

Workforce and Employment Committee Agenda

Wednesday, June 16, 2021

<https://us02web.zoom.us/j/84116293180?pwd=dzkvM3VLODBSaXI3dzlFb01TT2xMQT09>

Meeting ID: 841 1629 3180 **Passcode:** WEC2021

Phone-in: 1-669-900-6833 **Access Code:** 5753535

1:30 pm to 3:15 pm

- | | | |
|----------------|---|--------------|
| 1:30 pm | Welcome and Introductions
<i>Dale Mueller, Chairperson and All Members</i> | |
| 1:35 pm | Approve April 2021 Draft Meeting Minutes
<i>Dale Mueller, Chairperson and All Members</i> | Tab 1 |
| 1:40 pm | CBHDA Update Re: Peer Specialist Certification
<i>Elia Gallardo, Director of Governmental Affairs,
County Behavioral Health Directors Association (CBHDA)</i> | Tab 2 |
| 1:55 pm | Public Comment | |
| 2:00 pm | Discussion of DHCS Recommendations
Re: Peer Specialist Certification
<i>Dale Mueller, Chairperson and All Members</i> | Tab 3 |
| 2:25 pm | Public Comment | |
| 2:30 pm | Break | |
| 2:35 pm | Develop Questions for WET Plan Regional Partnerships
<i>Dale Mueller, Chairperson and All Members</i> | Tab 4 |
| 3:00 pm | Public Comment | |
| 3:05 pm | CBHDA Workforce Strategic Plan Update/Next Steps
<i>Elia Gallardo, Director of Governmental Affairs, CBHDA
Dale Mueller, Chairperson and All Members</i> | Tab 5 |
| 3:10 pm | Public Comment | |
| 3:15 pm | Adjourn | |

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

Workforce and Employment Committee Members

Chairperson: Dale Mueller **Chair-elect:** John Black

Members: Deborah Pitts, Walter Shwe, Arden Tucker, Vera Calloway, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Christine Costa, Celeste Hunter, Uma Zykofsky, Christine Frey, Sokhear Sous (on leave)

WET Steering Committee Members: Le Ondra Clark Harvey, Kristin Dempsey, Janet Frank, Elia Gallardo, Olivia Loewy, E. Maxwell Davis, Robert McCarron, Kathryn Kietzman

Staff: Ashneek Nanua, Justin Boese

TAB 1

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 16, 2021**

Agenda Item: Approve April 2021 Draft Meeting Minutes

Enclosures: April 2021 Draft WEC Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for the April 2021 Quarterly Meeting.

Motion: Accept and approve the April 2021 Workforce and Employment Committee draft meeting minutes.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Quarterly Meeting – April 14, 2021

Committee Members present: Dale Mueller, John Black, Vera Calloway, Steve Leoni, Celeste Hunter, Lorraine Flores, Cheryl Treadwell, Walter Shwe, Karen Hart, Liz Oseguera, Christine Frey, Uma Zykofsky, Christine Costa, Arden Tucker

WET Steering Committee Members Present: Elia Gallardo, Olivia Loewy, E. Maxwell Davis, Janet Frank, Robb Layne

Others present: Catherine Moore, Noel O'Neill, Carol West, Katrina Cople, Chad Costello, Steve McNally, Lisa Wolfe, Lynn Thull

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve January 2021 and February 2021 Draft Meeting Minutes

The Workforce and Employment Committee (WEC) approved the January 2021 Draft Meeting Minutes. Celeste Hunter motioned approval. Christine Costa seconded the motion.

The Workforce and Employment Committee (WEC) approved the February 19, 2021 Draft Interim Meeting Minutes. Steve Leoni motioned approval. Lorraine Flores seconded the motion. Christine Costa abstained.

The Workforce and Employment Committee (WEC) approved the February 26, 2021 Draft Interim Meeting Minutes. Uma Zykofsky motioned approval. Celeste Hunter seconded the motion. Christine Costa abstained.

Action/Resolution

The January and February 2021 WEC Meeting Minutes are approved.

Responsible for Action-Due Date

N/A

Item #2**Peer Support Specialist Presentation and Discussion**

Tylana Thomas-Anderson shared her experience in the public mental health system as a consumer and Community Health Worker. She described her current role in which she teaches individuals how to strategically execute homeless outreach, conducts anti-stigma presentations, and engages in various case management and coordination activities at the Los Angeles County Department of Mental Health.

Tylana encouraged peers to meet individuals where they are in recovery as an authentic way to approach healing. She stated that peers provide an understanding of the consumer experience and recommended that they be included on interdisciplinary treatment teams. Tylana provided examples of the valuable role that peers play on treatment teams. She described how many of her clients have been honest and open with her as peer compared to the therapist, and indicated that peers often spend more time with clients than other members of a treatment team.

Tylana described barriers to peer work. First, she indicated that peers can be devalued in their role and asked the Council to advocate on this issue. Tylana indicated that advocacy for peers is ongoing and individuals must be willing to be comfortable with speaking their truth and sharing their experiences. She encouraged education to staff and multidisciplinary teams on the valuable role of peers to prevent them from being devalued and stigmatized as individuals with mental illness who are not able to work. She emphasized the phrase “nothing about us without us” to assert the value of authenticity and inclusiveness in the peer movement. Tylana indicated that documentation and unclear job descriptions are also a barrier and expressed the need for authentic training for both staff and peers. She stated that peers need to know what their jobs entail because many of them are not aware of documentation and other job requirements.

Council members expressed their appreciation for Tylana’s presentation and her work as a Community Health Worker. Steve Leoni requested to have further discussion on this agenda item at a future quarterly meeting.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 **Public Comment**

Katrina Cople stated that we must be able to talk about the peer view and strength of this view including the autonomy, self-reliance, and opportunity to explore personal responsibility. She added that Tylana gave a clear presentation that voices the strength, honesty, and resilience that peers have and their ability to teach others with lived experience.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 **Peer Specialist State Certification Update**

Ilana Rub, DHCS Health Program Specialist, introduced herself to the WEC and provided an update on implementation activities for the certification for Peer Support Specialists in California. She stated that DHCS is still collecting feedback from the listening sessions and are currently meeting with groups to collect input to ensure a robust stakeholder process. DHCS is currently compiling an initial draft of the Peer Certification Program requirements. Ilana indicated that a full update will be provided at the April Behavioral Health Stakeholder Advisory Committee Meeting (BH-SAC). She directed WEC members to the Peer Support Services webpage on the DHCS website for updates, resources, and contact information.

Q&A

Steve Leoni asked how family members hold the role of peers. Ilana stated that this area of specialization is still under development.

Vera Calloway inquired what groups DHCS is speaking to about peer certification. Ilana stated that they have met with the California Association of Mental Health Peer Run Organizations (CAMHPRO), County Behavioral Health Directors Association (CBHDA), individuals, providers, and various other advocacy groups.

Action/Resolution

WEC staff will attend the April BH-SAC meeting to receive an update regarding Peer Certification and share DHCS' initial recommendations at the June Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua – June 2021

Item #6 **Public Comment**

Janet Frank expressed concerns of having 58 different versions of the peer programs and losing state leadership that would be responsible for ensuring consistency across counties. Ilana Rub indicated that DHCS is seeking to standardize certification requirements and ensure clarity and reciprocity for the requirements with flexibility for the counties to develop their programs based on the populations they are working with.

Carol West asked if there will be technical assistance provided to counties to help them implement the Peer Certification Program and if there will be a panel of experts or certification board to assist with questions as the program is implemented. Carol West also asked if CalMHSA or other agencies will act as the lead entity for peer certification. Ilana Rub responded to Carol's questions indicating that there has not been a decision regarding CalMHSA, technical assistance will be provided shortly after the guidelines are released in July 2021, and DHCS is currently having discussions on how to initiate ongoing check-ins for the Peer Certification Program to address questions as they arise.

Elia Gallardo stated that there will not be 58 counties implementing their own certification program. There will be one entity representing counties which is likely to be CalMHSA as it is composed of all the counties. The process will be standardized as CalMHSA will be responsible for administering certification, verifying information, and handing out documentation that is done by the certifying entity.

Katrina Copple asked if there will be an opportunity for organizations who currently conduct peer trainings to receive additional information from DHCS via the Peer Support Services webpage or email. Katrina also asked DHCS to describe how they have worked with the Copeland Center for Wellness and Recovery on wellness recovery action plans (WRAP). Ilana Rub stated that DHCS is looking at WRAP as one of the peer certification training components and would like to be inclusive for organizations to participate. DHCS will first establish the training requirements and then evaluate how existing training programs work within the system.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Update 2021 WEC Work Plan

Staff reviewed changes that the WEC Officers proposed for the 2021 Work Plan. Committee members provided the following edits:

- Jane Adcock stated that CBHDA, in collaboration with U.C. San Francisco, are receiving a grant from Kaiser Family Foundation to develop and implement a 10-Year strategic plan for the public behavioral health system workforce. She indicated that CBHDA will have an advisory board in which they will invite the Council to participate. She recommended adding CBHDA's 10-year Strategic Workforce Plan to the list of organizations that the WEC will maintain relationships with at the bottom of Page 1 of the Work Plan.
- Steve Leoni asked if the University of California system can be added to the list of organizations that the WEC will maintain relationships with. He flagged this as an item to explore.
- WEC members chose to remove the organizations listed in Objective 1.2.
- Committee members agreed to change the language in Objective 1.5 to state that the WEC will collaborate with “other CBHPC committees” rather than naming the Legislation Committee.
- Objective 1.6 will remain on the Work Plan with no changes.
- Committee members discussed how they would like to include peer certification efforts on the Work Plan. They decided to designate peer certification as a separate goal or objective on the Work Plan since this topic is time-sensitive and central to the WEC's current work.
- The WEC would like to see equity integrated into the Work Plan.

Action/Resolution

WEC staff will make updates to the Work Plan based on the edits provided. Committee members will have a chance to review the changes to the Work Plan at the following quarterly meeting.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – June 2021

Item #8 Public Comment

Carol West indicated that there is no certification for Community Health Workers. She alerted the WEC that Peer Support Specialists in Los Angeles County are hired under the Community Health Worker title and sees this as a point of confusion for the implementation of peer certification. She said both Community Health Workers and

Peer Support Specialists are relying heavy on CalAIM changes with the move from cost-based reimbursement to value-based payments so that peers can be included in team-based care.

Janet Frank expressed agreement with the edits provided to the Work Plan objectives. She asked if there may be a separate goal for equity as it is currently reflected only in Objective 2. She indicated that adding a separate goal for equity would highlight the position that the Council has taken.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #9 Next Steps/Written Q&A Re: WET Five-Year Plan

WEC staff reviewed the project goals and timelines regarding CBHDA's upcoming development of a 10-Year Strategic Workforce Plan for the public behavioral health system. Staff notified the WEC that CBHDA would like to appoint a Council member to the project's upcoming workgroup sessions. Chairperson Dale Mueller stated that the WEC Officers will arrange for further input and presentations for the June Quarterly Meeting.

Action/Resolution

The WEC Officers and staff will determine the agenda items for the June Quarterly Meeting. Staff will follow up with CBHDA to determine if any updates will be provided for the 10-Year Strategic Workforce Plan.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese, Dale Mueller, John Black – June 2021

The meeting adjourned at 3:00 pm.

TAB 2

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 16, 2021**

Agenda Item: CBHDA Update Re: Peer Specialist Certification

Enclosures: Materials will be provided prior to the meeting.

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 work with the County Behavioral Health Directors Association to identify and discuss strategies to combat barriers to statewide Peer Support Specialist Certification in California.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Strategic Goal 2.0

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

Background/Description:

The County Behavioral Health Directors Association of California (CBHDA) is a nonprofit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

Elia Gallardo, CBHDA Director of Government Affairs, will present on the current efforts of CBHDA and counties to address the potential issue of counties choosing to not participate in the state's peer certification program. This information will be used to help identify strategies and recommendations to decrease barriers and increase the county participation rate for peer certification programs across California.

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

TAB 3

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 16, 2021**

Agenda Item: Discussion of DHCS Recommendations Re: Peer Specialist Certification

Enclosures: [April 2021 Behavioral Health Stakeholder Advisory Committee Presentation](#) (slides 13-42)

WEC Peer Support Specialist Recommendation Letter #1

WEC Peer Support Specialist Recommendation Letter #2

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 review and comment on the Department of Health Care Services' (DHCS) initial policy recommendations for statewide Peer Support Specialist Certification in California.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Strategic Goals 1.0 and 2.0

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

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

Background/Description:

The WEC developed recommendations for the design and implementation of the Peer Support Specialist Certification Program during the DHCS stakeholder process in March 2021. DHCS provided initial recommendations based on stakeholder feedback during the April 2021 Behavioral Health Stakeholder Advisory Committee (BH-SAC) meeting.

Committee members will have a discussion regarding areas of potential opposition or concern from DHCS' initial recommendations for the Peer Certification Program. WEC members will also identify any WEC policy recommendations for peer certification that

may have been misrepresented or misunderstood by DHCS and provide written clarification in response.

March 2, 2021

CHAIRPERSON
Lorraine Flores

EXECUTIVE OFFICER
Jane Adcock

Marlies Perez, Chief of Community Services
California Department of Health Care Services
1501 Capitol Avenue Sacramento, CA 95814

Dear Ms. Perez:

- **Advocacy**
- **Evaluation**
- **Inclusion**

The California Behavioral Health Planning Council thanks you for the opportunity to comment on the design and implementation for the Peer Support Specialist Certification Program. Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The Council's Workforce and Employment Committee (WEC), in collaboration with community stakeholders, have evaluated the policies proposed by the Department of Health Care Services (DHCS) for the development of Peer Support Specialist Certification in California. Committee members leveraged the knowledge of individuals who currently work as Peer Support Specialists, the County Behavioral Health Directors Association, and their own expertise and experience as professionals, consumers, and champions within the public behavioral health system to create recommendations on policies and best practices for peer certification in California.

The recommendations provided in this letter are in response to the first DHCS Listening Session held on January 22, 2021, which covered the training requirements, core competencies, areas of specialization, range of responsibilities, qualifications, practice guidelines, and supervision standards for Peer Specialist Certification. These recommendations are applicable to providing culturally responsive care with respect to all populations including but not limited to children and families, immigrants and refugees, LGBTQI2S, and ethnically-diverse populations.

The Workforce and Employment Committee has reviewed the policies proposed by the Department of Health Care Services for the statewide standards for Peer Specialist Certification. The following are our recommendations:

Employment Training

The number of training hours and continuing education requirements are not specified in statute. The WEC supports, at minimum, the proposed 40 hours of training and recommends increasing the training requirement to 60 hours. DHCS may want to consider broadening the required 6 continuing education hours on ethics to include education on laws because they change over time. This will help provide peers with the information and tools necessary to be on equal footing with other behavioral health professionals.

Additionally, we must consider cultural equity and linguistic diversity of the workforce in any recruitment efforts. Peers should reflect the diversity of the communities they serve, and some qualities such as ethnic background, LGBTQI2S status, or criminal justice involvement cannot be taught in a classroom.

Core Competencies

The WEC recommends the following in regards to the 16 proposed core competencies for Peer Support Specialists:

- 1) Add team and inter-professional practices as a standalone competency to the list of competencies
- 2) Broaden competency #11 on professional boundaries and ethics to clearly distinguish the unique difference between a peer provider and non-peer provider
- 3) Modify language on competency #14 to state “Navigation of, and referral to, and education in other services and systems”
- 4) Change language on competency #5 on cultural competency to instead be defined as cultural humility and responsiveness, add social equity and empathy to this competency, and recognize that cultural humility training is an ongoing process

Areas of Specialization

The WEC appreciates the consideration for areas of specialization for Peer Specialists, however, we caution DHCS from creating a list of single CEU trainings for each specialization as it may not be the most effective vehicle for specialized skills development. Instead, we recommend a focus on the role of peers and targeting their training to the role they have in their specific service or program. This includes quality supervision and ongoing support involving reflection and engagement in practice. Additional recommendations for the areas of specialization include the following:

- 1) Integrate competency #6 on Trauma-Informed Care into **all** components of peer support services in order to act as the core to all specializations
- 2) Provide special consideration for individuals coming out of incarceration as this population predominantly experiences mental health and substance use disorder conditions. These individuals require understanding and would benefit from additional supports in their role as peers.
- 3) Distinguish and be cognizant of the differences between the definition of recovery for mental health conditions and the definition of recovery for substance use disorders

Additionally, the committee expressed concerns about leaving specialization to county discretion, which can potentially lead to 58 different versions of the curriculum. One way to avoid need for specializations is to assure that there is enough content in the core curriculum that addresses all population groups, especially those with systematic inequities, racial, ethnic, age, gender identification, etc.

Qualifications

The WEC supports the proposal to **not** require additional qualifications in addition to federal rules to ensure that qualified peers are encouraged to complete the certification process. The WEC emphasized that the key qualification of “peer” must be the focus of the qualifications.

Due to varying strengths and abilities of peers, the WEC requests DHCS to consider what type of certification exam is appropriate for this unique group of individuals working in the public behavioral health system. Peers are protected under the American Disabilities Act and are able to request accommodations so they should be given reasonable accommodations and supports to complete their certification.

Practice Guidelines

The WEC recommends that DHCS reference the National Association of Peer Specialists for the creation of practice guidelines for Peer Support Specialists. Existing national guidelines specific to peer practices should be considered above other practice guidelines.

Supervision Standards

The WEC recommends that DHCS place focus on expertise and practice experience opposed to a specific list of credentials when considering supervision for certified peers. We propose a model of dual supervision which includes a primary supervisor who comes from a peer background, and a secondary supervisor with clinical expertise who could also assist with Medi-Cal billing and documentation. The non-peer supervisors may include professionals such as Occupational Therapists and other qualified

individuals who have the expertise required to conduct peer supervision. Many counties like Riverside County have a dual supervision model for Peer Support Specialists that may be of interest for review.

The WEC places emphasize on quality supervision for the advancement and growth and learning of Peer Support Specialists. It also may be helpful for DHCS to hold working groups separate from the listening sessions in order to designate and make recommendations about supervision requirements and practices.

We hope that the recommendations put forth in this letter are taken into consideration as the Department of Health Care Services develops the statewide standards for Peer Specialist Certification. We appreciate the opportunity to submit comments, and ask to be included in conversations hosted on this topic. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

Cc: Kelly Pfeifer, M.D., Behavioral Health Deputy Director
California Department of Health Care Services

Sincerely,

Original Signed by

Noel J. O'Neill
Chairperson

March 16, 2021

CHAIRPERSON
Noel J. O'Neill

EXECUTIVE OFFICER
Jane Adcock

Marlies Perez, Chief of Community Services
California Department of Health Care Services
1501 Capitol Avenue Sacramento, CA 95814

Dear Ms. Perez:

- **Advocacy**
- **Evaluation**
- **Inclusion**

The California Behavioral Health Planning Council thanks you for the opportunity to comment on the design and implementation for the Peer Support Specialist Certification Program. The Council's Workforce and Employment Committee (WEC), in collaboration with community stakeholders, have evaluated the policies proposed by the Department of Health Care Services for the development of Peer Support Specialist Certification in California.

The recommendations provided in this letter are in response to the second DHCS Listening Session regarding the process requirements for setting up a Peer Specialist Certification Program as well as how to initiate and report on the program. These recommendations are culturally responsive to all populations including but not limited to children and families, immigrants and refugees, LGBTQI2S, and ethnically-diverse populations. The WEC requests that peers are included in all aspects of the design, review, implementation and evaluation of this Peer Support Specialist Certification Program. The following are our recommendations:

Process Requirements for Setting up a Certification Program:

Code of Ethics:

The Code of Ethics should be consistent with the scope of work and practice for Peer Support Specialists. The WEC recommends that DHCS review the Code of Ethics of existing peer support programs both within and outside of California such as the [Pennsylvania model](#) and, specifically, models developed by peer providers. We ask that a draft of the Code of Ethics be shared with stakeholders, including peers, for review and input prior to finalization.

Additionally, the committee recommends that the frequency for peers to affirm the Code of Ethics should be parallel to the requirements of other licensed/certified professions, which typically occurs on a biennial basis.

Initial Certification and Biennial Renewal Process:

More information is needed about the proposed biennial renewal process before the committee can provide input on what additional items need to be added. The WEC requests that a draft of this process be shared with stakeholders for review and input prior to finalization.

Complaints, Corrective Action, Suspension, Revocation, and Appeals:

The WEC has concerns that every county may end up with a different process for complaints, corrective action, suspension, revocation, and appeals. We recommend that DHCS develop a statewide process that counties will use to guide their corrective action plans.

Additionally, the committee believes that the process for investigation of complaints and corrective action should be consistent with existing Medical processes and align with the Code of Ethics for Peer Support Specialists. We highly recommend that DHCS include a Peer Support Specialist or Peer Supervisor as a third-party reviewer in the process for complaints, corrective action, suspension, revocation, and appeals at the state and at the local level to ensure a peer-driven process for this unique provider type.

The WEC would like to view a detailed draft of the process in order to provide feedback before this process is implemented.

Grandfathering:

The WEC recommends that graduates from formally-established, county-recognized peer training programs be grandfathered-in for certification. Currently-employed peers who have not received training through one of the recognized peer training programs should be granted the option to submit a resume that presents their knowledge, skills, and abilities for evaluation by the certifying body using an established checklist of the required knowledge, skills and abilities of the program. The committee suggests that the evaluation process allow for split approval, which involves provisionally approving the individual for grandfathering-in on the condition that they complete any missing core training requirements within a specific timeframe.

For individuals who do not immediately meet the above grandfathering requirements, the WEC recommends that the timeframe to complete the certification exam should be as generous as possible in order to maximize retention of currently-employed peers in the workforce. This would entail a minimum of 12-18 months to complete the certification with flexibility that allows peers to continue working as they complete the certification process.

Additionally, we ask that DHCS be mindful about barriers to peers seeking certification and request the department to include peers in the creation of the grandfathering requirements. We believe that taking these steps will protect the integrity of the Peer Support Specialist position and ensure that individuals are trained and equipped with the tools and skills necessary to

work effectively within the scope of practice for this Medicaid-funded position.

Reciprocity:

The WEC is satisfied with the initial suggestions for reciprocity proposed by DHCS and has no additional suggestions.

County Pilot Program Initiating and Reporting:

Required Submission Items and Periodic Reviews for County Reporting:

The WEC approves of the proposal to include periodic reviews in the county triennial review protocol. We recommend that Peer Training Plans be reviewed within the first 6 months of implementation in order to address any emergent issues of the new pilot program.

Annual Program Reports:

The committee believes that this topic requires further discussion and would like to work with DHCS and stakeholders, including peers, to determine key outcome measures and data reporting for the Peer Support Specialist certification program.

We appreciate the opportunity to comment on the proposed policies and hope that the recommendations put forth in this letter are useful as you move forward in developing the statewide standards for Peer Specialist Certification. We ask to be included in any future conversations hosted on this topic. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

Cc: Kelly Pfeifer, M.D., Behavioral Health Deputy Director
California Department of Health Care Services

Sincerely,

Original Signed by

Noel J. O'Neill, LMFT
Chairperson

TAB 4

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 16, 2021**

Agenda Item: Develop Questions for WET Plan Regional Partnerships

Enclosures: Draft Regional Partnership Standardized Question List
[Regional Partnerships Grant Guide](#)

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 develop questions to engage the Regional Partnerships for the 2020-2025 Workforce Education and Training (WET) Five-Year Plan. The WEC will use this information to inform the public about the activities and goals of programs executed by the Regional Partnerships.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 1.3

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

Background/Description:

The Office of Statewide Health Planning and Development (OSHPD) is statutorily required to coordinate with CBHPC for the planning and oversight of the 2020-2025 Workforce Education and Training (WET) Five-Year Plan. The 2020-2025 WET Plan includes funding for five Regional Partnerships (RP) to administer programs that oversee training and support to the PMHS workforce in their region.

Workforce and Employment Committee members have expressed interest in inviting the WET Regional Partnerships to present on the implementation of their programs and activities. WEC staff have created a draft list of standardized questions to ask each Regional Partnership for committee review. WEC members will:

- a) Review and modify the list of standardized questions in preparation for the upcoming Regional Partnership presentations
- b) Determine how to utilize information provided by the Regional Partnerships to disseminate to the public

Workforce Education and Training (WET) Five-Year Plan Regional Partnership Standardized Question List

The passage of Proposition 63, the Mental Health Services Act (MHSA), in November 2004 provided a unique opportunity to expand and improve the workforce that supports Public Mental Health System (PMHS) programs. The MHSA includes a component for Workforce Education and Training (WET) programs. The 2020-2025 WET Plan includes funding for WET Regional Partnerships (RP) to administer programs that oversee training and support to the PMHS workforce in their region.

Supporting Individuals

The Regional Partnerships created by the MHSA would administer the series of programs supporting individuals to promote the leveraging of resources to best serve individual local jurisdictions. OSHPD would contract with each of the Regional Partnerships for activities supporting individuals. OSHPD would assist with the administrative execution of educational scholarships, clinical graduate student stipends, and educational loan repayments.

The strategy is two-fold. First, identify individuals in the early stages of considering and deciding on their career trajectory. Once an individual decides on a PMHS career, the Wet Plan envisions that the full range of programs would support them over the course of their education and securing PMHS employment, from scholarship to stipend, and/or to loan repayment.

Second, allow individuals to receive support at any point along the career development pathway: as an undergraduate receiving a scholarship, in a clinical graduate program receiving a stipend, or as a PMHS professional receiving loan repayment assistance with education debt. Selecting candidates from underserved communities and local jurisdiction would also support grow-your-own workforce development strategies.

There are four components in this category:

- A. Pipeline development
- B. Undergraduate college and university scholarships
- C. Clinical master and doctoral level graduate education stipends
- D. Educational loan repayment

Supporting Systems

OSHPD would directly administer the following four components of this program category.

- A. Peer Personnel Preparation
- B. Psychiatric Education Capacity Program
- C. Train New Trainers Psychiatry Fellowship
- D. Research and Evaluation

The five Regional Partnerships are:

- 1) **Superior:**(Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity counties)

**Workforce Education and Training (WET) Five-Year Plan
Regional Partnership Standardized Question List**

- 2) **Central:** (Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, and Yuba counties)
- 3) **Greater Bay Area:** (Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma counties, and the City of Berkeley)
- 4) **Southern:** (Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura counties, and the Tri-City (Pomona, Claremont, and La Verne) area of Los Angeles County)
- 5) **Los Angeles:** (Los Angeles County)

The Workforce and Employment Committee is requesting each Regional Partnership to answer the following questions in regards to their programs (pipeline development, undergraduate college and university scholarships, clinical master and doctoral level graduate education stipends, and educational loan repayment):

- 1) **What programs do you plan to implement?**
 - a. What was your region's process to identify local needs and determine which programs to provide?
 - b. Were stakeholders involved in the decision-making process? If so, what groups did you speak with and how did you incorporate their feedback?
- 2) **Who did you identify as your target population for each program?**
 - a. Can you speak to your outreach process?
 - b. How many grantees are served based on your program goals?
 - c. What are the demographics of the target population for each program in order to meet the cultural and equity needs of your region?
- 3) **What are the goals of each of your programs?**
 - a. What initial outcomes are you finding for each of your programs?
 - b. How are you tracking outcomes and best practices?
- 4) **What are some of the challenges and barriers you have encountered?**
 - a. What are the benefits and challenges of the new Regional Partnership structure in the 2020-2025 WET Five-Year Plan?
 - b. How do you plan to address any barriers you encounter?
- 5) **How do you plan to ensure your programs will meet the 2020-2025 WET Five-Year Plan values that are contained in the grant agreement? Please describe each applicable value from the list below:**

PMHS professionals must have the skills to:

**Workforce Education and Training (WET) Five-Year Plan
Regional Partnership Standardized Question List**

- i. Provide treatment and early intervention services that are culturally and linguistically responsive to California's diverse and dynamic needs
- ii. Promote wellness, recovery, and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes. PMHS agencies need to extend these same values to their workforce
- iii. Work collaboratively to deliver individualized, strengths-based, consumer-and family-driven services
- iv. Use effective, innovative, community-identified, and evidence-based practices
- v. Conduct outreach to and engage with unserved, underserved, and inappropriately served populations

6) Is there a plan for short-term and long-term follow-ups with grantees?

7) How will you address the long-term retention of grantees in the PMHS?

To learn more about the contracts for the Workforce Education and Training (WET) Regional Partnerships, you may view the [Regional Partnerships Grant Guide](#).

TAB 5

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, June 16, 2021**

Agenda Item: CBHDA Workforce Strategic Plan Update/Next Steps

Enclosures: CBHDA Building the Future Behavioral Health Workforce Project Overview 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 allows committee members to determine next steps for participating in the County Behavioral Health Directors Association's (CBHDA) 10-year Strategic Workforce Plan as well as plan the activities for the October 2021 Quarterly Meeting.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Strategic Goals 1.0

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

Background/Description:

In collaboration with Kaiser Permanente Southern California, CBHDA will develop a 10-year strategic plan for strengthening the public behavioral health workforce. The plan will include an assessment of current workforce gaps and challenges as well as policy recommendations and implementation strategies to help California build a future public BH workforce that:

- Is highly qualified to provide clinically excellent community-based behavioral health care;
- Reflects the cultural diversity of those seeking BH services across California; and
- Is sufficient in number and mix of providers and geographically distributed to mitigate current shortages and meet the needs of a rapidly evolving safety net delivery system.

Elia Gallardo, CBHDA Director of Government Affairs, will provide an update on the current planning and stakeholder engagement efforts in preparation for the implementation of the 10-year Strategic Workforce Plan. Committee members will determine if and how to participate in these efforts. The WEC will then plan next steps for the October 2021 Quarterly Meeting.

Please contact Ashneek Nanua at Ashneek.Nanua@cbhpc.dhcs.ca.gov for a copy of the CBHDA document.