**California Behavioral Health Planning Council**

# Workforce and Employment Committee Agenda

Wednesday, October 16, 2024
Embassy Suites by Hilton Milpitas Silicon Valley
901 East Calaveras Boulevard, Milpitas, California, 95035
Willow Room
Zoom Link
Meeting ID: 883 5857 8782 Passcode: WEC2024
Join by phone: 1-669-900-6833 Passcode: *7097660#
1:30 p.m. to 5:00 p.m.

**1:30 pm** **Welcome, Introductions, and Housekeeping**
*Walter Shwe, Chairperson and All Members*

**1:40 pm** **Review and Accept June 2024 Draft Meeting Minutes** **Tab 1**
*Walter Shwe, Chairperson and All Members*

**1:45 pm** **BH-CONNECT Demonstration Discussion on Requiring Occupational Therapists on Community In-Reach Teams (Action)** **Tab 2**
*Deborah Pitts, Council member and All Members*

**1:55 pm** **Public Comment**

**2:00 pm** **Summary of Peer Support Specialist, Community Health Worker (CHW), and Certified Wellness Coach (CWC) Provider Types** **Tab 3**
*Ashneek Nanua, Health Program Specialist II*

**2:10 pm** **Public Comment**

**2:15 pm** **Safe Passages Presentation and Discussion on Employing Peer Support Specialists, CHW, and CWC Providers** **Tab 4**
*Josefina Alvarado Mena, Esq., Chief Executive Officer, Safe Passages*
*Kimi Tahara, Operations and Systems Integration Director, Safe Passages*
*Rebecca Alvarado, Licensed Clinical Social Worker, Clinical Director Safe Passages*

**3:00 pm** **Public Comment**

**3:05 pm** **Break**

**3:15 pm** **Peer Support Specialist and CHW Provider Perspectives and Discussion** **Tab 5**
*Anibal Pablo Ramos, Community Health Worker - Mam Community*
*Joseph Gray, Peer Support Specialist*
*Maria Sierra, Council member, Family Parent Partner, and Community Service Supervisor at Victor Community Support Services*

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 10 working days prior to the meeting date.

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|---|---|---|
| **4:00 pm** | **Public Comment** | |
| **4:05 pm** | **Break** | |
| **4:15 pm** | **Member Discussion of Peer Support Specialist and CHW Provider Types and Employment in California**<br>*Walter Shwe, Chairperson and All Members* | **Tab 6** |
| **4:40 pm** | **Public Comment** | |
| **4:45 pm** | **Nominate WEC Chair-Elect for 2025 (Action)**<br>*Walter Shwe, Chairperson and All Members* | **Tab 7** |
| **4:50 pm** | **Public Comment** | |
| **4:55 pm** | **Wrap up/Next Steps**<br>*Walter Shwe, 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:** Walter Shwe **Chair-elect:** TBD
**Members:** Susie Baker, John Black**,** Lynne Martin Del Campo, David Cortright, Jessica Grove, Donald Morrison, Dale Mueller, Jessica Ocean, Deborah Pitts, Maria Sierra, Bill Stewart, Arden Tucker

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

**Staff:** Ashneek Nanua, Simon Vue

**TAB 1**

# California Behavioral Health Planning Council
# Workforce and Employment Committee (WEC)
## Wednesday, October 16, 2024

**Agenda Item:** Review and Accept June 2024 Draft Meeting Minutes

**Enclosures:** June 2024 Draft Meeting Minutes

**Background/Description:**

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

# Workforce and Employment Committee

Meeting Minutes (Draft)

June 19, 2024

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

**WET Steering Committee Members Present:**

**Presenters**: Anne Powell, Sharmil Shah, Christian Jones, Alexandria Simpson, Michael Freeman, Guyton Colantuono, Mary Mojica, Katie Andrew, Tonica Robinson, Gina Rambeau

**Staff present**: Ashneek Nanua, Simon Vue

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

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## Item #1 Review and Accept April 2024 Draft Meeting Minutes

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

**Action/Resolution**
The April 2024 WEC Meeting Minutes are accepted and will be posted to the CBHPC website.

**Responsible for Action-Due Date**
Ashneek Nanua – June 2024

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## Item #2 Overview of Peer Support Specialist, Community Health Worker (CHW), and Certified Wellness Coach (CWC) Providers

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Christian Jones, Sharmil Shah, and Anne Powell from the CA Department of Health Care Access and Information (HCAI) presented an overview of the Certified Wellness Coach (CWC) Benefit. The overview included the Behavioral Health Wellness Coach profession levels, requirements for each level, scope of services, certification requirements in the education and workforce pathways, examples of where CWCs may work, and the career lattice for CWCs.

Alexandria Simpson from the Medi-Cal Behavioral Health Division at the CA Department of Health Care Services (DHCS) presented an overview of Peer Support Specialists. Alexandria provided background information on Senate Bill 803, health care delivery systems in which Peer Support Specialists operate, certification requirements, and services that Peer Support Specialists provide.

Michael Freeman from the Health Care Benefits and Eligibility Division at DHCS presented an overview of Community Health Workers (CHWs). Michael provided information on the services that CHWs provide, health delivery systems, reimbursement rates, training via the certificate pathway and work experience pathway, and provider billing. Michael then presented a comparison of the role and scope of practice between Medi-Cal Peer Support Specialists, CHWs, and Behavioral Health Wellness Coach I and II. Additionally, Michael shared whether lived experience and certification is required for each profession and for the eligibility requirements.

The WEC engaged in a question-and-answer session with the presenters. HCAI clarified the academic requirements for the Behavioral Health Wellness Coaches. Committee members requested more precision and clarity in future presentations. Members indicated that there is a difference between the provider type and the Benefit.

**Action/Resolution**
N/A
**Responsible for Action-Due Date**
N/A

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**Item #3 Public Comment**

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Aaron Bailey stated that the scope of practice for the Certified Wellness Coach (CWC) is already being done daily by teachers, school counselors, coaches, youth ministers in schools, childcare centers, and home day cares except for the screening and case management component. He applauded that the CWC service can be billed for and expands coverage. However, he cautioned against accidentally reducing the emotional wellness and behavioral health of children in California by creating a legislative barrier to entry where teachers cannot talk about emotional regulation without obtaining an additional credential or cutting services that are already being provided. HCAI clarified that the CWC service is meant to be additive.

**Action/Resolution**
N/A
**Responsible for Action-Due Date**
N/A

## Item #4 Panel on Distinctions and Overlap Between Peer Support Specialist, CHW, and CWC Provider Types

The WEC invited a panel including representatives from a community-based organization, state agencies, Managed Care Plans, and a county mental health department to provide various perspectives on the opportunities, barriers, and system impact to build and expand the Peer Support Specialist, Certified Wellness Coach (CWC), and Community Health Worker (CHW) provider types billable by Medi-Cal. The panelists answered a series of questions pertaining to their understanding of the distinctions and overlap between each provider type.

Guyton Colantuono and Mary Mojica from Project Return Peer Support Network (PRPSN) represented a community-based organization (CBO) and lived experience perspective. Guyton stated that one of the main differences between Peer Specialists and the other provider types is that peer services have historically been defined by the organization rather than the funding source. He reiterated that the perspective for the Medi-Cal Benefit differs from the organizational perspective. Another distinction between the professions is that peers are leading with their shared lived experience when delivering peer services which makes these services powerful. Mary Mojica shared how her lived experience with navigating services helped her assist others with service access and navigation. She placed emphasis on the value of lived experience. She added that peer Support Specialists save the county money and offers customized programs and services for individuals served. Peer Support Services offer benefits of being able to deliver services in the community including the hard-to-reach areas. The concerns are that peers are not being paid enough to do the work they do and that agencies are hiring peers for the first time and are not familiar with the things peers do.

Tonica Robinson from the Los Angeles County Department of Mental Health (LADMH) provided a county perspective on the panel. She shared that the impact of the three provider types is substantial in reaching out to stigmatized communities through outreach, education, and service linkage. Tonica shared that LADMH is working to separate the role of Peer Support Specialists and CHWs to enable peers to have a distinct work title. The peer support role is a role of empowerment which is different than the CHW role. LADMH does not have Certified Wellness Coaches at this time but appreciates that this role would help youth. Barriers include an inability for individuals to access peer certification opportunities due to not having a high school diploma as well as individuals with lived experience who have criminal records.

Katie Andrew, Director of Government Affairs for Quality and Behavioral Health at Local Health Plans of California (LHPC) provided a Managed Care Plan (MCP) perspective on the panel. LHPC represents 17 non-profit community-based health plans that deliver

mental health and substance use disorder care. Local plans have been supportive of the new provider types as they are able to reach Medi-Cal members in the way the health plans cannot. One challenge for CHW implementation is the lack of provider networks' familiarity with the Medi-Cal Benefit and how to utilize this provider type. LHPC is assisting with this challenge by helping initiate provider trainings and get information to Chief Executive Officers. There are plans that employ CHWs in-house and help spread the word about the Benefit so they can bill and be part of the Medi-Cal system. Many local plans are also working on implementing efforts to build partnerships to certify CHWs by incentivizing evidence through no-cost programs or offering scholarships and salary stipends to providers who may be hesitant to hire CHWs due to concerns about sustainability. Plans also have been working on relationship-building to create trust as well as initiate training and technical assistance to organizations and providers. The ability for many Federally Qualified Health Centers (FQHCs) and rural health clinics to have CHWs bill through Medi-Cal is a challenge due to them being a large provider type in the Medi-Cal system. LHPC brought this issue to the state as well.

Alexandria Simpson and Michael Freeman from DHCS represented the state perspective on the panel. The DHCS representatives reiterated comments from previous presenters regarding the value of lived experience having a positive impact and reaching cultural and linguistically diverse population. Challenges include finding ways to take advantage of the experience of CBOs that have done peer work for years into the Medi-Cal system as well as bridging the gap between CBOs and county systems. It also takes time to enroll the provider type, increase member awareness, and integrate the service into existing systems. It is important to educate formalized licensed medical community on the importance and benefits of CHWs and peers in their systems of care. Medi-Cal has not historically directly worked with CBOs, so the state is working with Managed Care Plans on technical assistance to make this work. MCPs have flexibility to contract with CBOs to provide services and DHCS does not typically get involved in those contractual relationships beyond having the base Fee-for-Service payment rates.

Anne Powell, Christian Jones, and Sharmil Shah from the CA Department of Health Care Access and Information (HCAI) shared that children and youth will have CWCs in school settings or CBOs to navigate life struggles as a prevention and early intervention strategy. CWCs may also work with children and families in their home if services are best provided in this setting. One goal is to fund the profession with Medi-Cal, but HCAI is not aware of the payment rates at this time.

The WEC engaged the panelists in a discussion and question-and-answer session. Committee members expressed that parent peers working in the Children's System of Care are not being included in much of what is occurring with the new provider types and shared challenges of billing for parent partners to bill for services. These parent partners have the training and experience to communicate with and navigate multiple

care systems. There is a missed opportunity for parent partners to be an integral part of this process which includes a lack of threshold languages offered in the peer trainings. The committee also expressed appreciation for prevention and early intervention strategies for children in these professions. Committee members asked if there are financial incentives that the state offers to counties who would implement the CHW and CWC roles beyond Medi-Cal reimbursement. HCAI launched an employer-support grant for $125 million to support these efforts for CWCs. DHCS has Providing Access, and Transforming Health (PATH) Capacity and Infrastructure, Transition, Expansion and Development (CITED) grants specific for community-based organizations to increase their infrastructure for the Medi-Cal process. The incentive payment program may include the utilization of CHWs in Managed Care Plans. The committee expressed concerns about confusion of individuals not having clarify of which provider certification to pursue due to the use of these professions in different systems of care and agencies. A lack of integration contributes to this confusion as well. There is a need to ensure the beneficiary and health care agencies have a clear understanding of the different provider types.

**Action/Resolution**
N/A

**Responsible for Action-Due Date**
N/A

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## Item #5 May Revision Health Workforce Budget Cut Updates

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WEC staff provided updates on the budget cuts in the Governor's May Revision for the behavioral health workforce programs in California. The May Revision proposed to cut $824.6 million of General Fund across five years for various health workforce initiatives such as training and education and increasing the number of underrepresented individuals in health professions. It is also proposed to cut $189.4 million of Mental Health Services Act (MHSA) workforce programs that includes social work programs, Addiction Psychiatry, and slots in Master of Social Work programs. WEC leadership met with advocacy organizations including a coalition that wrote a letter opposing the budget cuts. CBHPC also wrote a letter of opposition for the funding cuts specifically for Peer Support Specialists, Community Health Workers, college, and university grants that support behavioral health professionals, and supported the recommendations outlined in the coalition letter.

**Action/Resolution**
N/A

**Responsible for Action-Due Date**
N/A

## Item #6 California Department of Rehabilitation (DOR) Presentation on Cooperative Programs Data

Gina Rambeau from the California Department of Rehabilitation (DOR)'s Cooperative Programs Section presented on mental health and substance use disorder data from the Cooperative Programs throughout the state. DOR leverages federal funding for service provision costs with non-federal share dollars by public agencies through a cash match via quarterly or annual payments, certified expenditure match, programs providing crash, certifying time/costs, or a combination of these. The service contracts include assessment and evaluation, training and work experience, employment services and supports, IPS model, and student services. The contract types include Interagency Cash Transfer Agreements (ICTA), Third Party Cooperative Agreement (TPCA), TPCA with private non-profit subcontractors, and Case Service Contracts (CSCs). Gina shared the specific counties that participate under each contract. The types of employment that behavioral health participants receive based on the current fiscal year include but are not limited to customer service representatives, grocery store and food service workers, custodian workers, security guards and parking lot attendants, cashier and retail sales associates, stock clerk at warehouses, clerical and administrative support management, personal home care aids, and medical records specialists at the county.

Gina shared statewide data for Fiscal Years (FY) 2021-22, 2022-23, and 2023-24 with data on participants served broken down by county. She shared statistics on the number of third-party cooperative agreements, case service contracts, and cash transfer agreements for each fiscal year. Gina then shared the number of Cooperative Program participants and participants employed at least 90 days after their case closed.

The WEC engaged in a question-and-answer session with the DOR representative. Gina clarified that San Diego County contracts provides only the cash match, and all contract services are provided by Mental Health Systems, Inc. which is a private, non-profit organization that utilizes the Individual Placements and Supports (IPS) model. The committee asked what type of money is used for the cash match. Gina stated that the cash match comes from a variety of non-federal sources such as Mental Health Services Act (MHSA) dollars. Committee members clarified that IPS does not have a full evaluation component but rather an interest and matching component. Kern County may have a Memorandum of Understanding (MOU) but not a Cooperative Agreement or contract. Gina stated that DOR requires private non-profit service contractors be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). DOR's Community Resources evaluates and certifies the service providers.

**Action/Resolution**
N/A
**Responsible for Action-Due Date**
N/A

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## Item #7 Wrap Up/Next Steps

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Committee members discussed next steps for the October 2024 Quarterly Meeting. There was interest to invite a mental health organization that employs Community Health Workers and Peer Support Specialists to examine the roles of each provider type in practice. The interest is to determine how an agency is managing the provider types and what the experience is for the recipient of services. Committee members requested for additional dialogue for the following meeting with presenters in the role as subject-matter experts and discussants versus in-depth presentations. Additionally, committee members mentioned that past presentations have not been well-informed and had gaps of information for the role of nurses in the behavioral health field so it may be helpful to have the committee explore the nursing level of expertise at future meetings to increase education on the WEC for this provider type.

**Action/Resolution**
The WEC Officer team will plan the agenda for the October 2024 Quarterly Meeting.

**Responsible for Action-Due Date**
Ashneek Nanua, Walter Shwe – October 2024

**TAB 2**

# California Behavioral Health Planning Council
# Workforce and Employment Committee (WEC)
## Wednesday, October 16, 2024

**Agenda Item:** BH-CONNECT Demonstration Discussion on Requiring Occupational Therapists on Community In-Reach Teams (Action)

**Enclosures:** CBHDA BH-CONNECT Recommendation for Occupational Therapists as Optional Providers in Community-In Reach Teams
BH-CONNECT Addendum: Community In-Reach Teams (Pages 13-16)

**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 a request to ensure that Occupational Therapists (OTs) are required members on community in-reach teams as outlined in the BH-CONNECT Demonstration Addendum.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.6:

**Objective 1.6**: Collaborate with other Planning Council committees to ensure that Occupational Therapists (OTs) 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 (SMHS) and Licensed Practitioners of the Healing Arts (LPHAs) for Substance Use Disorders system.

**Background/Description:**

On October 20, 2023, the Department of Health Care Services (DHCS) submitted its application for a new Medicaid Section 1115 Demonstration (BH-CONNECT) to increase access to and improve behavioral health services for Medi-Cal members statewide. DHCS submitted an Addendum to the BH-CONNECT Waiver on July 26, 2024. The Addendum includes provisions for community in-reach teams and Room and Board in enriched residential settings. DHCS had a public comment period for the BH-CONNECT Addendum, to which many stakeholders including CBHPC and the California Behavioral Health Director's Association o(CBHDA) responded. WEC member, Deborah Pitts, noticed that CBHDA recommended that OTs be included as optional providers on the community in-reach teams. In response, Deborah advocated for the inclusion of OTs as required members of the in-reach teams to DHCS. DHCS indicated that the department may take public comment on this matter via the DHCS BH-CONNECT Inbox. Deborah Pitts has asked for the Council's support of requiring OTs as community in-reach team members.

The Workforce and Employment Committee will discuss the implications of OTs as required or optional providers on the community in-reach teams. The committee will decide if they will respond in favor of OTs as required providers on the in-reach teams via the DHCS BH-CONNECT Inbox.

**Action:** Committee members make may a motion to decide whether CBHPC shall advocate for OTs as required members of the community in-reach teams via the DHCS BH-CONNECT Inbox.

**Additional Resources:**
BH-CONNECT Webpage

under the Institutions of Mental Disease (IMD) exclusion, will address a significant reimbursement gap for critical support services necessary to support a transition to lower levels of care. To ensure the effectiveness of these Community In-Reach Services, we have outlined several recommendations for the Department's consideration.

**Team Composition**

The Addendum application currently proposes a team consisting of a licensed mental health professional as the lead, a certified Peer Support Specialist or another SMHS practitioner with lived experience, an occupational therapist (if not serving as the lead), and an additional SMHS practitioner. This composition closely mirrors existing teams that support individuals transitioning out of institutions. However, requiring an occupational therapist as a team member poses significant implementation challenges and is unnecessary given the scope of services and expertise required for this service.

The role of occupational therapists (OTs) in mental health settings includes helping individuals develop, recover, and maintain the skills necessary for daily living through focusing on the holistic aspect of mental health, addressing both physical and mental challenges to improve overall functioning. Common activities of OTs working with individuals with SMI include conducting functional assessments and utilizing evidence-based practices and interventions to support development of essential life skills to address the cognitive, sensory, social-emotional, and physical impacts of individuals with significant behavioral health conditions. In California's public behavioral health system, OTs comprise a very small fraction of providers, with many counties unable to hire these practitioners due to a scarcity of OTs with a behavioral health focus. This is not unique to California, with current workforce data identifying that only 2.2% of OTs are trained and working in behavioral health settings nationwide.[1] This shortage of practitioners with the necessary skill set and focus will make it very challenging to provide this benefit if an OT is a required part of the Community In-Reach Services Team.

Currently, counties use case managers who support individuals with learning how to perform activities of daily living that are critical for the individual as they reintegrate into the community, utilizing a "whatever it takes approach." These individuals are trained to identify clients' barriers to recovery and day-to-day living needs, such as learning to use transportation, identifying employment, developing and maintaining hygiene skills, coordinating with primary care, and budgeting. Under clinical supervision, they support the development and implementation of treatment plans to address these needs and help clients achieve recovery goals through individual and group interventions. Case managers document interventions and client progress, provide case management services including linkage, advocacy, and outreach, and confer with clinical staff regarding client progress. Additionally, they are trained to provide these services side-by-side with the individual, using evidence-based practices such as motivational interviewing.

Given the expertise of our current workforce and the significant shortage of OTs trained for mental health settings, CBHDA strongly recommends that community transition team members' eligibility be based on their ability to perform the functions and duties needed by the team, rather than adding a requirement for certain professional credentials. This change would allow greater

[1] Read, H., Zagorac, S., Neumann, N., Kramer, I., Walker, L., & Thomas, E. (2024). Occupational Therapy: A Potential Solution to the Behavioral Health Workforce Shortage. Psychiatric Services, 75(7), 703–705. https://doi.org/10.1176/appi.ps.20230298

flexibility to hire staff qualified to work with individuals who face challenges due to their mental health condition. Occupational therapy should be offered and provided based on the needs identified in individualized care plans. This approach will allow for broader access to the Community In-Reach Services benefit as the occupational therapist workforce in mental health expands. Currently, Los Angeles County Department of Mental Health is collaborating with a local graduate program to integrate OT fellows into outpatient clinics during their clinical rotations, helping to build out this capacity. While such partnerships will increase the availability of OTs trained for behavioral health, if DHCS has a goal of expanding the use of OTs in specialty behavioral health, it will take time and dedicated policies and resources to develop a sufficient workforce to meet the needs of California's specialty behavioral health system.

- **Recommendation: Allow for occupational therapists to be an optional member of the community transition teams, with occupational therapy services being provided to individuals transitioning out of institutions based on the needs identified in the individualized care plan.**

**Eligibility Criteria**

The Addendum currently proposes that eligibility for Community In-Reach services include Medi-Cal members residing in opt-in counties, meeting access criteria for SMHS, being 18 years or older or an emancipated minor, and experiencing or at risk of experiencing an extended stay of 120 days or more in inpatient, residential, or subacute settings, receiving services up to 180 days prior to discharge. CBHDA values the proposed service timeline which recognizes the complex and often unpredictable nature of preparing individuals for discharge and reintegrating them back into their communities. In addition to equipping individuals with necessary skills and coordinating care to ensure seamless transitions to community-based providers, the process also includes identifying suitable supportive living arrangements, such as social rehabilitation facilities or supported housing.

A common challenge in supporting individuals' community transitions is identifying appropriate living arrangements conducive to their recovery. Despite efforts to adhere to discharge plans, unforeseen delays can occur for various reasons. Given these uncertainties, ensuring that services are appropriately billed within the 180-day timeline will present a challenge. CBHDA recommends adopting a strategy similar to the recently approved CalAIM Justice Involved initiative, which permits billing for services up to 90 days immediately prior to the anticipated release date. While release dates are more predictable in carceral settings, a similar approach is warranted for Community In-Reach Services, allowing for in-reach services to be provided up to 180 days before the **expected** discharge date.

Additionally, the component of eligibility criteria that allows for services to be provided to individuals who are at risk of extended stays will need further clarity. CBHDA appreciates the inclusion of services for individuals at risk of extended stays of 120 days or more and recommends the Department adopt a flexible and transparent approach to defining "at risk." Various clinical factors can contribute to prolonged stays, and since discharge planning begins upon admission, defining this criterion should accommodate the individual's unique clinical needs effectively.

- **Recommendation: Allow for Community Transition In-Reach Services to be allowed for 180 days immediately prior to the anticipated discharge date.**

**TAB 3**

# California Behavioral Health Planning Council
# Workforce and Employment Committee (WEC)
## Wednesday, October 16, 2024

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

**Enclosures:** Overview of Peer Support Specialist, Community Health Worker, and Certified Wellness Coach Provider Types Presentation

**How This Agenda Item Relates to Council Mission**
*To review, evaluate and advocate for an accessible and effective behavioral health system.*

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

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.6:

**Objective 1.6:** Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth.

**Background/Description:**
WEC staff will provide an overview of the distinctions and overlap between Peer Support Specialists, Community Health Workers/ Promotor(a) / Representatives (CHW/P/R), and Certified Wellness Coaches (CWC) as outlined during the June 2024 Quarterly Meeting. The Committee will have the opportunity to ask questions.

Additional Resources:
Innovative Partnerships: Sowing Seeds Health, Inc. and Anthem Blue Cross's Community Health Worker Benefit Journey August 2024 Webinar Slides
DHCS Peer Support Services Webpage
CalMHSA Peer Certification Webpage and CA Peer Certification Website
DHCS Community Health Worker Webpage
HCAI Community Health Worker Website
Certified Wellness Coach Website

# Overview of Peer Support Specialist, Community Health Worker, and Certified Wellness Coach Provider Types

Ashneek Nanua, Health Program Specialist II

# Peer Support Specialist, Community Health Worker, and Wellness Coach Roles

| Role | Scope of Practice |
|---|---|
| **Medi-Cal Peer Support Specialist** | **Use lived experiences to support recovery for individuals with MH/SUDs** through a wide range of activities including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, and goal-setting in Medi-Cal specialty mental health/SUD systems. |
| **Community Health Worker** | **Community member with lived experience and focus on health equity and advocacy on behalf of underserved populations**, where they provide health education, preventive screenings, promoting healthy lifestyles, and social support and guidance on health care in the Medi-Cal managed care system. |
| **Behavioral Health Wellness Coach I and II** | **Provide services to youth (ages 0 – 25),** including wellness promotion and education, behavioral health screening, individual and group support, care coordination, and crisis referral *(pending federal approval as Medi-Cal providers).* |



Source: Wellness Coaches Model presentation (HCAI)

# Populations/Locations Served

- **Peer Support Specialist**
  - Service Population – Persons seeking recovery from a mental disorder, psychology trauma, or substance use disorder.
  - Locations – Primary care offices, emergency rooms, inpatient facilities, and recovery centers, public mental health system
  - Supervisor – Determined by the employing agency
- **Community Health Worker/ Promotor/ Tribal Representative (CHW/P/R)**
  - Service Population – Persons with chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services.
  - Locations – Generally in hospitals, public health departments, and community-based organizations (no restrictions on place of service)
  - Supervisor – Licensed provider, hospital, outpatient clinic, local health jurisdiction, or community-based organization

Source: HCAI Presentation for WEC June 2024 Quarterly Meeting: Overview of Certified Wellness Coach Profession Comparison

# Populations/Locations Served (Continued)

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

Source: HCAI Presentation for WEC June 2024 Quarterly Meeting: Overview of Certified Wellness Coach Profession Comparison

# Provider Comparison at a Glance

| Provider Type | Lived Experience Required? | Certification Required? | Additional Eligibility Requirements ? | Services | Delivery Systems |
|---|---|---|---|---|---|
| **Medi-Cal Peer Support Specialist** | Yes (self-identified experience with MH/SUD or as family member or caregiver) | Yes | Yes | Education skill building groups, therapeutic activity | Specialty Mental Health, Drug Medi-Cal, Drug Medi-Cal - Organized Delivery System |
| **Community Health Worker** | Yes (in relation to the community or communities served) | Certification **OR** 2000 hours work experience in last 3 years + certification within 18 months | No | Health education, violence prevention services, screening and assessment, health navigation, individual support or advocacy, group support | Medi-Cal Fee-For-Service, Medi-Cal Managed Care |
| **Behavioral Health Wellness Coach** | No | Yes *(Certification expected to go live in late 2025).* | No | Wellness promotion and education, screening, care coordination, individual support, group support, crisis referral | Medi-Cal Fee-For-Service, Medi-Cal Managed Care |

Source: DHCS Presentation for WEC June 2024 Quarterly Meeting:
Provider Overview: Medi-Cal Peer Support Specialists, Community Health Workers, and Behavioral Health Wellness Coaches

# High-Level Certification Requirements Comparison

- **Peer Support Specialist (PSS)**
  - High School diploma or GED equivalent required
  - Non-Degree requirements – minimum 80 hours of training & certification exam (for Medi-Cal certification)
  - Lived Experience - Lived experience with the process of recovery from mental illness or substance use disorder
- **Community Health Worker/ Promotor/ Tribal Representative (CHW/P/R)**
  - High School diploma or GED equivalent required
  - Non-Degree requirements - CHW/P/Rs must have a certificate or work experience (for CHW Medi-Cal benefit)
  - Lived Experience - Connection between the CHW and the community served

Source: HCAI Presentation for WEC June 2024 Quarterly Meeting: Overview of Certified Wellness Coach Profession Comparison

# High-Level Certification Requirements Comparison (Continued)

- **Certified Wellness Coach I and II ( CWC I & II)**
  - Associate Degree for CWC I, Bachelor's degree for CWC II (eligible degrees)
  - Non-Degree requirements –
    - 400 hours of field experience for CWC 1 and 800 hours for CWC II
  - Lived Experience – Not required

Source: HCAI Presentation for WEC June 2024 Quarterly Meeting: Overview of Certified Wellness Coach Profession Comparison

# Certification Resources

- Medi-Cal Certified Peer Support Specialists (PSS)

https://www.capeercertification.org/

- Community Health Workers/Promotoras/Representatives (CHW/P/R)

https://hcai.ca.gov/workforce/initiatives/community-health-workers-promotores-chw-p/

- Certified Wellness Coach (CWC)

https://hcai.ca.gov/workforce/initiatives/certified-wellness-coach/

# Questions?

**TAB 4**

# California Behavioral Health Planning Council
# Workforce and Employment Committee (WEC)
## Wednesday, October 16, 2024

**Agenda Item:** Safe Passages Presentation and Discussion Re: Employing Peer Support Specialists, CHW, and CWC Providers

**Enclosures:** None

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

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

This agenda item provides committee members with information on how agencies employ and utilize Peer Support Specialist and Community Health Worker/Promotora/Representative (CHW/P/R) provider types. The WEC will use this information to advocate best practices and policies for these professions in the public behavioral health system.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.6:

**Objective 1.6:** Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth.

**Background/Description:**

Representatives from Safe Passages will provide an overview of the organization and how Peer Support Specialists and Community Health Workers/ Promotoras/ Representatives (CHW/P/R) are trained and utilized in service delivery for children and youth with behavioral health conditions. The presentation will include information on workforce pathways including challenges and best practices. Additionally, the presenters will discuss the organization's thoughts on utilizing Certified Wellness Coaches (CWC) once the Benefit is more defined.

Additional Resources:

Safe Passages Website

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

**TAB 5**

# California Behavioral Health Planning Council
# Workforce and Employment Committee (WEC)
## Wednesday, October 16, 2024

**Agenda Item:** Peer Support Specialist and CHW Provider Perspectives and Discussion

**Enclosures:** None

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

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

This agenda item provides committee members with information on the experiences and an understanding of Peer Support Specialist and Community Health Worker/Promotor(a)/Representative (CHW/P/R) Medi-Cal certification and employment. The WEC will use this information to advocate best practices and policies for these professions in the public behavioral health system.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.6:

**Objective 1.6:** Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth.

**Background/Description:**

Joseph Gray, Peer Support Specialist (PSS), Maria Sierra, WEC member, and a Community Health Worker Promotor (CHW/P) representative from Safe Passages, will share their thoughts and experiences with Medi-Cal PSS and CHW certification and employment. The invited guests will share information about their past and current job roles and lived experience. The representatives will then share their understanding of Medi-Cal certification as well as the challenges and best practices when pursuing certification. They will also share their experiences with getting hired as a PSS or CHW/P. Additionally, the representatives will share their understanding of the differences between PSS and CHW/P provider types. Committee members will have the opportunity to engage the invited guests in a question-and-answer session.

**Biography:**

***Joseph Gray, Yolo County***

Joseph Gray is a Certified Medi-Cal Peer Support Specialist with years of experience in the field. He is a person with lived experiences of the challenges faced by LGBT+, foster, and transitional-age youth. With a foundation built on extensive volunteerism, Joseph seamlessly transitioned into his position as a CMPSS, offering invaluable Peer-based behavioral health services for youth 12-24. Since 2015, he has passionately advocated for LGBT+ youth, those living with HIV/AIDS, and other opportunities to serve his LGBT+ community. Joseph's advocacy efforts began with grassroots and have reached the legislative arena. His accomplishments include speaking with congressional members, and their staff, advocating for crucial funding for HIV/AIDS programs in the Greater Sacramento area, and demonstrating his ability to navigate the legislative arena adeptly. As a motivational public speaker, he has spoken at the US National Conference on HIV/AIDS, Poz Radio, and other platforms. His impact was further solidified when he became the first Certified Medi-Cal Peer Support Specialist at his agency. He presently serves as the Substance Use Disorder - Outreach and Education Coordinator at a Federally Qualified Health Center in Yolo County, drawing upon personal and professional expertise to provide community education and foster resilience. His vision embraces a future where young people and our most vulnerable have equitable access to essential Behavioral Health treatment. He persists in his advocacy for expanding peer-based services knowing first-hand the profound impact it has had on the lives of many others.

Additional Resources:

California Health Care Foundation Article: Promotor Training Seeks to Improve Outcomes for Latinos/x With Substance Use Disorder

*The resources below are of groups involved with advocacy and employment of Peer Support Specialists and Community Health Workers.*

https://cpehn.org/what-we-do-2/our-networks/community-health-workers-promotores/

https://www.ymcasf.org/programs/urban-services-community-health-ambassador-program

https://www.calmhsa.org/peer-certification/

https://peerwellnesscollective.org/

https://www.mentalhealthsf.org/peer-providers-clinical-integration/

**TAB 6**

# California Behavioral Health Planning Council
# Workforce and Employment Committee (WEC)
## Wednesday, October 16, 2024

**Agenda Item:** Member Discussion of Peer Support Specialist and CHW Provider Types and Employment in California

**Enclosures:** None

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

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

This agenda item provides committee members with the opportunity to discuss their understanding of Peer Support Specialist and Community Health Worker/Promotora/Representative (CHW/P/R) Medi-Cal certification and employment. The WEC will discuss gaps in the certification and service delivery process and strategize ways to advocate best practices and policies for these professions in California's public behavioral health system.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objective 1.6:

**Objective 1.6:** Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth.

**Background/Description:**

The Workforce and Employment Committee will discuss the Peer Support Specialist and CHW/P/R provider types. Committee members will identify gaps in the public behavioral health system as it relates to the certification and employment of these provider types. The WEC will determine if actionable steps are needed based on the information received from previous agenda items on this topic. If actionable steps are needed, committee members will identify the role of the WEC as it pertains to improving the certification and employment of PSS and CHW/P/Rs.

**TAB 7**

# California Behavioral Health Planning Council
# Workforce and Employment Committee
## Wednesday, October 16, 2024

**Agenda Item:** Nominate Chairperson and Chair-Elect for 2025 (Action)

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**
*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides the opportunity for committee members to nominate the next Workforce and Employment Committee (WEC) Chair-Elect. The Chair-Elect is responsible for supporting the Chairperson with leading committee activities.

**Background/Description:**
Each standing committee shall have a Chairperson and Chair-Elect. The Chairperson serves a term of one year with the option for re-nomination for one additional year. Walter Shwe is slated as the WEC Chairperson in 2025. The committee members shall nominate a Chair-Elect to be submitted to the Council's Officer Team for appointment in 2025.

The role of the Chair-Elect is outlined below:

- Facilitate committee meetings as needed, in the absence of the Chairperson.
- Assist the Chairperson and staff with setting the committee meeting agenda and committee planning.
- Participate in the Executive Committee Meetings on Wednesday mornings during the week of quarterly meetings.
- Participate in the Mentorship Forums in person the Thursday evening of the quarterly meetings.

**Motion #1:** Nomination of a committee member as the WEC Chair-Elect