

Workforce and Employment Committee

Meeting Minutes Quarterly Meeting – June 18, 2025

Committee Members present: Susie Baker, John Black, David Cortright, Jessica Grove, Lanita Mims-Beal, Don Morrison, Dale Mueller, Deborah Pitts, Marina Rangel, Maria Sierra, Bill Stewart, Arden Tucker, Milan Zavala,

WET Steering Committee Members Present: Abby Alvarez, Chad Costello, Janet Frank, Karen Vicari

Presenters: Anne Powell, Karen Vicari, Cassandra Kemic, Javier Moreno

Staff present: Ashneek Nanua, Simon Vue

Meeting commenced at 1:30 p.m.

Item #1 Review and Accept April 2025 Draft Meeting Minutes

The Workforce and Employment Committee reviewed the April 2025 Draft Meeting Minutes. The minutes were accepted by the committee with no edits.

Action/Resolution

The April 2025 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 – June 2025

Item #2 Review and Approve 2025-2026 Committee Work Plan (Action)

The Interim Chairperson reviewed the proposed changes to the committee's Work Plan for 2025-2026. A committee member suggested two grammatical edits. Don Morrison motioned to approve the Work Plan, with the grammar edits. Lanita Mims-Beal seconded the motion. The motion passed unanimously.

Action/Resolution

Committee staff will revise the Work Plan based on the feedback received. Staff will upload the final Work Plan to the Workforce and Employment Committee webpage.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue – June 2025

Item #3 BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program

Anne Powell from the California Department of Health Care Access and Information (HCAI) provided an overview of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medi-Cal Behavioral Health Community-Based Provider Training Program. She also briefly described the Peer Personnel Training and Placement Program, which offers grant funds to support Peer Support Specialists with training and placement of peer personnel without any service obligation. The current grant period runs from July 1, 2025, to June 30, 2027, with a total funding of \$2 million.

The BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program offers up to \$10,000 to training entities for each awardee to train and educate Peer Support Specialists, Community Health Workers, and Alcohol and Other Drug Counselors. In return, recipients commit to three years of full-time service in the public behavioral health system. The program's funds includes \$10 million for the first year, \$15 million for the second year, and \$20 million annually for years three, four, and five. The total funding amount is \$85 million. Eligible sites include Federally Qualified Health Centers (FQHCs), Community Mental Health Clinics (CMHCs), and Rural Health Clinics (RHCs). The Department of Health Care Access and Information will hold public meetings in Summer 2025 to discuss program implementation. The initial funding cycle is scheduled to begin in 2026.

Anne Powell concluded her presentation and engaged the committee in a question-and-answer session. Questions included the following:

- A committee member requested a comparison and contrast of Federally Qualified Health Centers and Community Mental Health Clinics. Federally Qualified Health Centers are clinics funded directly by the federal government. They primarily offer primary care but can also provide additional services, such as mental health support, for low-income communities. Examples include Pacific Health Clinics and Golden State Clinics. Community Mental Health Clinics are dedicated solely to mental health services and contract with county behavioral health departments that deliver Specialty Mental Health Services.
- Anne Powell explained that community-based organizations contracted with local mental health departments and accept Medi-Cal are eligible for funds under the Medi-Cal Behavioral Health Community-Based Provider Training Program in the “other behavioral health settings” category. In rural areas, private practices that

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accept Medi-Cal may qualify if they are the only providers available in that community.

- A committee member noted that the training structures vary among provider types covered by the program. For example, Alcohol and Other Drug Counselors may require over a year of training, whereas Community Health Workers and Peer Support Specialists follow a certification structure.
- Anne Powell explained that the BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program will function similarly to the Peer Personnel Training and Placement Program by funding training, placement, and support costs. The only difference is that federal rules do not permit the BH-CONNECT program to cover a one-year supervision period.
- A committee member asked whether loan repayment and scholarship programs will continue, as many Peer Support Specialists earn their degrees, graduate, and then move into other roles like agency directors. Anne Powell explained that the loan repayment and scholarship programs will be available every five years, which allows individuals to receive funds before they start college. The Department of Health Care Access and Information has five years to spend the money, with an additional four years for applicants to complete their service commitments.
- Committee members noted that this program does not specifically prioritize individuals with lived experience. Anne Powell mentioned that the federal government does not permit any carve-outs for specialty populations.

Karen Vicari, Director of Public Policy for Mental Health America of California (MHAC), expressed her organization's concerns about the BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program. She highlighted concerns about the recoupment for individuals who do not fulfill the three-year, full-time service commitment, as training entities are responsible for the reimbursement of all funds to the state if the applicant does not complete the commitment. The only exceptions to repayment are in cases of disability or death. Karen Vicari questioned whether the waiver could be amended to make the Department of Health Care Access and Information responsible for repayment and whether the criteria for payback exceptions could be expanded. She also noted that the full-time service commitment has now been reduced to 32 hours per week from 40 hours. Additionally, the funding may be used for the training entity to provide employment support to the awardee for up to one year.

The committee held a discussion after the presentations and asked the following questions to follow up with the Department of Health Care Access and Information:

1. What are the dates for the summer feedback sessions on the Medi-Cal BH Community-Based provider training program?
2. As written, the policy states that if the awardee does not fulfill the entire duration of their three-year, full-time service commitment in the public behavioral health

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system, the training organizations are accountable to pay the grant funds to the state. Are there internal discussions at the Department of Health Care Access and Information to address issues around recoupment?

3. How will the state enforce the requirements of this program?
4. How does the Department of Health Care Access and Information define disability?
5. Are there opportunities to take a leave of absence in the three-year, full-time service commitment requirement?

The committee discussed peer specialties and potential incentives to fulfill the service commitment. There are not enough positions in the Children's System of Care for Peer Support Specialists. Many trained peers are unable to do the work they are trained for, especially those specialized to work with specific populations. Interim Chairperson Deborah Pitts noted that this issue might be considered in the committee's next steps. Justice-involved populations that transition from incarceration have significant experience to offer in peer support, but the service commitment in the program may impact their recidivism due to the time requirements and low wages. The development of incentives for justice-involved Peer Support Specialists would be helpful. Another committee member pointed out that some training organizations provide stipends for awardees to stay in contact with the organization to monitor their progress. This includes transportation funds for awardees to return for appointments. These strategies could be an effective use of the funds awarded by the program.

Action/Resolution

Committee staff will follow up on the committee's questions to the Department of Health Care Access and Information. Committee members will consider the next steps to address concerns about the program's implementation, which include but are not limited to issues related to employment opportunities for non-certified Medi-Cal Peer Support Specialists and specialty peers such as parent peer partners and justice-involved peers.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – October 2025

Item #4 Public Comment

Janet Frank from the Council's Workforce Education and Training (WET) Steering Committee asked whether substance use facilities would be covered under the BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program,

since BH-CONNECT serves both mental health and substance use disorder populations. Anne Powell confirmed that substance use disorder facilities will be included as eligible sites. Examples of eligible sites include substance use disorder treatment programs, narcotic treatment programs, social rehabilitation, short-term residential programs, and primary care settings that are co-located with behavioral health services.

Janet Frank also mentioned that the service requirements have been in place for many years under the Department of Health Care Access and Information's programs. She suggested that the committee identify whether there are documents or recorded data from the state that outline best practices to keep individuals employed or help with post-training employment support activities.

Chad Costello, the Executive Director of the California Association of Social Rehabilitation Agencies, stated that populations that reside in prisons should qualify as an extraordinary circumstance under the exemptions for the inability to complete the full-time service requirement under the program. He described his point with the example of the training provided to the prison population at the Chino Institute for Men.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Integrating Employment in Recovery (IER) Pilot Program

Cassandra Kemic from the California Department of Rehabilitation (DOR) presented on the Integrating Employment in Recovery (IER) Pilot Program. The program provides one-time funds to support individuals with substance use conditions through employment services offered by the Department of Rehabilitation Counselors. The grant allows DOR staff to work within four substance use treatment centers. Services include pre-employment assistance, resource linkage, workshops on self-advocacy, communication, and reduction of employment gaps. Participants may also apply for additional Department of Rehabilitation services if they need further support.

Cassandra Kemic broadly discussed the benefits of employment. The improvements improve self-esteem, provide a sense of purpose, offer hope for the future, make positive contributions to the community, and reduce triggers and relapse. Employment services may have a positive effect on treatment compliance, recovery sustainability, and maintenance of financial independence. The integration of vocational rehabilitative services into substance use disorder treatment has the following benefits, such as the advantages for the individual to access both types of services, the critical role of

employment in recovery, and expansion of job opportunities. Cassandra Kemic shared testimonials from the program and offered substance use disorder resources. Javier Moreno, a Council member and the Director of Government Relations for Aegis Treatment Centers, shared his perspective on the program as a substance use disorder provider organization. Aegis Treatment Centers operates 46 treatment centers across 28 counties and serves over 15,000 individuals with Opioid Use Disorder. The organization participates in the Integrating Employment in Recovery Program at three locations in Kern County that serve approximately 200 individuals. Peer Support Specialists were assigned to support this program. The peers offer interview assistance, job application training, job readiness materials, and educational support for school. These specialists also participate as part of the clinic staff, engage in case conferences, and provide clinicians and doctors with a different perspective on the patients they interact with. Some Aegis staff members also contact the Department of Rehabilitation to utilize their vocational services. Javier noted that the presence of a dedicated point of contact to check in with patients is valuable to maintain consistency with their goals. On-site access to vocational rehabilitation staff helps remove barriers to employment, such as stigma reduction and transportation issues. Additionally, flexibility is provided to ensure patients can attend their appointments on site. The peers who deliver vocational rehabilitation services also inspire hope in participants for their success.

Committee members held a question-and-answer session upon conclusion of the presentations. Key discussion points included the following:

- A committee member asked the presenters about the provider's perspective on the integration of employment services in the client's recovery process and whether they were open to this practice. Javier Moreno shared that his organization operates differently due to legislation that prevents individuals on Opioid Use Disorder medications from employment in certain job positions, which creates barriers for these individuals. He stated that it is important to treat the whole person, as substance use disorder is only one part of an individual.
- The committee inquired about sustainability, given that the program will end by June 2025. Javier Moreno mentioned that there are ways to continue vocational services for populations with substance use disorder. Care coordination within the Drug Medi-Cal Organized Delivery System is one option.
- A committee member inquired about the warm hand-off process after the pilot program. Jessica Grove from the Department of Rehabilitation explained that new relationships with treatment centers have been established since the program started. Many participants are referred to the Department of Rehabilitation as part of a warm hand-off.
- A committee member asked if participants are required to be sober for a certain period before they receive vocational rehabilitation services and whether participation in the program is voluntary. Jessica Grove stated that there is no sobriety requirement and that the program is voluntary. Jessica mentioned that some treatment centers require their clients to register to receive services at the Department of Rehabilitation, which has not been very beneficial.
- Javier Moreno recommended a standardized curriculum or model to integrate vocational services with mental health and substance use disorder programs. He

stated that the Integrating Employment in Recovery Program lacked a standardized design or structure.

The committee proposed ideas to support the substance use population with employment. One idea was to examine the Individual Placement and Supports (IPS) model and how it can serve individuals with substance use disorder. Another idea was to invite community-based organizations that incorporate employment services into their substance use treatment programs to present at future meetings and showcase best practices. A committee member also suggested the committee explore open hiring practices that do not require a resume before hire, which could help address the stigma associated with the employment of people with substance use disorder.

Action/Resolution

Committee members will explore options to promote funding for employment services for the substance use disorder community.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – October 2025

Item #6 Public Comment

Theresa Comstock, the Executive Director of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), and a member of the State Rehabilitation Council that advises the Department of Rehabilitation, encouraged the committee to advance employment initiatives for individuals who receive mental health and substance use disorder services. Counties are now obligated to offer employment as part of their Full-Service Partnerships funded by the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative and the Behavioral Health Services Act. Theresa recognized that work is needed to expand these programs and that extensive discussions between the Department of Rehabilitation and behavioral health agencies are essential to establish the collaborative relationships required to deliver the necessary services. She stated that the Department of Rehabilitation could provide clients with the education necessary for their career development, while behavioral health agencies have psychiatrists, counselors, and staff that can support Individual Placement and Supports teams. She added that a representative from Alameda County, who manages the Individual Placement and Supports Program, along with members from the California Association of Social Rehabilitation Agencies, will discuss the challenges and successes of implementation of these programs at the upcoming California Association of Local Behavioral Health Boards and Commissions meeting. She also noted that an employment page on the CALBHB/C website explains the Individual Placement and Supports model.

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Steve McNally asked how counties incorporate Department of Rehabilitation staff into local agencies and community-based organizations. He expressed amazement that the Integrating Employment in Recovery Program succeeded despite the allocation of one-time funding and no plan for sustainability. Steve also mentioned that a Solano County representative has presented to the Council about a program that helped individuals attain job readiness skills, a potential solution to help peers enter the workforce.

Janet Frank stated that she is unsure how an employment readiness program will be implemented, given the recent state budget cuts. She asked whether the federal government requires work to be connected to Medicaid funds. Janet expressed hope that the committee and the Department of Rehabilitation will provide recommendations on how to use these models and the practices that have been piloted.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Wrap Up/Next Steps

Committee members shared their thoughts on the current meeting and provided feedback on what went well and areas of the meeting that need improvement. One member suggested that all members have a voice and are called on in committee discussions. Members appreciated that staff sent the materials to them in advance of the meeting and valued the discussion topics. One member mentioned they hoped that additional members from the Department of Rehabilitation who attended the meeting would share their experiences related to the Integrating Employment in Recovery Program.

Committee staff informed members that the question list the committee developed to ask county behavioral health departments about their Peer Support Specialists was updated. Additionally, the Department of Health Care Access and Information would be invited to share an update on the Workforce Education and Training (WET) 2026-2030 Plan at the October 2025 Quarterly Meeting.

Action/Resolution

The committee leadership will develop the October 2025 Quarterly Meeting agenda. The committee will review the actions from past quarterly meetings to decide what actions are needed at future meetings.

Responsible for Action-Due Date

N/A