

Workforce and Employment Committee Agenda

Wednesday, January 18, 2023
 Holiday Inn San Diego Bayside
 4875 North Harbor Drive
 San Diegan/Presidio Room
 1:30 p.m. to 5:00 p.m.

- | | | |
|----------------|---|--------------|
| 1:30 pm | Welcome and Introductions – Changing of Officers
<i>Vera Calloway, Chairperson and All Members</i> | |
| 1:35 am | Welcome New Council Leadership
<i>Jenny Bayardo, CBHPC Executive Officer</i>
<i>Deborah Starkey, CBHPC Chairperson</i>
<i>Tony Vartan, CBHPC Nominated Chair-Elect</i> | Tab 1 |
| 1:50 pm | Employment Services Consumer/Provider Panel
<i>Betsy Knight, MFT Behavioral Health Program Coordinator,</i>
<i>San Diego County Behavioral Health Services (SDCBHS)</i>
<i>Jason Navarro, Turn BHS Employment Solutions</i>
<i>*additional consumer/provider representatives will be present</i> | Tab 2 |
| 3:05 pm | Discussion Re: SDCBHS Employment Services Models
<i>Vera Calloway, Chairperson and All Members</i> | Tab 3 |
| 3:30 pm | Public Comment | |
| 3:35 pm | Break | |
| 3:50 pm | Approve October 2022 Draft Meeting Minutes
<i>Vera Calloway, Chairperson and All Members</i> | Tab 4 |
| 3:55 pm | Review Changes to WEC 2022-2023 Charter
<i>Ashneek Nanua, WEC Staff and All Members</i> | Tab 5 |
| 4:05 pm | Public Comment | |
| 4:10 pm | Approve WEC 2022-2023 Charter (Action Item)
<i>Vera Calloway, Chairperson and All Members</i> | |
| 4:15 pm | 2020-2025 WET Plan and HCAI Behavioral Health Update
<i>John Madriz, Section Chief of Grants Management Division,</i>
<i>Department of Health Care Access and Information (HCAI)</i> | Tab 6 |
| 4:30 pm | Public Comment | |

4:35 pm	Discussion Re: Occupational Therapists as Licensed Mental Health Professionals (LMHPs) and Licensed Practitioners of the Healing Arts (LPHAs) <i>Vera Calloway, Chairperson and All Members</i>	Tab 7
4:45 pm	Peer Certification Update <i>Ashneek Nanua, WEC Staff and All Members</i>	Tab 8
4:50 pm	Public Comment	
4:55 pm	Wrap up/Next Steps <i>Vera Calloway, Chairperson and All Members</i>	
5:00 pm	Adjourn	

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

Workforce and Employment Committee Members

Chairperson: Vera Calloway **Chair-elect:** Christine Frey

Members: Deborah Pitts, Dale Mueller, Walter Shwe, Arden Tucker, Karen Hart, Steve Leoni, Liz Oseguera, Celeste Hunter, John Black, Jessica Grove, Javier Moreno, Sutep Laohavanich

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

Staff: Ashneek Nanua, Justin Boese

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: Welcome New Council Leadership

Enclosures: [Workforce and Employment Committee Work Plan 2022-2023](#)

How This Agenda Item Relates to Council Mission

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

This agenda item provides the opportunity for the new CBHPC Chairperson and Executive Officer to learn about the work and intent of the Workforce and Employment Committee as it relates to the Council's mission, goals, and mandates.

Background/Description:

In January 2023, Deborah Starkey is slated as the California Behavioral Health Planning Council's Chairperson and Tony Vartan is the proposed Council's Chair-Elect. CBHPC will also have a new Executive Officer, Jenny Bayardo.

Due to the Council's leadership changes, the Workforce and Employment Committee will engage the CBHPC's new Executive Officer, Chairperson, and Chair-Elect in a discussion to address the following questions:

1. How does the committee align with the Vision and Mission of the Council?
2. How does this committee align with the Council's mandates in Welfare and Institutions Code?
3. What does the committee hope to accomplish in the coming year?

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: Employment Services Consumer/Provider Panel

Enclosures: *Presentation materials will be provided closer to the meeting date.*

[San Diego Behavioral Health Work Well Five Year Strategic Employment Plan FY 2020-2024](#)

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 WEC with information on various workforce initiatives in San Diego County. Committee members will have the opportunity to engage in discussion and strategize advocacy efforts to increase the value of employment in behavioral health recovery services.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 1.3 and Objective 2.1:

- **Objective 1.3:** Build the Council's understanding of County specific workforce development initiatives and their successes and challenges.
- **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 and substance use disorder consumers in each of California's counties. Such inventory must consider limitations created by unequal access or opportunities due to social inequities.

Background/Description:

Throughout 2022, the Workforce and Employment Committee (WEC) have expressed interest to address the topic of increasing the value of employment in behavioral health recovery services and programs. The WEC engaged the California Association of Social Rehabilitation Agencies (CASRA) on this topic and heard from a panel of counties in northern California regarding their employment programs and practices for individuals with behavioral health conditions.

A panel of county representatives, consumers of behavioral health and vocational rehabilitation services, and providers in San Diego County will present their local employment initiatives to the WEC. Presenters will discuss best practices and challenges regarding employment initiatives for individuals with behavioral health conditions served by the public behavioral health system. Committee members will use this information to evaluate the current landscape of employment initiatives for individuals with behavioral health conditions.

Presenter Biography:

Betsy Knight, MFT Behavioral Health Program Coordinator, Behavioral Health Services - County of San Diego Health & Human Services Agency

Betsy Knight is a licensed Marriage and Family Therapist, with over 35 years working in social services as an advocate and clinician. Her work has spanned a large spectrum of environments including working with both youth and adults experiencing mental health issues, substance use challenges, and those fleeing domestic violence. Betsy is currently a Behavioral Health Program Coordinator with the County of San Diego, Health and Human Services, Behavioral Health Services. In this role she oversees contracted programs as a Contracting Officer's Representative (COR), for a variety of mental health and substance use programs. She also designs, develops and implements programs and services for the most vulnerable populations in the County. Prior to her position with Behavioral Health Services, Betsy worked in a number of settings including group homes, probation, partial hospitalization, case management, clubhouse, and transitional housing. Betsy continues to support her passion for assisting persons with lived experience by leading areas of Supported Employment, Peer/Family Education, Homelessness, and Trauma Informed Care.

***Additional presenters may be present during this agenda item*

Presentation Materials will be provided closer to the meeting date. Please contact WEC staff 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, January 18, 2023**

Agenda Item: Discussion Re: SDCBHS Employment Services Models

Enclosures: Comparison of Select Evidence-Based Employment Models for Persons Labeled with Psychiatric Disabilities

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 WEC with the opportunity to compare various workforce models and employment models in San Diego County. Committee members will have the opportunity to engage in discussion and strategize advocacy efforts to increase the value of employment in behavioral health recovery services.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 2.3:

Objective 2.3: 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 and Support 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:

The Workforce and Employment Committee will discuss and evaluate the employment initiatives and models in San Diego County for individuals with behavioral health conditions. Committee members will also compare the strengths and limitations of the Individual Placement and Support (IPS), Clubhouse, and Work Integration Social Enterprise (WISE) models and discuss how to elevate these different employment models among state and county priorities in conjunction with other prioritized behavioral health initiatives.

Comparison of Select Evidence-Based Employment Models for Persons Labeled with Psychiatric Disabilities¹

Employment Model: Individual Placement and Support Model of Supported Employment (IPS-SE)

Brief Description

Introduced into vocational rehabilitation in 1970-80's partly in response to dissatisfaction with sheltered workshops failure to move participants into 'real' employment, AND 'community integration' efforts in rehabilitation

Individual and Placement Support (IPS) Model developed at Dartmouth Psychiatric Research Center in early 1990's by applying assertive community treatment (ACT) approach to employment for person's labeled with serious mental illness

- Has become most widely disseminated and researched model of supported employment both nationally and internationally
- Served as model for SAMHSA's Evidence-Based Practice Toolkit for Supported Employment (SAMHSA, 2009)
- IPS Employment Center <https://ipsworks.org/> serves as primary dissemination source

Operates from 8 principles—Zero exclusion, focus on competitive employment, rapid job search, job targets based on person's choice, SE integrated into MH services, benefits counseling and time-unlimited support (SAMHSA, 2009)

Has been paired with other evidence-based practices to strengthening job retention and reduced negative job loss (i.e. cognitive intervention)

Strengths/Benefits/Advantages

Directly challenges traditional rehab focus of 'readiness' for employment

Has made important civil rights advance by sending positive message re employment (Tanaka & Davidson, 2017)

Has most evidence of any employment model, and has met highest level of evidence—multiple randomized clinical trials.

- Despite strength of evidence, not widely available within US, which has led to advocacy on part of many to promote IPS

In comparison to other vocational or employment approaches that involve periods of preparation, education and on-the-job training

- Increases length and time of employment
- Find jobs quicker on SE (Kinoshita, et al 2013, Cochrane Review)

¹ This document was developed by Deborah Pitts, CBHPC Provider Member for the sole use of the California Behavioral Health Planning Committee Workforce and Employment Committee to serve as a resource for considering different contemporary employment models related to the component of their work plan regarding ensuring full-employment for Californians served by the public mental health system. It is not intended to be a thorough accounting of each model, but a reference tool. Peer support specialist employment was not included as it is addressed as part of the component of the Committee's work plan related to ensuring that California has a diverse workforce.

Limitations/Risks/Disadvantages

Critical appraisal of IPS studies (Tanaka & Davidson, 2017) acknowledges success of IPS, argue that, “limited in helping all who desire to work obtain jobs, work long enough, and earn enough to reach economic independence, or occupy what may be regarded as ‘normal adult roles’ in the community; rather many appear too dependent on long-term professional help” (p. 196)

Tanaka & Davidson also argue that, “more people are out there, scattered, in the competitive world of work, but that may not necessarily mean they are satisfied with their jobs or feel meaningfully integrated in the workplaces and in the general community” (p. 197).

SSA Mental Health Treatment study (Drake, et al, 2016) shows success re employment, MH status, QOL and acute care, but earnings low (rarely exceeded SGA

Employment Model: The Clubhouse Model

Brief Description

Oldest of approaches to employment for persons’ labeled with psychiatric disabilities

Originated at Fountain House in NYC, now disseminated via Clubhouse International

<https://clubhouse-intl.org/>

- Members of We Are Not Alone (WANA), peer support/self-help ‘club’ of patients discharged from Rockland State Hospital reorganized as ‘social club’ in 1947
- Recruited John Beard, MSW in 1955 who influenced contemporary aspects of clubhouse including ‘work-ordered day’
- Model disseminated across US beginning in 1977 via NIMH Clubhouse Training Program and formation of what is now known as the Psychiatric Rehabilitation Association
<https://www.psychrehabassociation.org/>
- Clubhouse standards and certification began in 1992
- Development of ‘social practices’ model has been outlined. Introduced by Fountain House scholars as shared language around use of “community methods in establishing health, recovery, meaningfulness, and belonging (Doyle, et al 2013 as cited in Pernice, 2020, p. 22)

As of 2018 (McKay, et al) there are now 326 Clubhouses in 33 countries and 36 states

- California hosts 3 certified clubhouses—California Clubhouse (San Mateo), Putnam House (Concord), The Meeting Place (San Diego) and there is increased interest

Essential characteristics include...

Local community center where people who participate are known as “members”

- Key aspect is that membership is voluntary and has no time limit

Members have key role in organizing Clubhouse activities, work with staff as colleagues

- Staff members serve as ‘generalists’, engage in a “clubhouse community friendship for life” (Tanaka & Davidson, 2015a, p. 139)
- Consensus-based decision making regarding all important clubhouse matters
- Members engage at own “choice and pace”, staff work ‘side-by-side’ (Tanaka & Davidson, 2015b)

No “medical, clinical or treatment” services, but many clubhouses have incorporated ‘wellness’ interventions

Clubhouse offers daily productive and social role opportunities organized around ‘work-ordered day’, range of paid employment opportunities (transitional, supported and independent)

Strengths/Benefits/Advantages

Strong philosophical grounding in promoting sense of connectedness and opportunity for ‘meaningful activity’

- Being a member as valued alternative role to “patient” or “client” to create sense of belonging
- Being expected, wanted and needed as important human need
- A belief in the potential productivity of every person labeled with a psychiatric disability
- A belief that work, especially the opportunity, to aspire to and achieve gainful employment, is a deeply generative and reintegrative force in the life of every human being (Beard, et al, 1982).

Systematic review (McKay, et al, 2018) showed that club members

- Obtain employment as fast as individuals receiving services through other models
- Transition between employment supports offered by clubhouse (TE, SE, IE)
- When move between employment types move from more to less support options
- Earnings, job quality, and job tenure superior to ACT (Assertive Community Treatment)
- Comparison to IPS model of supported employment insufficient given available research
- More likely to have people in social networks than those in other mental health programs

Sufficient evidence of “effectiveness to assure administrators that Clubhouse programs are worthy of support as one component of a spectrum of rehabilitative services for persons with serious mental illness (p. 41)”

Limitations/Risks/Disadvantages

As other recovery-oriented models have emerged/developed some argued that the clubhouse might be an outdated model designed for a time when persons labeled with psychiatric disabilities were being ‘deinstitutionalized’ and needed ‘transition’ spaces to building community dwelling confidence and capacity

Criticism of transition employment (TE) model emerged as IPS-SE evidence demonstrated its success, however full-fidelity clubhouses have demonstrated employment outcomes (see Systematic Review in middle column)

Requires significant material resources (i.e., physical plant, furniture, equipment, etc.) in comparison to employment models like IPS-SE which primarily have labor costs associated with employment specialists, etc.

Employment Model: Work Integration **Social Enterprise** (WISE) (also referred to as *social cooperatives* internationally)

Brief Description

“Primary aim of providing employability and integration-related opportunities for those who are disadvantaged within, or excluded from, full access to the labor market” (Lysaght, et al, p. 61)

- Also known as social businesses, social firms or affirmative businesses
- Considered form of ‘community economic development’

Developed in Europe with social co-operatives in particular for person's labeled with mental illness in response to hospital closures in 1970s and 1980s

- Although US-developed Fairweather Lodge model included work co-operative (Fairweather, et al, 1969)
- In US some states sheltered workshops have been pushed to transition to social enterprises

Wilton, et al (2018) found that the following common characteristics of social enterprises... Type of business activity varied, grew out of (1) people's past experiences, (2) local business opportunity or market niche, (3) existing programming of organization and/or (4) affordability

- Café/catering, landscaping, retail sales/storefront, cleaning/janitorial most common

Strengths/Benefits/Advantages

Various outcomes have been studied...

- Potential to create work environments that are conducive to stable/secure employment (Williams, et al, 2012)
- Improved well-being (Krupa, et al, 2003)
- Better quality of work life (Lanctot, et al, 2012)
- Greater job satisfaction (Villotti, et al, 2012)

Hiring practices made effort to “emulate [those] in ‘mainstream’ employment, and to ensure that the hiring process served the needs of the enterprise” (Wilton, p. 566)

- Those run by psychiatric consumer/survivor organizations generally more flexible
- Changed over time as organizations tried to balance social and economic imperatives

Prioritized permanent employment opportunities to serve as “site of belonging and inclusion for people who have confronted ‘high levels of social marginalization, oppression and exclusion’ in other workplaces and community settings”

- Flexibility in scheduling, tasks, pace of work and on-site support highly valued and addressed

Commitment to meeting prevailing wages, hours mostly part-time

Limitations/Risks/Disadvantages

Highly idiosyncratic, i.e. type and nature of employment, social purpose and sustainability

- May require government funding to off-set ‘support’ costs

Like other employment models “may have more limited success in raising people's incomes and in providing opportunities for advancement within the workplace” (Wilton, et al, 2018, p. 562)

Like clubhouses as significant material resource requirements/costs, however given business nature of structure has revenue generating capacity to offset costs associated with some operations, but not all

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TAB 4

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: Approve October 2022 Draft Meeting Minutes

Enclosures: October 2022 Draft WEC Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for the October 2022 Quarterly Meeting.

Motion: Accept and approve the October 2022 Workforce and Employment Committee draft meeting minutes.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

October 19, 2022

Committee Members present: John Black, Vera Calloway, Walter Shwe, Arden Tucker, Christine Frey, Karen Hart, Celeste Hunter, Deborah Pitts, Jessica Grove, Dale Mueller, Sutep Laohavanich

WET Steering Committee Members Present: Chad Costello, Kirsten White, Olivia Loewy, John Drebing

Presenters: Sarah Frohock, Beth Dillard, Emilio Muniz – Butte County; Emery Cowan, Yazmin Robledo, Brooke Reddell, Michael Schocket – Solano County; Theresa Razzano, Jen Mullane, Chris Llorente, Michael Castilla – Alameda County; Juan Ibarra – San Francisco County

Staff present: Ashneek Nanua, Justin Boese

Others present: Andrea Wagner, Matt Gallagher, Steve McNally, Diane Shinstock, Theresa Comstock, Stephanie Blake, Silvia Hernandez, April Breis, Danny Marquez

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

Meeting Commenced at 1:40 p.m.

Item #1 Approve June 2022 Draft Meeting Minutes

The Workforce and Employment Committee (WEC) reviewed edits made to the June 2022 Draft Meeting Minutes. Vera Calloway motioned approval. Celeste Hunter seconded the motion. There were no committee members that abstained.

Action/Resolution

The June 2022 WEC Meeting Minutes are approved.

Responsible for Action-Due Date

N/A

Responsible for Action-Due Date

N/A

Item #2 Local Employment Initiatives Panel Presentation

A panel of representatives from the counties of Butte, Solano, Alameda, and San Francisco presented their local employment initiatives for persons with behavioral health conditions to the Workforce and Employment Committee. The committee engaged the panel in a Q & A session. After the Q & A session, committee members discussed ways in which to elevate employment as a recovery service. Discussion items and suggestions included the following:

- Deborah Pitts expressed the importance of the WEC considering a range of employment options including their strengths and weaknesses in addition to the Individual Placement and Supports (IPS) model such as the Clubhouse and Social Enterprise models.
- Vera Calloway expressed the importance of encouraging individuals to explore self-employment in general because not all individuals are suited to become Peer Support Specialists. She also expressed the importance of hearing success stories.
- Jessica Grove stated that she would like to hear how people's ideas change and evolve when believing in the power of employment. She asked the committee if there are lessons that can be learned on the challenges across programs such as the need to educate the non-believing professional colleagues who have the ability to impact these programs but have not been exposed to employment as a part of recovery.
- Vera Calloway expressed the idea to have public/private partnerships with B Corporations who have a mission to dedicate an element of their business to help society and donate part of their revenues to the community.

Action/Resolution

WEC staff will invite additional counties and employment programs to discuss their employment initiatives at the next quarterly meeting.

Responsible for Action-Due Date

Ashneek Nanua – January 2023

Item #3 Public Comment

Danny Marquez asked Emilio Munoz from Butte County why it took him 14 years to commit to employment being a valuable part of recovery. Emilio stated that he worked with people that came from inpatient units and locked facilities and felt that it was more important to keep them out of the inpatient unit by making sure they had food,

medications, and made their appointments but he did not consider employment on their radar at the time. Emilio said that once he saw the client's momentum, he requested the individual to be transferred to someone else as he valued working with the most intensive patients until a patient told him that he wanted to work and once he saw the individual's growth, he began to see the value of employment in recovery. Additionally, a new program manager in his county helped him get more involved with individuals on supportive employment programs.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Review Changes to WEC 2022-2023 Charter

This agenda item has been postponed to a future quarterly meeting.

Action/Resolution

WEC staff will provide an updated WEC Charter for review at the next meeting.

Responsible for Action-Due Date

Ashneek Nanua – January 2023

Item #5 Nominate WEC 2023-2024 Chair-Elect

Christine Frey was nominated as the candidate for the WEC 2023-2024 Chair-Elect. Celeste Hunter motioned approval. Deborah Pitts seconded. The committee took a roll call vote and all committee members present agreed to have Christine Frey as the upcoming Chair-Elect. No committee member opposed or abstained.

Action/Resolution

The Officer team will confirm the chosen candidate for the WEC 2023-2024 Chair-Elect.

Responsible for Action-Due Date

CBHPC Officer Team – January 2023

Item #6 Follow-Up Discussion Re: Peer Certification

WEC staff provided the committee with verbal responses from the Department of Health Care Services (DHCS) regarding their questions and concerns on the implementation of Medi-Cal Peer Support Specialist Certification. Staff notified committee members that DHCS will provide formal written responses in late November 2022. WEC members asked committee staff clarifying questions and requested staff to make a crosswalk between the committee questions and DHCS' guidance documents pertaining to peer certification.

Committee members expressed the following comments and concerns:

- Vera Calloway stated that DHCS representatives notified her that the grandfathering process would be evaluated on a case-by-case basis, and CalMHSA's document stated that a Peer Support Specialist must be employed by January 1, 2022, or before to be grandfathered in. Despite being told this information, Vera was denied the grandfathering process despite her level of experience because she stopped working as a peer in November 2021. She expressed concerns that other qualified peers may experience similar issues.
- Celeste Hunter shared that the peers she is in touch with are having difficulty understanding how to approach the application and certification process.
- Arden Tucker expressed concern that the test is not available in Spanish for early test-takers considering the high Hispanic population in California.

Andrea Wagner, Interim Executive Director of the California Association of Mental Health Peer-Run Organizations (CAMHPRO), and Matt Gallagher from Cal Voices were invited by the WEC to provide their knowledge and concerns regarding the examination process, policies, and implementation of the Medi-Cal Peer Support Specialist Certification Programs. Cal Voices and CAMHPRO provided the following concerns:

- **Accessibility** – The exam is not being offered in person and receiving accommodations requires an individual to fill out a form with a doctor and submit the form to CalMHSA. This form is not available in different languages or in large font and poses accessibility issues.
- **Exam** – Peers are expressing that the exam questions are not reflective of what peer support is in practice. Some individuals were early test takers and are concerned that they did not do well on the exam and did not feel like it reflected peer support. The peers who took the exam did not have a study guide and are only allowed to take the exam 3 times in 12 months despite not knowing the failure rate, not having the exam in their native language, and the exam being skewed towards white males. Peers are also facing significant technical issues taking the exam and getting their computers compatible to complete the test. In

addition, there is no place an individual can go to take the exam. The exam lacks beta testing in other languages.

- **Scholarships** – Many peers did not know about the scholarships or whom to contact to get their names on the scholarship list. The makeup of who is getting the scholarships is unknown and whether there is an equitable distribution of scholarships to individuals representing the communities they are serving. Another issue is that scholarships cannot be used again for early test takers who failed the exam the first time.
- The peer movement has strong intentions for peer values but counties traditionally do not know this. Counties are the lead in this movement due to the Medi-Cal billing piece. Peers should be the decision-makers as well.
- Peer organizations, predominantly Black, Indigenous, and People of Color (BIPOC), feel behind in the process because the opportunities for documentation is more difficult for them to acquire and there are more barriers in their communities of getting through the paperwork in the format required.
- There is an issue of the minimum age being 18 as a Medi-Cal requirement.
- Many counties are unsure of what they are supposed to be doing and there is disconnect between CalMHSA representing the counties and counties who do not feel represented by CalMHSA.

Committee members agreed with the concerns that were presented to them. The WEC proposed to determine a process on how to take a stand on the state's current peer certification efforts considering the seriousness of the issues occurring with the development of the certification process. The committee would like to determine whether a position should be brought to the Planning Council. The committee will explore what actions are within the Council's scope to express the disappointment in the current development of the Peer Support Specialist Certification Medi-Cal Benefit.

Action/Resolution

WEC staff will provide the WEC with DHCS answers to their questions once complete. WEC staff will consult with the CBHPC's management and leadership team to determine how to initiate a conversation on peer certification with the Planning Council.

Responsible for Action-Due Date

Ashneek Nanua, John Black, Vera Calloway, Jenny Bayardo – January 2023

Item #7 Public Comment

Chad Costello asked if negotiations are still occurring regarding the payment rate discussion at the state for peer services. Staff stated that the Peers FAQ stated that DHCS is not authorized under law to set pay scales for Peer Support Specialists and counties are responsible for setting the rates for county-employed peers.

Andrea Wagner asked what COVID-19 relief funds were used for peer certification. WEC staff indicated that they will follow up with DHCS regarding this question.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #8 Written Update of 2020-2025 Workforce Education and Training (WET) Five-Year Plan

WEC staff notified committee members that the Department of Health Care Access and Information (HCAI) has provided a written update for the 2020-2025 Workforce Education and Training (WET) Five-Year Plan in the committee packets in Tab 6. WEC staff also notified committee members that there are additional HCAI announcements in Tab 6.

Action/Resolution

WEC staff will ask HCAI staff to provide an update on their workforce activities and programs for individuals with behavioral health conditions for the next quarterly meeting.

Responsible for Action-Due Date

Ashneek Nanua – January 2023

Item #9 Wrap Up/Next Steps

The committee will defer to the WEC Officer team for next steps.

Action/Resolution

WEC Officers and staff will plan activities for the January 2023 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, John Black, Vera Calloway, Christine Frey – January 2023

The meeting adjourned at 5:00 p.m.

TAB 5

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: Review Changes to WEC 2022-2023 Charter

Enclosures: Workforce and Employment Committee 2022-2023 Charter

How This Agenda Item Relates to Council Mission

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

The Workforce and Employment Committee Charter is an instrument used to outline the vision, mission, guiding principles, specific purpose, and mandates of the committee. WEC members have a responsibility to ensure the Charter is updated and aligns with the objectives of the Council.

Background/Description:

The purpose of the WEC Charter is to outline the vision, mission, guiding principles, specific purpose, and mandates of the WEC. Staff will review the proposed changes to the Charter. WEC members will then review and update the Charter to accurately reflect the scope of the committee.

The draft WEC 2022-2023 Charter is provided on the following page. The proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~.

Motion: Approve the changes to the WEC 2022-2023 Charter.

Workforce and Employment Committee

Charter and Membership Roster 2022-2023

The California Behavioral Health Planning Council is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

VISION

A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

MISSION

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

GUIDING PRINCIPLES

Wellness and Recovery: Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

Resiliency Across the lifespan: Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

Advocacy and Education: Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

Consumer and Family Voice: Individuals and family members are included in all aspects of policy development and system delivery.

Cultural Humility and Responsiveness: Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

Parity and System Accountability: A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

COMMITTEE OVERVIEW AND PURPOSE

The efforts and activities of the Workforce and Employment Committee (WEC) will address both the workforce shortage in the public behavioral health system and the employment of individuals with psychiatric disabilities. The WEC advocates for an adequate supply of and funding for behavioral health professionals across various provider types to ensure a robust and equitable workforce that meets the diverse needs of individuals served in the public behavioral health system. The committee's focus to address the employment of individuals with psychiatric disabilities and substance use disorders is to ensure that individuals with behavioral health conditions have the opportunity to work and lead productive lives as a means of recovery.

Additionally, state law provides the Council with specific responsibilities in advising the ~~Office of Statewide Health Planning and Development (OSHPD)~~ Department of Health Care Access and Information (HCAI) 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~~ (HCAI) 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. Several 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 **Workforce Education and Training (WET) Steering Committee**, will continue to provide the WEC with expertise and are invited to participate in meetings and discussions regarding the WET Five-Year Plan.

Additionally, there are a number of other organizations, 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
- County Behavioral Health Directors Association

MANDATES

CA Welfare and Institutions Code

5772. The California Behavioral Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality mental health and substance use programs.
- (b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder systems.
- (j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.
- (k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

5820. (c) The Office of Statewide Health Planning and Development, in coordination with the California Behavioral Health Planning Council, shall identify the total statewide needs for each professional and other occupational category utilizing county needs assessment information and develop a five-year education and training development plan.

(d) Development of the first five-year plan shall commence upon enactment of the initiative. Subsequent plans shall be adopted every five years, with the next five-year plan due as of April 1, 2014.

(e) Each five-year plan shall be reviewed and approved by the California Behavioral Health Planning Council.

5821. (a) The California Behavioral Health Planning Council shall advise the Office of Statewide Health Planning and Development on education and training policy development and provide oversight for education and training plan development.

(b) The Office of Statewide Health Planning and Development shall work with the California Behavioral Health Planning Council and the State Department of Health Care Services so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

GENERAL COMMITTEE OPERATIONS

MEETING TIMES

The WEC will meet in-person or virtually four times a year, rotating locations in conjunction with the Full Council meetings. At these meetings, the WEC meets on Wednesday afternoon from 1:30pm to 5:00pm. Meetings by conference call may occur in the months between in-person meetings, on an as needed basis.

WORKFORCE AND EMPLOYMENT COMMITTEE MEMBER ROLES AND RESPONSIBILITIES

Regular attendance of committee members is expected in order for the Committee to function effectively. If the WEC has difficulty achieving a quorum due to the continued absence of a committee member, the WEC chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the WEC chairperson can request that the Officer Team remove the member from the committee.

The WEC Chairperson and Chair-Elect will be nominated by the WEC members and appointed by the CBHPC Officer Team. In the Chairperson's absence the Chair-Elect will serve as the Chairperson. The Chairperson and Chair-Elect serve on the Executive Committee which requires attendance and participation in those meetings in addition to WEC meetings. Terms will begin with the January in-person meeting and end with the last meeting of the calendar year.

Members are expected to serve as advocates for the Committee's charge, and as such, could include, but are not limited to:

- Attend meetings and provide input
- Review meeting materials prior to meetings in order to ensure effective meeting outcomes
- Speak at relevant conferences and summits when requested by the Committee leadership
- Develop products such as white papers, opinion papers, and other documents
- Distribute the Committee's white papers and opinion papers to their represented communities and organizations
- Assist in identifying speakers for presentations

STAFF RESPONSIBILITIES

Staff will capture the WEC member's decisions and activities in a document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting summary will be distributed to the WEC members within one month following the meeting. Members will review and approve the previous meeting's summary at the following meeting.

Staff will prepare the meeting agendas and materials, including coordinating presenters, at the direction of the WEC Chairperson and members. The meeting agenda and materials will be made available to WEC members, in hardcopy and/or electronically, not less than 10 days prior to the meeting.

GENERAL PRINCIPLES OF COLLABORATION

The following general operating principles are established to guide the Committee's deliberations:

- The Committee's purpose will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Council's vision.
- To that end, members will:
 - Commit to expending the time, energy and organizational resources necessary to carry out the Committee's Work Plan
 - Be prepared to listen intently to the concerns of others and identify the interests represented
 - Ask questions and seek clarification to ensure they fully understand other's interests, concerns and comments
 - Regard disagreements as problems to be solved rather than battles to be won
 - Be prepared to "think outside the box" and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations

Committee members will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting summary.

MEMBERSHIP ROSTER

CHAIRPERSON: JOHN BLACK

CHAIR-ELECT: VERA CALLOWAY

Deborah Pitts

~~Lorraine Flores~~

Dale Mueller

Christine Frey

Liz Oseguera

Karen Hart

Walter Shwe

Celeste Hunter

Jessica Grove

Arden Tucker

Sutep Laohavanich

Javier Moreno

WORKFORCE EDUCATION AND TRAINING STEERING COMMITTEE MEMBERS

Le Ondra Clark Harvey

~~Elia Gallardo~~

Chad Costello

Kristin Dempsey

Olivia Loewy

Robert McCarron

Janet Frank

E. Maxwell Davis

Kathryn Kietzman

Robb Layne

Kirsten White

Simon Vue

John Drebing

WORKFORCE AND EMPLOYMENT COMMITTEE STAFF

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**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: 2020-2025 WET Plan and HCAI Behavioral Health Update

Enclosures: [HCAI Workforce Programs Update \(December 2022\)](#)
[Recap of Behavioral Health Discussions and HCAI Behavioral Health Programs](#)
[HCAI 2023 Behavioral Health Topics and Themes](#)
[2020-2025 Mental Health Services Act WET Five-Year Plan](#)
[CA Health Workforce Education and Training Council Webpage](#)

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 HCAI WET Plan by:

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

Background/Description:

The Department of Health Care Access and Information (HCAI) 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. HCAI staff will share an update on the implementation of the Five-Year Plan. HCAI staff will also update the WEC on HCAI's behavioral health program and initiatives.

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

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: Discussion Re: Occupational Therapists as Licensed Mental Health Professionals (LMHPs) and Licensed Practitioners of the Healing Arts (LPHAs)

Enclosures: [WEC Letter: Occupational Therapists as LMHPs and LPHAs](#)

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 the opportunity to discuss efforts to support and expand the behavioral health workforce by advocating to include qualified Occupational Therapists as LMHPs in the Specialty Mental Health Services system and as LPHAs in the Substance Use Disorder system in California.

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

Objective 1.6: Collaborate with other Planning Council committees to ensure that Occupational Therapists and other Master's level, state-licensed health providers with mental health practice education are identified as licensed mental health professionals (LMHPs) for Specialty Mental Health Services (SMHS) and Licensed Practitioners of the Healing Arts (LPHAs) for Substance Use Disorders system.

Background/Description:

The Workforce and Employment Committee has advocated for the inclusion of Occupational Therapists (OTs) as LMHPs for several years as these providers are trained and qualified to provide services to individuals with behavioral health conditions. While OTs are licensed mental health professionals in California, they are not able to practice at the top of their scope in the SMHS sector and therefore cannot bill for "mental health therapy."

WEC staff wrote a letter to the Department of Health Care Services (DHCS) on behalf of the committee in November 2022 to request the department to include OTs in the LMHP and LPHA provider type so that these qualified individuals may contribute to the behavioral health workforce crisis and be reimbursed by Medicaid for providing services in SMHS and the Drug Medi-Cal Organized Delivery System.

Committee members will have the opportunity to review the letter and have a preliminary discussion regarding advocacy efforts to raise the visibility and utilization of Occupational Therapists at every level of behavioral health service delivery. The WEC will determine whether they would like to contact DHCS regarding this issue again and how to approach this activity.

Tab 8

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 18, 2023**

Agenda Item: Peer Certification Update

Enclosures: [DHCS Responses to WEC Questions and Concerns Re: Peer Support Specialist Implementation \(November 2022\)](#)

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 clarifying information regarding the implementation of Peer Support Specialist Certification led by the Department of Health Care Services. The WEC will use this information to advocate best practices and policies for Peer Supports Specialists working in the public behavioral health system.

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

Objective 1.5: Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, including the promotion of equitable opportunities for career growth. This includes collaborating with other CBHPC committees to support Peer Certification efforts.

Background/Description:

Senate Bill 803 involves the development of statewide standards for an optional Peer Support Services Certification Program for Specialty Mental Health Services, Drug Medi-Cal, and the Drug Medi-Cal Organized Delivery Systems effective July 2022. The Department of Health Care Services is the lead entity for the design and development of statewide standards for the program with CalMHSAs as the certifying entity.

During the June and October 2022 Quarterly Meetings, the WEC heard from Cal Voices, a Peer Support Specialist Certification training entity approved by DHCS, and California Association of Mental Health Peer-Run Organizations (CAMHPRO), an entity working with CalMHSAs on implementation of this Medi-Cal Benefit. Cal Voices and CAMHPRO presented their questions and concerns regarding the current planning and implementation activities for SB 803. WEC staff brought these concerns to DHCS and shared the department's feedback during the October 2022 Quarterly Meeting. The WEC expressed serious concerns regarding the implementation of SB 803 and requested that this issue be brought to the entire Planning Council at the upcoming quarterly meeting to determine if a position needs to be taken by the Council.

WEC staff will share an update regarding current efforts to share information regarding peer certification during General Session of the January 2023 Quarterly Meeting. Committee members will have the opportunity to ask questions and determine the next steps for advocacy regarding Peer Support Specialist Certification in California.