

Workforce and Employment Committee

Meeting Minutes

April 16, 2025

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

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

Presenters: None

Staff present: Ashneek Nanua, Simon Vue, Jenny Bayardo

Meeting Commenced at 1:30 p.m.

Item #1 Nominate Interim Workforce & Employment Committee Chairperson for 2025 (Action)

The Workforce and Employment Committee's Chairperson position was vacated in January 2025 due to the former Chairperson stepping down from the Council. Chairperson-Elect Bill Stewart began his term in January of 2025 and is to take over as Chairperson in January of 2026. The Council's Executive Officer, Jenny Bayardo, stated that Council leadership consulted with the current Chairperson-Elect and recommended a former Chairperson step in to finish out 2025 on behalf of the Chairperson who had to step down unexpectedly. This will allow the current Chair-Elect to shadow the Chairperson for one full year before taking on the responsibility.

The Workforce and Employment Committee nominated Deborah Pitts as the Interim Chairperson for the Workforce and Employment Committee for the remainder of 2025. Dave Cortright made a motion to approve Deborah Pitts as the 2025 Interim Committee Chairperson. John Black seconded the motion. Staff took a roll call vote, and the motion passed unanimously.

Action/Resolution

Deborah Pitts is the Interim Chairperson for the Workforce and Employment Committee.

Responsible for Action-Due Date

Council Officer Team – April 2025

Item #2 Review and Accept January 2025 Draft Meeting Minutes

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

Action/Resolution

The January 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 – April 2025

Item #3 Overview of California Behavioral Health Community-Based Networks of Equitable Care and Treatment (BH-CONNECT) Workforce Initiative

Interim Chairperson, Deborah Pitts, provided an overview of the workforce component of the California Behavioral Health Community-Based Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. The presentation included questions to the committee to discuss their feedback on the initiative. The BH-CONNECT Workforce Initiative aims to support the training, recruitment, and retention of behavioral health practitioners to provide services across the continuum of care. A list of eligible professions who may participate in the Workforce Initiative was provided and their service obligation requirements.

After providing a brief overview of the overall \$1.9 billion Workforce Initiative, Deborah presented on the Medi-Cal Behavioral Health Student Loan Repayment Program. Deborah Pitts asked the committee if they are supportive of the program, if any additional provider types should be included, if the service obligation requirement is sufficient, and if there are benefits or limitations of the program. The committee provided the following feedback:

- It would be favorable to provide students with grants rather than pay back loans to lower barriers to education and employment. The nature of federal funding is volatile.
- Members asked how Peer Support Specialists may be supported with funding to become certified so they may participate in the Medi-Cal Peer Support Specialist Program. The committee inquired if the program would cover the cost of educational degrees that would prepare individuals to become certified peers since the certification does not require higher education.

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- There was a request to add Registered Nurses to the list of eligible providers.
- The Committee discussed a need to find out if non-credentialed, non-licensed, bachelor's degree level provider types are included in the eligible behavioral health practitioners list.
- There were questions on whether administrative roles in the safety net are eligible for the grant as practitioners even if they are not providing direct services. An example of this type of provider is a Chief Executive Officer (CEO) of a Community-Based Organization.
- There were questions on whether the Department of Health Care Access and Information (HCAI) on their outreach to students to expose them to the behavioral health field and encourage their participation in this field given California's diverse population and need for diverse providers. Committee members supported the loan repayment program to assist black and brown communities as an avenue to fund their education and increase employment opportunities.

Deborah Pitts reviewed the Medi-Cal Behavioral Health Scholarship Program. Committee members had the following feedback regarding this program:

- There was interest to determine what the qualifications are for the scholarships and whether there is any remedy to address racial disparities. The committee did not see language in the program that identified a priority for racially diverse individuals.
- This program may assist nurses with becoming trained in the specialty program that would allow them to become Psychiatric Nurse Practitioners. These nurses would need curriculum content for behavioral health populations in their degree programs.
- Committee members expressed concerns for graduating students that are not able to secure employment to fulfill the service obligation requirement.

Deborah Pitts reviewed the Medi-Cal Behavioral Health Recruitment and Retention Program which includes bonuses, supervision support for pre-licensure and pre-certification, and support for training and licensure/certification with the aim to recruit and retain providers to serve the Medi-Cal behavioral health population. She asked the committee if there are other educational pathways that may be important to advocate to be included in the program in addition to benefits or limitations of this program offered. The committee provided the following feedback:

- There were questions on whether this program could address geographical disparities that exist in rural communities. It is challenging to get individuals to move to these areas on a long-term basis.
- Committee members expressed the need for government to examine retention of individuals after they fulfill their service obligation requirement.

California Behavioral Health Planning Council (CBHPC)

Deborah Pitts reviewed the Behavioral Health Community-Based Provider Training Program. This program may pay for program tuition, exam fees, or costs associated with certification for community-based providers such as Peer Support Specialists and Community Health Workers. Deborah Pitts then reviewed the Medi-Cal Behavioral Health Residency Program that would allow safety net settings to support new or expanded residency and fellowship slots during the demonstration period. Committee members shared the following feedback on these two programs:

- There was a recommendation to include geriatric psychiatric fellowships in the Medi-Cal Behavioral health Residency Program.
- Committee members expressed equity concerns for black and brown populations engagement in these programs. There is a potential opportunity to address this issue in the application selection priority process.

Action/Resolution

The committee will follow-up with the Department of Health Care Access and Information (HCAI) regarding their questions and recommendations for the BH-CONNECT Workforce Initiative programs.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – Ongoing

Item #4 Public Comment

Karen Vicari, the Director of Public Policy at the Mental Health America of California (MHAC), shared that the Medi-Cal Community-Based Provider Training Program given to organizations to train peers makes the training organization responsible for the \$10,000 awarded to each peer for the three years that the participant is employed. This is a barrier for organizations and peer participants that have difficulty with working full-time. Some peers are on Supplemental Security Income (SSI) and do not want to lose their benefits. She recommended that the Department of Health Care Access and Information (HCAI) make sure that the costs are pro-rated so that the training organization does not have to pay back as much money for participants that do not fulfill all three years of their service requirement. Training organizations see this as a problem and disincentivizes the peer training organizations to participate. Karen Vicari stated that she will provide written feedback to the committee regarding this issue.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

**Item #5 Update Workforce & Employment Committee Work Plan
(Action)**

Committee staff and the interim Chairperson reviewed proposed changes to the Workforce and Employment Committee Work Plan for 2025-2026. In addition to the changes proposed by the committee leadership team, committee members provided the following feedback for the Work Plan:

- There was a request to add an objective to Strategic Goal 1.0 regarding educational institutions. The goal of the objective would be for the committee to build relationships and engage with educational institutions to support pipeline programs and determine best practices to prepare individuals to work in the behavioral health field.
- Strategic Goal 1.0 will be revised to include language around preparation of individuals to participate in the behavioral health workforce.
- There was a desire to strengthen the committee's leadership role with the development of the Workforce Education and Training (WET) Five-Year Plan. Staff will contact the Department of Health Care Access and Information (HCAI) to assess their timeline for stakeholder engagement for the development of the plan.
- Committee members discussed the goal of Objective 1.4 and how to craft language appropriately for this objective. The committee leadership proposed to monitor, rather than identify data that show the gaps of hard-to-fill behavioral health professions because the committee relies on external entities to provide data to the committee. The committee members provided feedback on this item. The committee leadership team will craft language reflected on the feedback and bring this item back to the subsequent committee meeting for discussion and approval.
 - There was a suggestion to add a sub-objective asking entities to provide the number of individuals they serve from diverse and underserved communities.
- Integrate Strategic Goal 3.0 on supporting diversity and equity in the behavioral health workforce throughout Strategic Goal 1.0 and 2.0, as appropriate.
- There was a suggestion to look at non-credentialed, non-licensed behavioral health workers at the community-level. Examples of programs that support this work are Friendship Bench and Effective Altruism.
- There was a suggestion to look at ways to integrate medical staff in the behavioral health workforce given the data that most behavioral health visits occur in the primary care space. Enhanced Care Management (ECM) may be an example of medical and behavioral health integration.

Action/Resolution

Committee staff will update the Work Plan based on the feedback provided. Staff will provide an updated version of the Work Plan at the next committee meeting for approval.

Responsible for Action-Due Date

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

Item #6 Review & Approve Standardized Question List for County Peer Support Specialist Programs

Committee leadership and staff shared that they created a list of questions that aim to fill the gaps for publicly available information regarding the Peer Support Specialist programs and workforce in California. These standardized questions will be provided to counties that attend future Workforce and Employment Committee meetings.

Committee members requested the following edits to the standardized question list:

- Distinguish between Medi-Cal certified peers and non-certified peers in the question list.
 - Move question #5 to the top of the list.
 - Add a question at the bottom of the list to ask about the total of Peer Support Specialists (certified and non-certified).
 - Ask what the counties know about non-certified Peer Support Specialists.
- Add language that inquiries about diversity demographics at the county level. i.e. Black, Indigenous, and People of Color (BIPOC) and LGBTQIA2S+ communities.
- Ask about what programs and spaces that the peers are working in. i.e. Full-Service Partnerships, outpatient clinics, primary care, etc.
- Ask if the county offers any in-person peer trainings as opposed to virtual, on-demand trainings.
- Ask counties to distinguish between full-time and part-time employees.
- Ask small to medium counties about their plans to add Peer Support Specialist positions.

Action/Resolution

Committee staff will update the standardized question list based on the committee's feedback.

Responsible for Action-Due Date

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

Item #7 Public Comment

Chad Costello, Executive Director for the California Association of Social Rehabilitation Agencies (CASRA), stated that peers are only able to bill in two or three codes for their services. He stated that he is not sure if this is a National Provider Identifier (NPI) problem, a county misinterpretation of policy, or something that is embedded in the Electronic Health Records. He stated that peers should not lose the ability to bill in other billing codes that peers were previously able to claim.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #8 Wrap Up/Next Steps

The committee discussed what worked well during the present committee meeting as well as areas of improvement for future committee meetings. Several committee members expressed appreciation for having enough discussion time during this quarterly meeting. Committee members proposed that future meetings have a 1 to 1 ratio of guest speakers and dialogue on the agenda. There was a suggestion for committee members to gather and read information prior to the committee meetings and discuss opinions on that information during the meetings. Virtual participants asked for in-person attendees to speak closer to the microphones. Workforce Education and Training (WET) Steering Committee members expressed that it was helpful for them to be part of the discussion process.

The committee brainstormed the following next steps for upcoming committee meetings:

- Review the changes made to the Work Plan.
- Request to receive an update on how the Department of Health Care Access and Information (HCAI) is implementing the California Behavioral Health Community-Based Networks of Equitable Care and Treatment (BH-CONNECT) Initiative via a dialogue rather than a presentation.
- Plan how the committee will engage stakeholders and Council members in the feedback process for the development of the 2025-2030 Workforce Education and Training (WET) Plan to the October 2025 General Session Council Meeting.

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- Look into the status of changes to federal funding on the workforce with the current Administration. It may be helpful to consult with the Department of Health Care Services to determine potential funding impacts on workforce funding.
- Follow up on the discussion for the potential to advocate that the state model the Medi-Cal peer certification program based on the Traditional Healers and Natural Helpers Medi-Cal Benefit which does not require a high school diploma or equivalency requirement.

Action/Resolution

The committee leadership will work with staff to plan the agenda for the June 2025 quarterly meeting. The Committee leadership will monitor the action and resolution sections of past and current quarterly meetings to determine what actions are needed at subsequent meetings.

Responsible for Action-Due Date

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