

# Workforce and Employment Committee Agenda

Wednesday, January 20, 2021

1:30 pm to 3:00 pm

Zoom meeting link to be provided

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|----------------|--|--------------|
| <b>1:30 pm</b> | <b>Welcome and Introductions</b><br><i>Dale Mueller, Chairperson and All Members</i>   |              |
| <b>1:35 pm</b> | <b>Approve October 2020 Draft Meeting Minutes</b><br><i>Dale Mueller, Chairperson and All Members</i>  | <b>Tab 1</b> |
| <b>1:40 pm</b> | <b>Workforce Education and Training (WET) Five-Year Plan Update</b><br><i>OSHPD Healthcare Workforce Development Division</i>                                      | <b>Tab 2</b> |
| <b>1:50 pm</b> | <b>Public Comment</b>  |              |
| <b>1:55 pm</b> | <b>Break</b>   |              |
| <b>2:00 pm</b> | <b>Peer Specialist Presentation and Discussion</b><br><i>Tina Wooton, Peer Support Specialist</i>  | <b>Tab 3</b> |
| <b>2:20 pm</b> | <b>Peer Specialist State Certification Update</b><br><i>Marlies Perez, Division Chief of Community Services,<br/>California Department of Health Care Services</i> | <b>Tab 4</b> |
| <b>2:40 pm</b> | <b>Public Comment</b>  |              |
| <b>2:45 pm</b> | <b>Discuss 2021 Work Plan/Next Steps</b><br><i>Dale Mueller, Chairperson and All Members</i>   | <b>Tab 5</b> |
| <b>2:55 pm</b> | <b>Public Comment</b>  |              |
| <b>3:00 pm</b> | <b>Adjourn</b><br><i>The scheduled times on the agenda are estimates and subject to change.</i>  |              |

## **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, Kathi Mowers-Moore, Christine Costa, Celeste Hunter, Uma Zykofsky, 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

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

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 20, 2021**

**Agenda Item:** Approve October 2020 Draft Meeting Minutes

**Enclosures:** October 2020 Draft WEC Meeting Minutes

**Background/Description:**

Committee members will review the draft meeting minutes for the October 2020 Quarterly Meeting.

**Motion:** Accept and approve the October 2020 Workforce and Employment Committee meeting minutes.

## Workforce and Employment Committee

### Meeting Minutes (DRAFT)

Quarterly Meeting – October 21, 2020

**Committee Members present:** Dale Mueller, John Black, Vera Calloway, Steve Leoni, Kathi Mowers-Moore, Celeste Hunter, Lorraine Flores, Deborah Pitts, Cheryl Treadwell, Walter Shwe, Karen Hart, Liz Oseguera, Christine Frey, Uma Zykofsky

**WET Steering Committee Members Present:** Le Ondra Clark Harvey, Elia Gallardo, Olivia Loewy, Kristen Dempsey, E. Maxwell Davis

**Others present:** John Madriz, Ross Lallian, Anne Powell, Caryn Rizell, Courtney Ackerman, Hovik Khosrovian, Theresa Comstock, Stephanie Ramos, Andrea Crook, Steve McNally, Simon Vue, Lisa Wolfe, Dre Aersolon, Catherine Moore

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

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

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#### Item #1                      Approve June 2020 Draft Meeting Minutes

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Motion to approve the June 2020 draft meeting minutes was made by Lorraine Flores. Seconded by Steve Leoni. Karen Hart abstained. Motion passed.

#### Action/Resolution

N/A

#### Responsible for Action-Due Date

N/A

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#### Item #2                      Workforce Education and Training (WET) Update

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Staff from the Office of Statewide Health Planning and Development (OSHPD) provided an update on the WET 5-Year Plan. Anne Powell, Health Program Specialist for Policy at the HealthCare Workforce Development Division, specified that the presentation will cover the Regional Partnership Grant Program, the Psychiatric Education Capacity Enhancement Grant Program, and carryover funds that have not yet been allocated.

John Madriz, Manager of Grants Management Section of the Healthcare Workforce Development Division, provided an update on the Regional Partnership Grant process. He reviewed the five programs within the Regional Partnership (RP) Program: Pipeline Development, Undergraduate College and University Scholarships, Clinical Master and Doctoral Graduate Education Stipends, Loan Repayment Program, and Retention.

Mr. Madriz provided an update on the Regional Partnership roles and responsibilities as well as the timeline for grant implementation. He stated that the RPs will begin their activities from September through December 2020 and fund program activities in their jurisdictions in the current fiscal year. Mr. Madriz noted that the RPs have an annual requirement to compile and submit data to OSHPD on their selected programs as well as an ongoing requirement to revise program components and related budgets to address changes based on local needs.

OSHPD reviewed the Regional Partnership funding allocations, indicating that the five RPs received a total of \$40 million with an expectation to match funds by 33%, which amounts to a total budget of \$53.2 million. John Madriz stated that OSHPD will administer the following items for the Regional Partnerships:

- Online Activities Report to collect data from all the regions.
- Annual public mental health system (PMHS) Workforce Survey to collect data and report workforce needs as well as the impact of the WET program to policymakers. This data will also be shared with the Regional Partnerships to help inform program design and revisions over the five-year grant period.
- Central Application for scholarships, stipends, and loan repayment programs which will produce a central repository of data for RPs to determine eligibility, evaluate applicants, and select awardees.

Anne Powell provided an update for the Psychiatric Education Capacity Expansion (PECE) Program. She indicated that there are new and expanded programs for Psychiatry Residents as well as for Psychiatric Mental Health Nurse Practitioner (PMHNP) students. The goal of the new programs are to increase the number of programs across California. The goal of the expanded programs are to increase the number of students and residents trained in the PMHS. A sub-goal of the Psychiatry Residency Program is to encourage the expansion of child and adolescent psychiatry fellowships.

The OSHPD team reviewed the results of the grant solicitation process and indicated that three Psychiatry Residency Programs and four PMHNP Programs were awarded. Anne Powell stated that 36 psychiatry slots were created from the new programs which creates a high potential for growth in the PMHS workforce considering that there are currently a total of 150 slots for Psychiatry residents across California.

Anne Powell notified committee members that there are unspent WET program funds from FY 2018-19. OSHPD assigned rollover funding to the Regional Partnership Stipend Program which unlocked funding for other WET activities. OSHPD will have

until FY 2024-25 to allocate this funding. The OSHPD team concluded their presentation and opened the floor for questions.

### Q&A

Vera Calloway noted that 5,550 individuals were supported through the Pipeline Development Program in the Central Region and asked if they were the only region to apply for the grant. John Madriz stated that only the Central and Southern Regions opted to administer pipeline programs. He added that the Regional Partnership Grant Agreements provide flexibility for RPs to reprioritize the programs they choose to administer and have the ability to move funding around in order to address changing needs in their communities.

Karen Hart asked how the United Advocates for Children and Families (UACF) are planning to administer their new Psychiatry Residency Program. John Madriz stated that it is too early to provide detailed information about UACF's program operations because OSHPD is still in the process of executing Regional Partnership Grant Agreements, however, he indicated that UACF is partnering with UC Davis to develop this program. John Madriz added that all new Regional Partnership programs must work towards Accreditation Council for Graduate Medical Education (ACGME) within a two to three year period in order for OSHPD to re-administer awards to those programs.

Steve Leoni asked if the \$40 million awarded to Regional Partnerships will fund the WET program annually or for the full five-year period. John Madriz stated that this funding is allocated for the full five years of the WET Plan.

Steve Leoni asked OSHPD to provide information about peer training and education component of the WET program. Anne Powell stated that there is a separate funding stream of \$2 million for peer personnel training. She indicated that it will take two years to establish the standards under the new peer specialist certification program. John Madriz added that OSHPD may restructure their peer personnel program with the recognition that the Department of Health Care Services will establish the new guidelines for peer training.

Deborah Pitts inquired if the Los Angeles Loan Repayment Program is limited to local Department of Mental Health employees or if it is distributed across contract agencies. She specified that a licensed mental health professional can be hired as a licensed waived provider but an occupational therapist cannot. Anne Powell stated that an individual must already be contracted and working in the PMHS to be eligible and apply for the Loan Repayment Program. OSHPD is gathering applicant information and creating a centralized application in order to collect data across regions in order to make comparisons of each program area. The central application will be available in November 2020.

**Action/Resolution**

The WEC will continue to work closely with OSHPD on WET program development, implementation, and evaluation.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese – January 2021

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**Item #3**                      **Public Comment**

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Catherine Moore asked if the loan repayments will apply to psychiatrists who work in prisons and state hospitals. She stated that there is a chronic difficulty in filling psychiatry slots in jails. Anne Powell indicated that WET funding comes from the Mental Health Services Act (MHSA) which excludes funding of services in prison facilities and state hospitals. Therefore, jail psychiatrists are not currently eligible for WET funding. Anne Powell added that legislation was passed last year that allows public mental health system services to former inmates.

Steve McNally encouraged distribution of the WEC materials to county behavioral health boards. He asked if the WET program is designed to retain staff, if there is an option to match funds for individuals with private health insurance, and whether OSHPD will consider an alternate program that would attract retirees for part time work since they are already licensed. He stated that repayment programs in high-cost counties lose working professionals across many levels due to a lack of competitive compensation.

Stephanie Ramos stated that the peer personnel preparation section of the WET Five-Year Plan includes the development and preparation of counties and county-contracted agencies for peer personnel employment. She stated that a former program funded by OSHPD delivered technical assistance to counties and community-based organizations (CBOs) and these organizations have been reaching out for technical assistance. Ms. Ramos encouraged WEC to consider looking for ways to help fund support for counties and CBOs. She stated that it is important to support employers.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

**Item #4**

**Psychiatric Education Capacity Expansion Presentation**

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Denese Shervington, Chair of the Psychiatry Residency Program at Charles R. Drew University of Medicine and Science (CDU), delivered a presentation about her organization and the upcoming work planned from the OSHPD grant. She described CDU as the second most diverse four-year, private, non-profit college in the United States. The University is also known as a historically Black and Spanish serving institution.

The mission for CDU's Psychiatry Residency Program is to train diverse physician leaders dedicated to social justice and health equity for under-resourced and underserved diverse communities. Dr. Shervington described the values of Charles R. Drew University which include serving communities, leadership and excellence, diversity, integrity, and compassion. She described the "CDU Advantage" which are curriculum-based learning outcomes that focus on five domains: competence and excellence in the chosen field of training, social justice, global community, community-centered, and health policy.

Upon reviewing the CDU Advantage, Dr. Shervington described the existing activities at CDU that embody MHPA core values. Activities include recruiting residents with a passion for the University's mission, housing training sites in the PMHS, using grants to integrate behavioral health services into primary care clinics and developing a community advisory board, and implementing community health rotations.

Dr. Shervington described key learning objectives for the community health rotation such as understanding the importance of creating respectful therapeutic relationships, recognizing the importance of community partnerships in addressing health concerns as well as the impacts of social determinants of health, and understanding the fundamentals of community assessments. She also highlighted the importance to understand the experiences and cultural beliefs of patients and communities served.

Dr. Shervington stated that the grant received from OSHPD will last from October 30, 2020 through June 30, 2025. CDU will use these funds to add two permanent residents to the current 24-resident cohort, one of which will train as a Child and Adolescent Fellow. The funds will also be used to develop a Center of Excellence Fellowship Program to treat Adverse Childhood Experiences (ACEs), toxic stress, and other traumas experienced by underserved and marginalized youth. Dr. Shervington emphasized the importance on focusing on childhood ACEs and described them as a root cause of many of the greatest public health challenges.

Q&A

Steve Leoni asked if CDU encompasses ideals of recovery and resilience and asked how the University interprets these concepts. Dr. Shervington expressed that these

wellness, recovery, and resilience are interpreted as recognizing that everyone has inherent assets and strengths. She stated that all CDU programs involve or includes the understanding that everyone comes with innate resilience and capacity to recover.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #5                      Public Comment**

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Steve McNally asked if the 200 California student population at CDU are from Los Angeles or if they also come from neighboring counties. Dr. Shervington stated she can get back to him with the exact information but indicated that the University would not exclude individuals from neighboring counties.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #6                      Nominate WEC Chair-Elect for 2021**

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WEC staff notified committee members that they have the option to keep the same Chairperson and Chair-Elect for two consecutive years. Committee members opted to maintain the current WEC Officers for the 2021 calendar year. Vera Calloway motioned approval. Kathi Mowers-Moore seconded the motion. Motion passed.

**Action/Resolution**

Dale Mueller will continue as the WEC Chairperson for 2021. John Black will continue as the WEC Chair-Elect for 2021.

**Responsible for Action-Due Date**

N/A



**Item #7**

**Wrap Up/Next Steps for January 2021 Meeting**

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The Workforce and Employment Committee discussed potential topics and activities for the January 2021 Quarterly Meeting. Steve Leoni expressed interest in knowing what OSHPD is doing for best practices for retention in the WET plan but is open to pushing this potential agenda item to a later date if there are more urgent matters present.

Vera Calloway stated that it would be helpful to talk about peers and recruit members who are peers in the LGBTQ community, criminal justice system, homeless, and foster youth. She recommended that the WEC hears from the peer support community on what they would like to see for themselves in the future and then bring that information to DHCS to see if they can create something amenable for peer specialist guidelines. Steve Leoni also expressed interest in learning about the ground level work of peers and how they are welcomed into the behavioral health workforce. Olivia Loewy added that she would like to know more about the implementation process for the peer specialist certification program as well as how to support building the peer workforce in community agencies.

Jane Adcock, Executive Officer, indicated that DHCS will lead the peer certification effort and that the law requires them to form an advisory committee so there will be opportunities for public input. Elia Gallardo, County Behavioral Health Directors Association, added that DHCS is the lead entity for peer certification because the agency is responsible for securing Medi-Cal reimbursement for peer support services. Dale Mueller asked WEC staff if it is possible to hear from the peer specialist point of view in addition to the pursuit of reimbursement of peer support services.

**Action/Resolution**

WEC staff and Officers will work with Vera Calloway to seek out a peer specialist to invite to the January 2021 Quarterly Meeting. Staff will coordinate with OSHPD to provide an update of the retention piece of the WET Five-Year Plan.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, Dale Mueller, John Black, Vera Calloway – January 2021

**The meeting adjourned at 3:15 pm.**

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 20, 2021**

**Agenda Item:** Workforce Education and Training (WET) Five-Year Plan Update

**Enclosures:** None

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

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

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

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

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

- Engaging in regular dialogue and collaborating with the WET Steering Committee.
- Maintain an open line of communication with OSHPD via CBHPC Council staff in order to advise OSHPD on education and training policy development and provide oversight for education and training plan development.
- Participate in statewide OSHPD stakeholder engagement process.
- Build the Council's understanding of state-level workforce 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 Council reviewed and approved the plan during the January 2019 Quarterly Meeting.

OSHPD staff will provide an update on the implementation of the Five-Year Plan and respond to questions that committee members and steering committee members have provided prior to the meeting. The following questions were submitted to OSHPD on behalf of WEC:

- What work is your team currently engaged in for the WET Plan?
- What are your top priorities for 2021?
- What is the budget for 2021? Are there any anticipated funds coming in?
- How is the process for peer support included in the WET Plan for 2021?

- What is currently happening with the Regional Partnerships?
- What is OSHPD doing for best practices and retention?
- Given that primary care providers deliver over 70% of all behavioral healthcare in the state (and order over 80% of all anti-depressant prescriptions), while having an extremely limited formal training in this area, should we be allocating more routine funding to help support targeted PCP training this area? Perhaps this should be a primary means to expand and optimize psychiatric care in California?
- Given the historical and well-documented lack of behavioral health and health care workforce preparedness and expertise to serve older adults:
  - What is in the WET plan to assure that these deficits are addressed going forward?
  - What safeguards are there that the regional partnerships will address the training gaps in geriatric behavioral health that currently exist?
  - What types of model programs exist to promote geriatric behavioral health expertise that OSHPD could expand statewide? (e.g. LA County priorities for stipends for social workers committed to working with older adults; San Diego training certificate program for behavioral health workers committed to serve older adults, etc.)

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 20, 2021**

**Agenda Item:** Peer Specialist Presentation and Discussion

**Enclosures:** [Senate Bill 803 Bill Text](#)

[SB 803: Peer Specialist Certification and what the bill means for peers and behavioral health counties in California \(Webinar Recording\)](#)

[SAMHSA Core Competencies for Peer Workers in Behavioral Health Settings](#)

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

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

This agenda item provides the committee members with knowledge about the lived experience and duties of behavioral health peer specialists. This information will be used to advocate best practices during policy development and implementation of the statewide peer support certification program by the Department of Health Care Services (DHCS).

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan Objectives 2.1 and 2.3:

**Objective 2.1:** Expand Council’s knowledge in order to build and make available a current inventory of employment and education support services available to mental health consumers in each of California’s counties.

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

**Background/Description:**

Peer support workers are people who have been through the recovery process and who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process (Substance Abuse and Mental Health Services Administration). Peers are a cost-efficient and highly effective resource to the public mental health system workforce, however, these individuals currently do not have designated provider billing codes under the Medi-Cal program and are not certified. Peer Specialist Certification is an official recognition by a certifying body that a practitioner has met qualifications that include lived experience and training from a standardized curriculum on mental health issues.

CBHPC has advocated for statewide Peer Specialist Certification and the reimbursement for mental health peers for several years. In February 2015, the Council issued a white paper detailing the significance and effectiveness of peers in behavioral health service delivery and called out that California is behind the curve to certify and reimburse peers as part of the PMHS workforce. The Council, along with several other organizations and advocacy groups, have written letters to the Legislature to encourage reimbursement for peer services and statewide certification. After many years of advocacy, Governor Newsom signed SB 803, Peer Specialist Certification, into law on September 25, 2020.

Tina Wooton has been a Mental Health advocate for over twenty-five years. She has worked as a program manager and a Consumer Empowerment manager for Sacramento County, the CA Department of Mental Health, and the County of Santa Barbara. Tina also represents consumers as a governor-appointed Commissioner for the Mental Health Oversight and Accountability Commission since 2010. She is also a wife and a mother, and volunteers at the Board of Directors for *Standing Together to End Sexual Assault* and loves bike-riding, reading and walking.

Tina will present her experience as a Peer Specialist which will include highlights on the key functions in the Peer Specialist role, how her lived experience is valuable in her role, what the barriers are to delivering peer support services, and what she would like to see occur for her future as a peer specialist as well as the overall peer movement. Workforce and Employment Committee members will have the opportunity to ask questions and use the information that Tina shares in order to make robust, meaningful policy recommendations for the implementation of the peer support specialist certification law in 2021.

**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 20, 2021**

**Agenda Item:** Peer Specialist State Certification Update

**Enclosures:** Peer Support Services– Seeking Federal Authorities

[Behavioral Health Information Notice 20-056: Peer Support Services](#)

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

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

This agenda item provides the Council members with information regarding the upcoming design and implementation of Senate Bill 803, Peer Specialist Certification, from the Department of Health Care Services (DHCS). Committee members will use this information to advocate and make recommendations on peer certification in 2021.

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

**Objective 2.1:** Expand Council’s knowledge in order to build and make available a current inventory of employment and education support services available to mental health consumers in each of California’s counties.

**Background/Description:**

Senate Bill 803 involves the development of an optional peer support services certification program for the Drug Medi-Cal Organized Delivery System and Specialty Mental Health Services that will include the requirements for certification as well as billing specifications for peer support service providers and the services. Governor Gavin Newsom signed SB 803 into law on September 25, 2020. As the state agency responsible for California’s Medicaid program, the Department of Health Care Services is the entity responsible for the design, policy development, and implementation of the new law.

DHCS is developing the details of the stakeholder engagement process that will occur during the first half of 2021. Concurrent to the stakeholder engagement timeline, DHCS will draft program guidelines for release during Summer 2021. Counties will then be able to build their programs, with implementation activities set to begin in early 2022.

Marlies Perez, Division Chief of Community Services from the Department of Health Care Services, will provide the Workforce and Employment Committee with an update regarding the planning process for the design and implementation of SB 803. Committee members will have the opportunity to ask questions.

Committee members will use the information provided to determine the timeline required to participate in DHCS’ stakeholder engagement process for Peer Specialist Certification. The timeline will be determined during the “Next Steps” agenda item.

## Peer Support Services– Seeking Federal Authorities

The use of peer support specialists (peers) has been demonstrated to be a cost-effective and evidence-based practice for individuals experiencing mental health conditions and substance use disorders.

Currently, peers are only authorized to deliver covered services in the Medi-Cal program in a limited fashion. Specifically, peer-to-peer services are covered as a component of recovery services under the Drug Medi-Cal Organized Delivery System (DMC-ODS). With regards to specialty mental health services (SMHS), peers are not currently included in California’s Medicaid State Plan as providers for Medi-Cal Rehabilitative Mental Health and Targeted Case Management services. They are similarly not included under the State Plan Drug Medi-Cal program.

Pursuant to SB 803 (Beall, Chapter 150, Statutes of 2020), DHCS will seek federal approval to establish peers as a provider type, with associated Healthcare Common Procedure Coding System codes, allowed to provide distinct peer support services under the SMHS and DMC-ODS programs. While services provided by peers can currently be claimed under the provider type “other qualified provider” within the SMHS program, DHCS is proposing to add peers as a unique provider type with specific reimbursable services and to allow counties to opt-in to provide this valuable resource. By July 1, 2021, DHCS will determine the peer certification standards in alignment with the provisions of Senate Bill (SB) 803 (Beall, Chapter 150, Statutes of 2020), and in accordance within CMS’ guidance, with the new benefit in place by January 1, 2022.

### Definition of Peer Support Specialists

Peer support specialists are people who have been successful in their own recovery and who help others experiencing similar behavioral health treatment and recovery life situations. Peer Support Specialists include individuals in recovery with lived experience of mental health conditions, severe emotional disturbances, and/or substance use disorders as well as family partners with experience assisting loved ones with these conditions. With a certification and through shared understanding, respect, and mutual empowerment, peer support specialists help beneficiaries become and stay engaged in the recovery process and reduce the likelihood of relapse.

### Delivery Systems

If counties choose to administer a peer support specialist certification program in accordance with DHCS statewide standards, certified peers can deliver services under the Specialty Mental Health System and/or the Drug Medi-Cal Organized Delivery System.

### Services Provided

Structured, scheduled interactions and activities that promote socialization, recovery, self-advocacy, relapse prevention, development of natural supports, and maintenance

of community living skills will be provided by Certified Peer Support Specialists under the consultation, facilitation or direct supervision of a behavioral health professional. Services are directed toward the achievement of the specific, individualized, and result-oriented goals defined by the beneficiary and specified in the treatment and/or recovery plan. Additionally, this service provides support and coaching interventions to individuals to promote behavioral health recovery and healthy lifestyle choices. Supportive interactions can include motivational interviewing, recovery planning, resource utilization, strengths identification and development, support in considering theories of change, building recovery empowerment and self-efficacy. There is also advocacy support with the beneficiary to have recovery dialogues with their identified natural and formal supporters.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer support specialist's own life experiences will build alliances that enhance the beneficiary's ability to function in the community. These services may occur in a clinic setting and/or at locations in the community as allowed under the DMC-ODS and SMHS waivers.

## Levels of Care

In all levels of care for SMHS and DMC-ODS networks, peer support specialists can provide services in combination with other medically necessary mental health or substance use services or as an independent service to maintain beneficiaries' recovery.

## Supervision

Peer support specialists must provide services under the consultation, facilitation, or direct supervision of a behavioral health professional within their scope of practice.



**California Behavioral Health Planning Council  
Workforce and Employment Committee  
Wednesday, January 20, 2021**

**Agenda Item:** Discuss 2021 Work Plan/Next Steps

**Enclosures:** Workforce and Employment Committee 2019 Work Plan  
CBHPC Equity Statement

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

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

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

**Background/Description:**

The purpose of the Work Plan is to establish the objectives and goals of the WEC, as well as to map out the necessary tasks to accomplish those goals.

The WEC will review and discuss upcoming activities for 2021 and update the committee Work Plan. Committee members will use the CBHPC Equity Statement to create an action item for equity in the 2021 Work Plan. Members will also discuss next steps for the April 2021 Quarterly Meeting.

California Behavioral Health Planning Council  
Workforce and Employment Committee  
Work Plan ~~2021 June 2018 July 2019~~

**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. Additionally, state law provides the Council with specific responsibilities in advising the Office of Statewide Health Planning and Development (OSHPD) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development Plan as well as review and approval authority of the final plan. The WEC will be the group to work closely with OSHPD staff to provide input, feedback and guidance and also to be the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law.

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

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

- CA Council for the Employment of Persons with Disabilities
- State Rehabilitation Council
- Co-Op Programs within the Department of Rehabilitation
- California Workforce Development Board
- Labor Workforce Development Agency

Are there organizations that should be added or removed from this list?

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

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

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

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

Do we want to name specific organizations or leave it general? Are there other organizations that should be included?

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

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

**Objective 1.5:** Collaborate with other CBHPC committees ~~Legislation Committee~~ to support Peer Certification efforts.

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

How can WEC work with the SMC to operationalize this?

How can we target Peer Support Certification efforts into the Work Plan? Should this be expanded in Objective 1.5 or 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.**

**Objective 2.1:** Expand Council’s knowledge in order to build and make available a current inventory of employment and education support services available to mental health consumers in each of California’s counties.

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

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

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

How can we incorporate action item from the Council’s Equity Statement into the Work Plan?

## Council Equity Statement

The California Behavioral Health Planning Council members and staff are dedicated to supporting efforts, policies and programs that bring about necessary change to address systemic racism and inequities. This includes reducing the criminalization of mental illness and substance use disorders, as individuals who experience these conditions are often stigmatized as a threat to society and public safety rather than individuals in need of treatment and supports within their community. The behavioral health system is directly impacted by social injustice leading to far-reaching health disparities and diminished life expectancy.

The nation is experiencing a number of crises; crises which have indisputably highlighted the complex issues of race and inequality across our country. The Planning Council's vision is a behavioral health system that makes it possible for individuals to achieve full and purposeful lives. We are committed to attaining racial and social equity through action and advocacy for an inclusive society in which all community members can realize their full potential regardless of their race, ethnicity, age, gender identity, sexual orientation, diagnosis, ability or economic status. The Planning Council employs a number of [Guiding Principles](#) that are foundational to its visionary work.

It must be recognized that certain communities benefit from systemic racism and inequities while other communities suffer greatly. Leaders must look inward to identify unconscious bias as well as understand historical policies and practices that drive inequities. The Planning Council commits to continuing and improving our policies and practices to support and encourage diversity in membership and staff perspectives, to value individual lived experience, and to promote opportunities for ongoing education and growth.

The Council believes we can establish public policies that honor and respect differing backgrounds and life experiences by normalizing conversations about racial and other inequities. By building partnerships among Council members, policy makers, and communities served, we can operationalize the true meaning of equity. Through this process, the Council supports California in achieving the goals to reduce disparities, rebuild the trust lost from communities that have been historically under/inappropriately served and eliminate social injustice and racial inequities.