

## Workforce and Employment Committee Agenda

Wednesday, June 15, 2022

Mission Inn Riverside

3649 Mission Inn Avenue, Riverside, CA 92501

Mediterranean Terrace

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

- |                |  |              |
|----------------|--|--------------|
| <b>1:30 pm</b> | <b>Welcome and Introductions</b><br><i>John Black, Chairperson and All Members</i>   |              |
| <b>1:35 pm</b> | <b>Approve April 2022 Draft Meeting Minutes</b><br><i>John Black, Chairperson and All Members</i>  | <b>Tab 1</b> |
| <b>1:40 pm</b> | <b>Review and Finalize WEC 2022 Work Plan</b><br><i>John Black, Chairperson and All Members</i>  | <b>Tab 2</b> |
| <b>1:50 pm</b> | <b>Public Comment</b>  |              |
| <b>1:55 pm</b> | <b>2020-2025 Workforce Education and Training (WET) Plan Update</b><br><i>John Madriz, Section Chief – Grants Management, Healthcare Workforce Development, Department of Health Care Access and Information</i>   | <b>Tab 3</b> |
| <b>2:10 pm</b> | <b>Public Comment</b>  |              |
| <b>2:15 pm</b> | <b>HCAI Presentation Re: Children and Youth Behavioral Health Initiative</b><br><i>Caryn Rizell, Deputy Director, Healthcare Workforce Development, Department of Health Care Access and Information (HCAI)</i>    | <b>Tab 4</b> |
| <b>2:45 pm</b> | <b>Public Comment</b>  |              |
| <b>2:50 pm</b> | <b>Break</b>   |              |
| <b>3:00 pm</b> | <b>CalMHSA Updates on Peer Support Specialist Certification</b><br><i>Lucero Robles, Director of Quality Assurance and Compliance, California Mental Health Services Authority</i>                                 | <b>Tab 5</b> |
| <b>3:30 pm</b> | <b>Public Comment</b>  |              |
| <b>3:35 pm</b> | <b>Cal Voices Presentation Re: Peer Support Specialist Certification</b><br><i>Susan Gallagher, Executive Director, Cal Voices</i><br><i>Dawniell Zavala, Associate Director &amp; General Council, Cal Voices</i> | <b>Tab 6</b> |

- 4:20 pm**                    **Public Comment**
- 4:25 pm**                    **Department of Rehabilitation (DOR) Updates**                    **Tab 7**  
*Jessica Grove, Deputy Director Vocational Rehabilitation Policy  
and Resources Division, California Department of Rehabilitation  
Diane Shinstock, Health and Human Services Manager –  
Cooperative Programs, California Department of Rehabilitation*
- 4:50 pm**                    **Public Comment**
- 4:55 pm**                    **Wrap up/Next Steps**  
*John Black, Chairperson and All Members*
- 5:00 pm**                    **Adjourn**

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

**Workforce and Employment Committee Members**

**Chairperson:** John Black    **Chair-elect:** Vera Calloway

**Members:** Deborah Pitts, Dale Mueller, Walter Shwe, Arden Tucker, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Christine Costa, Celeste Hunter, Christine Frey, Jessica Grove

**WET Steering Committee Members:** Le Ondra Clark Harvey, Robb Layne, Simon Vue, Kristin Dempsey, Janet Frank, Elia Gallardo, Olivia Loewy, E. Maxwell Davis, Robert McCarron, Kathryn Kietzman, Chad Costello

**Staff:** Ashneek Nanua, Justin Boese

TAB 1

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** Approve April 2022 Draft Meeting Minutes

**Enclosures:** April 2022 Draft WEC Meeting Minutes

**Background/Description:**

Committee members will review the draft meeting minutes for the April 2022 Quarterly Meeting.

**Motion:** Accept and approve the April 2022 Workforce and Employment Committee draft meeting minutes.

## **Workforce and Employment Committee**

### Meeting Minutes (DRAFT)

April 20, 2022

**Committee Members present:** John Black, Vera Calloway, Walter Shwe, Arden Tucker, Christine Frey, Karen Hart, Celeste Hunter

**WET Steering Committee Members Present:** Robb Layne, Olivia Loewy, Chad Costello, Elia Gallardo

**Others present:** Javier Moreno, John Madriz, Kirsten White, Janet Coffman, Karen Shore, Bill Stewart, Theresa Comstock, Stacey Dalglish

**Planning Council Staff present:** Ashneek Nanua, Justin Boese, Jane Adcock

**Meeting Commenced at 1:30 p.m.**

#### **Item #1      Approve January 2022 Draft Meeting Minutes**

The Workforce and Employment Committee (WEC) reviewed edits made to the January 2022 Draft Meeting Minutes. Vera Calloway motioned approval. Walter Shwe seconded the motion.

#### **Action/Resolution**

The January 2022 WEC Meeting Minutes are approved.

#### **Responsible for Action-Due Date**

N/A

#### **Item #2      Review and Finalize WEC 2022 Work Plan**

WEC staff reviewed edits made to the draft 2022 Work Plan indicated in underlined and crossed out text. The committee provided the following input for the 2022 Work Plan:

- Vera Calloway suggested that Peer Support Specialists take the role as supporters if the Care Courts do become implemented in California. She did not propose to add it to the Work Plan but asked committee members to keep it in mind.
- Javier Moreno asked if the Work Plan includes the Substance Use Disorder (SUD) workforce. WEC staff indicated that the public behavioral health system does include the SUD provider workforce but is limited to only providers who work in the county SUD system.

**Action/Resolution**

WEC staff will modify the Work Plan based on feedback provided by the committee and provide members with a revised version of the Work Plan at the next quarterly meeting for committee approval.

**Responsible for Action-Due Date**

Ashneek Nanua – June 2022

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**Item #3    Update on 2020-2025 WET Plan and CA Health Workforce and Education Training Council**


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John Madriz, representing the Healthcare Workforce Development Division (HWDD) at the California Department of Health Care Access and Information (HCAI) presented an update on the 2020-2025 Workforce Education and Training (WET) Five Year Plan as well as the new California Health Workforce Education and Training Council. John stated that HCAI awarded \$40 million in grants to the five Mental Health Services Act (MHSA) Regional Partnerships (RPs) which represent each California region. The RPs must put up 33% match of the funds they receive with local funds. The workforce programs that the RPs can choose to administer include pipeline development, Undergraduate and University-level scholarships, Masters and Doctoral graduate education stipends, and loan repayment activities for the current fiscal year (2021-22).

The RPs are projected to award approximately 80 scholarships, 200 stipends, 1,000 loan repayment grants, and support approximately 1,200 individuals with pipeline program activities, and support 8,000 employees with retention activities in the public mental health system. HCAI hosts the Central Application for Regional Partnerships so individuals who apply for scholarships, stipends, and loan repayment programs must apply through the Central Application so HCAI may collect demographic data and statistics which is then shared to the Regional Partnerships to make awards. There are currently 50 applicants for scholarships, 350 applicants for stipends, and over 3,200 applicants for loan repayments. HCAI is in the process of scoring and awarding these scholars, stipends, and loan repayment awards and will have a full summary report of the awardees including demographic data by July 2022 for the 2021-2022 fiscal year. The RPs are required to provide HCAI with a detailed list of all the individuals who are awarded, how much, how large their awards are, and what type of service commitment they are in. HCAI has published the MHSA expenditure report for WET programs on their website.

HCAI also supports funding for the Psychiatric Education Capacity Expansion Program with approximately \$4.5 million grants to 4 nursing training programs that are projected to add 296 psychiatric nurse practitioner slots in a 5 year period. HCAI will also collect information on outcomes for 2021-22 by June or July 2022. HCAI also provides funding

for Psychiatry Residency Expansion Program and awarded \$11.7 million dollars that are projected to add 36 residency or fellowship slots over a 5 year period.

HCAI intends to open another grant cycle at the end of May or June 2022 for additional grants to be awarded for Psychiatry Residency Expansion Programs and Psychiatric Nurse Training Expansion Programs. HCAI will share information about grant guides for these programs to keep the Planning Council informed about the grant cycles and eligibility requirements.

John Madriz shared information about the California Health Workforce Education and Training Council, which was established by statute and responsible to help coordinate health workforce education and training in California and develop a workforce to meet California's health care needs. The Council consists of 17 members who represent various Graduate Medical Education (GME) programs and health professions including specialties in primary care and behavioral health. 6 members of the Council are appointed by Governor, 3 are appointed by the Speaker of the Assembly, 3 are appointed by Senate Committee on Rules, and there are 5 government appointments represented by the Director of HCAI, DHCS, UC System, CSU Chancellor's Office, and Community College Chancellor's Office. The meetings will be held quarterly.

Responsibilities of the California Health Workforce Education and Training Council include establishing developing statewide GME and workforce training priorities, advocate additional funding to stimulate GME expansion in California, provide technical assistance for new GME and training programs in California, increase workforce diversity and improve access to care for underserved Medi-Cal populations with a focus on primary care, behavioral health, oral health, and allied health.

One of the first action items for the California Health Workforce and Education Training Council was the establishment of 6 subcommittees: GME, behavioral health, allied health, nursing, oral health, and data. HCAI will recruit subject matter experts to serve on these subcommittees. John Madriz invited WEC members to email HCAI so that staff that oversee the CA Health Workforce Education and Training Council can provide additional information.

Information about the Workforce Education and Training Council is available on the HCAI website including meeting agendas and meeting minutes. John Madriz concluded his presentation. Council staff then displayed a video on the CA Health Workforce Council with the WEC for additional context.

#### Q & A:

Vera Calloway asked if there are Occupational Therapists (OTs) or Peer Support Specialists (PSS) on the CA Health Workforce Education and Training Council or if the experiences offered by these positions are being sought out. Additionally, Vera asked if HCAI selected or prioritized people with OT and PSS experience for the scholarship candidates. She stated that it is concerning that OTs are not included because they are members of a health and behavioral health workforce but are excluded regularly. John

Madriz stated that he would be happy to forward this information to include subject matter experts in different areas on the CA Health Workforce Education and Training Council's subcommittee and it would be helpful to have someone as a subject matter expert on OTs. There will also be special application cycles in May 2022 for 2 loan repayment and 2 scholarship programs which will include OTs for a category of individuals that may apply for these programs. John Madriz acknowledged the importance of training and support for PSS given the new training requirements for the Medi-Cal Peer Support Specialist Certification. HCAI will open a new cycle in May 2022 for Peer Personnel Training Programs which will increase award amount and require that the cost of the 80 hour training to become certified under the DHCS requirements is paid for. HCAI will also have a focus on ensuring that training programs are successful in training and placing individuals in positions as peer personnel staff and will provide 6 months of support to ensure success. Vera said it is important that these individuals participate on the main table rather than subcommittees especially given the current workforce crisis in California.

John Black stated that he advocated for loan forgiveness for individuals at the Bachelor's level because many consumers and peers often obtain an Associate's or Bachelor's degree and incur debt. He shared his experience of having 2 of his loans forgiven in Stanislaus County which helped eliminate his debt. John Madriz stated that HCAI is going to increase the award amounts and can leverage additional funds for the workforce programs. HCAI will be doing outreach with community based organizations (CBOs), counties, community colleges, and Universities to encourage staff to apply for loan repayment and scholarship programs with the hope to award a record amount of awards this fiscal year. HCAI is doing outreach and are working with organizations to share this information at the local level.

Javier Moreno asked what steps HCAI will take so information about stipends, loan forgiveness, and investments are being marketed. He stated that people who do this work are historically not familiar with these grant programs so it is extremely important to make sure that information falls in the hands of individuals who do the work. Javier stated that it is also important not to exclude individuals who were promoted to higher roles and do not directly work with consumers but still have student debt. John Madriz stated that HCAI hired people to do formal outreach and public outreach using social media and all available sources to get the word out and reaching out to individuals at counties and CBO levels. John Madriz shared that HCAI has an eligibility tool on their website to see what programs individuals are eligible to apply for.

Javier Moreno also asked if data is available on payouts. He asked if HCAI can pinpoint county disciplines and whether there was an impact on behavioral health programs. John Madriz said HCAI is doing this work for Regional Partnership programs through the Central Application on whether data is collected on what county a grantee is from, demographics, and other information. HCAI's research team will stratify that data and this information will be compiled into a report which will be included in future MHSA expenditure reports.

**Action/Resolution**

HCAI staff will regularly provide updates to the WEC on implementation of the 2020-2025 WET Plan.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, and HCAI staff – Ongoing

**Item #4****Public Comment**

Bill Stewart, California Association of Local Behavioral Health Boards and Commissions (CalBHBC), asked if there is a certain amount for scholarships for state colleges, UCs, and community colleges. John Madriz stated that each Regional Partnership works for county to identify the awards being made for the region itself. Each RP has county partners who decide on the awards that are made within their region at the local level to determine what the needs are which varies by region and county.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

**Item #5****CBHDA 10-Year Strategic Workforce Plan Presentation**

Janet Coffman, Professor at U.C. San Francisco, and Karen Shore, President of Golden State Health Policy, presented to the committee on the County Behavioral Health Directors Association (CBHDA) 10-Year Strategic Workforce Plan. The components of the plan include an assessment of current workforce gaps and challenges as well policy and program implementation strategies with the purpose of strengthening the public behavioral health workforce in California.

Janet Coffman reviewed the current landscape of the public behavioral health workforce including number and percentage of providers by occupation type and languages spoken by the workforce. Janet then shared the challenges to recruitment and retention in the PBHS and indicated that CBHDA distributed a survey to all county directors of behavioral health agencies in California on the ability to recruit personnel, demographic characteristics, and barriers to recruitment. The greatest difficulty in recruitment and retention for mental health providers were Master's level Licensed Clinical Social Workers (LCSWs), Psychiatrists, and Registered Nurses (RNs). On the substance use disorder (SUD) side, the counties had difficulty recruitment certified and registered SUD counselors and Licensed Marriage and Family Therapists (MFTs) and LCSWs. The



employment of Community Health Workers (CHWs) varied across the state. The survey found difficulty matching staff to patients by race and ethnicity as well as difficulty recruiting bilingual staff and LGBTQ staff. The largest barriers to recruitment were reported as inability to offer competitive pay, lengthy hiring processes, location (rural versus urban), and high cost of living.

For retention, it was more difficult to retain LCSWs and Registered Nurses as opposed to CHWs and peer personnel for both mental health and SUD systems. Barriers to retention included inability to offer competitive pay, extensive documentation, burnout, large caseloads, high cost of living, and complexity of patients.

Janet Coffman shared limitations of licensing board data, which does not encompass occupations where licensure is not required (SUD counselors, peer providers) and cannot identify Physician Assistants, Nurse Practitioners, RNs, and LVNs who work in behavioral health settings. There is also very little demographic characteristics for these provider types and there is no information about who accepts health insurance. Janet shared that the Inland Empire and San Joaquin Valley regions have the lowest number of active behavioral health professionals in California. Additionally, over 20% of the workforce for Psychiatrists, Clinical and Counseling Psychologists, and MFTs are 60 years or older in age, while SUD counselors under the age of 30 represent 35% of the workforce according to the Medical Board of California Mandatory Survey data.

Karen Shore shared information about CBHDA's 10-Year Strategic Workforce Plan (2022-2032), which was developed by CBHDA with input from stakeholders across the state from county behavioral health agencies, contracted organizations, statewide advocacy organizations, state agencies, and other interested parties. Karen shared the project timeline for the development of the strategic plan:

- **March 2021-January 2022:** hold convenings with project advisory group and other stakeholders to gather input
- **February – April 2022:** develop draft strategic plan
- **May 2022:** advisory group, county behavioral health, and other interested parties will review the draft plan
- **June-July 2022:** finalize and publish the plan
- **July 2022:** create a toolkit for advocates and policymakers and develop a media strategy to disseminate and educate policymakers and other key stakeholders

The draft strategic plan has three categories: pipeline development (youth/students and college level), recruiting and retaining staff, and spreading the word about the public behavioral health system. There are short-term, intermediate-term, and long-term objectives for each strategy. Karen Shore shared the current strategies for each category of the strategic plan. Next steps include continuing plan revisions, establishing overall goals for each category of strategies, building out more details for the short-term, intermediate-term, and long-term objectives, and scheduling meetings with the Advisory Group, county behavioral health directors, and other interested parties to review the plan.

Q & A:

Christine Frey asked if Poway Unified School District can be included as a peer counseling program model for the strategic plan. The presenters thanked Christine for her suggestion.

Vera Calloway raised the question of stigma in the public behavioral health workforce as well as younger individuals who are more open to holistic pathways to health. She identified that there are differences in education and training for therapists as Peer Support Specialists and therefore a PSS would lose education as a peer in order to pursue education as a therapist. Vera expressed the importance of public relations and marketing to get individuals interested in public service. Janet Coffman affirmed Vera's comments about stigma, traditional therapy, and value of Peer Support Specialists. Janet acknowledged that therapists are trained to leave their personal experiences out of therapy while peers are trained to bring their experiences to the client.

Arden Tucker asked if there are 100 participants in the Advisory Group. Karen Shore stated that she intended to say that there are about 150 people that the project leads consulted with across different stakeholder meetings.

Javier Moreno asked for clarity on whether this is CBHDA's plan for the public behavioral health workforce or if it a set of recommendations for the workforce. Javier commented that there are several surveys and asked how CBHDA's workforce survey used for this strategic plan meshes with other surveys and how to stay on track with the data collected. Karen Shore stated that the plan is intended to act as statewide recommendations that would coincide at the state policy level that CBDHA would take the lead on. Regarding the workforce survey, Janet Coffman stated that there is coalition-building at the Legislative level that can be used as a tool for collaboration across agencies. Jane Adcock, Executive Officer, stated that HCAI has surveys over the last 10 years and the data collected on the needs and challenges has not changed but the question still remains on what to do about it.

**Action/Resolution**

WEC staff will track CBHDA's efforts to design and implement the 10-year strategic workforce plan and report any updates or stakeholder engagement opportunities to the committee.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese – June 2022

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**Item #6****Public Comment**

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Bill Stewart, CalBHBC, expressed hope to have a well-represented process to address the issue of stigma when recruiting individuals to work for the public behavioral health

system. Bill noted the difficulty in staffing for Asians, Blacks, and Latinos and these groups are not being represented in a culturally sound way that will lead to lower participation and lower interest in staffing. He stated that this is due to stigma but also the financial aspect.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

## **Item #7      Update on 2022 Behavioral Health Workforce Proposals**

Kirsten White, Senior Policy Analyst for CBHDA, presented a joint budget workforce proposal to the Legislature. The proposal is titled the Future of California’s Workforce and Surge – Behavioral Health, otherwise known as the (FOCWS-BH) Proposal. The background for this effort is the statewide behavioral health workforce crisis that led to different groups to convene and align proposals rather than having groups with competing proposals. The workforce crisis includes a provider shortage but also providers being unprepared or underprepared to work with Medi-Cal beneficiaries, SUD services not on parity with mental health services, a need for robust pipeline development, and need for workforce to reflect the diversity of Californians. Kirsten reviewed the overall goals for FOCWS-BH, which includes the following:

- Grow the public behavioral health workforce by one-third (including contracted providers and federally qualified health centers)
- Ensure better preparedness for the workforce to serve high-acuity clients and provide community-based services
- Better reflect the workforce with the diversity of all Californians
- Set parity for the SUD workforce with the mental health workforce
- Have robust career pathways to the behavioral health system from high school through licensure with an emphasis on serving in the public system

The FOCWS-BH proposal includes diversity initiatives, non-licensed provider initiatives, licensed provider initiatives, and an initiative to develop partnerships with educational institutions. CBHDA provided a high-level overview for the objectives under each initiative. Senator Wiener intends to incorporate the FOCWS-BH Initiative in Senate Bill 964 which is sponsored by the Steinberg Institute. Additionally, Assembly Member Bauer-Kahan is acting as the Assembly-side budget champion. CBHDA shared that next steps include building on the coalition of supporters and initiate joint advocacy efforts with the Legislature and Administration.

**Q & A:**

Arden Tucker asked if there have been any plans to address the fact that 20% of the public behavioral health workforce for LMFTs, LCSWs, and Psychiatrists being over the age of 60 and how to get younger providers in the public behavioral health workforce. Janet Coffman stated that one avenue is increasing Psychiatric residency slots in California as these professionals are likely to stay in California, as well as increasing funding for education in behavioral health professions at all levels. Kirsten White added that there is a separate proposal on this from the CA Association of MSWs.

John Black stated that committee member, Deborah Pitts, requested to make specific mention of Occupational Therapists to be included and exist as behavioral health providers. John asked to include and name OTs as providers of behavioral health services in the FOCWS-BH proposal.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #8      Public Comment**


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Theresa Comstock, CalBHBC, stated that the governing board for CalBHBC considered joining efforts for this Legislation but decided not to due to being unsure about the emphasis on Social Work and members were concerned of not having enough resources for other licensed professionals. Theresa also stated that the proposal include stipends to have licensed providers complete SUD courses. Kirsten White stated that the FOCWS-BH Initiative includes \$100 million in stipends for licensed providers to Master's level and dual Master's/Doctoral level providers excluding Social Workers but there is a separate pot of money for MSW students with a specialized focus on behavioral health which includes a public behavioral health service obligation. These programs are specifically targeted to diverse students in unrepresented areas such as Inland Empire and San Joaquin regions.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #9      Discussion on Increasing Value of Employment in Recovery Services**

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Chad Costello, WET Steering Committee member and Executive Director of the California Association of Social Rehabilitation Agencies (CASRA), led a conversation with WEC members about the importance of increasing the value of employment in behavioral health recovery services. Chad presented some background and considerations for the committee discussion. He shared statistics indicating that 55%-75% of people with serious psychiatric disabilities indicate the desire to work while the employment rate for persons with serious psychiatric disabilities is 23.6% across the United States and 10.6% in California. Additionally, access to a supported employment evidence-based practice in the U.S. is 1.9% with 0.1% in California. There is a narrative in behavioral health to eliminate risk and maximize stability and the reaction to employment has been that it may increase instability in recovery.

Chad shared that there is an unintentional equivocation of hobbies, community activities, relationships, volunteering, and productive role engagement to employment but these things are not employment. He debunked some of the myths around employment and behavioral health. One myth is that Medi-Cal will not pay for anything related to employment which is not true because it will only not pay for certain things around employment but will pay for a lot. He stated that there is a conception among providers of the benefits of employment for clients when it is beneficial. Chad raised the point of an individual being able to work and having the conversation of “should” wanting to or seeking employment. There is also a myth that barriers reside solely in the client and the myth that it is not the job of behavioral health to consider employment when there is some responsibility involved on the behavioral health side.

WEC staff stated that there are currently many behavioral health initiatives at the state and local level and asked committee members to speak on how they may elevate the workforce so counties that are putting resources and time implementing these major initiatives can ensure that employment does not fall behind these initiatives. Staff asked how to promote various pathways to employment in counties outside of PSS, HCAI, and DOR Vocational Rehabilitation Programs so that individuals who would like to work can do so despite the competing behavioral health priorities.

Committee Discussion:

John Black expressed the understanding of believing that it is not possible for consumers to achieve employment based on his experience in the public behavioral health system and disbelief from others around him. However, he started volunteering and heard the late Tina Wooton say, “There is no empowerment without employment” which changed his life. He stated that he was able to get connected with a job in

Stanislaus County as a personal service contractor worked until he retired with benefits. John stated that his career started with a story of someone saying that they can do it.

Vera Calloway stated that there is a pipeline in the public mental health system that encourages individuals to become Peer Support Specialists and volunteer but are not encouraged to become therapists, entrepreneurs, or other careers outside of behavioral health. Vera shared her experience that others told her she was perfect in the position she was in but she had aspirations and wanted more for herself. Vera stated that we should have pathways to create positions for behavioral health clients outside of PSS. She added that it would be helpful to hear from mental health professionals with lived experience express that working is not a barrier for them and that it helps to identify with someone living with mental illness.

Christine Frey stated that she found her pathway at age 16 and was motivated to become her own boss. She expressed that it would be positive motivation for people to work for themselves if there are more stories that can be shared from people who have done it. Christine proposed identifying or creating a platform where individuals can share their success stories. Vera added that the SSI benefit had programs to help support individuals who want to be self-employed (PASS program) but that only one person was approved in Los Angeles County when she had asked about it.

Walter Shwe stated that when he first got involved with the mental health system, he thought that the system was only able to serve a certain amount of people due to limited funds. He said that one of the best ways to have people integrated long-term in the community is to work. He added to Vera's comments that behavioral health consumers typically are in lower-level, entry-level positions.

John Black stated that during his time working at Telecorp Corporation involved county directors from Los Angeles and San Diego County would get together with administrators and peers they work with to discuss the good points of working in the system as well as the challenges and then presented this information to the Board. He stated that these presentations were powerful and started dialogue so it would be useful to have a model like this. John Black stated that this was one of his first experiences doing work with CASRA. He also shared that employment was critical to his well-being. He shared that one pathway to employment is education and community college.

Javier Moreno suggested that one way to approach this discussion is reaching out to employers to get information about what the challenges and reservations are for them and getting their perspective on hiring individuals with psychiatric and SUD conditions. He said that getting this information can lead to demystifying any misconceptions employers may have.

**Action/Resolution**

WEC staff will coordinate with the committee Officers, Chad Costello, and any other relevant parties to continue strategizing ways to increase the value of employment in behavioral health service delivery in California.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, John Black, Vera Calloway, Chad Costello –Ongoing

**Item #10      Public Comment**

Theresa Comstock, CalBHBC and State Rehabilitation Council, stated that work helps us feel well and is a major component of mental wellness. She suggested that the WEC may consider putting together a white paper to talk about some of the lived experience that people have and what barriers exist and some successes on this important issue.

Janet Coffman, UCSF, noted that the outcomes are low based on the statistics provided. She raised the question of what states are doing for employment and if they are doing it better.

Bill Stewart stated that the PowerPoint slide on things that are not equal to employment was very powerful. He shared his experience as a consumer on Supplemental Security Income (SSI) and stated that a Social Worker expressed that he could do more. Bill stated that he started volunteering and felt comfortable and working with kids raised his confidence and sense of responsibility which lead to building employment skills. He said that SSI provided a financial security and cradle and realized his confidence and power gained from volunteering. Bill shared feelings of feeling offended and scared from the discussion with the Social Worker but did receive help in progressing as a person and the conversation helped him looked at what he wanted to do in life rather than stay in the safe zone of being on SSI. He said SSI is good when you need it until you build habits and behaviors to get financial employment.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

**Item #11      Wrap Up/Next Steps**

Committee members discussed next steps for the June 2022 Quarterly Meeting. WEC staff proposed the following next steps:

CBHPC Workforce and Employment Committee – April 2022 Meeting Minutes **(DRAFT)**

- Invite CalVoices to present their concerns on the development of the Peer Support Specialist Certification Program as well as other entities such as CalMHSA.
- Continue the conversation on how to increase and prioritize employment in recovery services. Vera Calloway affirmed to continue doing this work and stated that there is room in the Work Plan for this discussion.

**Action/Resolution**

WEC Officers and staff will plan activities for the June 2022 Quarterly Meeting based on the items discussed above.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, John Black, Vera Calloway – June 2022

**The meeting adjourned at 5:00 p.m.**



## TAB 2

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** Review and Finalize WEC 2022 Work Plan

**Enclosures:** Workforce and Employment Committee Draft 2022 Work Plan

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

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

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

**Background/Description:**

The purpose of the Work Plan is to establish the objectives and goals of the WEC, as well as to map out the necessary tasks to accomplish those goals. Staff will review the proposed changes to the Work Plan. WEC members will then review and update the committee Work Plan in order to fulfill and prioritize activities for the 2022 calendar year.

The draft WEC 2022 Work Plan is provided on the next page. Proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~.

California Behavioral Health Planning Council  
Workforce and Employment Committee  
Work Plan 2022 (DRAFT)

### **Committee Overview and Purpose**

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

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

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

- CA Council for the Employment of Persons with Disabilities
- State Rehabilitation Council
- Co-Op Programs within the Department of Rehabilitation
- California Workforce Development Board
- Labor Workforce Development Agency
- County Behavioral Health Director's Association (10-Year Strategic Workforce Plan)

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

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

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

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

**Objective 1.3:** Build the Council's understanding of County specific workforce development initiatives and their successes and challenges.

**Objective 1.4:** Identify and inventory funding opportunities at the local, state and national levels for workforce development, scholarships, tuition support, etc.

**Objective 1.5:** 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, including the promotion of equitable opportunities for career growth. This includes collaborating with other CBHPC committees to support Peer Certification efforts.

**Objective 1.6:** Collaborate with Medicaid and Systems Committee to ensure that in the updated Medicaid waiver that Occupational Therapists and other Master's level, state licensed health providers with mental health practice education are identified as licensed mental health professionals (LMHPs) for Specialty Mental Health services.

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

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

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

**Objective 2.3:** Build Council’s understanding of employment services “best practices” and resources across the lifespan with due exploration of impact of social and racial inequities on such best practices, including but not limited to: Individual Placement & Support (IPS) Model of supported employment; social enterprises; supported education; high school pipeline and career development; MHSA funding or other funding sources; and career pathways and advancement for consumers and peers.

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

**Objective 2.5:** Support the meaningful employment of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, including the promotion of equitable opportunities for career growth.

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

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

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

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

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** Update on 2020-2025 WET Plan and CA Health Workforce and Education Training Council

**Enclosures:** [2020-2025 Mental Health Services Act WET Five-Year Plan](#)  
[CA Health Workforce Education and Training Council Webpage](#)

**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 the Council members with information regarding the implementation of the Workforce Education and Training (WET) Five-Year Plan, which will help the Council members fulfill their duty to oversee plan implementation.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.1:

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

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

**Background/Description:**

The Department of Health Care Access and Information (HCAI) is statutorily required to coordinate with CBHPC for the planning and oversight of each Five-Year Plan. The Council reviewed and approved the 2020-2025 plan during the January 2019 Quarterly Meeting. HCAI staff will share an update on the implementation of the Five-Year Plan and provide committee members with information regarding status of the five Regional Partnerships.

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** HCAI Presentation Re: Children and Youth Behavioral Health Initiative

**Enclosures:** *Meeting materials will be provided closer to the meeting date*

[HCAI - Children and Youth Behavioral Health Initiative \(November 2021\)](#)

[Children and Youth Behavioral Health Initiative Brief](#)

[Children and Youth Behavioral Health Initiative Kick-Off Webinar PPT Slides](#)

[Children and Youth Behavioral Health Initiative Stakeholder Engagement Plan](#)

[CalHHS Children and Youth Behavioral Health Initiative Webpage](#)

**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 the Council members with information regarding the role of HCAI for the California Health and Human Services Agency (CalHHS) Children and Youth Behavioral Health Initiative, which will help the Council members participate in stakeholder engagement efforts to increase the behavioral health workforce.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Strategic Goal 1.0:

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

**Background/Description:**

The Children and Youth Behavioral Health Initiative (CYBHI) is a \$4.4 billion investment and five-year plan led by CalHHS in partnership with multiple state agencies to transform California's behavioral health system into an innovative ecosystem where all children and youth from birth to age 25 have access to services for emerging and existing behavioral health needs, regardless of health payer. The Department of Health Care Access and Information (HCAI) will support the development, administration, and evaluation of both existing and new workforce programs by leading the following work streams of the CYBHI:

- School Behavioral Health Counselors and Behavioral Health Coach Workforce
- Broad Behavioral Health Workforce Capacity

HCAI will present their current activities and timelines for the CYBHI work streams listed above. Committee members will have the opportunity to ask questions regarding the workforce aspects of the CYBHI and identify stakeholder engagement opportunities to participate in the development and implementation of these work streams.

**Please contact WEC staff at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for copies of the presentation materials.**

## Tab 5

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** CalMHSA Updates on Peer Support Specialist Certification

**Enclosures:** *Meeting Materials will be provided closer to the meeting date.*

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

[DHCS Peer Support Services Webpage](#)

[BHIN 21-041: Medi-Cal Peer Support Specialist Certification Program Implementation](#)

**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 information regarding the current planning activities for the upcoming implementation of Peer Support Specialist Certification from the California Mental Health Services Authority (CalMHSA). The WEC will use this information to advocate best practices and policies for Peer Support Specialists working in the public behavioral health system.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.5:

**Objective 1.5:** 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, including the promotion of equitable opportunities for career growth. This includes collaborating with other CBHPC committees to support Peer Certification efforts.

**Background/Description:**

The California Mental Health Services Authority (CalMHSA) is the certifying entity responsible for certification, examination, and enforcement of professional standards for Medi-Cal Peer Support Specialists in California. All applicants seeking certification are required to pass an exam and ensure that any individual holding a certification has met the minimum educational requirements. CalMHSA investigates consumer complaints and imposes disciplinary actions against any individual who violates the Code of Ethics.

CalMHSA will provide the Workforce and Employment Committee with an update regarding their planning processes and implementation activities for Peer Support Specialist Certification in California. Committee members will have the opportunity to ask questions and determine next steps for advocacy and recommendations regarding policies for Medicaid-reimbursable Peer Support Services.

*Please contact WEC staff at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for copies of the presentation materials.*



## **Presenter Biography**

*Lucero Robles (MSW, LCSW), Director of Quality Assurance and Compliance, California Mental Health Services Authority*

*Lucero Robles has a passion for supporting persons with behavioral health needs. She has over 20 years of experience in the behavioral health space, providing direct services in county behavioral health systems and developing and implementing programs. She is currently the Quality Assurance Director at the California Mental Health Services Authority (CalMHSA) where she is leading the implementation of the Medi-Cal Peer Support Specialist Certification. She enjoys spending time with family and is enjoying being a first-time grandmother.*

## Tab 6

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** Cal Voices Presentation Re: Peer Support Specialist Certification

**Enclosures:** *Presentation materials will be provided closer to the meeting date.*

[Cal Voices Peer Support Webpage](#)

**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 information regarding the upcoming implementation of Peer Support Specialist Certification led by the Department of Health Care Services from the perspective of Cal Voices. The WEC will use this information to advocate best practices and policies for Peer Supports Specialists working in the public behavioral health system.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.5:

**Objective 1.5:** 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, including the promotion of equitable opportunities for career growth. This includes collaborating with other CBHPC committees to support Peer Certification efforts.

**Background/Description:**

Senate Bill 803 involves the development of statewide standards for an optional Peer Support Services Certification Program for Specialty Mental Health Services, Drug Medi-Cal, and the Drug Medi-Cal Organized Delivery Systems effective July 2022. The Department of Health Care Services is the lead entity for the design and development of statewide standards for the program with CalMHSA as the certifying entity.

Cal Voices is a Peer Support Specialist Certification training entity approved by DHCS. Cal Voices will provide the Workforce and Employment Committee with research findings regarding Peer Support Specialists in California. Additionally, Cal Voices will share their concerns regarding the current planning activities for the implementation of SB 803. Committee members will have the opportunity to ask questions and determine next steps for advocacy regarding Peer Support Specialist Certification in California.

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**Updated Information Regarding Counties Opting-In:**

According to Behavioral Health Information Notice (BHIN) 22-026, counties that are opting-in to provide Peer Support Services effective July 1, 2022, are required to provide a letter to DHCS stating their request to opt-in to provide Peer Support Services, and indicating the program(s) (SMHS, DMC-ODS and/or DMC) for which they are opting-in. The letter must be signed by the Behavioral Health Director and emailed to [CountySupport@dhcs.ca.gov](mailto:CountySupport@dhcs.ca.gov) by May 20, 2022, to implement Peer Support Services effective July 1, 2022. Counties that are not able to elect to opt-in to provide Peer Support Services by the May 20, 2022 deadline, will have the opportunity to opt-in every six months. DHCS will provide information about future opt-in opportunities in the future.

**About Cal Voices (a continuation of NorCal MHA)**

*In 1946, coalition of mental health patients, mental health service providers, and interested community members began a local Mental Health Association chapter in Sacramento, which is now known as Cal Voices, a continuation of NorCal MHA. For over 70 years, Cal Voices has provided mental health consumers with culturally-affirming peer support services, assistance in navigating various human service agencies, and advocacy for consumer-oriented public mental health policies. Currently, Cal Voices provides these services in Amador, Placer, and Sacramento counties in California, and offers technical assistance to other mental health agencies statewide. Cal Voices is an affiliate of Mental Health America (MHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.*

## Tab 7

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, June 15, 2022**

**Agenda Item:** Department of Rehabilitation (DOR) Updates

**Enclosures:** *Meeting materials will be provided closer to the meeting date.*

**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 the opportunity to be informed on current activities, programs, and statistics for individuals with psychiatric disabilities served by the California Department of Rehabilitation (DOR). This information will help the Council members evaluate the behavioral health system, educate the public, and advocate for services.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objectives 2.2- 2.3:

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

**Objective 2.3:** Build Council’s understanding of employment services “best practices” and resources across the lifespan with due exploration of impact of social and racial inequities on such best practices, including but not limited to: Individual Placement & Support (IPS) Model of supported employment; social enterprises; supported education; high school pipeline and career development; MHSA funding or other funding sources; and career pathways and advancement for consumers and peers.

**Background/Description:**

Jessica Grove, Council member and Deputy Director of the Vocational Rehabilitation Policy and Resources Division at the California Department of Rehabilitation, will be providing updates on the following:

- Types of DOR services and supports that are offered to consumers
- Current statistics for DOR consumers with mental health disabilities
- Recent DOR activities on employment for people with mental illness including news about any new programs or funding sources
- Changes that have occurred to DOR programs and service delivery in regards to the impact of COVID-19

**Please contact WEC staff at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for copies of the presentation materials.**

### **Presenter Biographies:**

Jessica Grove, Director Vocational Rehabilitation Policy and Resources Division, California Department of Rehabilitation

*Jessica Grove is the Deputy Director of the Vocational Rehabilitation Policy and Resources Division and continues to be a member of the Department of Rehabilitation's (DOR) Executive Leadership Team since prior to this appointment she was the Assistant Deputy Director of the Vocational Rehabilitation Employment Division. She has a key leadership role in DOR's vision of employment, independence, and equality for Californians with disabilities. Jessica's balance of programmatic knowledge, understanding of the functions of government, and leadership skills benefits our consumers, managers, and staff as she contributes to the development of policy and strategies.*

*Jessica has been with DOR since 2010 when she first served as a master's intern in the San Francisco district office. As a Qualified Rehabilitation Counselor, Assistant Administrator and then Administrator at the Orientation Center for the Blind, she improved services and developed strong relationships with the community and staff. Jessica has a Master's degree in Vocational Rehabilitation Counseling as well as a Bachelor's degree in Deaf Studies/American Sign Language.*

Diane Shinstock, Health and Human Services Manager – Cooperative Programs, California Department of Rehabilitation

*Diane Shinstock is the Health and Human Services Manager with the Department of Rehabilitation in the Cooperative Programs section. She has been with DOR Cooperative Programs since May 2016. Since 1999, Diane has been a mental health advocate closely following changes in California through legislation and local program implementation. Diane served as a Program Manager for approximately 10 years with a Sacramento non-profit organization, providing direct services through a contract with Placer County's Systems of Care. She participated in the ongoing development and implementation of policies and program development. Additionally, Diane served as the Public Policy Director for the same non-profit organization tracking relevant legislation and providing guidance to the Board of Directors.*

*Diane served for five years with the Placer County Juvenile Justice Delinquency Prevention Commission serving as Vice Chair. The Commission provides inspections of police/sheriff facilities, group homes and the County's Juvenile Detention Facility. These findings and recommendations were provided to the Placer County Grand Jury, County Board of Supervisors, and county leadership including the Juvenile Probation Management Team.*

*Diane is the mother of an adult son who has struggled with a serious and persistent mental health diagnosis since childhood.*

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