Workforce and Employment Committee Agenda

Wednesday, June 18, 2025
1:30 p.m. to 5:00 p.m.

DoubleTree Marina del Rey
13480 Maxella Avenue
Marina del Rey, CA 90292
Panache I Room

Zoom Link
Meeting ID: 862 6255 5210
Passcode: WEC2025

Join by phone: +1 669 900 6833
Passcode: 9515408

1:30 pm **Welcome, Introductions, and Housekeeping**
Deborah Pitts, Acting Chairperson and All Members

1:35 pm **Review and Accept April 2025 Draft Meeting Minutes (Action)** *Bill Stewart, Chair-Elect and All Members* **Tab 1**

- Committee Discussion
- Public Comment
- Accept Minutes

1:40 pm **Review and Approve 2025-2026 Committee Work Plan (Action)** **Tab 2**
Deborah Pitts, Acting Chairperson and All Members

- Committee Discussion
- Public Comment
- Accept Work Plan

1:55 pm **BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program** **Tab 3**

- Overview of Medi-Cal Behavioral Health Community-Based Provider Training Program: *Anne Powell, Health Program Specialist II, Policy Section of Office of Workforce Development; Matthew Ortiz, Staff Services Manager II, Department of Health Care Access and Information*
- Discussion of Committee Input for the Implementation of the Medi-Cal Behavioral Health Community-Based Provider Training Program: *Karen Vicari, Director of Public Policy, Mental Health America of California (MHAC); Deborah Pitts, Acting Chairperson and All members*
- Public Comment

3:15 pm **Break**

3:30 pm **Integrating Employment in Recovery (IER) Pilot Program** **Tab 4**

- Overview of the Integrating Employment in Recovery (IER) Pilot Program: *Cassandra Kemic, Team Manager, Integrating Employment in Recovery, California Department of Rehabilitation; Javier Moreno, Director of Government Relations, Aegis Treatment Centers*
- Committee Discussion of Integrating Employment in Recovery (IER) Pilot Program *Deborah Pitts, Acting Chairperson and All members*
- Public Comment

4:45 pm **Wrap Up/Next Steps** **Tab 5**
Deborah Pitts, Acting Chairperson and All Members

5:00 pm **Adjourn**

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

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Workforce and Employment Committee Members
Chairperson: Deborah Pitts (Acting) **Chair-elect:** Bill Stewart
Members: Susie Baker, John Black**,** Lynne Martin Del Campo, David Cortright, Jessica Grove, Donald Morrison, Dale Mueller, Jessica Ocean, Marina Rangel, Maria Sierra, Arden Tucker

WET Steering Committee Members: Abby Alvarez, Chad Costello, Kristin Dempsey, Janet Frank, Tara Gamboa-Eastman, Le Ondra Clark Harvey, Kathryn Kietzman, Robb Layne, Robert McCarron, Carli Stelzer, Heidi Strunk, Karen Vicari

Staff: Ashneek Nanua, Simon Vue

TAB 1

California Behavioral Health Planning Council
Workforce and Employment Committee

Wednesday, June 18, 2025

Agenda Item: Review and Accept April 2025 Draft Meeting Minutes

Enclosures: April 2025 Draft Meeting Minutes

Background/Description:

The Workforce and Employment Committee will review the draft meeting minutes for the April 2025 Quarterly Meeting. Members will have an opportunity to request corrections before accepting the meeting minutes.

Workforce and Employment Committee

Meeting Minutes - DRAFT

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.

- 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.

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

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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

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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.

- 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

TAB 2

California Behavioral Health Planning Council
Workforce and Employment Committee

Wednesday, June 18, 2025

Agenda Item: Review and Approve 2025-2026 Committee Work Plan (Action)

Enclosures: Draft Workforce and Employment Committee Work Plan 2025-26

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 used to guide and monitor the Workforce and Employment Committee activities in its efforts to uphold its duties within the framework of the Council.

Background/Description:

The purpose of the Work Plan is to establish the objectives and goals of the Workforce and Employment Committee, as well as to map out the necessary tasks to accomplish those goals. Committee members will review and update the committee Work Plan to fulfill and prioritize activities for the 2025-2026 calendar year.

Language that is added to the draft Work Plan document is indicated in underline font, and items removed are ~~crossed-out~~.

Motion: Adopt the Workforce and Employment Committee Work Plan 2025-2026.

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 Health Care Access and Information (HCAI) on education and training policy development and 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 Workforce and Employment Committee will be the group to work closely with the Department of Health Care Access and Information staff to provide input, feedback and guidance and to be the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law.

The Council has collateral partners involved in addressing the behavioral health workforce shortage in California. A number of these partners have been working with the Council in prior efforts and provide additional subject matter expertise. These individuals and organizations, collectively known as the Workforce Education and Training (WET) Steering Committee, will continue to provide the committee with expertise and are invited to participate in meetings, where appropriate.

Additionally, there are 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 Workforce and Employment Committee will maintain relationships to identify areas of commonality, opportunities for collaboration and blending of actions. They include but are not limited to:

- Department of Rehabilitation
    a) State Rehabilitation Council
    b) Cooperative Programs
- California Workforce Development Board
- Labor Workforce Development Agency
- Behavioral Health Services Oversight and Accountability Commission (BHSOAC)
- 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, retention, quality, and preparation of California's behavioral health workforce, reduce the workforce shortage and build sustained mechanism for ongoing workforce education and training to insure a trauma-informed, person-centered, diverse, and recovery-oriented workforce.

Objective 1.1: Review and make recommendations to the full Council regarding approval of the Department of Health Care Access and Information's Workforce Education and Training (WET) Plan:

a. Engage in regular dialogue and collaborating with the Workforce Education and Training (WET) Steering Committee.
b. Maintain an open line of communication with the Department of Health Care Access and Information via Council staff to advise on education and training policy development and provide oversight for education and training plan development.
c. Participate in the statewide stakeholder engagement process.
    i. Host a presentation and round-table discussion at the Council's General Session Meeting to initiate the Council's feedback for the development of the 2026-2030 Workforce Education and Training Five-Year Plan.
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, Western Interstate Commission for Higher Education (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 to advocate best practices that may be standardized across local agencies in consideration of different needs in local and urban areas.

a. Invite local counties to report on successful workforce development initiatives for new and existing providers and to report on diversity and equity in their demographic data.

Objective 1.4: ~~Identify~~ Monitor and determine advocacy needs regarding data ~~that shows~~ showing the gaps of the hard-to-fill behavioral health professions on a statewide level including information about local partnerships providing education and training opportunities.

a. Use the County Behavioral Health Director's Association's Workforce Needs Assessment Report as a resource for this objective.
b. Ask entities to provide the number of individuals they serve from diverse and underserved communities.

Objective 1.5: ~~Identify~~ Monitor and determine advocacy needed regarding ~~and inventory~~ funding opportunities at the local, state and national levels for workforce development, scholarships, tuition support, etc.

a. Track the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115(a) Demonstration and provide feedback on the policy and implementation of the Workforce Initiative and optional Clubhouse services Benefit.
    i. Track the number of individuals from diverse and underrepresented communities being served in BH-CONNECT workforce programs.

Objective 1.6: Support building the workforce of individuals with lived behavioral health experience through monitoring the success of 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, at the state and local levels.

Objective 1.7: Determine need for advocacy and best course of action to promote the integration of non- credentialed, non-licensed behavioral health workers at the community level who do not operate at the level of Peer Support Specialists, Community Health Workers, or other certified and credentialed professions.

Objective 1.8: Build relationships and engage with educational institutions to support pipeline programs and advocate best practices defined by education experts be implemented across higher education to prepare individuals to work in the behavioral health field.

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 trauma-informed, person-centered, diverse, and recovery-oriented employment support services and pre-employment services across the lifespan to secure and retain a job or career of choice.

Objective 2.1: ~~Identify~~ Monitor and advocate for successful employment programs available to mental health and substance use disorder consumers at the local level and advise the state to scale these programs to hard-to-reach, underserved communities and consider the limitations of these programs created by unequal access and opportunities due to systemic social inequities.

a. Build Council's understanding of California Department of Rehabilitation's mechanism to support employment and education for California's mental health and substance use disorder consumers, including but not limited to mental health Cooperative Programs.

Objective 2.2: 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; Clubhouses, self-employment and gig work; supported education; high school pipeline and career development; Behavioral Health Services Act (BHSA) or other funding sources; and career pathways and advancement for consumers and peers.

a. Host a listening session, workshop, or event inviting representatives for each employment model including entrepreneurs to provide perspectives of each model on the community needs, benefits and challenges.

TAB 3

California Behavioral Health Planning Council
Workforce and Employment Committee

Wednesday, June 18, 2025

Agenda Item: BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program

Enclosures: California Department of Health Care Access and Information (HCAI) BH-CONNECT Workforce Initiative: Community-Based Provider Workforce Presentation
Mental Health America of California (MHAC) Concerns with BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program for Peer Support Specialists PDF Document

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 Council members with an update on the design and implementation of the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Workforce Initiative, specifically the Medi-Cal Behavioral Health Community-Based Provider Training Program. Committee members will use this information to influence policy that affects the implementation of this program for individuals with mental health conditions and substance use disorders.

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

Objective 1.5: Monitor and determine advocacy needed regarding funding opportunities at the local, state and national levels for workforce development, scholarships, tuition support, etc.

a. Track the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115(a) Demonstration and provide feedback on the policy and implementation of the Workforce Initiative and optional Clubhouse services Benefit.

Background/Description:

The California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-

Cal members living with significant behavioral health needs. The BH-CONNECT Workforce Initiative aims to address provider shortages by supporting the identification, training, and retention of people who provide services across the full continuum of care for Medi-Cal members living with significant behavioral health needs.

The committee's interim Chairperson reviewed all five programs within the BH-CONNECT Workforce Initiative during the April 2025 Quarterly Meeting and solicited committee feedback on all five programs. The committee expressed interest regarding the Medi-Cal Behavioral Health Community-Based Provider Training Program given the focus on funding Peer Support Specialists and Community Health Workers.

A representative from the California Department of Health Care Access and Information (HCAI), Anne Powell, will present operational considerations for the Medi-Cal Behavioral Health Community-Based Provider Training Program such as the design and plan for implementing the program. Committee members will then engage the presenter in a question-and-answer session and provide real-time input to help influence the policy development for implementation of this program.

Karen Vicari, a Workforce Education and Training (WET) Steering Committee member and Director of Public Policy at the Mental Health America of California (MHAC) will present her organization's concerns regarding the funding structure for the program. Committee leadership will then pose questions to the committee to initiate a discussion regarding the committee's priorities for this program and identify potential concerns to monitor as the program is implemented.

Public comment will take place upon conclusion of this agenda item.

Additional Resources:
BH-CONNECT Special Terms and Conditions (STCs) Pages 21-30
DHCS BH-CONNECT Webpage and BH-CONNECT Workforce Initiative Webpage
HCAI BH-CONNECT Webpage

Presenter Biography:

Karen Vicari, Director of Public Policy, Mental Health America of California (MHAC)

Karen Vicari Karen A. Vicari, JD, is the Director of Public Policy for Mental Health America of California (MHAC). Upon graduation from McGeorge School of Law, she practiced poverty law, working with clients on housing and public benefits issues. After a diagnosis of Rheumatoid Arthritis, Karen transitioned to policy and advocacy, representing people with chronic illnesses and mental health conditions at the state policy level in California. She has previously worked for the Mental Health Association in California, the Arthritis Foundation and Cal Voices, using her extensive knowledge of grassroots advocacy and mental health policy to improve the lives of people living with mental health conditions. Karen has personal lived experience as a person with lived experience, a family member, and the parent of a child living with a mental health condition.

HCAi
Department of Health Care Access and Information

California Behavioral Health Planning Council Workforce and Employment Committee

BH-CONNECT Workforce Initiative: Community Based Provider Workforce

Anne Powell, Behavioral Health Policy
Health Workforce Development

June 18, 2025

HCAI's Vision and Mission

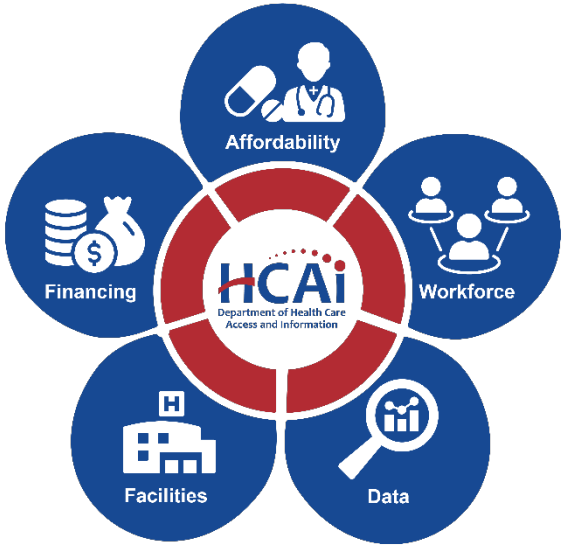
Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

HCAI Program Areas



•**Facilities**: Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.

•**Financing**: Provide loan insurance for non-profit healthcare facilities to develop or expand services.

•**Workforce**: Expand and diversify California's healthcare workforce to address disparities.

•**Data**: Collect, manage, analyze, and report actionable information about California's healthcare landscape.

•**Affordability:** Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.

HCAI Health Workforce Approach and Strategy

HCAI enables the expansion and development of a **health workforce that reflects California's diversity in order to address supply shortages and inequities**, by administering programs and funding and generating actionable data.

Focus Our Programs in Four Areas

Develop, support and expand a health workforce that:

- Serves medically underserved areas
- Serves Medi-Cal members
- Represents the California it serves through racial and language diversity

Offer programs that provide financial support for:

- Organizations building the workforce pipeline
- Organizations expanding educational capacity
- Individuals pursuing health careers
- Organizations supporting providers and addressing retention

We deeply examined 9 roles in our current BH supply and demand model – more will be added over time as data becomes available

Non-prescribing licensed clinicians ("BH-L")[1]

- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Psychologist

Associate-level clinicians ("BH-A")[1]

- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Registered Psychological Associate

Other Roles:

- Psychiatrist

Examined for Future Addition:

- Wellness Coaches
- Licensed Educational Psychologist
- Psychiatric Mental Health Nurse Practitioner
- Psychiatric Technician

Note: The behavioral health professional ecosystem is especially complex, with many additional roles (e.g., MHRS, OTs, **Peer Support Specialists**, AOD Counselors, etc.) playing an important part in the care team & being critical to a well-functioning delivery model

Given the lack of data available for many of these roles today, they have not been included in this version of the model; however, work is in-progress to model them in a separate supplemental tool and these roles are currently considered in our strategic interventions and are prioritized on our roadmap for future inclusion & data collection

1. In supply/demand modeling, demand for this set of roles has been calculated overall (combined) due to overlapping scopes of practice; supply results remain distinct across each role

Historical HCAI Support for Peer Support Specialists

Department of Health Care Access and Information

HCAI Peer Personnel Training and Placement Program

- Funds public, private, and nonprofit organizations, including faith-based and CBOs, for training and support that facilitates the training and placement of peer personnel
- Peer personnel are individuals with lived experience as a mental/behavioral health services consumer, family member, and/or caregiver placed in designated peer positions who have completed the 80 hours of peer personnel training
- Applicants must provide training to peer personnel that meets the 80-hour training requirements under the DHCS Medi-Cal Peer Support Specialist Certification Program
- There is no service obligation with this program

Peer Personnel Program Award History 1/2

Award Year	Number of Awardees	Total Award Amount
2014	4	$1,893,141.00
2015	4	$1,943,690.00
2016	7	$3,090,865.00
2017	9	$4,327,353.34
2018	5	$2,488,236.00
2019 - A	5	$2,237,799.00
2019 - B	5	$2,253,666.27
2020	2	$2,000,000.00
2021	14	$6,686,365.00
2022	12	$11,517,509.00
2023	16	$14,492,336.00
2024	9	$8,634,900.00

Peer Personnel Program Current Cycle

- **Application Cycle:** Open January 10, 2025 – Close March 7, 2025
- **Grant Period:** July 1, 2025– June 30, 2027

Program	Enactment Year	Amount Available
MHSF	2024	$2,000,000
TOTAL		**$2,000,000**

BH-CONNECT Workforce Initiative

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BH-CONNECT Workforce Initiative

- The Workforce Initiative will support the training, recruitment and retention of behavioral health practitioners to provide services across the continuum of care.
- Between 2025 and 2029, in partnership with the Department of Health Care Services (DHCS) and HCAI will invest up to $1.9 billion in five workforce programs.
- Recipients of workforce funding will commit to serving Medi-Cal members living with significant behavioral health needs for 2-4 years.
- The state may carry unused workforce initiative expenditure authority from one year to the next. After Demonstration Year 2, the state may redistribute up to 30% of Workforce Initiatives funding across programs.

BH-CONNECT: Workforce Initiative Programs

Community Based Provider Training Program (MBH-CBPTP)

Department of Health Care Access and Information

BH-CONNECT: Community-Based Providers

Section 6.5. **Medi-Cal Behavioral Health Community-Based Provider Training Program.** The Behavioral Health Community-Based Provider Training Program is designed to build up the workforce of Alcohol or Other Drug Counselors, Community Health Workers and Peer Support Specialists by funding training and education in order to create a healthcare workforce pipeline to address community-based workforce shortages throughout the state. Participation in the program will be conditioned on a three-year full-time commitment of service in safety net settings as defined in STC 6.1(a).

a. The state may pay training programs up to $10,000 per practitioner participating in this program. Funds may only be used for the following activities:

i. Program tuition and required program fees for course curriculums necessary to achieve the professional titles of **Alcohol or Other Drug Counselor, Community Health Worker or Peer Support Specialist**.

ii. Textbooks and supplies as required by the educational program curriculum.

iii. Professional exam fees and certification or licensure costs.

b. Payments must be made **directly only to the training program on behalf of the practitioner**. Funds will not be provided to individual participants.

Source: BH-Connect-STCs.pdf (see page 27)

Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP): Funding

MBH-CBPTP is expected to receive the following funding amounts for the 5-year demonstration period:

Program	DY* 1	DY 2	DY 3	DY 4	DY 5	TOTAL
MBH-CBPTP	**$10,000,000**	**$15,000,000**	**$20,000,000**	**$20,000,000**	**$20,000,000**	**$85,000,000**

*DY = Demonstration Year

BH-CONNECT: Eligible Sites

Sites*
Federally Qualified Health Centers (FQHC)
Community Mental Health Centers (CMHC)
Rural Health Clinics (RHC)
Settings with the following payer mix**: • Hospitals with 40 percent or higher Medicaid and/or uninsured population • Rural hospitals with 30 percent or higher Medicaid and/or uninsured population • Other behavioral health settings with 40 percent or higher Medicaid and/or uninsured population

*To fulfill the **full-time service commitment**, qualified practitioners may work at a single organization, or hold part-time positions across multiple provider organizations, so long as all organizations meet the Medi-Cal safety net setting definition.****

*__Service commitments__ must be fulfilled in these types of __Medi-Cal safety net settings.__

** BH-Connect-STCs.pdf (Please see Section 6.1(a) on page 27; also appears on the previous slide.)

*** A full list will appear in the grant guide.

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Medi-Cal Behavioral Health Community-Based Providers Training Program (MBH-CBPTP)

- HCAI will be convening public in-person and virtual meetings in summer 2025, to gather feedback about how to best to implement the MBH-CBPTP program.
- HCAI anticipates offering the first MBH-CBPTP funding cycle in early 2026.
- HCAI will convene a webinar for possible awardee Community-Based Organizations and Institutions of Higher Education as well as other interested stakeholders, to provide detailed information about the program and how to apply.*
- The program can award up to $10,000 per practitioner.**
- Participants must serve a ***three-year full-time service commitment*** providing services in safety net settings.
- Payments must be made to the training program ***on behalf of the practitioner***. Federal rules prevent payments directly to individual participants.

*CBO = Community-based 501(c)(3) organizations
* IHE = Intuitions of Higher Education, including Community Colleges
**Practitioners include Peer Support Specialists, Community Health Workers, and Alcohol and Other Drug Counselors.

Thank You!

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Questions?

Concerns with the HCAI BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program for Peer Support Specialists

Summary

The Medi-Cal Behavioral Health Community-Based Provider Training Program will provide funding, paid directly to training organizations, for the training and education of Alcohol or Other Drug Counselors, Community Health Workers, and Peer Support Specialists. Training programs will be paid up to $10,000 per training participant, with this funding conditioned on participants remaining employed full time in certain community settings for 3 years. **If a participant does not complete 3 full time years of employment in a qualified setting, the state is required to recoup the full amount of training dollars paid to the training organization on behalf of the participant**. Whether or not payments are recouped, the state is only obligated to return to the Federal Government the amount of Federal Financial Participation received.[1]

Similarly, the BH-CONNECT Medi-Cal Behavioral Health Scholarship program would allow scholarship funding of up to $9,999 to be paid to a training program on behalf of a participant with a 2-year full time employment commitment in a qualified setting, also subject to recoupment from the state if the commitment is not satisfied.

In the case of Medi-Cal Peer Support Specialist training programs, the training entities are generally small nonprofit organizations with limited reserves that employ program staff based solely on current funding.

Concerns

Peer Support Specialist training organizations have several concerns with the program:

1. Participants who receive training under these programs have no incentive to fulfill 3 years of full time employment, which increases the risks placed upon training entities.
2. Participants who receive training under these programs have no incentive to inform training entities when they change their job or their contact information.
3. A training entity that receives funding under the BH-CONNECT Medi-Cal Behavioral Health Community-Based Provider Training Program for Peer Support Specialists or the Medi-Cal Behavioral Health Scholarship program would be forced to reserve a significant percentage of training funds in a special account in the event that full recoupment is requested up to 2 years and 11 months after receipt of funds. The risk associated with this is simply untenable for nonprofit organizations.

[1] https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-bh-connect-01102025.pdf.

www.mhac.org

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4. A training entity will be required to retain staff for up to 3 years after training funding ends to provide participants with job placement and retention services.
5. A training entity could provide as much as 2 years and 11 months of staff time to train each participant and assist with job placement and retention, only to have the full training payment taken away.
6. Training entities will be required to track participants for the full three years, in the event that questions about participant compliance arise. If a participant changes their contact information without notifying the training entity, yet remains in compliance, the training entity could still be required to repay all funds received for that participant.

Recommendations

Although the requirement that training participants complete 3 full time years of employment was mandated by CMS, The Department of Health Care Access and Information (HCAI) retains significant discretion in how this requirement is applied and enforced. We recommend that HCAI do the following:

1. Work with CMS to amend the waiver so it is reasonable for small nonprofit organizations to participate.
2. Implement a presumption that participants are in compliance absent compelling evidence that they are not.
3. Ensure that the current unrestricted funding for Peer Personnel Training remains robust.
4. Allow leeway in the definition of "full time". For instance, the IRS defines "a full time employee" as a person working 30 hours per week.[2]
5. Allow flexibility for participants who lose employment due to their mental health challenges, or other incidents outside their control, including time to regain wellness or time to find alternative employment before declaring them in default.
6. Broadly define the "extraordinary circumstances" which eliminate the repayment provisions.
7. Allow latitude in the recoupment of funds. The waiver includes the following language:

   "In the case of recoupment, regardless of whether the state is able to recover the payments made on behalf of the program participant, the state shall return the federal share of those payments to CMS within 1 year of the breach in the service commitment."

This language implies that CMS does not expect the state to conduct extraordinary efforts to recoup funds.

8. Ensure that the process for ensuring that practitioners remain in compliance with program requirements is not unduly burdensome for training organizations or participants.
9. Ensure that training entities are able to expeditiously receive payments on behalf of participants under the Medi-Cal Behavioral Health Scholarship Program which, if funding is limited to $9,999, would only require a 2-year work commitment.

[2] https://www.irs.gov/affordable-care-act/employers/identifying-full-time-employees

California Behavioral Health Planning Council
Workforce and Employment Committee

Wednesday, June 18, 2025

Agenda Item: Integrating Employment in Recovery (IER) Pilot Program

Enclosures: Why Employment Matters: SUD Barriers and Best Practices 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 Council members with foundational knowledge regarding an employment pilot program that the California Department of Rehabilitation (DOR) provides for individuals with substance use disorders. Committee members will use this information to potentially advocate for continued funding and policies that affects the implementation of this program.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 2.1:

Objective 2.1: Monitor and advocate for successful employment programs available to mental health and substance use disorder consumers at the local level and advise the state to scale these programs to hard-to-reach, underserved communities and consider the limitations of these programs created by unequal access and opportunities due to systemic social inequities.

a. Build Council's understanding of California Department of Rehabilitation's mechanism to support employment and education for California's mental health and substance use disorder consumers, including but not limited to mental health Cooperative Programs.

Background/Description:

The California Department of Rehabilitation is currently leading the Integrating Employment in Recovery (IER) Pilot Program to support the substance use disorder population with employment opportunities. This project receives funding from Opioid Settlement Funds (OSF) through California's Opioid Settlements. Cassie Kemic, the team manager for this program, will provide an overview of the program. Cassie will also discuss why employment is important for the substance use disorder population. The presentation will include barriers to employment and best practices.

Javier Moreno, Council member and the Director of Government Relations at Aegis Treatment Centers, will provide his feedback on how this program has been

implemented in his organization. The committee leadership team will then pose questions to the committee to gather feedback on this program and determine if the committee should prioritize advocating for the continuation of this program after the pilot has ended.

Public comment will occur upon conclusion of this agenda item.

Additional Resource:
Integrating Employment in Recovery Pilot Project Article

Presenter Biography:

Cassie Kemic, Team Manager, Department of Rehabilitation – Integrating Employment in Recovery

Cassie Kemic is a passionate, dynamic leader, trainer, and advocate with nearly a decade of experience advancing employment opportunities for individuals with disabilities and those in recovery from substance use disorders. As Team Manager for the Department of Rehabilitation's Integrating Employment in Recovery pilot, Cassie oversees the development and delivery of employment services within treatment centers, leading a multidisciplinary team to bridge recovery and meaningful work.

Prior to her current role, Cassie served as a Training Officer, designing and delivering innovative trainings for rehabilitation and treatment staff across California. Her expertise includes accessible content creation, curriculum design, program management, and collaboration, all rooted in a deep commitment to equity, empowerment, and systemic change. She is an enthusiastic collaborator who values innovation, inclusion, and meeting people where they are.

Cassie's career spans roles in vocational rehabilitation, workforce development, and recreation, where she has consistently demonstrated a talent for building relationships, strategic planning, and capacity building. She holds a Bachelor of Science degree in Recreation Administration from California State University, Sacramento, and is passionate about removing barriers to employment for underserved communities.

Whether delivering trainings, building cross-sector partnerships, or leading teams, Cassie brings a unique blend of energy, compassion, and strategic insight to every project she touches. She believes that employment can be a powerful tool for hope, healing, and independence.

DEPARTMENT OF REHABILITATION
INTEGRATING EMPLOYMENT IN RECOVERY

DEPARTMENT of REHABILITATION
Employment, Independence & Equality

Why Employment Matters: SUD Barriers and Best Practices

Presented by:

Cassie Kemic, Manager,

Integrating Employment in Recovery Program

IER Program

- Opioid Settlement Fund – Integrating Employment in Recovery (IER)
  - Providing VR services to PWD and those with SUD
  - Integrated into four treatment centers
    - SF, Bakersfield, Tarzana and North Hollywood
  - Supporting w/employment services
  - Including people with lived experience
  - Dedicated vocational rehabilitation staff

Benefits to Employment in Recovery

- Participating in employment services can have a positive effect on treatment compliance
- Sustained recovery and work-life balance
- Employment is an important element for sustaining recovery and maintaining financial independence
- Top life priority by people in all stages of recovery

Sobriety and Recovery Are a Unique Journey

- Pursuing employment before, during, or after they become sober.

- Work provides benefits such as:
  - Improving self-esteem and quality of life
  - A sense of purpose
  - Offering hope for the future
  - A positive contribution to their community
  - Reducing triggers and relapse

Policy, Ethics and Statistics

- Committed
- Independence and equity
- Meaningful employment
- Cultural competency
- Addressing stigmas and biases
- Be diligent
- Self-advocacy
- Be moralizing
- Ethics driven policy

- Statewide – 7,000+
- Employment-related workshops to 1,000+ individuals
- 1 v 1 vocational counseling to 221+ individuals
- 250+ cases have been opened January 2024

Addressing Stigmas and Biases

- Cultural Competency
- Breaking and making habits
- Treating unintentional bias as an unwanted habit
  - Motivation
  - Awareness
  - Effort
- Are we aware of our biases?
- How can we productively channel our motivation?

Disclosure and Reasonable Accommodations

- How, when and why?
  - No obligation or timeline
  - Undue hardship
  - Consultation
  - Documentation

- Examples:
  - Adjustments to the work schedule to allow the employee to attend drug treatment or counseling or to participate in a 12-step or peer support group
  - Flexibility in taking sick or accrued or unpaid leave to enter or re-enter addiction treatment following a relapse.

Integrating VR Services into SUD Treatment

BENEFITS BOTH TYPES OF SERVICES

CRITICAL ROLE OF EMPLOYMENT IN RECOVERY

EXPANDING APPROACHES THAT INTEGRATE TREATMENT AND EMPLOYMENT SERVICES

AVAILABILITY

Life Domains

National Resources on Substance Use Disability (1)

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - General Recovery Support Tools and Resources
  - Evidence-based Resource Guide on Substance Use Disorders Recovery with a Focus on Employment
  - Treatment Improvement Protocol for Integrating Substance Abuse Treatment and Vocational Services

National Resources on Substance Use Disability (2)

- National Network Information
  - The ADA, Addiction, and Recovery for State and Local Governments
- National Institute of Mental Health
  - Substance Use and Co-Occurring Mental Disorders
- United States Department of Labor
  - Recovery-Ready Workplace Resource Hub
- Stigma
  - Words Matter: Preferred Language for Talking About Addiction

THANK YOU!

TAB 5

California Behavioral Health Planning Council
Workforce and Employment Committee

Wednesday, June 18, 2025

Agenda Item: Wrap Up/Next Steps

Enclosures: Standardized Question List for County Behavioral Health Departments Regarding Peer Support Specialist Programs

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective 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 monitoring the success of 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, at the state and local levels.

Background/Description:

During the April 2025 Quarterly Meeting, the Workforce and Employment Committee reviewed and provided feedback on a list of standardized questions intended to distribute to county behavioral health departments that present to the committee on the Peer Support Specialist workforce. The questions intend to provide knowledge on the current gaps of local level information of this workforce which is not available on the California Mental Health Services Authority (CalMHSA) Peer Certification data dashboard or other publicly available data sources. The committee will use this information to advocate for resources to be directed where they are needed, support employment opportunities for non-certified Peer Support Specialists in the behavioral health workforce, and improve the peer certification process for peers, training programs, and county systems. The committee will review the updated list of questions based on the feedback provided from the prior meeting.

Committee members will discuss strengths of presentations, facilitation, and discussion for the present meeting and provide areas for improvement for future meetings.

The committee will plan potential agenda items for the October 2025 Quarterly Meeting.

The standardized question list below will be distributed to counties that present to the Workforce and Employment Committee on data, statistics, billing, and utilization of Peer Support Specialists in local counties. The committee will use this information to fill in the gaps of information at the local level to effectively advocate for resources to be directed where they are needed, support employment opportunities for non-certified Peer Support Specialists in the behavioral health workforce, and improve the peer certification process for peers, training programs, and county systems.

Questions for County Presenters:

1. How many Peer Support Specialists work in county-contracted agencies?
    a) How many peers are Medi-Cal certified?
    b) How many peers are not Medi-Cal certified?
    c) How many peers are full-time employees and part-time employees?
    d) How many peer supervisors are Medi-Cal certified Peer Support Specialists?
    e) What are the diversity demographics of your peer workforce? i.e. race/ethnicity, LGBTQ, refugees, justice-involved, child welfare

2. What types of programs are certified and non-certified Peer Support Specialists working in? i.e. Full-Service Partnerships, outpatient clinics, community-based organizations, etc.

3. What specific challenges has the county encountered in billing Medi-Cal for certified Peer Support Specialists?

4. What specific challenges have contracted community-based organizations encountered in billing Medi-Cal for certified Peer Support Specialists?

5. How many peer certification training programs are there in the county?
    a) Are there any plans to expand the number of peer certification training programs in the county?
    b) Are there any in-person trainings available?

6. How does the county support individuals with obtaining certification?
    a) What types of financial assistance or scholarships are available at the county-level for individuals seeking peer certification?
    b) What ongoing training and professional development opportunities are available for Medi-Cal certified Peer Support Specialists in the county?

7. What are your plans in the near future to add and fund Peer Support Specialist positions to your programs?

The following items may be provided to the WEC by staff based on the CalMHSA Peer Certification Program Data Dashboard for each county:

- Sum of Medi-Cal Peer Support Specialists
- Sum of Supervision of Peer Workers
- Sum of Parent/Caregiver Peers
- Sum of Crisis Care Peers
- Sum of Justice-Involved Peers
- Sum of Unhoused Peers

The following items may be provided to the WEC by staff based on the CalMHSA Peer Certification Program Data Dashboard at the **statewide level:**

- Number of Certified Medi-Cal Peer Support Specialists (CMPSS)
- Number of CMPSS with specialization training (parent/caregiver, justice-involved, unhoused, crisis care)
- Personal Recovery Experience (mental health condition, substance use disorder condition)
- Family/Caregiver Experience (mental health condition, substance use disorder condition)

Statewide Demographic Data:

- Age-group (18-25, 25-64, 65+)
- Proficient Language (English, Spanish, Other)
- Employment Status (unemployed, full-time employment, part-time employment, volunteer)
- Gender (female, male, genderqueer, transgender)
- Race/Ethnicity (White/Caucasian, Hispanic/Latinx, Black/African American, Multi-race, Asian/Pacific Islander, Native American)
- County Region (Southern, Los Angeles Area, Bay Area, Central, Superior)
- County Size (large, very large, medium, small, small-rural)

https://www.capeercertification.org/certification-program-data-dashboard/