

Workforce and Employment Committee Agenda

Wednesday, January 19, 2022

<https://us02web.zoom.us/j/89217428152?pwd=WmlwTmMzbGJORzNLeGxqb1R3VXpiZz09>

Meeting ID: **892 1742 8152** Passcode: **WEC2022**

Phone-in: **+1 669 900 6833** Access Code: ***4082034#**

1:30 p.m. to 5:00 p.m.

- | | | |
|---------|--|-------|
| 1:30 pm | Welcome and Introductions – Changing of Officers <i>Dale Mueller, Chairperson and All Members</i> | |
| 1:35 pm | Approve August and October 2021 Draft Meeting Minutes <i>John Black, Chairperson and All Members</i> | Tab 1 |
| 1:40 pm | Nominate 2022-2023 WEC Chair-Elect <i>John Black, Chairperson and All Members</i> | Tab 2 |
| 1:45 pm | Public Comment | |
| 1:50 pm | Review 2020-2025 WET Plan Regional Partnership Standardized Questions List <i>John Black, Chairperson and All Members</i> | Tab 3 |
| 2:35 pm | Public Comment | |
| 2:40 pm | CBHDA 10-Year Workforce Strategic Plan Update <i>Elia Gallardo, Director of Governmental Affairs, CBHDA</i> | Tab 4 |
| 2:55 pm | Public Comment | |
| 3:00 pm | Break | |
| 3:15 pm | Community Health Worker Medi-Cal Benefit Presentation <i>Yingjia Huang, Assistant Deputy Director of Health Care Benefits and Eligibility, California Department of Health Care Services</i> | Tab 5 |
| 4:15 pm | Public Comment | |
| 4:20 pm | Review and Finalize WEC 2022 Work Plan <i>John Black, Chairperson and All Members</i> | Tab 6 |
| 4:45 pm | Public Comment | |
| 4:50 pm | Wrap up/Next Steps <i>John Black, 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: John Black **Chair-elect:** TBD

Members: Deborah Pitts, Dale Mueller, Walter Shwe, Arden Tucker, Vera Calloway, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Celeste Hunter, Christine Frey

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

Staff: Ashneek Nanua, Justin Boese

TAB 1

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 19, 2022**

Agenda Item: Approve August and October 2021 Draft Meeting Minutes

Enclosures: August 2021 Draft WEC Meeting Minutes
October 2021 Draft WEC Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for the August 2021 Quarterly Meeting as well as the October 2021 Meeting. WEC staff have made changes to the August 2021 Draft WEC Meeting Minutes as requested by committee members during the October 2021 Quarterly Meeting. Proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~.

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

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Interim Meeting – August 24, 2021

Committee Members present: John Black, Vera Calloway, Steve Leoni, Celeste Hunter, Walter Shwe, Christine Frey, Uma Zykofsky, Christine Costa, Arden Tucker

WET Steering Committee Members Present: Elia Gallardo, E. Maxwell Davis, Janet Frank, Robert McCarron, Chad Costello, Robb Layne

Others present: Anne Powell, John Madriz, Elissa Field, Tara Gamboa-Eastman, Maggie Merritt

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

Meeting Commenced at 12:00 p.m.

Item #1 Review and Approve 2020-2025 WET Plan Regional Partnership Standardized Question List

Workforce and Employment Committee (WEC) members and the Steering Committee for the Workforce Education and Training (WET) Five-Year Plan reviewed a list of standardized questions directed to the 2020-2025 WET Plan Regional Partnerships (RPs) to be used during upcoming committee meetings. The questions were developed by WEC staff to inform members and initiate conversations about the current implementation and evaluation processes of Regional Partnership programs and activities. Additionally, WEC staff asked committee members to begin thinking of ways to distribute the information gathered by Regional Partnerships to public stakeholders.

Committee members and Steering committee members provided the following feedback:

- Steve Leoni expressed concerns that the question list is not pertinent to the Regional Partnerships but would rather be more appropriately directed to individual counties. He requested clarification on the pertinence of the questions to the RPs.
 - The Planning Council's Executive Officer, Jane Adcock, responded indicating that the Regional Partnership Grant Guide directs the grantees to specify how the RPs reached out to and included stakeholder groups as well as the activities that the RPs are engaged in. She stated that each RP typically has a lead county who acts as the contracted grantee on behalf of the region.

- John Madriz, Department of Health Care Access and Information (HCAI), stated that the RPs are required to reach out to stakeholders and individual counties in their region and listed their priorities in their grant application as well as stakeholder engagement activities report. Mr. Madriz indicated that Regional Partnerships should be able to provide feedback related to the question list and recommended the committee to request a summary of stakeholder engagement activities report for the Regional Partnerships in preparation to ask questions to the RPs.
- Elia Gallardo, County Behavioral Health Director's Association (CBHDA), stated that some questions on the list may not be relevant to the current stage of implementation because the Regional Partnerships are at the beginning stages of implementation. They may not yet have responses to the questions.
- Committee members requested to remove the first question on the list dependent on whether the answer is contained in the stakeholder engagement activities report. The WEC requested to see the stakeholder engagement activities report prior to further development of the questions for the Regional Partnerships.
- Steve Leoni asked if the WEC can ask the Regional Partnerships about the perceived problem in counties that the RPs are trying to solve. He recommended the addition of a question in Question #3 to inquire about the perceived problems the RPs identified in order to determine the initial outcomes the RPs are seeking.
- Vera Calloway inquired if stakeholders are involved in determining the desired outcomes because stakeholders may have a different desired outcome than the public mental health system. She expressed that more information is needed before determining the set of questions to ask the Regional Partnerships.
- Elia Gallardo asked for clarification on Question #2 to determine if the language regarding target populations is directed towards the grantees or the individuals receiving services. Jane Adcock indicated that the purpose of the question is to determine if the RPs targeted specific grantees in their selection process based on the needs of a specific region. For instance, did the RPs attempt to target and select grantees who speak Spanish due to the high volume of Spanish-only speaking clients in the public behavioral health system?
 - Elia Gallardo requested to reframe the question to ask what and how applicants were targeted for the grant awards. She added that HCAI would not be allowed to ask questions about the race/ethnicity or Sexual Orientation Gender Identity (SOGI) status of the applicant due to legal reasons.
- Committee members expressed concerns with the inability to consider or track ethnic and cultural diversity in the grantee selection process due to the multicultural needs of clients served in the public behavioral health system.

Action/Resolution

WEC staff will coordinate with staff from the Department of Health Care Access and Information (HCAI) to obtain the Regional Partnership Stakeholder Engagement Activities Report in order to modify the questions on the Regional Partnership

Standardized Question List. Staff will provide the revised question list for the WEC to review during the October Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese, and HCAI (formerly OSHPD) staff – October 2021

Item #2 Review and Discuss BHIN 21-041: Medi-Cal Peer Support Specialist Certification Program Implementation

WEC staff notified committee members that the Department of Health Care Services has released the Behavioral Health Information Notice (BHIN) containing guidance for counties to implement their Peer Support Specialist (PSS) Certification Programs. Staff highlighted areas of discrepancies between the committee's recommendations for the draft BHIN 21-041 and the final BHIN 21-041 released to the public in July 2021. Committee members were notified that they would have the opportunity to consult with DHCS regarding any policies they felt strongly that should be included in the statewide standards for peer certification during the October Quarterly Meeting.

Additionally, WEC staff provided the following updates on the implementation of PSS certification from DHCS and the California Association of Mental Health Peer-Run Organizations (CAMHPRO) during the MHSOAC's Client and Family Leadership Committee meeting held on Thursday, August 19, 2021. Updates include the following:

- CalMHSA is the lead entity responsible for developing California's certification program on behalf of all counties that choose to pursue the certification program by the deadline on November 19, 2021. CalMHSA is currently setting up an advisory council for the development of the peer certification program.
- Trainings must be compliant with the standards established by the Department of Health Care Services. DHCS has recommended that training entities be identified by August 30, 2021.
- DHCS is currently setting up the billing piece of the certification. There is guidance for the Drug Medi-Cal Organized Delivery System (DMC-ODS). DHCS is developing rates for Specialty Mental Health Services (SMHS) and Drug Medi-Cal system with a public comment period to follow.
- Next steps include counties to work with CalMHSA on the development of the certification program and trainings.
- CAMHPRO is providing technical assistance to CalMHSA, DHCS, and counties for the implementation of the peer certification programs in order to be a doorway to represent the peer voice and inform the decision making process.

Arden Tucker inquired about the diversity of CAMHPRO. ~~Vera Calloway indicated that CAMHPRO is not highly diverse on the management team.~~ Vera Calloway expressed concerns about the lack of representation of community members and individuals who

work in the field in the decision-making process for developing the rules and standards for peer certification. She stated that individuals who work in the field often are not able to attend the stakeholder meetings and are unaware of the decisions being made. Vera emphasized that this is an inclusion issue and wants to ensure that the people who are doing the on-the-ground work are included in the decision-making process.

Additionally, Vera Calloway expressed that Advocates for Human Potential (AHP), the organization contracted with DHCS to administer the Behavioral Health Workforce Development (BHWD) Project grants to peer-run organizations, is based in Massachusetts and does not have persons of color on their Executive Staff. Vera questioned how AHP can be positioned as experts of human potential without including diversity in their higher ranking positions and expressed frustration with the grant administration process.

Steve Leoni stated that the committee should focus on any future amendments of the BHIN and noted that the Code of Ethics section will be updated throughout the process. Mr. Leoni expressed concerns that there is only one bullet point under the concept of Hope in the Code of Ethics. He stated that there is often a lack of understanding of what the consumer community means by recovery and added that the client movement goes beyond medication and symptoms.

Arden Tucker asked if there is an evaluation process for peer certification for the purpose of assessing what elements were not included in the certification standards which should be included moving forward. WEC staff noted that there are annual reporting requirements indicated in Enclosure 5 of the document, and the peer certification program will undergo annual and triennial reviews. Steve Leoni requested the addition of languages in Enclosure 5 such as French and Hindi.

WEC staff notified committee members that a DHCS representative will attend the October Quarterly Meeting to provide an update on the grants intended for peer organizations through the Behavioral Health Workforce Development (BHWD) Project in addition to the update on the peer certification process. Committee members will have the opportunity to express comments and concerns regarding BHIN 21-041 during the October Quarterly Meeting. Mr. Leoni expressed that upcoming conversations with DHCS is an opportunity to create greater understanding between the State and the stakeholders regarding the elements of a meaningful stakeholder process.

Action/Resolution

WEC staff will invite representatives from the Department of Health Care Services to provide an update of the peer certification process during the October Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – October 2021

Item #3**Public Comment**

There were no comments provided by public attendees.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

The meeting adjourned at 1:15 pm.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Quarterly Meeting – October 20, 2021

Committee Members present: Deborah Pitts, Vera Calloway, Steve Leoni, Celeste Hunter, Lorraine Flores, Walter Shwe, Christine Frey, Uma Zykofsky, Christine Costa, Arden Tucker

WET Steering Committee Members Present: Elia Gallardo, Robb Layne, Olivia Loewy, Chad Costello

Others present: Catherine Moore, Noel O'Neill, Darlene Prettyman, Elizabeth Stone, Maria Alfieris-Gjerde, Johnice Williams, Morgan Spillman, Steve McNally, Stacy Dalgleish, John Madriz, Hannah Bichkoff, Stephanie Ramos, Theresa Comstock, Michael Arnot, Bonita Ham, Jane Kinner, Andrea Crook, Geoffrey McLennan

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve June and August 2021 Draft Meeting Minutes

The Workforce and Employment Committee (WEC) reviewed the June 2021 Draft Meeting Minutes as well as the August 2021 Draft Meeting Minutes. Uma Zykofsky requested one edit for the June 2021 Meeting Minutes regarding a language correction on Page 2. The WEC approved the June 2021 Draft Meeting Minutes. Steve Leoni motioned approval. Arden Tucker seconded the motion.

Upon reviewing the August 2021 Meeting Minutes, Vera Calloway requested staff to make a correction to her statement at the bottom of Page 3 regarding CAMHPRO's lack of diversity. Vera requested that the statement accurately reflect her comments about the consultant, Advocates for Human Potential (AHP), who is contracted with DHCS to administer the Behavioral Health Workforce Development (BHWD) Project grants. Executive Officer, Jane Adcock, indicated the approval of the August 2021 Meeting Minutes will need to be postponed to the January 2022 Quarterly Meeting after staff amends the comment regarding AHP.

Action/Resolution

The June 2021 WEC Meeting Minutes are approved. Staff will revise the August 2021 WEC Meeting Minutes for the committee's secondary review at the January 2022 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua – January 2022

Item #2 Peer Support Specialist Certification and Behavioral Health Workforce Development (BHWD) Project Updates

Ilana Rub, DHCS Health Program Specialist, provided an update on the state's current process for developing the Peer Support Specialist (PSS) Certification Program as well as the BHWD Project grants administered to peer-run organizations. Ilana stated that the BHWD Project is part of DHCS' workforce development efforts which is separate from the efforts to implement the peer certification law. There are 45 grantees under the Peer Workforce Investment (PWI) grants who are currently developing their scope of work. The Expanding Peer Organization Capacity (EPOC) grant has 14 grantees who will now begin developing the scope of work for implementation. The PWI grantees consist of peer organizations that are already established while the EPOC assists organizations that have been recently founded or are supported by a fiscal sponsor in order to help them develop and expand their organizations. Both grants are intended to help expand peer workforce capacity across the state. Ilana indicated this project is early in the process and additional information on the grantees and the efforts taking place will be posted at a later time on the AHP webpage and DHCS will develop resources for the peer organizations.

Ilana Rub presented an update on the implementation of PSS Certification Program, indicating that the Behavioral Health Information Notice (BHIN) for counties and organizations that intend to participate in the program has been released. DHCS is currently working with the California Mental Health Services Authority (CalMHSA) to help support efforts for the development of the program plan as CalMHSA is the lead entity representing counties who choose to participate in peer certification through Senate Bill 803. CalMHSA will submit a PSS certification plan to DHCS on behalf of the counties that opt into the program.

Ilana reviewed implementation timelines and stated that updates will be provided on the DHCS Peer Support Services webpage and CalMHSA will have information regarding their workgroups on CalMHSA's webpage. Ilana then reviewed the components contained in the BHIN for Peer Support Specialists which includes the federal statute requirements as well as the state law requirements which sets forth the standards for initial certification, Code of Ethics, Core Competencies for the training curriculum, and areas of specialization. Additional items detailed in the BHIN for the certification standards include the development of a certification exam, standards for biennial and lapsed renewals, grand-parenting and state/county reciprocity, complaints and corrective action process, practice guidelines, supervision standards, and reporting requirements. Ilana referred the WEC to the peers@dhca.ca.gov email for additional

comments and feedback relating to the implementation of Medi-Cal Peer Support Services.

WEC staff, Ashneek Nanua, provided an update on CalMHSA's current timeline for implementing the Peer Support Specialist Certification Program from a presentation that was shared during the Mental Health Services Oversight and Accountability Commission's (MHSOAC) Client and Family Leadership Committee Meeting held on October 19, 2021. Ms. Nanua shared the following timelines:

- October 2021: CalMHSA is holding 12 community stakeholder sessions and convening a Stakeholder Advisory Council for the peer certification program. There were concerns that this Council will be closed to the public. CalMHSA will also begin identifying which programs will conduct the certification trainings.
- November-December 2021: Counties and independent peer programs will submit their peer certification plans to DHCS by November 19, 2021. CalMHSA will report back to stakeholders on the community input sessions and begin the development of exam questions for peer certification.
- January-March 2022: CalMHSA will receive input to identify criteria for the curriculum for specializations (crisis, homeless, and justice-involved populations).
- July 2022: Peer Support Specialist Certification programs will go-live.

Q & A

Vera Calloway reiterated that Advocates for Human Potential (AHP) is based in Massachusetts and the website indicates that the five corporate leaders are all Caucasian men and the second leadership tier are all Caucasians composed of five women and two men. She stated that out of the 90 leadership positions, there were only 7 persons of color. Vera questioned how these individuals can be considered human potential experts when the organization lacks racial and ethnic diversity on the leadership team. Ilana Rub stated that the individuals working on this project are composed of a diverse group of individuals and that DHCS and AHP value and seek equity and diversity in these workforce efforts. Vera Calloway added that people of color who are Peer Support Specialists work in the public mental health system rather than peer-run organizations. She stated that the voice of people working on the ground are not being heard and represented.

Arden Tucker supported and agreed with Vera Calloway's comments and continuing to champion the issue of Black, Indigenous, and People of Color (BIPOC) representation in all the levels of the executive, managerial, and supervisory structure of AHP. She stated that the imbedded law of the Mental Health Services Act (MHSA) indicates that consumers and family members must be included in all phases.

Steve Leoni stated that individuals who currently work as peers may not be able to pass certification and many of these individuals are people of color. He added that the language in the BHIN references recovery *from* mental illness, however, language that consumers reference for recovery acknowledges that an individual may still be in

recovery even if they struggle from time to time. Steve also stated that the Working Well Together Project clarifies that clients may serve other clients as peers, family members may serve other family members as peers, and parents may serve as peers to other parents. He asked DHCS to differentiate the three peer types rather than defining family members as peers so that the language is not misinterpreted, causing a situation where parents and family members act as peers to clients. This scenario would be problematic due to the power differentials that exist between parents and their children. He proposed the use of In Home Support Services as mental health workers as well.

Ilana Rub encouraged Steve Leoni to contact DHCS regarding concerns for specific requirements. Regarding the definition of peers, Ilana stated that the statutory language defines a peer as someone who self-identifies as having a mental illness and in recovery or someone who is a parent or caregiver of an individual who self-identifies as an individual in recovery. She stated that DHCS hopes to see individuals paired with other individuals of similar backgrounds and experiences as this would be the most effective use of peers, however, this may be complicated to achieve for smaller and rural counties who may not have access to a diverse group of peers, and DHCS would like to ensure that the peer workforce is not limited.

Deborah Pitts asked DHCS to elaborate on the process to develop the Peer Support Specialist certification exam and if there will be any time gap limitations between when peers complete trainings and when they seek certification. She stated that test development is a complex process and is unsure of how it will be implemented in July 2022 because it can take up to a year to vet, develop, and evaluate the process. Deborah stated that all people involved in test development should be peers and the nature of questions need to be specific to the type of peer.

Ilana Rub stated that the timeframe between the training and taking the exam will be identified by the plan submitted by CalMHSA. CalMHSA will also be responsible for facilitating the exam development and DHCS will approve their process. Ilana encouraged committee members to reach out to CalMHSA's Stakeholder Advisory Committee to learn more specifics about the test development process.

Action/Resolution

WEC staff will continue to monitor the activities pertaining to the development and implementation of California's Peer Support Specialist certification program and regularly report updates to the committee.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – January 2022

Item #3 Public Comment

Robb Layne, California Council of Community Behavioral Health Agencies, stated that it is problematic for Peer Support Specialists to be tied to a high school education as not all individuals have equitable access to education. He asked if DHCS has intentions to seek waivers in the future to address this issue. Robb reiterated workforce issues in the public behavioral health system from the provider perspective and stated that he would like to see all individuals represented in peer certification. He requested to partner with DHCS to figure out a way to address this workforce issue. Ilana Rub responded indicating that DHCS does not have the authority to offer a waiver for this statutory requirement at this time but are hoping to see as much flexibility as possible with the GED option to meet the requirement.

Elizabeth Stone asked how DHCS is differentiating peers that are family members of adult children who are using the adult system of care and parent partners of youth in the children's system of care. She also asked about the incorporation of peer roles for individuals who are labeled as Community Health Workers or Promotoras. Ilana Rub stated individuals who identify as having lived experience or a parent or family member of an individual with lived experience can be defined as a peer as indicated in Senate Bill 803. She stated that billing for peer services will take place on a county level and each county has their own billing process in place so it is difficult to speak to unique modifiers to differentiate between the different types of peer services rendered. The parent partner specialization is not specified to the level of each system.

Andrea Crook, CalVoices, expressed concerns about CalMHSA's Stakeholder Advisory Committees because it excludes individuals who work for a peer training or certification organization. She stated that this will lead to the exclusion of subject matter expertise. Additionally, Andrea asked what the formal process is for counties who choose to participate in the certification program and encouraged Council members to further investigate how counties are opting in and how peer voices, mental health boards, and community voices are being utilized throughout this process.

Stacie Hiramoto, Director of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), supported the comments of Vera Calloway regarding the lack of persons of color in management positions at AHP. She stated concerns that CalMHSA may not be working with organizations who work primarily with people of color or representing their voices because organizations such as REMHDCO and the California Reducing Disparities Project were unaware of the community input sessions. Stacie expressed the importance of involving people who are aware of how to reduce disparities and have connections with their particular communities of color. Stacie reiterated the concerns that CalMHSA's Stakeholder Advisory Committee meetings will not be open to the public because it is not in the spirit of the behavioral health communities in regards to transparency and collaboration.

Stephanie Ramos, CalVoices, asked if there are any counties that have not decided to use CalMHSA's certification program and if there are already certification programs available.

Geoffrey McLennan, Placer County Mental Health Board, asked if anyone has thought about credits and transference of recognition from the California Community Colleges (CCC). He stated that CCCs already do work with foster and transition-age youth going through emancipation and also have training for nursing and law enforcement. Geoffrey asked if peer certification trainings can be tied to CCCs at some point and would like to see more mental health trainings at CCCs.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

**Item #4 Review 2020-2025 WET Plan Regional Partnership
Standardized Question List**

The WEC agreed to postpone this agenda item to the January 2021 Quarterly Meeting.

Action/Resolution

Staff will touch base with the WEC Officers to bring this agenda item to the January 2022 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Dale Mueller, John Black – January 2022

Item #5 Nominate 2022-2023 WEC Chair-Elect

The WEC agreed to postpone this agenda item to the January 2021 Quarterly Meeting.

Action/Resolution

Staff will touch base with the WEC Officers to bring this agenda item to the January 2022 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Dale Mueller, John Black – January 2022

Item #6 Next Steps/CBHDA Workforce Strategic Plan Update

Elia Gallardo, Director of Governmental Affairs for the County Behavioral Health Directors Association (CBHDA), provided an update on CBHDA's upcoming 10-Year Strategic Workforce Plan. CBHDA received a grant from Kaiser Family Foundation to create a plan focused on mental health and substance use disorder workforce development in the public behavioral health system. Elia stated that CBHDA is currently working on a needs assessment which will include the following components:

- 1) University of California San Francisco's (UCSF) Health Workforce Center is conducting an overview of available data on California's public behavioral health workforce and supply of behavioral health professionals which includes demographic information, geographic distribution, and educational pipelines. There are 28,000 professionals that make up the public mental health system and 5,000 that make up public substance use disorder system.
- 2) UCSF will also prepare a survey with assistance of CBHDA's Advisory Committee asking county behavioral health departments and contracted providers on challenges related to recruitment and retention for each type of behavioral health professional. There are also questions regarding efforts to seek alignment between the county behavioral health workforce and Sexual Orientation and Gender Identity (SOGI) data from patient populations.
- 3) There will be a series of key informant interviews asking experts for input and feedback on workforce challenges and possible solutions, as well as opportunities to expand the workforce in the public behavioral health system. The Planning Council's Executive Officer, Jane Adcock, has been asked to be one of the key informants as well as Le Ondra Clark Harvey from the California Council of Community Behavioral Health Agencies (CBHA).

CBHDA is aiming to complete a comprehensive needs assessment for stakeholder review by the end of November 2021 in order to work with stakeholders to begin creating the Strategic Plan, strategic planning goals, as well as the development of policy recommendations directed towards ongoing advocacy.

Q & A

Deborah Pitts expressed the need for occupational therapists (OTs) to be identified as licensed mental health professionals in California. She stated that OTs seldom show up in gap analyses. OSHPD has done this type of analysis repeatedly and the conclusion has always shown the need for more psychiatrists. Elia Gallardo responded indicating that CBHDA has collected information on public behavioral health system workforce that includes occupational therapists. One of the survey questions asks about the level of

difficulty to recruit and retain different behavioral health professionals and OTs were included in the response.

Robb Layne asked if providers and community leaders have the opportunity to make comments and suggest changes prior to the report being finalized. Uma Zykofsky asked if the survey includes correctional facilities and inpatient settings and if the survey is also looking at trade organizations such as the National Association of Social Workers (NASW) to see how many of their members work in public system.

Action/Resolution

WEC staff will relay additional questions and comments to Elia Gallardo and follow-up the WEC and WET Steering Committee members via email. WEC staff will also continue to track efforts regarding CBHDA's 10-Year Strategic Workforce Plan and inform committee members about next steps to participate in the stakeholder workgroups.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – January 2022

Item #7 Public Comment

Catherine Moore stated that trained behavioral health professionals have the opportunity to work in the private sector which often times is more remunerative. She asked how CBHDA will account for individuals going into the private sector. Elia stated that CBHDA is looking at educational pipeline issues and how to attract people to the public behavioral health system. CBHDA is also working to identify what recruitment and retention strategies are needed to incentivize individuals to work in the public behavioral health system.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

The meeting adjourned at 3:00 pm.

TAB 2

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 19, 2022**

Agenda Item: Nominate 2022-2023 WEC Chair-Elect

Enclosures: None

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

Each standing committee shall have a Chairperson and Chair-Elect. The Chairperson serves a term of 1 year with the option for re-nomination for one additional year.

John Black is slated to become the Chairperson for the Workforce and Employment Committee at the January 2022 Quarterly Meeting. The committee members shall nominate a Chair-Elect to be submitted to the Council's Officer Team for appointment.

The role of the Chair-Elect is outlined below:

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

Motion: Nomination of a committee member as the WEC Chair-Elect.

TAB 3

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 19, 2022**

Agenda Item: Review 2020-2025 WET Plan Regional Partnership Standardized Questions List

Enclosures: Draft Regional Partnership Standardized Question List

[Regional Partnerships Grant Guide](#)

[Regional Partnership Resource Guide](#)

How This Agenda Item Relates to Council Mission

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

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

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

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

Background/Description:

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

Workforce and Employment Committee members have expressed interest in inviting the WET Regional Partnerships to present on the implementation of their programs and activities. WEC staff have created a draft list of standardized questions to ask each Regional Partnership for committee review. The list has been modified based on the removal of duplicative questions that are answered in the stakeholder engagement activities reports that the Regional Partnerships must submit to HCAI. During this agenda item, WEC members will engage in the following tasks:

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

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

Supporting Individuals

The Regional Partnerships, created by the MHSA, administer the series of programs supporting individuals to promote the leveraging of resources to best serve local jurisdictions. The Department of Health Care Access and Information (HCAI), formerly known as OSHPD, contracts with each of the Regional Partnerships for activities supporting individuals. HCAI assists with the administrative execution of educational scholarships, clinical graduate student stipends, and educational loan repayments.

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

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

There are four programs in the category of Supporting Individuals:

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

Supporting Systems

HCAI directly administers the following four programs in the category of Supporting Systems:

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

The five Regional Partnerships are:

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

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

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

- 1) **How did you select the grantees for your programs? Was selection based on targeting specific characteristics that are intended to meet the needs of the communities being served? If so, what characteristics were you seeking?**
 - a. How many grantees are participating based on your program goals?
 - b. Do you believe the demographic makeup of the grantees will help meet the cultural and equity needs of your region? If so, how?
 - c. Has your region identified a need for geriatric specialty training? If so, have you prioritized any of the slots for trainees specializing in geriatric behavioral health?
- 2) **What are the goals of each of your programs?**
 - a. **What is the problem(s) that you are trying to solve in your region?**
(please disregard this question if the problem is outlined in your Stakeholder Engagement Activities Report)
 - b. What initial outcomes are you finding for each of your programs?
 - c. How are you tracking outcomes and best practices?
- 3) **How do you plan to ensure your programs will meet the 2020-2025 WET Five-Year Plan values that are contained in the grant agreement? Please describe each applicable value from the list below:**
 - PMHS professionals must have the skills to:
 - i. Provide treatment and early intervention services that are culturally and linguistically responsive to California's diverse and dynamic needs

- ii. Promote wellness, recovery, and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes. PMHS agencies need to extend these same values to their workforce
- iii. Work collaboratively to deliver individualized, strengths-based, consumer-and family-driven services
- iv. Use effective, innovative, community-identified, and evidence-based practices
- v. Conduct outreach to and engage with unserved, underserved, and inappropriately served populations

4) What are some of the successes and challenges you have encountered?

- a. What are the benefits and successes your region has experienced under the new Regional Partnership structure in the 2020-2025 WET Five-Year Plan?
- b. Have you identified any challenges in implementation and how are you addressing any barriers you encounter?

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

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

(please disregard this question if retention strategies are defined in your Stakeholder Engagement Activities Report)

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

TAB 4

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 19, 2022**

Agenda Item: CBHDA 10-Year Workforce Strategic 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 allows committee members to determine next steps for participating in the County Behavioral Health Directors Association's (CBHDA) 10-Year Strategic Workforce Plan as well as plan the activities for the January 2022 Quarterly Meeting.

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

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

Background/Description:

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

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

Elia Gallardo, CBHDA Director of Government Affairs, will provide an update on the current planning and stakeholder engagement efforts in preparation for the implementation of the 10-Year Strategic Workforce Plan. Committee members will determine if and how to participate in these efforts. The WEC will then decide whether an interim meeting in February 2022 is appropriate to provide input on the plan.

About Elia Gallardo:

Elia is responsible for assisting the Executive Director in advancing legislative, budget and administrative priorities for CBHDA. She oversees the Association's legislative team supervising assigned analysts and support staff.

Prior to joining CBHDA, she worked as Director of Policy Research for Insure the Uninsured Project, Executive Director for Government Relations and Program Oversight for the Alameda Alliance for Health, and Director of Government Affairs for the California Primary Care Association.



Tab 5

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 19, 2022**

Agenda Item: Community Health Worker Medi-Cal Benefit Presentation

Enclosures: DHCS Community Health Worker Medi-Cal Benefit Presentation
CBHPC Letter Re: Community Health Worker Medi-Cal Benefit (Sept. 2021)
WEC Responses Re: Community Health Worker State Plan Amendment (PDF)
WEC Responses Re: Community Health Worker SPA (Word Document)

[DHCS Community Health Workers Webpage](#)

[“California Posed for Major Expansion of Community Health Workers” Article](#)

[California Health Care Foundation \(CHCF\) Webinar Slides: Learning About California’s Community Health Worker State Plan Amendment](#)

[CHCF Webinar Recording: Learning About California’s Community Health Worker State Plan Amendment](#)

How This Agenda Item Relates to Council Mission

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

This agenda item provides committee members with information regarding the upcoming development and implementation of a Medi-Cal benefit for the Community Health Worker provider type lead by the Department of Health Care Services (DHCS). The WEC will use this information to advocate best practices and policies for Community Health Workers in the public behavioral health system.

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:

The Department of Health Care Services is spearheading the development of a Community Health Worker (CHW) Medi-Cal benefit with an anticipated implementation date of July 1, 2022. DHCS has held informational webinars and stakeholder sessions for the upcoming CHW benefit in September, August, and December 2021 and have released a draft State Plan Amendment for stakeholder review in November 2021. The WEC provided recommendations on the CHW Medi-Cal benefit in a letter to DHCS in September 2021. The committee has also provided comments for the draft State Plan Amendment for the CHW Medi-Cal benefit to DHCS via email in December 2021.

Yingjia Huang, Assistant Deputy Director of Health Care Benefits and Eligibility Division at the Department of Health Care Services, will provide the Workforce and Employment Committee with an overview of the following:

- Role/function of CHWs and how this provider type differs from Peer Support Specialists
- How CHWs will be utilized in the public behavioral health system
- How services will reflect the diverse cultures and ethnicities in California
- Overview of the draft CHW State Plan Amendment
- Federal, state, and local roles/responsibilities and payment methodologies
- Elements of the CHW Benefit that involves stakeholder input
- Implementation timeline

Committee members will have the opportunity to ask questions regarding the development and implementation of the CHW Medi-Cal Benefit and determine next steps for providing meaningful feedback to DHCS regarding the state's policies for Medicaid-reimbursable CHW services.

About Yingjia Huang

Yingjia Huang has been with the California Department of Health Care Services for approximately eight years and is currently the Assistant Deputy Director of Health Care Benefits and Eligibility Division, where she oversees the development and implementation of both benefit and eligibility policy for the Medi-Cal program. She was formerly the Assistant Division Chief of the Medi-Cal Eligibility Division (MCED) which promulgates all Medi-Cal eligibility policies across the Medi-Cal program, providing indirect oversight and monitoring over all Medi-Cal eligibility policy and system operations as it relates to the administration of the Medi-Cal program.

In response to the COVID-19 Public Health Emergency, Ms. Huang co-directed MCED's efforts on all eligibility flexibilities, policy rollout, and implementation. Prior to this, Ms. Huang served as Chief, Policy Operations Branch in MCED. In this capacity, Ms. Huang was responsible for directing and managing a spectrum of eligibility policies and programs, specifically, Medi-Cal residency and immigration policies, Outreach and Enrollment grant programs, Medi-Cal eligibility system changes and implementation, and program oversight of the California Healthcare Eligibility, Enrollment, and Retention System and the Statewide Automated Welfare Systems.

Ms. Huang earned a Bachelor's Degree in International Relations, History, and East Asian Languages and Culture, and a Master's Degree in Public Policy and Public Management from University of Southern California, and earned a Master's Graduate Certificate in International Studies from Johns Hopkins University.

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



California Behavioral Health Planning Council January 2022 Committee Meeting

Community Health Worker (CHW) Medi-Cal Benefit

Yingjia Huang
Assistant Deputy Director
Health Care Benefits and Eligibility



Overview

- Authorized pursuant to Budget Act of 2021.
- CHW services will be available in fee-for-service and managed care delivery systems.
- Effective July 1, 2022.
- Adding services requires a State Plan Amendment (SPA).



Overview

- Adding CHW services under Medicaid “Preventive Services” category.
- Seeking to include services by practitioners who use other terms, including promotores and community health representatives, subject to federal approval.



Preventive Services

- Federal Medicaid regulations¹ define preventive services as services recommended by a physician or other licensed practitioner within their scope of practice to—
 - Prevent disease, disability, and other health conditions or their progression
 - Prolong life, and
 - Promote physical and mental health and efficiency

(1) Title 42, Section 440.130(c), of the Code of Federal Regulations



Preventive Services

- Preventive services²:
 - involve direct patient care; and
 - are for the express purpose of diagnosing, treating or preventing (or minimizing the adverse effects of) illness, injury or other impairments to an individual's physical or mental health.

(2) Section 4385 of the State Medicaid Manual



Stakeholder Engagement Currently Underway

- Purpose
 1. To seek input for a SPA that identifies CHW services as a covered benefit, eligible for federal matching funds.
 2. To seek input for updates to the Provider Manual, describing CHW services



DHCS Considerations

- Allow CHWs to perform a range of appropriate preventive services
- Open to multiple paths to demonstrate qualifications
- Flexibility in supervision
- Develop the SPA to obtain CMS approval
- Develop additional details in the Provider Manual



SPA requirements

For unlicensed providers of preventive services, the federal Centers for Medicare and Medicaid Services (CMS) requires that the State Plan:

1. Define the services
2. Define the service provider and their qualifications
3. Define supervision



SPA requirements

1. Define the services:

The SPA must list the services to be provided to ensure services meet the definition of prevention in the federal State Medicaid Manual



SPA requirements

2. Define service provider and qualifications:

- Identify the type(s) of non-licensed practitioners who may furnish services
- Include a summary of the provider's qualifications to furnish services, including “any required education, training, experience, credentialing, oversight, and/or registration”



SPA requirements

3. Define supervision:

- CMS requires that unlicensed providers be supervised.
- Who can supervise a CHW and bill for CHW services?
 - Enrolled licensed provider
 - CBOs?



Other States

- Four other states have added CHWs through a SPA:
 - Preventive Services authority
 - South Dakota
 - Other Licensed Practitioners authority²
 - Minnesota
 - Indiana
 - Oregon

(2) Title 42, Section 440.60, of the Code of Federal Regulations



Update on CHW Draft State Plan Amendment (SPA)



Background on CMS Review

- DHCS asked CMS in August for guidance about allowing Community-Based Organizations (CBOs) to supervise CHWs
- The Centers for Medicare and Medicaid Services (CMS) requested in September that DHCS submit a draft SPA page covering:
 - Qualifications of CHWs
 - Supervision requirements
 - Conditions eligible for services
 - Non-covered services
 - Any amount, duration, and scope limitations



CMS Requirements for Preventive Services⁴¹

CHW services must meet the definition of preventive services in Section 440.130(c) of Title 42 of the Code of Federal Regulations:

(c) “Preventive services” means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to -

- (1) Prevent disease, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency.



CMS Informal Guidance

- Qualifications for CHWs
- Lived experiences
- Qualifying conditions to receive CHW services



Draft SPA: CHW Services

Community Health Worker (CHW) services are preventive health services, as defined in 42 CFR 440.130(c), for:

- individuals with a chronic condition who are unable to self-manage their condition;
- who are at risk of a chronic condition or injury; or
- who have with a documented barrier that is affecting the individual's health



Draft SPA: Inclusive Definition

“Community Health Workers” include Promotores de Salud, Community Health Representatives, Peer Health Promoters, and other non-licensed public health workers with the qualifications specified.



Draft SPA: CHW Services

- May be provided individually or in a group setting.
- Related to a medical intervention, which may include:
 - Health education and training; the content of which must be consistent with established or recognized health care standards, related to one of the following:
 - Control and prevention of chronic or infectious diseases.
 - Behavioral health conditions.
 - Perinatal health conditions.
 - Oral health conditions.
 - Injury prevention.
 - Health promotion and coaching that includes goal setting and creating action plans as part of a health care team to address disease prevention and management.



Draft SPA: Supervision / Recommendation

- Services must be recommended by a licensed provider within their scope of practice.*
- CHWs may not engage in any service that requires a license.
- CHWs must be supervised by either a licensed provider, clinic, hospital or an enrolled community-based organization.
- The supervising Medi-Cal provider will assume professional liability for care of the patient.

(*Draft SPA lists specific providers; this will be changed in future versions to “licensed providers”).



Draft SPA: Qualifications

DHCS drafted the following language related to qualifications based on responses received from the CHW survey that was shared with the stakeholder group:

- CHWs must meet at least one of the following minimum qualifications:
 - A certification that attests to specified demonstrated skills and practical training.
 - Or all of the following :
 - High school diploma or equivalent, and
 - 40 hours of training as a CHW, and
 - 1 year of experience working or volunteering as a CHW, and
 - A CHW who does not have a certificate as described above shall earn a certificate within one year of the first CHW visit provided and billed to Medi-Cal in order to continue billing for Medi-Cal CHW services.



Draft SPA: Core Competencies

Certificate must attest to skills and practical training in:

- Communication.
- Interpersonal and relationship building.
- Service coordination and navigation.
- Capacity building.
- Advocacy.
- Education and facilitation.
- Individual and community assessment.
- Professional skills and conduct.
- Outreach.
- Evaluation and research.
- Basic knowledge in public health principles and social determinants of health, as determined by the supervising provider.



Draft SPA: Lived Experience*

A CHW must have at least one of the following:

- **Personal experience with a specified health condition** for which the CHW is providing services.
- **Lived experience that aligns with and provides a connection between the CHW and the community** being served, including but not limited to lived experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, and mental health conditions or substance use.
- **Shared language and cultural background** of one or more linguistic or cultural groups in the community for which the CHW is providing services.

*These requirements can be placed in the provider manual instead of the SPA.



CBOs and Supervision

- DHCS has proposed to allow licensed providers, hospitals, clinics, and community-based organizations (CBO) to supervise CHWs
- DHCS would create CBOs as a new provider type so they can enroll in Medi-Cal
 - CBOs would bill for CHW services they supervise



Amount, Duration, and Scope⁵¹ Limitations

- CMS requires that SPAs list any amount, duration, and scope limitations
 - DHCS is not required to set limitations
 - Limits on services could be exceeded with approved prior authorization



Tentative Upcoming Schedule

| | |
|-------------------|---|
| January 15 | Stakeholder comments are due to DHCS on Draft SPA Page Version #2 |
| January 31 | DHCS prepares SPA pages for second informal submission to CMS |
| February 4 | Stakeholder workgroup meeting |
| February 28 | DHCS receives informal comments from CMS |
| March 1 | DHCS prepares SPA package for formal submission |
| March 31 | Formal SPA submission |



Contact Information

CHWBenefit@dhcs.ca.gov

<https://www.dhcs.ca.gov/community-health-workers>

September 3, 2021

CHAIRPERSON
Noel J. O'Neil, LMFT
EXECUTIVE OFFICER
Jane Adcock

Department of Health Care Services
Attn: Medi-Cal Benefits Division
1501 Capitol Avenue
Sacramento, CA 95814

To whom it may concern:

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

The California Behavioral Health Planning Council thanks the Department of Health Care Services (DHCS) for the opportunity to comment on the development of a Community Health Worker (CHW) benefit in the Medi-Cal system. Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that California should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The Council's Workforce and Employment Committee has provided some responses to the initial stakeholder questions proposed at the CHW stakeholder meeting held by DHCS on August 18, 2021. Our responses are presented below:

How should CHW services be defined – which specific activities of a CHW should qualify as Medi-Cal billable?

According to the draft [Section 1115 Medicaid Waiver Renewal \(November 2014\)](#), DHCS defines a Community Health Worker as a frontline health worker who is a trusted member of and/or has an unusually close understanding of the community served. The trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery through care coordination, screening and other care support activities. A CHW also improves population health and builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

The Workforce and Employment Committee (WEC) agrees with the definition of CHWs presented by DHCS and would like to ensure that the shaded elements of the above definition are included in the service definitions and activities. In addition, the WEC recommends that the following CHW services be billable in the Medi-Cal system:

- Provide general education on mental health, substance use disorders, and the health services system in California
- Conduct community outreach and enrollment in the Medi-Cal system
- Create a care plan that reflects patient needs and connects patients to these resources (i.e. health navigation services)
- Participate as a member of the patient care team
- Assist the post-discharge care coordination team to facilitate follow up appointments and coordinate ancillary services
- Act as a liaison to housing, nutritional services, and other pertinent social services that influence social determinants of health and well-being

What qualifications should a provider meet to provide CHW services?

The WEC believes that it is crucial that DHCS work with current CHWs to define the qualifications. It would also be helpful to include the perspective of the potential CHW employers such as the health centers, hospitals, and CBOs because there may be additional qualifications and trainings needed from the employer's perspective. Below, the WEC members provide input on provider qualifications to deliver CHW services. Please note that the following recommendations are not reflective of an all-inclusive list of qualifications:

- Possess the ability to meet individuals where they are in the recovery process
- Demonstrate a cultural understanding of the population(s) being served
- Demonstrate cultural humility in order to be aware of the lens that individuals view life and recovery
- Balance the importance of having cultural understanding with the need for cultural education and training

In addition to the qualifications, the following are the WEC's comments regarding the development of CHW trainings:

- We ask that DHCS be mindful of the varying educational levels of CHWs and ensure that educational requirements do not act as a barrier to CHWs who currently work in the field
- We recommend that DHCS provide funding assistance to allow any trainings to be low-cost or free to the CHW

DHCS may also want to create a set of training standards. The WEC is aware of the following existing programs that may be useful in the training process:

- Vision y Compromiso (VyC) is an organization that helps train Promotoras and may be able to offer recommendations around training
- California Health Care Foundation's [Resource Package #1: The Role of CHW/Ps in Health Care Delivery for Medi-Cal Members](#) for guidance on developing CHW competencies

Who can supervise a CHW and bill for services?

Supervision

A supervisor could essentially be any individual employed within a community health center (CHC) or other health settings as long as they have a deep understanding of the CHW role and how to support their role in integrated care teams. For example, it would be helpful for supervisors to possess knowledge on how to integrate CHWs into the organization so the CHW can learn skills required for a clinical setting while also being able to convey their experiential wisdom.

Medi-Cal Billing

Medi-Cal providers, including CHCs, should be allowed to bill for CHW services. We would like to ensure that the billing and payment structure is not administratively burdensome for all provider types including CHCs. The California Primary Care Association (CPCA) is exploring different avenues in which CHCs may be able to be reimbursed in order to grow the CHW workforce within the CHC model. CHCs may potentially be reimbursed for CHW services with a pay for performance model that provides incentive payments to help CHCs cover the cost of employing CHWs. We encourage DHCS to work with CPCA to determine a payment mechanism for this Medi-Cal benefit.

Should Community-Based Organizations (CBOs) be eligible providers, and what criteria should they meet?

Yes. CHWs include advocates, outreach workers, and individuals in the community who help to connect individuals to services. CBOs who engage in this type of work should be able to bill Medi-Cal for CHW services if they meet the requirements of a Medi-Cal provider.

Are there important use cases for CHWs in Medi-Cal?

We recommend that DHCS refer to current hiring and training practices in Los Angeles County. Los Angeles County is currently training and classifying CHWs as CHW I, CHW II, and so forth. DHCS may want to reference the classification structure for CHWs in L.A. County in order to assist with the development of a career ladder, in consultation with CHWs who currently work in the field.

Other related comments/concerns:

There is some confusion regarding the difference between Community Health Workers and Peer Support Specialists (PSS). We suspect that CHWs and PSS share common competencies and responsibilities, however, these classifications may differ in the sense that the CHW's primary role is to act as a liaison to relay health information to individuals and connect them to services while peers explore and support using their lived experiences in order to assist the individual being served construct their own path in recovery.

The WEC recommends that DHCS provide a chart or comparison between the CHW benefit and the optional PSS benefit for clarity. The WEC has the following questions regarding the roles of CHWs:

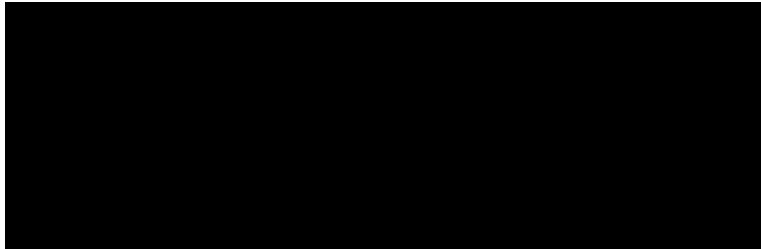
- Is there is a substantial difference in the roles of Community Health Workers and Peer Support Specialists?
- Does the difference lie in which system the classification is used (Managed Care Plans versus county Mental Health Plans)?
 - Are CHWs being expanded to be utilized in county Mental Health Plans?
- Is the intent to have CHWs and PSS utilized in both systems as long as billing is not duplicative? If so, is it possible for an individual to be classified as both a CHW and PSS at the county level?

Please view the WEC's additional questions and concerns below:

- The WEC is concerned that each organization will develop a unique scope of work for their employed CHWs which in turn creates several different requirements dependent on the program or county. We recommend, in order to ensure consistency across programs, that this program be included in the annual review protocol with respect to specializations for special populations.
- English-only documentation requirements may create barriers to professional advancement for some CHWs. WEC encourages DHCS to find ways to accommodate limited English-speaking and non-English speaking CHWs to create equitable pathways of advancement for all.

We appreciate the opportunity to comment on the initial set of stakeholder questions for the proposed Community Health Worker Medi-Cal benefit. The WEC requests that CHWs are included in all aspects of the design, review, implementation and evaluation of this new Medi-Cal benefit. We hope that the recommendations put forth in this letter are useful as you move forward with development and implementation. We look forward to providing input in the future as this new program is developed and implemented. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

Sincerely,



Noel J. O'Neill, LMFT
Chairperson

| TYPE OF SERVICE | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|--|--|---|
| <p>13c. Community Health Worker Services</p> | <p>Community Health Worker (CHW) services are preventive health services, as defined in 42 CFR 440.130(c), for individuals with a chronic condition who are unable to self-manage their condition; who are at risk of a chronic condition or injury; or who have with a documented barrier that is affecting the individual’s health.</p> <p>“Community Health Workers” include Promotores de Salud, Community Health Representatives, Peer Health Promoters, and other non-licensed public health workers with the qualifications specified here.</p> <p>CHW preventive services may be provided individually or in a group setting and are related to a medical intervention, which may include but not be limited to:</p> <ul style="list-style-type: none"> Health education and training to promote to recipients methods and measures that have been proven effective in avoiding illness or injury or lessening its effects, including control and prevention of chronic or infectious diseases; behavioral health conditions; perinatal health conditions; or oral health conditions; and injury prevention. The content of the education must be consistent with | <p>Community health worker services must be recommended by a licensed provider within their scope of practice.</p> <p>CHWs may not engage in any service that requires a license.</p> <p>CHWs must be supervised by either a licensed provider, clinic, hospital or an enrolled community-based organization. The supervising Medi-Cal provider will assume professional liability for care of the patient.</p> <p>CHWs must meet at least one of the following minimum qualifications:</p> <ul style="list-style-type: none"> A certification that attests to demonstrated skills and practical training in the following areas: communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and community assessment, professional skills and conduct, outreach, evaluation and research, as well as basic knowledge in public health principles and social determinants of health, as determined by the supervising provider. <u>Or</u> all of the following: <ul style="list-style-type: none"> High school diploma or equivalent, and |

* Prior authorization is not required for emergency services.
 **Coverage is limited to medically necessary services.

| TYPE OF SERVICE | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|-----------------|--|---|
| | <p>established or recognized health care standards.</p> <ul style="list-style-type: none"> • Health promotion and coaching to provide information or training to recipients that makes positive contributions to their health status and includes goal setting and creating action plans as part of a health care team to address disease prevention and management. <p>CHW services do not include the following:</p> <ul style="list-style-type: none"> • Case management/care management • Child care • Chore services including shopping and cooking. • Companion services • Covered services provided in a clinic or medical facility setting except for attending a medical appointment. • Employment services • Helping a recipient enroll in government programs or insurance. • Medication, medical equipment, or medical supply delivery • Personal Care services/homemaker services • Respite care | <ul style="list-style-type: none"> ○ 40 hours of training as a CHW, and ○ 1 year of experience working or volunteering as a CHW, and ○ A CHW who does not have a certificate as described above shall earn a certificate within one year of the first CHW visit provided and billed to Medi-Cal in order to continue billing for Medi-Cal CHW services. • <u>AND</u> at least one of the following qualifications: <ul style="list-style-type: none"> ○ Personal experience with a specified health condition for which the CHW is providing services; or ○ Lived experience that aligns with and provides a connection between the CHW and the individual being served, including but not limited to lived experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, and mental health conditions or substance use; or ○ Shared language and cultural background of one or more linguistic or cultural groups in the community for which the CHW is providing services. |

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

| TYPE OF SERVICE | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|-----------------|--------------------|--|
|-----------------|--------------------|--|



- Services provided prior to the recipient's care plan being finalized.
- Services that duplicate another covered Medi-Cal service
- Socialization

DRAFT

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 22-0001

Supersedes

TN No. None

Approval Date:

Effective Date: 7/1/2022

| Page | Column | Paragraph | WEC Comment/Recommendation |
|------|--------|------------------|---|
| 1 | 1 | 1 | The WEC is requesting that the Department of Health Care Services (DHCS) define what is meant by "chronic condition" and "unable to self-manage their condition" with clarity on how these concepts apply to behavioral health. |
| 1 | 1 | 2 | We request that DHCS clarify the title of Peer Health Promoters. Does this title overlap with Peer Support Specialists? |
| 1 | 1 | 3 | While CBHPC supports the use of evidence-based practices, services should not be restrictive of community-defined practices as CHWs will serve diverse cultures across California. The services should also include community-defined practices. |
| 1 | 2 | 1 (bullet point) | The WEC expressed concerns about CHWs services being required by a licensed provider as it may hinder the ability CHWs to conduct their work. We request an example of how this requirement will work in practice. |
| 1 | 2 | 4 (bullet point) | Are the assessments clinical? If so, how does clinical assessments fit into this list of minimum qualifications? |
| 2 | 1 | 2 (bullet point) | The WEC requests that DHCS provide information about which professions will be responsible for the items on this list to clarify who is responsible for fulfilling these services that CHWs will not provide so that individuals know where to go to for these services. |
| 2 | 2 | Bullet Point 2 | One year of prior experience as CHW may be difficult to achieve as the CHW profession is an entry-level position and these individuals often accumulate on-the-job experience. We request that DHCS provide clarity on this section. |
| 2 | 2 | Bullet Point 4 | The WEC is seeking clarification on whether personal experience is limited to the CHW's own personal experience or if personal experience may also include parents, caregivers, and individuals who have a relationship with someone with a specified health condition. The WEC poses the same question for how lived experience is defined in bullet #5. |

| Page | Column | Paragraph | WEC Comment/Recommendation |
|------|--------|----------------|--|
| 2 | 2 | Bullet Point 6 | We would like to see a fourth category added to include individuals that have a health education background and training but do not have personal experience, lived experience, or shared language and cultural background of the individuals they will serve. |
| 3 | 1 | Bullet Point 1 | The WEC requests DHCS to ensure that bullet #1 does not conflict with the upcoming implementation of the CalAIM proposals regarding medical necessity. We believe that an individual should be able to receive services while the client's care plan is being finalized. |

The California Behavioral Health Planning Council's Workforce and Employment Committee (WEC) has provided comments on the draft Community Health Worker SPA. Please find our comments in the attached PDF document. In addition to the feedback enclosed in the attached document, the WEC has provided the following comments for the draft CHW SPA:

1. **We request that DHCS clearly define and broaden the list of CHW billable services in the final SPA. This larger list should reflect services currently offered by CHWs to ensure equitable health access to their patients, many of whom have been disproportionately impacted by the COVID-19 pandemic and rely on CHWs to navigate the complicated systems within and outside of the public behavioral health system.**

Explanation: The list of billable CHW services in the draft SPA is narrow and medically focused. The listed CHW services do not acknowledge the preventative and low-cost interventions that CHWs currently offer which are embedded within "Health Promotion and Coaching" and help some of the hardest to reach patients receive care during the COVID-19 pandemic. Prohibiting these services from Medi-Cal billing may result in either 1) Community Health Clinics (CHCs) continuing to provide care and losing potential revenue to keep their doors open or 2) the loss of health access for patients who need these services now and in the future.

The following CHW services should be amended to include the following (currently excluded):

- Case/care management services
 - *Note the exclusion of care/case management is contrary to the Comprehensive Perinatal Services Program with the CHW/P position, which has a CHW staff who does case management in this program*
- Covered services provided in a clinic or medical facility setting except for attending a medical appointment (e.g. translation services)
- Employment services
- Assistance with enrollment in government programs or insurance and programmatic enrollment
- Medication, medical equipment, medical supply delivery

2. **The WEC has the following concerns and recommendations for the minimum qualification requiring that a CHW applicant possess a certification that demonstrates skills and practical training:**

Concerns

- This requirement may strain limited financial resources of CHCs.
- There are major concerns with repercussions for the unclear protocols, expectations, and lack of standardized processes for CHW certification and training programs.

- The CHW certification and training requirements will cause administrative and workforce burdens for CHCs as they train CHWs and can potentially cause delays in CHWs meeting requirements if the trainings must be submitted to DHCS staff.
- It may contribute to potential delays in CHWs entering the workforce and further strain existing staff with administrative burdens.
- This criteria may be very difficult to meet for CHWs who may have been working in their community as trusted messengers.

Recommendations

- Training should be standardized and allow for clinics to build from the defined standards in order to tailor this work according to different navigation strategies.
- DHCS should consider accepting letters of recommendation from an established CBO, faith-based institution, or public entity as an alternative option to meeting the listed minimum qualifications on Page 1 of the SPA, with a time-frame and technical assistance to allow the individual to become certified. This will give an opportunity to those who may be established in the community but do not have a certification.

We thank DHCS for the opportunity to review and provide feedback on the draft CHW SPA. Please feel free to reach out to CBHPC's Executive Officer, Jane Adcock, should you have any follow up questions. Jane Adcock is cc'd for your convenience.

TAB 6

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, January 19, 2022**

Agenda Item: Review and Finalize WEC 2022 Work Plan

Enclosures: Workforce and Employment Committee Draft 2022 Work Plan

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. Staff will review the proposed changes to the Work Plan. WEC members will then review and update the committee Work Plan in order to fulfill and prioritize activities for the 2022 calendar year.

The draft WEC 2022 Work Plan is provided on the next page. Proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~.

California Behavioral Health Planning Council
Workforce and Employment Committee
Work Plan 2022 (DRAFT)

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
- County Behavioral Health Director's Association (10-Year Strategic Workforce Plan)

Strategic Goal 1.0: Provide leadership and collaborate with other stakeholders to support the growth 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 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,~~ based on national and state-level workforce development resources developed in California.

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

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 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.

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. Such inventory must consider limitations created by unequal access or opportunities due to social inequities.

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 with due exploration of impact of social and racial inequities on such best practices, including but not limited to: Individual Placement & Support (IPS) Model of supported employment; social enterprises; 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, consider impact of social and racial inequities, and take positions on legislation related to employment and education for California's mental health consumers.

Objective 2.5: Support the meaningful employment 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.

Strategic Goal 3.0: Integrate equity into all aspects of the Workforce and Employment Committee's work to mitigate poor health outcomes for populations with a history of marginalization and discrimination in the public behavioral health system.

Objective 3.1: Support a diverse workforce by advocating for increased employment opportunities for BIPOC individuals who may better relate to and understand the needs consumers with varying ethnic and cultural backgrounds, including cultural humility training to existing behavioral health providers regardless of their ethnic or cultural background.

Objective 3.2: Advocate for Medicaid reimbursement for providers and traditional healers who deliver culturally-specific treatment and community-defined practices.

Objective 3.3: Advocate for the allocation of state funding and resources to support local workforce development programs for communities of color and cultural groups.