

Workforce and Employment Committee (WEC)

Meeting Minutes

January 15, 2025

Committee Members present: Walter Shwe, John Black, Don Morrison, Maria Sierra, David Cortright, Arden Tucker, Dale Mueller, Susie Baker, Deborah Pitts, Marina Rangel

WET Steering Committee Members Present: Carli Stelzer

Presenters: Sharmil Shah, Anne Powell, Lucero Robles

Staff present: Ashneek Nanua, Simon Vue, Naomi Ramirez

Meeting Commenced at 1:30 p.m.

Item #1 Review and Accept October 2024 Draft Meeting Minutes

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

Action/Resolution

The October 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 – January 2025

Item #2 California Mental Health Services Authority (CaMHSA) Update and Discussion: Medi-Cal Peer Support Specialist Certification Process and Exam

Lucero Robles, Director of Quality Assurance for the California Mental Health Services Authority, provided the Workforce and Employment Committee with updates pertaining to the Medi-Cal Peer Support Specialist Certification. There were 1,595 scholarships awarded through the grandparenting certification pathway and 2,960 scholarships awarded through the initial certification pathway between May 2022 and June 2024. There have been 4,543 certifications issued since 2022 and 1,604 individuals completed the Supervision of Peer Workers Training. Additionally, 5 Peer Support Specialists reported their specialization in crisis care and 61 Peer Support Specialists reported their specialized training as a parent caregiver family member peer.

Additional updates regarding Medi-Cal Peer Certification include the following:

- The certification exam is now available in 9 languages.
- There are now 13 approved continued education providers available.
- California Correctional Health Care Services and the Department of Corrections and Rehabilitation are now offering Peer Support Specialist training in 9 institutions.
 - The program equips incarcerated individuals with the skills needed to provide support to their peers while in a carceral setting and offers an opportunity for employment upon reentry.
 - To date, more than 200 individuals have successfully completed the training.
- An Artificial Intelligence (AI) Chat box was added to the California Mental Health Services Authority Certification Website to offer additional support.

Lucero highlighted next steps in 2025 including the addition of a virtual job board on the certification website. Additionally, the Department of Health Care Services has provided funding for peer trainings at no cost to participants in January and February 2025. The committee engaged Lucero in a question-and-answer session upon conclusion of the presentation. The following items are key points from the discussion:

- A committee member shared that the California Association of Marriage and Family Therapists (CAMFT) is an organization that provides training. The training hours can be applied to the 20-hour continued education requirement. The committee clarified that this organization is a professional association and not a licensing board as licensing boards do not offer trainings. Committee members expressed that it would be helpful to clarify that the continuing education hours provided by professional associations are accepted by licensing boards.
- The committee recommended that the California Association for Social Rehabilitation Agencies (CASRA) and Patient Rights Association (PRA) be included in the list of organizations that may offer continuing education.
- Committee members suggested that the peer certification model resemble the model for certifying Traditional Healers since the certification process for Traditional Healers is determined by a group of healers in their community. This may be one way to address the issue that individuals with lived experience do not have the educational background to become certified Peer Specialists.

Committee members then discussed next steps for following up on the Medi-Cal Peer Support Specialist Certification. There was interest to request that the Department of Health Care Services make the requirements for Medi-Cal peer certification similar to the Traditional Healers and Natural Helpers Medi-Cal Benefit. The Traditional Healers and Natural Helpers Benefit is an example of a cultural practice that has been approved and does not require an academic component. A committee member proposed that certification trainers assist individuals with obtaining the high school equivalency

requirement simultaneously. It may also be helpful to determine how many Medi-Cal Peer Support Services have been billed per county.

Action/Resolution

The committee will continue to track Medi-Cal Peer Support Specialist Certification. The committee may consider making a recommendation to the Department of Health Care Services that the peer certification model resemble the Traditional Healers certification. The committee will continue to explore options to advocate for Medi-Cal Peer Support Certification for qualified individuals with lived experience who do not meet the high-school diploma or education equivalency requirement.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Bill Stewart – Ongoing

Item #3 Public Comment

Theresa Comstock, the Executive Director for the California Local Behavioral Health Boards and Commissions (CalBHB/C), commented that her association shows the information that is posted on the California Mental Health Services Authority (CalMHSA) website to the local boards and commissions. The purpose of sharing this information is to show the number of individuals certified in each county. There are large differences in the number of certifications between counties. Theresa asked if there is additional information that she can provide to her board members regarding the number of individuals certified.

Susan Gallagher, Executive Director of CalVoices, acknowledged the accomplishment of the number of certifications granted in the last two years. She stated that this is a reason to keep Workforce Education and Training (WET) funding intact as well as the Department of Health Care Access and Information’s funding for the peer workforce that has been reduced from \$8 million to \$2 million. Susan added that some peers are being trained as Medi-Cal Certified Peer Support Specialists working as Community Health Workers and Enhanced Care Management (ECM) managers. CalVoices is sponsoring Assembly Bill 96 for Community Health Workers and asked for support on this bill.

Cameron Byrd from the Council on Criminal Justice and Behavioral Health (CCJBH) stated that there is a co-occurring serious mental illness (SMI) and Substance Use Disorder (SUD) population that often gets left out or lost. He asked if there have been any discussions on what can be done to ensure that individuals with lived experience have a chance to become Peer Support Specialists for these populations with high-acuity needs, particularly for the justice-involved population. Lucero Robles from the California Mental Health Services Authority (CalMHSA) confirmed that the Medi-Cal

Certification Benefit is for the Specialty Mental Health and Substance Use Disorder population which includes justice-involved individuals.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Department of Health Care Access and Information Updates

Sharmil Shah, Assistant Deputy and Information, and Anne Powell, Health Program Specialist II for the Department of Health Care Access and Information, presented on their department’s Behavioral Health Strategy Results Report and the workforce component of the Behavioral Health Services Act (BHSA). The representatives also shared an update on the development of the 2026-2030 Workforce Education and Training (WET) Five-Year Plan. Paula Wilhelm, the Deputy Director for Behavioral Health at the California Department of Health Care Services, was also present to share information regarding the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration Waiver.

The Department of Health Care Access and Information supports a statewide behavioral health workforce strategy that unites common goals, actionable data, prioritization, and coordination across organizations and sectors to achieve a greater impact of having a diverse behavioral health workforce that addresses supply shortages and inequities in California. The strategy is data-driven to address gaps in California’s behavioral health workforce. The department’s supply and demand model quantify the extent of challenges for future shortages, drives targeted decision-making for spending funds based on the largest gaps by geography and provider role, identifies opportunities for collaboration, and tracks progress on state equity goals to address disparities. Sharmil shared that the Department of Health Care Access and Information examined 14 roles in the behavioral health supply model and more will be added as data becomes available.

The findings of the Behavioral Health Workforce Strategy Report showed the highest shortages of non-prescribing licensed behavioral health clinicians in the Northern, Sierra, and San Joaquin Valley regions. These shortages also show racial and ethnic disparities. Additionally, many licensed behavioral health professionals are unable to work at the top of their license due to a lack of supporting allied health professionals. The Department of Health Care Access and Information identified approaches to support the behavioral health workforce through the expansion of training capacity, clinical supervision opportunities, scaling allied health roles, and retention initiatives

focused on equity. The department will continue to collect data, share information about the behavioral health workforce, and use the results from the strategy process to inform the allocation of expected behavioral health workforce funds.

Paula Wilhelm, Deputy Director of Behavioral Health for the Department of Health Care Services, shared that the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration Waiver has been approved by the Centers for Medicare and Medicaid Services (CMS). Sharmil Shah shared that BH-CONNECT has a Workforce Initiative which includes the following programs: Medi-Cal Behavioral Health Student Loan Repayment Program, Medi-Cal Behavioral Health Scholarship Program, Medi-Cal Behavioral Health Recruitment and Retention Program, Medi-Cal Behavioral Health Community-Based Provider Training Program, and Medi-Cal Behavioral Health Residency Training Program. Anne Powell added that the Department of Health Care Access and Information has 3% set aside from the Behavioral Health Services Act for the behavioral health Workforce Initiative. The BH-CONNECT Special Terms and Conditions (STCs) contains information about the Workforce Initiative on pages 21-30.

The committee then received an update on the 2026-2030 Workforce Education and Training (WET) Five-Year Plan. Anne Powell shared the process to develop the plan which includes stakeholder engagement with the California Behavioral Health Planning Council and other entities to inform the development of the plan. The timeline for stakeholder engagement is March through July 2025 with the opportunity for the Workforce and Employment Committee to review and comment on a draft of the plan in October 2025. The plan will be brought to the Council for approval in January 2026 and the plan will be finalized in April 2026.

Committee members engaged the presenters in a question-and-answer session. The key discussion points include the following:

- There was a request to see Registered Nurses at the Bachelor's and Master's level be included in the career pathway for behavioral health professionals.
- There were questions about how the Department of Health Care Access and Information supports opportunities for the availability of a black and brown provider workforce that represents the diversity of clients in California. The presenters recognized the importance of addressing this issue and are using findings of eligibility and scoring requirements to make changes required to target the professions needed and races of those professions needed. This will be a focus for the stakeholder engagement process for the development of the 2026-2030 Workforce Education and Training Plan. These efforts also include the creation of paraprofessionals from these communities that may fill these gaps as well as scholarship pathways in the grants offered by the Department of Health Care Access and Information.

- Committee members recommended that the Department of Health Care Access and Information consult with non-profit organizations that have expertise with developing paraprofessionals. Some examples of organizations include Effective Altruism, Strong Minds, Friendship Bench, and Transition-Age Youth (TAY) Guides that uses the Self-Help Plus Program. These are best practices that can be additive for including paraprofessionals in the behavioral health workforce.
- Committee members expressed concerns about data-driven actions with unclear methodology on how the data collection is being done.
- The committee shared that there are not enough providers skilled to work with the specialty populations served by the public behavioral health system. Capacity is an issue in addition to availability of providers. Therefore, training must be evaluated to ensure that clinicians are skilled to work with and understand the adversity of these specialty populations.
 - Additionally, Substance Use Disorder providers have reported that they do not feel equipped to serve the Serious Mental Illness (SMI) population. This is a barrier to connect individuals to services for the justice-involved population. This has caused these individuals to return to jails and prisons.

Action/Resolution

The committee will continue to engage with the Department of Health Care Access and Information on the development of the 2026-2030 Workforce Education and Training Plan and help inform the behavioral health strategy.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Bill Stewart - Ongoing

Item #5 Public Comment

Rayshell Chambers, a commissioner of the newly named Behavioral Health Services Oversight and Accountability Commission and Executive Director of Painted Brain provided comment. She shared that Painted Brain is a peer-run organization that provides forensic peer support and clinical services. The organization has been working with Occupational Therapists, universities, and integrating peers. Painted Brain is also a Federal Emergency Management Agency (FEMA) frontline provider and are now mobilized to address the Los Angeles fires that have impacted her, her staff, and everyone in the region. Rayshell expressed that the peer workforce is in great danger of being cut by a Request for Proposal (RFP) that was recently released by the Department of Health Care Access and Information. There is also a trailer bill that cut the Workforce Education and Training funds. This significantly cuts \$7 million to \$2 million of funding which puts organizations like Painted Brain, people with criminal backgrounds, and Black, Indigenous, and People of Color (BIPOC) communities at risk

of not being able to have hope and recovery to find jobs. Rayshell shared that Keris Myrick, one of the leading researchers of peer support, stated that the federal requirements for peer certification do not require a General Education Development (GED) so there are opportunities with interpreting the law. Rayshell shared that people with criminal backgrounds deserve to work in California and peers are the individuals on the front lines who are training the clinicians. Peers work on interdisciplinary teams. Rayshell asked for support to keep funding intact for peer support.

Carolina Ayala, Executive Director for the Happier Life Project, shared that her organization is a peer-run organization. She shared that she is a woman in long-term recovery with a mental health diagnosis, substance use issues, and formerly incarcerated. Carolina requested a call to action about cutting the funds for peer support training and workforce. Happier Life Project has brought undergraduate interns from universities into their community partnerships to train them in peer support work. These individuals are young women and men with lived experience, are first-generation students, and have difficulty to go through school. Happier Life Project provides coaching and support to these individuals and provides them with the experience hours needed to become certified Wellness Coaches. The organization also has peer support workers on the front lines. The funding cuts removes individuals with lived experience that are working directly with individuals who were formerly incarcerated and have mental health or substance use issues.

Susan Gallagher, Executive Director for CalVoices, expressed concerns about the Workforce Education and Training funding. Due to a budget deficit, Senate Bill 109 reverted the \$68 million provided to the Department of Health Care Access and Information in the 2022 budget for the healthcare workforce. Susan pointed out the disparity of having \$175 million for Wellness Coaches that do not have lived experience and work in schools. She stated that while we need Wellness Coaches, it would be helpful to set this amount of money aside for peers. Susan stated that peers working with the Serious Mental Illness (SMI) population have the potential to change the world. She questioned why the funding for the Peer Placement and Training Program is being cut and why other professions are being given more money than peers. Susan stated this is an equity issue.

Stephanie Ramos from CalVoices and family member of a consumer of behavioral health services stated that counties often determine what programs bill for their services. For example, CalVoices has many county contracts that requires peers to be Medi-Cal certified. Therefore, if the organizations had peer staff in those programs who could not pass the exam or meet eligibility requirements, there is not an option to bill for the work of non-certified peers in the Other Qualified Provider category. Stephanie expressed that it is not always an organization's choice of whether their staff can become certified which is why free certification programs are important. CalVoices has done training and technical assistance for employers for over 10 years and the issues

brought up 10 years ago are still issues being seen in the workforce such as low wages, no career ladders, and other challenges where the system is not supporting careers for the peer workforce. Stephanie stated that certification is the way of the system which is often not up to the organizations to make decisions about certification unless they find other ways to bill services that are outside of county services. Additionally, the limitations of certification for Specialty Mental Health and county systems do not allow peers to work outside of the system.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Member Discussion on the Behavioral Health Services Act Workforce Component

Council staff shared that there is a workforce component of the Behavioral Health Services Act that aims to build and support California's public behavioral health workforce. The Department of Health Care Services released a draft of the policy manual for the Act (Module 2) to request public comment on Module in December 2024. The public comment period is now over; however, the committee may still identify and prioritize sections of the workforce component in Module 2 to create recommendations and provide feedback to the Department of Health Care Services in the future. Council staff summarized each of the workforce sections within Module 2.

Committee members discussed their priorities for workforce components of the Behavioral Health Services Act. The following key points were discussed:

- Committee members recommended prioritizing *Section A.4.5: Loan Repayment*. There were questions on whether the loan repayments should apply to only individuals with behavioral health degrees or be open to other degrees with the condition that the individual commits to work in the public behavioral health system. There were also concerns about equity, how much repayment is granted for each provider type, and what entity determines how the money is spent.
- Workforce Education and Training funds were time-limited rather than long-term in the Mental Health Services Act, whereas the workforce funding is designed to be continuous under the Behavioral Health Services Act. The committee expressed concerns about reduction of funding for peer-run organizations and would like to ensure that the funds previously granted to peer-run organizations be prioritized when providing stakeholder feedback to the state.
- Committee members discussed the potential to provide recommendations for internships and apprenticeships to include a certain period of training in certain

specializations to ensure that providers are adequately trained to work with special populations in the public behavioral health populations depending on the needs of each county.

- This may involve inviting workforce experts to inform the committee on what strategies have been most effective for workforce training.
- There were concerns about creating additional constraints around workforce funding so the recommendation may be geared towards guidelines at each county's discretion instead of imposing requirements.
- There was a recommendation to have the state handle the costs for *Section A.4.4: Professional Licensing and/or Certification Testing and Fees* to eliminate barriers for individuals to enter the workforce at the local level.
- Committee members recommended the use of pilot projects in local regions to determine best practices for spending workforce funds.

Action/Resolution

The committee will continue to discuss and track items related to the workforce component of the Behavioral Health Services Act.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Bill Stewart – Ongoing

Item #7 Update Workforce and Employment Committee Work Plan

This item will be postponed to the April 2025 committee meeting.

Action/Resolution

The committee will update the Work Plan during the April 2025 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue – April 2025

Item #8 Public Comment

Theresa Comstock, the Executive Director for the California Local Behavioral Health Boards and Commissions (CalBHB/C), recommended that the Workforce and Employment Committee have structure as members review the Five-Year Workforce Education and Training Plan. Her organization and the Behavioral Health Coalition for California have had panel speakers come to their meetings and compiled needs assessments conducted by the California Alliance of Child and Family Services (CACFS), the California Behavioral Health Directors Association (CBHDA), the

Department of Health Care Services (DHCS), and the Department of Health Care Access and Information (HCAI). Theresa’s organization has a comprehensive document on their website that identifies the challenges, barriers, and solutions for California’s behavioral health workforce based on a broad number of stakeholders. Theresa stated that this resource also has special considerations such as occupations that intersect with behavioral health and how important it is for them to have training and support. Theresa pointed out that the Behavioral Health Services Act allocates 3% of funds for workforce initiatives per year which is an improvement. Counties can determine if they can use additional funding in the Act for workforce.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #8 Wrap Up/Next Steps

Council staff pointed out the Kennedy Forum’s report,” *Building the Mental Health and Substance Use Disorder Workforce We Need,*” and suggested that committee members review the report to provide action items to take based on the report. The committee leadership will work with staff to plan next steps for the April 2025 Quarterly Meeting.

Action/Resolution

The committee leadership will work with staff to plan the agenda for the April 2025 quarterly meeting.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue – April 2025