved areas.
 - Represents the California it serves through racial and language diversity.
 - Serves Medi-Cal members.
- **Offer programs that provide financial support for:**
 - Organizations expanding educational capacity.
 - Individuals to pursue health careers (scholarship and loan repayment).
 - Organizations to build the workforce pipeline.





Profession Comparison

Who are they?

- Community Health Worker/ Promotor/ Tribal Representative (CHW/P/R)
 - Degree requirement – Not required
 - Non-Degree requirements - For CHW Medi-Cal benefit CHW/P/Rs must have a certificate or work experience
 - Lived Experience - connection between the CHW and the community served.
- Peer Support Specialist (PSS)
 - Degree requirement – Not required
 - Non-Degree requirements – For Medi-Cal certification, minimum 80 hours of training & certification exam
 - Lived Experience - Lived experience with the process of recovery from mental illness or substance use disorder
- Certified Wellness Coach I and II (CWC I & II)
 - Degree requirement – Associate Degree for CWC I, bachelor's degree for CWC II ([eligible degrees](#))
 - Non-Degree requirements – 400 hours of field experience for CWC 1 and 800 hours for CWC II
 - Lived Experience – Not required

What services can they provide? (1 of 2)

- CHW/P/R
 - Primary Purpose - Assist with managing and preventing chronic conditions, and helping people get the preventive services and other health care services they need by breaking down barriers to care related to social drivers of health
 - Service Type - Preventative
- PSS
 - Primary Purpose - To prevent relapse, empower clients through strengths-based coaching, support linkages to community resources, and educate beneficiaries and their families about their conditions and the process of recovery
 - Service Type - Rehabilitative
- CWC I and II
 - Primary Purpose - Deliver age-appropriate non-clinical care for children and youth with mild behavioral health symptoms.
 - Service Type - Preventative and Rehabilitative (early intervention)

What services can they provide? (2 of 2)

- CHW/P/R Services:
 - Health education
 - Health navigation
 - Screening and assessment
 - Individual support or advocacy
 - Violence prevention services
- PSS Services:
 - Educational skill building groups
 - Engagement
 - Therapeutic activity
- CWC:
 - Wellness promotion and education
 - Screening
 - Care coordination
 - Individual support
 - Group support
 - Crisis referral

Where/ Whom do they serve?

- CHW/P/R

- Service Population - Persons with chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services.
- Locations – Generally, hospitals, public health departments, and community-based organizations (no restrictions on place of service)
- Supervisor - Licensed provider, hospital, outpatient clinic, local health jurisdiction, or community-based organization

- PSS

- Service Population - Persons seeking recovery from a mental disorder, psychology trauma, or substance use disorder.
- Locations - Primary care offices, emergency rooms, inpatient facilities, and recovery centers, public mental health system
- Supervisor – Licensed Behavioral Health Professional

- CWC

- Service Population - Children and youth aged 0-25 with mild behavior health symptoms
- Locations - Currently school and school linked organizations but can work in any organization that serves youth 0-25
- Supervisor – Licensed Behavior Health Professional or Pupil Personnel Services

Outline

Overview of Certified Wellness Coach

Detail on Certified Wellness Coach



Background

AB133 (Chapter 143, Statutes of 2021)

[Welfare and Institutions Code 5961 – 5961.5](#)
[Health and Safety Code](#)

For the purposes of this chapter, “behavioral health coach” means a new category of behavioral health provider trained specifically to help address the unmet mental health and substance use needs of children and youth. Recognizing that unmet mental health and substance use needs create learning barriers, behavioral health coaches shall engage and support children and youth in cultural, linguistic, and age-appropriate services, with the ability to refer and link to higher levels of care, as needed. As members of a care team, behavioral health professionals serving as a coach receive appropriate supervision from licensed staff. Training and qualifications include, but are not limited to, psychoeducation, system navigation, crisis deescalation (sic), safety planning, coping skills, and motivational interviewing.

[WIC 5961.4 - School-Linked Statewide Provider Network](#)

- (a) As a component of the initiative, the State Department of Health Care Services shall develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a school site.
- (b) The department shall develop and maintain a school-linked statewide provider network of school site behavioral health counselors.
- (c) (1) Commencing January 1, 2024, and subject to subdivision (d), each Medi-Cal managed care plan and Medi-Cal behavioral health delivery system, as applicable, shall reimburse providers of medically necessary outpatient mental health or substance use disorder treatment provided at a school site to a student 25 years of age or younger who is an enrollee of the plan or delivery system, in accordance with paragraph (2), but only to the extent the Medi-Cal managed care plan or Medi-Cal behavioral delivery system is financially responsible for those school site services under its approved managed care contract with the department.

The Need for Certified Wellness Coaches

The 2021-2022 California Budget included a \$4.4 billion investment and **five-year plan to transform the behavioral health (BH) system for children and youth.**

As part of that funding and plan, **so far HCAI received \$279M to design and build the Certified Wellness Coach workforce.**

The Certified Wellness Coach role is designed to...



increase overall capacity to support growing children & youth behavioral health needs.



build a **public behavioral health workforce** that better represents the diversity of California's children and youth.



fill some of the **workforce gaps** that exist today.



ensure the role is both a **desirable occupation in and of itself and a stepping-stone** to more advanced BH roles.



engage directly with youth (aged 0 – 25), while ensuring adequate training and supervision.



serve **vulnerable populations** where they live, study, and work.

Overview of Certified Wellness Coaches

Prerequisites to Enter Program

Education Program

Received Upon Completion

Services Offered

Certified Wellness Coach I

- High school diploma or equivalent
- Associate's degree
- 400 hours of field experience (150 hours minimum)
- Wellness Coach I certification
- Focus on education related to wellness promotion, life skills, and mental health literacy
- Provide limited individual and group support with a structured curriculum

Certified Wellness Coach II

- Wellness Coach I certification or associate's degree in related field¹
- Bachelor's degree
- 800 hours of field experience (300 hours minimum)²
- Wellness Coach II certification
- Focus on individual and group support related to wellness education, goal setting, life skills, and coping skills
- Perform the same core services as Certified Wellness Coach I with additional expertise

All Certified Wellness Coaches will:

- Serve children and youth aged 0 – 25
- Operate as part of a care team
- Offer six core services, including:
 - Wellness promotion and education
 - Screening
 - Care coordination
 - Individual support
 - Group support
 - Crisis referral
- Operate under the direction of and coordination with certified or licensed behavior health professionals

1. Applicants can enter directly into bachelor's degree without listed prerequisites but will be require to complete Wellness Coach I training requirements throughout course of study. 2. Hours from Wellness Coach I certification apply towards total and can include hours earned as a CWC I.

Outline

Overview of Certified Wellness Coach

Detail on Certified Wellness Coach

- **Scope of Services**

- Recruitment and Education
- Operating Model
- Career Lattice



Scope of Services for Certified Wellness Coach Roles (1 of 2) ³¹

Proposed Core Activity	Potential Certified Wellness Coach I Scope of Services <i>Under direction of certified or licensed behavioral health professionals</i>	Potential Certified Wellness Coach II Scope of Services <i>Under direction of certified or licensed behavioral health professionals</i>
1 Wellness Promotion and Education	<ul style="list-style-type: none"> • Deliver group or classroom programming (e.g., structured curriculum) focused on: <ul style="list-style-type: none"> • Wellness promotion and education (e.g., building positive relationships, bullying prevention, nutrition and exercise in relation to BH) • Mental health literacy (e.g., symptom recognition, help-seeking strategies, how to provide support) • Life skills (e.g., stress management, time management, problem solving) 	<ul style="list-style-type: none"> • Deliver group or classroom programming (e.g., structured curriculum) focused on activities listed in Certified Wellness Coach I role and further programming on: <ul style="list-style-type: none"> • Coping skills (e.g., behavior activation, identifying thinking traps, distraction strategies, emotion regulation) • Facilitate surveys, focus groups, and interviews within organizations to identify needs for programming
2 Screening	<ul style="list-style-type: none"> • Support youth completing behavioral health screenings (e.g., answer questions, hand-off screenings to BH professionals) • Facilitate universal screening programs in school or other community-based organizations per SAMHSA guidelines • Identify and escalate BH needs of youth to BH providers in school or broader organization setting 	
3 Care Coordination and Extension	<ul style="list-style-type: none"> • Connect individuals to internal and external BH resources (e.g., local/regional/national organizations, school or broader organization resources, outpatient providers, residential programs, crisis response resources) as well as social services (e.g., food or housing programs) as needed • Facilitate communication with other professionals (e.g., BH providers, school personnel) that are providing support and care to youth, including connecting individuals to licensed providers so all care team members work together and operate at the top of their license or certification • Provide additional support to providers, school, or broader organization personnel, including BH related administrative activities (e.g., billing support) and extension of non-clinical or clinical BH support 	

Scope of Services for Certified Wellness Coach Roles (2 of 2) ³²

Proposed Core Activity	Potential Certified Wellness Coach I Scope of Services <i>Under direction of certified or licensed behavioral health professionals</i>	Potential Certified Wellness Coach II Scope of Services <i>Under direction of certified or licensed behavioral health professionals</i>
<div>4</div> Individual Support	<ul style="list-style-type: none"> • Provide brief check-ins (~5-15 min) and scheduled meetings (~30 min) that provide emotional support and/or follow manualized curriculum that enhance wellness; individual support may include: <ul style="list-style-type: none"> • Wellness education (e.g., basics of BH symptoms, nutrition, and exercise in relation to BH) • Goal setting/planning (e.g., increasing movement, sleep hygiene) • Life skills (e.g., stress management, time management, problem solving) 	<ul style="list-style-type: none"> • Provide brief check-ins (~5-15 min) and scheduled meetings (~30 min) that provide emotional support and/or follow manualized curriculum that enhance wellness; individual support may include activities listed in Certified Wellness Coach I role and: <ul style="list-style-type: none"> • Coping skills (e.g., behavior activation, identifying thinking traps, distraction strategies, emotion regulation) for youth
<div>5</div> Group Support	<ul style="list-style-type: none"> • Deliver small group programming (e.g., structured curriculum) to enhance wellness and life skills (e.g., social-emotional skills, stress management, time management, organization, problem solving) 	<ul style="list-style-type: none"> • Deliver small group programming (e.g., structured curriculum) to enhance awareness of the most common BH conditions
<div>6</div> Crisis Referral	<ul style="list-style-type: none"> • Adhere to a standardized protocol when responding to risk in the school or broader organization setting; identify potential risk and refer to the on-site BH provider, such as a PPS professional • Provide emotional support and engage in warm handoffs with on-site BH providers for youth that are waiting to be seen for crisis services 	

Outline

Overview of Certified Wellness Coach

Detail on Certified Wellness Coach

- Scope of Services
- **Certification Requirements**
- Operating Model
- Career Lattice



Certification Requirements – Education Pathway

	Wellness Coach I	Wellness Coach II
Prerequisites to Enter Program	<ul style="list-style-type: none"> High school diploma or equivalent 	<ul style="list-style-type: none"> Wellness Coach I certification or Associate's in related field¹
Degree Required	<ul style="list-style-type: none"> Associate's degree 	<ul style="list-style-type: none"> Bachelor's degree
Majors Accepted	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies 	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies
Field Experience Needed	<ul style="list-style-type: none"> 400 hours total (150 minimum) 	<ul style="list-style-type: none"> 800 hours total (300 minimum)²

1. Applicants can enter directly into bachelor's degree without listed prerequisites but will be required to complete Wellness Coach I education requirements throughout course of study. 2. Hours from Wellness Coach I certification apply towards total.

Certification Requirements – Workforce Pathway

	Wellness Coach I	Wellness Coach II
Prerequisites to Enter Program	<ul style="list-style-type: none"> Professionals who are currently part of the behavioral health workforce 	
Degree Required	<ul style="list-style-type: none"> Associate's degree 	<ul style="list-style-type: none"> Bachelor's degree
Majors Accepted	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies Child Development/Early Intervention Psychology Sociology 	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies Child Development/Early Intervention Psychology Sociology
Field Experience Needed¹	<ul style="list-style-type: none"> 1,000 hours Must be in mental health, social work, child welfare, or addiction/substance use 	<ul style="list-style-type: none"> 2,000 hours² Must be in mental health, social work, child welfare, or addiction/substance use

1. Experience can be achieved from any combination of relevant hours from an individual's degree program, volunteer hours, and/or on-the-job hours, inclusive of previous experience earned within 2 years of certification. 2. Hours from Wellness Coach I certification apply towards total.

Outline

Overview of Certified Wellness Coach

Detail on Certified Wellness Coach

- Scope of Services
- Certification Requirements
- **Example Sites**
- Career Lattice



Example Sites for Certified Wellness Coach Services

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				<div></div> Applies across ages
Example site	Early childhood ¹	Elementary school ²	Middle and high school ³	Transition aged ⁴
Schools	<ul style="list-style-type: none">• Preschool programs• Head start	<ul style="list-style-type: none">• Primary school campus	<ul style="list-style-type: none">• High school campus	<ul style="list-style-type: none">• Community colleges• Four year colleges
Community-based Organizations	<ul style="list-style-type: none">• Community centers	<ul style="list-style-type: none">• YMCA• Boys and Girls Club• Community centers	<ul style="list-style-type: none">• Community centers• After-school programs	<ul style="list-style-type: none">• Community centers• Mobile crisis
Health Centers	<ul style="list-style-type: none">• Primary care• Tribal health programs	<ul style="list-style-type: none">• Primary care clinics• Tribal health programs• Hospital specialty clinics• Residential treatment centers• Partial hospitalization programs• Crisis service providers• Federally qualified health centers• Rural health clinics• School health centers		
Government	<ul style="list-style-type: none">• Childcare and development programs• AIMSS⁵	<ul style="list-style-type: none">• Juvenile justice• Homeless service providers• Foster care service providers• Home-based & home-visiting programs		
Telehealth	<ul style="list-style-type: none">• Technology/telecommunication solutions to support specific groups (e.g., rural areas, foster care system)• After-hours services and easy-to-reach services for all groups• DHCS Platform			

☐ Applies across ages

Example Criteria for Sites

- **Sites that have direct youth engagement** (e.g., elementary schools, middle schools, and high schools).
- Sites that **promote sustainable impact**, including those that:
 - **Youth frequently occupy**, would want to try behavioral health services, and/or **trust the current services and individuals**
 - **Value coach services** and offer continued mentorship and professional development
 - **Employ staff knowledgeable about behavioral health services** and motivated to integrate coaches
- Consider sites that **promote feasibility**, including those that:
 - Serve youth with **needs that are appropriate for coaches' level of education and training**
 - **Offer infrastructure that supports scalability** (e.g., telehealth)

1. Ages 0-5. 2. Elementary schools with children aged 6-12. 3. Public middle and high schools with youth aged 13-18.
4. Ages 18-25. 5. American Indian Maternal Support Services.

Outline

Overview of Certified Wellness Coach Roles

Detail on Certified Wellness Coach Roles

- Scope of Services
- Certification Requirements
- Example Sites
- **Career Lattice**

Next Steps



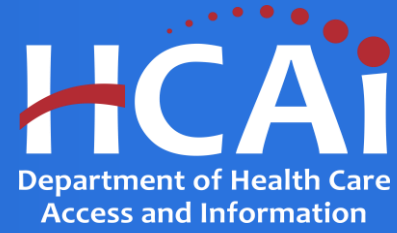
Example Behavioral Health Career Lattice

Minimum Education Level Required ¹		Illustrative Behavioral Health Lattice with Example Behavioral Health Roles						
Supervised Professional	Certificate	Other non-BH roles		CHW/P/R		Peer Support Specialist ²		SUD counselor
	Associates	Certified Wellness Coach I						
	Bachelors	Certified Wellness Coach II			Social worker			
	Masters	School counselor (incl. PPS ²)	School psychologist (incl. PPS ²)	Social worker (incl. PPS ²)	Practicing therapist or counselor working towards licensure	Other supervised BH roles ³		
Independent Practitioner	Licensure	Licensed clinical social worker (incl. PPS ²)	Licensed educational psychologists (incl. PPS ²)	Licensed marriage and family therapist (incl. PPS ²)	Licensed professional clinical counselor (incl. PPS ²)	Licensed school nurse (incl. PPS ²)		
	PhD	Psychologist (incl. PPS ²)						
	MD	Psychiatrist, primary care providers						

1. Or degree equivalent 2. Pupil Personnel Services 3. Examples include organizational psychology, behavioral analysis, physician assistant, and others

Select Observations

- The Certified Wellness Coach role is designed to be an additional opportunity in the ladder, bridging the gap between roles with minimum to no training to Master's level training
- The Certified Wellness Coach role offers employment and training benefits to those that want to advance their careers to higher levels of the career lattice.






Appendix

Principles & Activities for Certified Wellness Coaches

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Example Activities Related to Certified Wellness Coach Services

Example Guiding Principles	In scope	Out of Scope
 Prioritize BH-related Support	Individual and group support for students with behavioral concerns	Assessing, diagnosing, or providing clinical intervention or treatment
	Understanding how academic advising services are provided to best support youth	Providing academic advising services
	Facilitating promotion/prevention programming, which can include health education related to BH	Facilitating system-level programming or creating specialized curricula
 Prioritize BH-related Administrative Support	Documenting activities related to BH individual and group support	Documenting activities related to student enrollment
	Scheduling BH-related appointments	Developing or administering the master schedule; scheduling academic advising appointments
	Coordinating/Assisting with broad BH screening tools	Administering academic state or interim assessments
 Prioritize BH-related Care Coordination	Connecting individuals to BH support resources (e.g., outpatient therapy, support groups) and social services as needed	Providing medical referrals (e.g., ENT, PCP)
	Coordinating with other BH providers , including around the provision of BH services, to students with IEPs	Administering and coordinating individual education plans ("IEP")

Medi-Cal Peer Support Services

Background: Peer Support Specialist Certification Program Act of 2020 (SB 803)

Senate Bill 803 (SB 803)¹ was passed by the California legislature in 2020. SB 803 authorized DHCS to:

- Establish statewide requirements for counties' certification of Medi-Cal Peer Support Specialists.
- Request federal approvals to add Peer Support Specialists as a Medi-Cal provider type and Peer Support Services as a distinct Medi-Cal benefit.

1. [Beall, Chapter 150, Statutes of 2020](#)

Background: Peer Support Services in Medi-Cal

- » Medi-Cal Peer Support Specialist services are an **optional** Medi-Cal behavioral health benefit that can be implemented within Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), and/or the Specialty Mental Health Services (SMHS) delivery systems (county behavioral health plans).

Background: Peer Support Services in Medi-Cal

- » Medi-Cal Peer Support Specialist services are an **optional** Medi-Cal behavioral health benefit that can be implemented within Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), and/or the Specialty Mental Health Services (SMHS) delivery systems (county behavioral health plans).

1. Be at least 18 years of age.
2. Possess a high school diploma or equivalent degree.
3. Be self-identified as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
4. Be willing to share their experience.
5. Have a strong dedication to recovery.
6. Agree, in writing, to adhere to a code of ethics.
7. Successfully complete the curriculum and training requirements for a Medi-Cal Peer Support Specialist.
8. Pass a certification examination approved by DHCS for a Peer Support Specialist.

What do Medi-Cal Peer Support Specialists do?

- » Provide culturally competent individual and group services.²
 - Promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths.
 - Structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals.
- » Aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and educate beneficiaries and their families.
- » Follow a [Code of Ethics](#) outlining their professional roles and responsibilities.

Questions?

Please send any follow-up questions to Peers@dhcs.ca.gov



TAB 3

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 19, 2024**

Agenda Item: Panel on Distinctions and Overlap Between Peer Support Specialist, Community Health Worker (CHW), and Certified Wellness Coach (CWC) Provider Types

Enclosures: None

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 committee members with multiple system perspectives regarding the differences, overlap, opportunities, and challenges on building the workforce of Peer Support Specialists, Community Health Workers (CHW), and Certified Wellness Coach (CWC) providers in California's public behavioral health system. The WEC will use this information to advocate best practices and policies for all three professions.

WEC Work Plan: This agenda item corresponds to WEC Work Plan 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:

The Workforce and Employment Committee expressed interest in identifying the differences and overlap between Peer Support Specialists, Community Health Workers (CHW), and Certified Wellness Coaches (CWC). The WEC will hear from a panel consisting of representatives from the Department of Health Care Services, Department of Health Care Access and Information, Los Angeles Department of Mental Health, Local Health Plans of California (Managed Care), and Project Return Peer Support Network. The presenters will discuss the opportunities and barriers for individuals pursuing and participating in these professions as well as the impact of these professions on the public behavioral health system. Additionally, panelists will provide information on funding streams, eligibility, certification requirements, hiring practices, and other pertinent information related to each provider type.

TAB 4

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 19, 2024**

Agenda Item: CA Department of Rehabilitation Presentation on Cooperative Programs Data

Enclosures: CA Department of Rehabilitation Mental/Behavioral Health Cooperative Program Data Presentation

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 committee members with foundational knowledge regarding employment programs and services that the CA Department of Rehabilitation (DOR) provides for individuals with behavioral health conditions including county-contracted programs.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objectives 2.1 and 2.2:

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.

Background/Description:

The Workforce and Employment Committee (WEC) received an overview of the CA Department of Rehabilitation's (DOR) employment programs and services for individuals with behavioral health conditions during the April 2024 Quarterly Meeting. Committee members requested to examine additional data regarding the Cooperative Programs. Gina Rambeau from the Cooperative Programs Section of DOR will provide an overview of Cooperative Program data serving individuals with behavioral health

conditions. The presentation will include data categorized by county, services provided, contractor, program type, and other pertinent information of interest to the WEC.

Please contact WEC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

California Department of Rehabilitation Mental / Behavioral Health Cooperative Program Data

June 19, 2024

Gina Rambeau, Staff Services Manager I

Cooperative Programs Section

Cooperative Programs Section

CONTRACT DEVELOPMENT,
RENEWAL, & AMENDMENT

CONTRACT ADMINISTRATION
& OVERSIGHT

TECHNICAL ASSISTANCE &
COLLABORATION

CONTRACT COMPLIANCE
EVALUATION & MONITORING

Cooperative Program Funding

DOR leverages federal funding for service provision costs with non-federal share provided by public agencies in the form of:

- Cash Match
 - Quarterly or annual payments
- Certified Expenditure Match
 - Expenditures must be new to contracting agency and directly related to contract service provision
- Programs can provide cash, certify time/costs, or a combination of both.



Assessment/Evaluation



Training/Work Experience



Employment Services/Supports



IPS Model



Student Services

Mental / Behavioral Health Contract Services

Contract Service Providers

Public Agency
providing state
match

Approved
Private
Nonprofit
Organization

Contract Types

- **Interagency Cash Transfer Agreement (ICTA):** outlines roles/responsibilities and structure of cash match from county
- **Third Party Cooperative Agreement (TPCA):** outlines structure of match from county and services provided by county
- **Third Party Cooperative Agreement (TPCA) with Subcontracting:** outlines match from county, any services provided by county, and services provided by private non-profit subcontractor(s)
- **Case Service Contract (CSC):** outlines services provided by either county or private non-profit organization

Interagency Cash Transfer Agreements (13)

- Fresno County
- Imperial County
- Los Angeles County
- Marin County
- Monterey County**
- San Diego County
- San Francisco County
- San Luis Obispo
- San Mateo County
- Santa Barbara County
- Santa Clara County
- Santa Cruz County
- Sonoma County

**Provides assessment or evaluation services through a separate case service contract

Third Party Cooperative Agreements (5)

○ Butte County**

- Subcontractors:
 - Caminar
 - Dreamcatchers Empowerment Network

○ Contra Costa County**

○ Merced County**

○ Riverside County**

○ Stanislaus County**

**Provides assessment or evaluation services

^Provides training or work experience services

Private Non-Profit Case Service Contractors (27)

- **Fresno (1)**
 - Dreamcatchers Empowerment Network
- **Imperial (1)**
 - Work Training Center
- **Marin (1)**
 - Integrated Community Services
- **Los Angeles (9)**
 - Disability Community Resource Center
 - Mental Health America of Los Angeles (Antelope Valley/Long Beach)^
 - Pacific Clinics^
 - Penny Lane Centers**
 - San Fernando Valley Community Health Centers, Inc.**^
- Special Service for Groups/Asian Pacific Counseling & Treatment Centers**
- The Help Group Child and Family Center**
- Wellnest Emotional Health & Wellness**^

**Provides assessment or evaluation services

^Provides training or work experience services

Private Non-Profit Case Service Contractors, Cont.

○ Monterey (1)

- Interim, Inc.*

○ San Diego (1)

- Mental Health Systems, Inc.* **

○ San Luis Obispo (1)

- Transitions-Mental Health Association

○ Riverside (2)

- Oasis Behavioral Health, Inc.*
- Victor Community Support Services, Inc.**

○ San Mateo (1)

- Caminar

○ San Francisco (4)

- Caminar

- Special Service for Groups, Inc./Occupational Therapy Training Program*

- Richmond Area Multi-Services, Inc.**

- The Regents of the University of California, San Francisco (“Citywide”)**

*Implementing IPS Model

**Provides assessment or evaluation services

^Provides training or work experience services

Private Non-Profit Case Service Contractors, Cont.

- **Santa Barbara (1)**

- PathPoint

- **Sonoma (1)**

- Dreamcatchers Empowerment Network**

- **Santa Clara (2)**

- Catholic Charities of Santa Clara County

- Momentum for Health**

- **Santa Cruz (1)**

- Volunteer Center of Santa Cruz County*

*Implementing IPS Model

**Provides assessment
or evaluation services

^Provides training or
work experience services

Fiscal Year 21/22 Statewide Data

July 2021 – June 2022:

- 246 total third-party cooperative agreements, case service contracts, and cash transfer agreements
- 28,113 total contract service recipients/program participants
- 1,981 program participants employed at least 90 days at the time of DOR case closure

MH / BH Program Data

July 2021 – June 2022:

- MH/BH programs made up **21%** of all DOR third-party cooperative agreements, case service contracts, and cash transfer agreements
- **15%** of all contract service recipients were MH/BH program participants
- **41%** of all contract service recipients employed for at least 90 days at the time of DOR case closure had been MH/BH program participants

FY 21/22 Program Data By County

County	Participants Served
Butte	134
Contra Costa	212
Fresno	81
Imperial	36
Los Angeles	1,277
Marin	17
Merced	34
Monterey	103
Riverside	214
Sacramento	196
San Bernardino	49

FY 21/22 Program Data By County

County	Participants Served
San Diego	158
San Francisco	435
San Luis Obispo	180
San Mateo	257
Santa Barbara	223
Santa Clara	254
Santa Cruz	49
Shasta	79
Sonoma	129
Stanislaus	30

Fiscal Year 22/23 Statewide Data

July 2022 – June 2023:

- 231 total third-party cooperative agreements, case service contracts, and cash transfer agreements
- 29,385 total contract service recipients/program participants
- 1,606 program participants employed at least 90 days at the time of DOR case closure

MH / BH Program Data

July 2022 – June 2023:

- MH/BH programs made up **19%** of all DOR third-party cooperative agreements, case service contracts, and cash transfer agreements
- **13%** of all contract service recipients were MH/BH program participants
- **44%** of all contract service recipients employed for at least 90 days at the time of DOR case closure had been MH/BH program participants

FY 22/23 Program Data By County

County	Participants Served
Butte	65
Contra Costa	194
Fresno	70
Imperial	39
Los Angeles	1,245
Marin	35
Merced	105
Monterey	94
Riverside	223
San Bernardino	27

FY 22/23 Program Data By County

County	Participants Served
San Diego	221
San Francisco	503
San Luis Obispo	161
San Mateo	208
Santa Barbara	132
Santa Clara	267
Santa Cruz	59
Shasta	74
Sonoma	113
Stanislaus	30

July 2023 – April 2024:

Fiscal Year 23/24 Statewide Data

- 246 (and counting) total third-party cooperative agreements, case service contracts, and cash transfer agreements
- 31,499 total contract service recipients/program participants
- 1,301 program participants employed at least 90 days at the time of DOR case closure

MH / BH Program Data

July 2023 – April 2024:

- MH/BH programs make up **20%** of all DOR third-party cooperative agreements, case service contracts, and cash transfer agreements
- **12%** of all contract service recipients are MH/BH program participants
- **45%** of all contract service recipients employed for at least 90 days at the time of DOR case closure have been MH/BH program participants

Types of Employment

- Customer Service Representative (manufacturing facility/theme park)
- Grocery Store/Food Service Worker
- Custodian/Janitorial Worker
- Security/Watch Guard and Parking Lot Attendant
- Cashier/Retail Sales Associate
- Stock Clerk (warehouse/storage)
- Clerical/Administrative Support and Management (community rehabilitation/employment and disability services)
- Personal/Home Care Aide and Medical Records Specialist (County)

Gina.Rambeau@dor.ca.gov

cssinfo@dor.ca.gov

THANK YOU