

## Workforce and Employment Committee Agenda

Wednesday, October 19, 2022

Courtyard Marriott Midtown

4422 Y Street Sacramento, CA 95817

Ivy Room

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

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|----------------|---|--------------|
| <b>1:30 pm</b> | <b>Welcome and Introductions</b><br><i>John Black, Chairperson and All Members</i>  |              |
| <b>1:35 pm</b> | <b>Approve June 2022 Draft Meeting Minutes</b><br><i>John Black, Chairperson and All Members</i>  | <b>Tab 1</b> |
| <b>1:40 pm</b> | <b>Public Comment</b>   |              |
| <b>1:45 pm</b> | <b>Local Employment Initiatives Panel Presentation</b><br><i>Sarah Frohock, LCSW Clinical Supervisor and Cooperative Program Coordinator, Butte County</i><br><i>Emery Cowan, LPCC; Interim BH Director, Solano County</i><br><i>Theresa Razzano, LMFT, CRC, Division Director, Alameda County Behavioral Health Care Vocational Services (BHCS)</i><br><i>Juan Ibarra, DrPH, MPH, MSW: Mental Health Services Act Program Manager (HPC 3), San Francisco County Behavioral Health Services</i><br><i>**Additional presenters are provided in Tab 2</i> | <b>Tab 2</b> |
| <b>3:30 pm</b> | <b>Public Comment</b>   |              |
| <b>3:35 pm</b> | <b>Break</b>  |              |
| <b>3:50 pm</b> | <b>Review Changes to WEC 2022-2023 Charter</b><br><i>Ashneek Nanua, WEC Staff and All Members</i>   | <b>Tab 3</b> |
| <b>4:00 pm</b> | <b>Public Comment</b>   |              |
| <b>4:05 pm</b> | <b>Approve WEC 2022-2023 Charter</b><br><i>John Black, Chairperson and All Members</i>  |              |
| <b>4:10 pm</b> | <b>Nominate 2023-2024 WEC Chair-Elect</b><br><i>John Black, Chairperson and All Members</i>   | <b>Tab 4</b> |
| <b>4:15 pm</b> | <b>Public Comment</b>   |              |
| <b>4:20 pm</b> | <b>Follow-up Discussion Re: Peer Certification</b><br><i>John Black, Chairperson and All Members</i><br><i>Ashneek Nanua, WEC Staff on behalf of DHCS</i>   | <b>Tab 5</b> |

Invited Guests:

*Andrea Wagner, Interim Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO)*

*Susan Gallagher, Executive Director, Cal Voices*

*Dawniell Zavala, Associate Director, Cal Voices*

- 4:45 pm**                    **Public Comment**
- 4:50 pm**                    **Written Update of 2020-2025 Workforce Education and Training (WET) Five-Year Plan**      **Tab 6**  
*Ashneek Nanua, WEC Staff on behalf of the Department of Health Care Access and Information (HCAI)*
- 4:55 pm**                    **Wrap up/Next Steps**  
*John Black, Chairperson and All Members*
- 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:** Vera Calloway

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

**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, John Drebing

**Staff:** Ashneek Nanua, Justin Boese

TAB 1

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

**Agenda Item:** Approve June 2022 Draft Meeting Minutes

**Enclosures:** June 2022 Draft WEC Meeting Minutes

**Background/Description:**

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

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

# Workforce and Employment Committee

## Meeting Minutes (DRAFT)

June 15, 2022

**Committee Members present:** John Black, Vera Calloway, Walter Shwe, Arden Tucker, Christine Frey, Karen Hart, Celeste Hunter, Deborah Pitts, Jessica Grove, Javier Moreno, Dale Mueller, Liz Oseguera

**WET Steering Committee Members Present:** Robb Layne, Olivia Loewy, Chad Costello, Janet Frank, Kirsten White, E. Maxwell Davis

**Others present:** Hector Ramirez, Steve McNally, Andrea Wagner, Richard Krzyzanowski, Stacey Dalgleish John Madriz, Caryn Rizell, Joti Mann, Lucero Robles, Susan Gallagher, Dawniell Zavala, Diane Shinstock

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

**Meeting Commenced at 1:40 p.m.**

### Item #1      **Approve April 2022 Draft Meeting Minutes**

The Workforce and Employment Committee (WEC) reviewed edits made to the January 2022 Draft Meeting Minutes. Javier Moreno motioned approval. Celeste Hunter seconded the motion. Deborah Pitts, Dale Mueller, and Liz Oseguera abstained.

#### **Action/Resolution**

The April 2022 WEC Meeting Minutes are approved.

#### **Responsible for Action-Due Date**

N/A

### Item #2      **Review and Finalize WEC 2022 Work Plan**

WEC staff reviewed edits made to the draft 2022 Work Plan indicated in underlined and crossed out text. The committee provided the following input for the 2022 Work Plan:

- Remove language regarding waivers for Objective 1.6 as the waiver process has been completed.
- Label the Work Plan as a multi-year Work Plan in order to meet objectives in an appropriate time frame.
- Add dates and timelines to the Work Plan to identify when objectives will be met.
- Modify language for Strategic Goal 1.0 to state “support growth, retention, and quality of California’s behavioral health workforce...”

- Change the word “sexuality” to “sexual orientation” or “LGBTQ” in Objective 3.1.

Dale Mueller motioned acceptance of the Work Plan. Arden Tucker seconded the motion. The committee took a roll call vote and approved the WEC 2022 Work Plan with the suggested edits, with recognition that the plan will be modified on a regular basis based on the committee’s priorities and objectives.

### **Action/Resolution**

WEC staff will modify the Work Plan based on feedback provided by the committee.

### **Responsible for Action-Due Date**

Ashneek Nanua – October 2022

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

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Susan Gallagher, Cal Voices, suggested the addition of language for gender identity in areas of the Work Plan where sexual orientation is mentioned, primarily Objective 3.1. She questioned why the Work Plan was approved prior to public input. Susan also asked where the document has been shared.

Steve McNally stated that he was struck with the Work Plan not having a navigation map of where we are going or how to get there. He expressed that there is no identification of need, funding, staffing, roles, or actions on the WEC Work Plan. There is no mention of legislative, county, or state representatives or that the Planning Council is composed of 40 people and that 900 people represent the county boards and commissions, as well as 50 people at the Mental Health Services Oversight and Accountability Commission (MHSOAC). Steve stated that we are not empowering families or communities to know what is going on and suggested that a different approach may involve empowering and integrating the Planning Council into the system because they have a powerful position that is not being used well. He also stated that CBHPC should work with the MHSOAC.

Hector Ramirez asked how the WEC Work Plan will help the communities and stated that he highlights this question in order to strengthen the Work Plan and provide connection with communities. He asked how the Work Plan will benefit individuals with disabilities, the Hispanic community, Native American, and Alaskan Native communities. Hector recommended that the document highlight how to help these communities given the fact that disabled individuals are significantly impacted by employment and the state has left Hispanic, LGBTQ, and Native populations behind.

### **Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #4 2020-2025 Workforce Education and Training (WET) Plan Update**

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John Madriz, representing the Healthcare Workforce Development Division (HWDD) at the California Department of Health Care Access and Information (HCAI) Grants Management Section presented an update on the 2020-2025 Workforce Education and Training (WET) Five Year Plan. John recapped his update from the last meeting and reported that the Regional Partnerships have \$52 million budget between state grants and local match funds to support pipeline programs, scholarships, stipends, loan repayment, and retention programs with a projected 80 scholarships, 200 stipends, and 1,000 loan repayment awards. He stated that the application cycle for FY 2021-22 closed in June 2022 and HCAI received 65 applications for scholarships, 425 for stipends, and over 3,000 for loan repayments in the Central Application. The Regional Partnerships will make awards and will notify HCAI of these awards in July 2022.

Additionally, John reported that HCAI will announce awardees for the Peer Personnel Training and Placement Program by July 1, 2022. HCAI made changes to this program by increasing the maximum award amount from \$500,000 to \$1 million, requiring all newly awarded grantees to cover the cost of the 80 hour DHCS Medi-Cal Peer Support Specialist training, and require assistance in taking the exam and provide guidance and support regarding the grand-parenting requirements. HCAI works with employers who help with recruitment and training activities as well as mentoring and support which includes 6 months of support services after the individual is placed.

In regards to the Psychiatry Education Capacity Expansion Program (PECE), HCAI opened a grant application cycle in May 2022 which will close on July 1, 2022. HCAI plans to award grants for the creation of new psychiatric residency and psychiatric nurse training programs as well as the expansion of current programs. A special cycle has been opened in May 2022 for two loan repayment and two scholarship programs and HCAI will make awards every 2 months over the course of 6 months for these programs. HCAI has reached out to counties and community-based organizations (CBOs) to ensure a significant applicant pool.

**Q & A:**

Arden Tucker expressed understanding of the magnitude of need for psychiatrist availability in California and asked what HCAI is doing to recruit other provider types (Marriage and Family Therapists, Masters of Social Work, etc.) as well as providers who are persons of color that represent marginalized communities. John Madriz stated that all of the programs include outreach for multilingual individuals and underrepresented and underserved groups from a variety of different communities. HCAI also collects

demographic information that goes into their MHSA expenditure report that is provided twice a year. John Madriz stated that there was a specific stipend programs for social workers, MFTs, and a few other disciplines and HCAI is in the process of developing a new stipend program for other disciplines.

Javier Moreno asked what the time span was for the 4,000 applications received. John Madriz stated that the time frame was between December 2021 through May 2022 and most applications came in March through April 2022. Javier stated that it may be worth looking at the denial rate and reasons for denial to see if improvements can be made to the requirements so additional people can qualify for funding.

Vera Calloway stated that she made a recommendation at the last meeting to include Occupational Therapists and Peer Supports Specialists on the California Health Workforce and Education Training Council. John Madriz stated that he suggested if the committee members have recommended individuals to serve on the WET Council, HCAI welcomes the recommendations to have individuals with expertise in different areas. Vera stated that she recommends HCAI to search for these individuals in the beginning of the recruitment process.

### **Action/Resolution**

HCAI staff will provide updates to the WEC on implementation of the 2020-2025 WET Plan on a regular basis.

### **Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, and HCAI staff – Ongoing

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## **Item #5                      Public Comment**

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Hector Ramirez stated that there is no indication of whether the applicants have lived experience of mental conditions or disabilities. He recommended that the selection criteria include validity that the applicant is bilingual, especially for Spanish-speaking communities. Hector also recommended that there needs to be a focus on the types of providers that are desperately needed, especially for the disproportionately affected communities such as Hispanic and Native American communities. He highlighted the disparity for the Deaf and Hard of Hearing Community receiving services from providers who use American Sign Language.

Susan Gallagher stated that there were not many respondents on the survey indicating what the hard-to-fill positions are and noted that the respondents are representative of the medical model. She indicated that in order to move the system forward, there needs to be more representation among the respondents such as cultural brokers and Black, Indigenous, and People of Color (BIPOC) communities.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #6      HCAI Presentation Re: Children and Youth Behavioral Health Initiative**


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Caryn Rizell, Deputy Director of Healthcare Workforce Development Division, provided an overview of the work that HCAI is doing for the statewide Children and Youth Behavioral Health Initiative (CYBHI). She began with an overview of the Initiative and displayed a visual that highlights the various programs in the initiative lead by each state department under California Health and Human Services Agency (CalHHS). Caryn encouraged Planning Council members to visit the CalHHS website for more in-depth information and public webinars.

HCAI is responsible for building the behavioral health coach workforce in schools as well as the broad behavioral health workforce capacity. The behavioral health coaches would be a new workforce in schools and communities who would engage vulnerable youth populations. HCAI is also working to expand the diversity of providers serving children and youth and there is a need to make these roles accessible to individuals with lived experience and diverse backgrounds, so the behavioral health coach role is intended to fill this gap in workforce.

The broad behavioral health workforce piece of the CYBHI involves the following:

- Expanding the substance use disorder (SUD) workforce through education and training expansion
  - HCAI will include SUD workforce as eligible applicants for loan repayment and scholarship programs in the WET Plan
- Building the psychiatry and social worker education capacity through the PECE Program and Social Work Education Capacity Expansion Program for psychiatric residents and Psychiatric Mental Health Nurse Practitioners
- Building the behavioral health workforce pipeline through the Health Professions Pathway Program, which involves the development of partnerships and working with students and youth to build support for youth who are entering careers in different health careers
- Building the behavioral health workforce pipeline through the Health Careers Exploration Program which I intended to support career exploration opportunities and expose students and youth to opportunities in the field



- Expand training for providers to serve children and youth with behavioral health needs through the Train New Trainers Psychiatry Fellowship Program at U.C. Irvine which trains primary care providers who work with children and youth
- Supporting and expanding the Peer Personnel Training and Placement Program
- Supporting the recruitment and retention of behavioral health professionals via scholarships, stipends, and loan repayments
- Investigating how to build capacity for earn and learn apprenticeship programs
- Developing training to better serve justice and system-involved youth

The second meeting for the CA Health Workforce Education and Training Council will be held in July 2022 with the purpose to build workforce capacity in California.

#### Q & A:

Javier Moreno asked the level of involvement from education partners such as the superintendent of schools, CA School Board Association, etc. from developing criteria for the behavioral health coaches position. Caryn Rizell stated that there have been many stakeholder session with school districts, CBOs, training entities, and the broad education community to work with education partners to build the coach role to best serve children and youth.

Deborah Pitts stated that HCAI is leveraging their existing programs to target the CYBHI. She stated that it is heavily geared towards medical providers. Given the goal of CYBHI to be novel and innovative, Deborah asked what HCAI is doing differently to identify, prepare, and start a new initiative. Caryn Rizell stated that HCAI is looking to support existing programs to meet the needs of children and youth and are also looking at how to build new programs such as the Pathways Program to build the pipeline of individuals entering the behavioral health workforce. Deborah stated the concern about naming certain provider types in presentations but not others because the provider types who are not mentioned ultimately become invisible. Caryn stated that there are links on the HCAI website that show how to expand eligibility of HCAI's programs to other groups e.g.) including SUD providers in the WET Program.

Jessica Grove asked about the Earn and Learn Program as it acknowledges that individuals who are interested in training may need to support their families while helping the communities and this may lead to a more diverse workforce. Jessica Grove asked HCAI to share more about this program. Caryn Rizell stated that HCAI is currently trying to understand best practices as this is a new program and encouraged the committee to share any best practice models they are aware of.

Vera Calloway expressed interest in learning more about the CYBHI Think Tanks. She also asked if HCAI is involved in the DHCS Behavioral Health Prevention Plan. Vera stated that DHCS held a webinar for this plan and was astounded by the number of comments by parents and educators regarding the problems in the community regarding meeting the needs for children and youth. Caryn Rizell stated that HCAI coordinates with DHCS and other CalHHS agencies but was not able to attend the

listening session. Caryn also encouraged members to visit the CalHHS website to find more specific information about those activities.

Christine Frey commented that the best thing that can be done for the CYBHI is to incorporate more student-lead peer counseling programs in schools to help students support and empower each other. This destigmatizes mental health and creates more interest in the behavioral health field.

Arden Tucker asked about the inclusion of the Deaf and Hard of Hearing Community and other marginalized communities and asked that advisory groups for the CYBHI include these marginalized groups.

### **Action/Resolution**

WEC staff will track HCAI's activities regarding the workforce piece of the CYBHI and report any updates and stakeholder engagement opportunities to the committee.

### **Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese – Ongoing

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## **Item #7                      Public Comment**

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Susan Gallagher asked where medical personnel such as Psychiatrists and Social Workers will serve behavioral health services to children and youth. She stated that Cal Voices family advocates work closely with parents from underserved communities who do not speak English and find it difficult to get Intellectual Property (IP) to deliver services in schools. Susan asked if there can be growth opportunities for youth peer support programs to build the youth peer workforce in an evidence-based form which will help children find community resources. Susan also asked how the CYBHI fits into the CalAIM Initiative. Caryn Rizell responded and indicated that HCAI is looking at how to integrate the CYBHI with CalAIM goals, youth are the center of the initiative and HCAI has spent time to meet with and work with youth. Caryn stated recognition that there needs to be support for youth wanting to enter the behavioral health workforce.

Janet Frank asked if HCAI has earmarked a certain number of slots or are prioritizing individuals already working in children and youth services. Janet also asked if HCAI will ask these individuals to take a specific curriculum for children and youth they will serve. Caryn Rizell stated that HCAI would like to prioritize individuals serving children and youth with this funding and develop curriculums with training programs that are in development.

Chad Costello seconded the comments made by Deborah Pitts and stated that the individuals not being mentioned in the presentation as behavioral health workforce that have AA and Bachelor of Arts degrees but are not licensed represent 40-45% of

providers in CBOs and other programs. He added that these individuals need to be mentioned and written down in the messaging.

Dawniell Zavala applauded the goals of the Initiative and stated that the stakeholder engagement plan does not include a permanent youth advisory group that informs the plan, and this does not align with the intent to create a plan that is designed by youth for youth. She expressed that it is essential to ensure that the stakeholder engagement plans include an advisory body or steering committee that is solely composed of youth to ensure their voice is being heard in the ongoing process.

Andrea Wagner stated that she has a son in the system and would love to see her son in an apprenticeship program to be able to be employed as a Peer Support Specialist so he can test and be immediately employed at 18 years old. She stated that it would be valuable to have this option in one of HCAI's pathways.

#### **Action/Resolution**

N/A

#### **Responsible for Action-Due Date**

N/A

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### **Item #8      CalMHSA Updates on Peer Support Specialist Certification**

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Lucero Robles, Director of Quality Assurance and Compliance for the California Mental Health Services Authority (CalMHSA), presented an update on CalMHSA's process for the development and implementation of the Medi-Cal Peer Support Specialist (PSS) Certification. First, Lucero provided background for Senate Bill 803, which allows for billing for the new provider type of PSS as a new Medi-Cal provider and service type.

CalMHSA, as the certifying entity, is responsible for certifying individuals as a PSS, approving the training entities to train the core competencies, developing all board functions, exam development and administration, registration, investigations and disciplinary actions, and evaluating outcomes and collect data. As the certifying entity, CalMHSA will help maintain the standardization of peer certification across counties by using the certification standards set by DHCS, create and utilize the Stakeholder Advisory Council (SAC) to provide input on the design and policy development, and work with subject matter experts (SMEs) for the development of exam items such as developing curricula competencies for the 4 areas of specialization.

Lucero highlighted the differences between the certification and specializations. There is one general certification and 4 areas of specialization which are designated as parent/caregiver/family member peer, persons who are unhoused, persons involved in the criminal justice system, and a crisis specialization. The parent/caregiver/family

member peer will launch at the same time as certification while the other 3 specializations will go live in January 2023.

The Human Resources Research Organization is developing the exam for peer certification. CalMHSA is providing subject matter experts to inform the development and writing of the exam questions. CalMHSA will then administer the exam. CalMHSA will collect data on the certificants, persons receiving supervisor training, persons who receive PSS training from an approved entity, and will provide early reports to DHCS. CalMHSA is building a certificant registry which will tell an individual if a peer's registration is up to date and will be open to the public.

Lucero reviewed the requirements for persons seeking PSS Certification and well as the grand-parenting process. She then shared that CalMHSA will be administering the distribution of scholarships funded through DHCS to county behavioral health plans who opted in to the PSS Certification Benefit. A total of 5,000 scholarships will help cover the cost of certification applicants, exam, and training. Individuals would apply on the CalMHSA website and CalMHSA staff will be responsible for reviewing applications. Applications for scholarships intended for the grand-parenting process are available May through June 2022 while scholarships for individuals seeking initial certification may apply July through August 2022.

CalMHSA's next steps for the development and administration of the Medi-Cal PSS Certification Program includes the identification of core competencies for specializations via third-party facilitation and then using subject-matter experts in focus groups, as well as continuing efforts to update the certification registry on the CalMHSA website. In regards to the exam development, CalMHSA will blueprint the exam with categories which will be made available in June 2022, have approximately 200 early test-takers take the exam in September 2022 with the exam available to all individuals in October 2022. The exam will be available in 16 other threshold languages in January 2023.

#### Q & A:

Vera Calloway expressed concerns about counties being the entity to choose what individuals will receive the scholarships because they do not have a criteria for individuals receiving scholarships and we do not know who is receiving the scholarships or who the scholarship representative for the county is. How do we know the county is awarding scholarships based on need versus who the county wants in the PSS position? Vera also asked who selected the members and subject matter experts for the Stakeholder Advisory Council. Lucero Robles stated that CalMHSA is administering the scholarships on behalf of DHCS so the 58 counties created 58 different programs in California and scholarships go to the counties because each county will have their own PSS Certification Program. The representatives for county liaisons will be posted on the CalMHSA website. The selection for the Stakeholder Advisory Council members were solicited via applications and CalMHSA staff include subject matter experts as consultants. CalMHSA also worked with the California Association of Mental Health Peer-Run Organizations (CAMHPRO) who helped with member selection. SMEs were also identified via the SAC and networking which includes individuals who provide services on the ground.

Deborah Pitts asked if all SMEs are experts by lived experience and what test preparation materials will be available in addition to the exam blueprint. Lucero confirmed that SMEs have lived experience and that CalMHSA will develop an exam preparedness document which will be available after the blueprint.

Javier Moreno asked why an individual must be employed as a peer on January 1, 2022 in order to be considered for the grand-parenting process. Lucero Robles stated that this information is located in DHCS Behavioral Health Information Notice 21-041. She added that the definition of employed includes both paid and unpaid positions. Javier stated that there are some counties that are not close to implementing the Medi-Cal PSS Certification Benefit and expressed concern that these counties would have peers that would qualify the scholarship money but would not have it available to them. Javier asked if CalMHSA would fund some peer associations so these associations may pass these scholarships along to these individuals. Lucero stated that CalMHSA has brought this information and advocacy to DHCS.

Arden Tucker stated that BIPOC individuals throughout the state have taken state exams multiple times and found them to be culturally bias. She provided an example that the term “saucer” is used as a sandwich plate but not everyone grows up with that word. She asked if CalMHSA received any of this type of input for the peer certification exam development process. Lucero stated that there was a Job Task Analysis (JTA) that was sent to the community that informs the blueprint for the exam. There has not been a question about language in the JTA but that the exam developers typically look for information about biases.

### **Action/Resolution**

WEC staff will continue to monitor the activities of CalMHSA for the administration of the Medi-Cal PSS Certification.

### **Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese - Ongoing

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## **Item #9      Public Comment**

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Hector Ramirez asked how CalMHSA is not biased or discriminatory in the Medi-Cal PSS Certification Program process since the exam is first provided only in English. He asked what involvement CalMHSA has had with the Department of Rehabilitation (DOR). Lucero stated that there needs to be one exam in order to create more and there will be a glossary of terms to translate language to ensure it is culturally appropriate. CalMHSA has not met with DOR for consultation of this project.

Steve McNally stated that he attended many of the CalMHSA meetings and that the community has a high expectation for the Medi-Cal PSS Certification Program. He expressed hopes that CalMHSA will align with Governor Newsom’s data portal that asks

agencies to be more transparent. Steve asked to raise transparency, reach out to the county boards and commissions to inform them on what is going on, and have translated services for scholarships. He invited CalMHSA to ask for help if they need it.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

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## **Item #10      Cal Voices Presentation Re: Peer Support Specialist Certification**

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Susan Gallagher, Cal Voices Executive Director, and Dawniell Zavala, Cal Voices Associate Director, presented concerns regarding current planning activities for the implementation of Senate Bill 803: Medi-Cal Peer Support Specialist Certification, as well as research findings from Cal Voices Peer Association Survey and recommendations to improve the planning and implementation efforts for SB 803. Dawniell first provided background on Cal Voices and history of the peer profession.

Cal Voices then expressed the following drawbacks of SB 803:

- SB 803 intends to create a statewide scope of practice, however, participation and implementation is left to individual county discretion
- DHCS certification guidelines outlined in BHIN 21-041 are vague and overly broad which gives substantial discretion to counties to define their own standards, qualifications, and protocols for peer certification
- No other behavioral health profession in California is subject to the direct control of the agencies that employ them and fund their positions i.e.) the counties

The Cal Voices team made a statement that counties and clinical providers are motivated yet generally ill-equipped and unprepared to expand peer services due to their lack of understanding for recovery or evidence-base for peer support, lack of value for peer authenticity and advocacy, and are likely to have non-peer supervisors oversee staff. They also indicated that SB 803 has placed existing peer-run agencies at risk of losing the programs they have built and operated for decades as they are looking to be absorbed by counties or re-designed to fit the scope for Medi-Cal billing.

According to a National Survey *“Perceptions of Supervisors of Peer Support Workers in Behavioral Health,”* non-peer supervisors were more likely than peer supervisors to have a simplified view of the peer role, rely on clinical expertise to frame their view of the peers they supervise, assume peers need more intensive and frequent supervision than other staff, lack clarity around peer role, duties, competencies, and expectations,

lack practical experience that peers are expected to have, and feel a responsibility to monitor mental health of the peer staff for triggers and signs of relapse. Other findings from the survey indicate that many organizations cite a lack of adequate supervision as a barrier to offering peer services and have an impact of peers being treated as second class professionals, employee and client dissatisfaction, high turnover, disruption in services, and potential for discontinuation of peer support services.

Cal Voices presented the following key takeaways from their research:

- Peer support is a SAMHSA-recognized evidence-based practice (EBP) that can expand consumer employment and recovery services but EBPs only work when done correctly
- Peers experience significant barriers to employment success in traditional behavioral health settings
- Non-peer supervisors frequently make implicit negative assumptions about the peers they oversee
- SB 803 provides a step forward for certification but the expansion and takeover of peer services by traditional providers can harm peers and peer-run organizations

Cal Voices launched a new statewide professional association for peer support workers in California's public behavioral health system, entitled the California Association of Peer Professionals (CAPP). CAPP will serve as a collective voice for peer support workers, promoting education and training, professional ethics and standards, career advancement, fair pay and benefits, safe working conditions, and recognition/respect. Susan Gallagher shared the findings from CAPP's Peer Association Survey that was disseminated to employed and volunteering peers throughout the state in January 2022. The questions were designed to identify present and emerging needs of peers working or volunteering in the public behavioral health system. 34 counties were represented in the survey with 244 responses received. The survey's key takeaways are the following:

- Peers are confused about certification requirements and how their workplaces will implement certification
- Peers are worried about being left behind under the new certification landscape
- Peers want a way to advance their collective professional interests, a primary role in the policies and decisions that affect them, and to drive their own career trajectories and professional development

Dawniell shared Cal Voices' certification implementation concerns and questions:

- Professional certification and funding of certification are two separate issues and one's eligibility to enter a state recognized profession should not depend on where they work or live *i.e.) are peers in non-participating counties eligible for certification? Are all peers in participating counties eligible for certification or only those who are working for the county or county-contracted providers?*

- Adult consumers may deliver and receive Medi-Cal billable peer support services while family members of adult consumers cannot, and individuals serving children or transition-age youth is defined more broadly. Consumers and family members are being used interchangeably which does not follow evidence-base.
- There are billing concerns and confusion. Billing historically reflected the medical model and it is unclear whether billing will limit the types of services that peers provide, whether billing duties reduce peer ability to support clients, if peers will face discipline for billing errors, and if peers will have access to the client's entire chart to ensure documentation reflects treatment goals.
- Scholarships are only available to peers identified by participating counties so peers working outside of a participating county's system are not eligible and county processes for developing scholarships vary. Scholarships are also awarded on a first-applied basis rather than targeting specific groups.
- Peers may not have funds available for the application and exam fee.

Additionally, CARE Court proponents would like to use peers in CARE Court as navigators and assistance to the supporter. Counties may support this if services are billable which can be an issue because some peers want this while others do not and using client peers in coerced treatment programs is antithetical to peer support ethics, best practices, and the recovery model.

Cal Voices presented the following recommendations:

- Treat peer support like any other profession and create a uniform certification program operated by a disinterested certifying body
- Clarify and reinforce the required lived experience for peer providers in the adult and children's systems of care (consumers and family members are not interchangeable)
- Prioritize consumer-operated agencies and programs to expand peer services and trainings
- Prioritize training and technical assistance for peer employers that addresses work culture
- Promote peer career ladders and peer supervision of peers
- Ensure diversity and equity in certification scholarship awards

#### Q&A:

Deborah Pitts asked what the remedy is for delegating CalMHSA as a sole certifying entity. Dawniell Zavala stated that Senate Bill 364 proposes consolidating a statewide mandate and create more consistency rather than having the program be county to county but the bill has not passed yet. Cal Voices stated that working with DHCS to appoint or recognize a third-party to operate peer certification is another option.

#### **Action/Resolution**

WEC staff and Officer team will discuss ways to address Cal Voices concerns around Medi-Cal Peer Support Specialist Certification.



**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, John Black, Vera Calloway - TBD

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**Item #11      Public Comment**

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Andrea Wagner, Interim Executive Director at CAMHPRO, shared that Advocates for Human Potential (AHP) through DHCS awarded CAMHPRO a grant to help provide training and technical assistance to CalMHSA, DHCS, and counties for the rollout of SB 803. Andrea stated that she recently took on her role at CAMHPRO but was previously in the LEAD Program that formed 9 subcommittees and provided recommendations to DHCS which were in the BHIN 20-041. One of the recommendations were to not have CalMHSA as the sole certifying entity but this was overruled.

Andrea Wagner also stated that she has shared concerns similar to the Planning Council's concerns with CalMHSA during weekly meetings but CAMHPRO's voices are not being heard. She stated that CalMHSA indicated no test exists but as the 49<sup>th</sup> state doing peer certification, some tests exist and there are peer-run organizations that have been doing this work for decades and also have tests with those trainings. Andrea asked CalMHSA why they are hiring a third-party to create the test when there are tests that exist but the decision to use an existing test was overruled. CAMHPRO also did not have input on the scholarships and would have instead done need-based scholarships. Additionally, Andrea shared that she has seen the threat to current peer organizations and knows of three peer agencies that are being dissolved and taken over by counties or corporate entities. Also, DHCS put out grants and 14 new agencies got started but most of them will not be ready for site certification.

Richard Krzyzanowski stated that he could think of no place that is more antithetical to recovery and peer culture and values more than the modern American workplace which is built on unequal power differentials and is hierarchical. He expressed fear of sending people into these environments without the tools they need to advocate and protect themselves as peers, workers, and individuals with disabilities. He asked where the trainings are regarding the American Disabilities Act and how to interact with unions that can fight stigma and injustice in the workplace, create policies and procedures, employee assistance programs, labor laws, as well as how Human Resources Departments may be utilized. Richard shared his vision that the people going into these work places need the support of worker's rights advocates.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #12 Department of Rehabilitation (DOR) Updates**

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

**Action/Resolution**

WEC staff will work with DOR representatives to reschedule the update of activities at the Department of Rehabilitation for individuals with behavioral health conditions.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, Jessica Grove – October 2022

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**Item #13 Wrap Up/Next Steps**

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

**Action/Resolution**

WEC Officers and staff will plan activities for the October 2022 Quarterly Meeting.

**Responsible for Action-Due Date**

Ashneek Nanua, Justin Boese, John Black, Vera Calloway – October 2022

**The meeting adjourned at 5:11 p.m.**

## Tab 2

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

**Agenda Item:** Local Employment Initiatives Panel Presentation

**Enclosures:** Butte County Vocational Services Presentation  
Solano County Individual Placement and Support (IPS) Presentation  
[Solano County IPS Jobs Plus Flyer](#)  
Solano County IPS Jobs Plus Flyer #2  
Alameda County BHCS Vocational Services Division Overview  
San Francisco County BH Services Vocational Programs Presentation

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

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

This agenda item provides the WEC with information on various county workforce initiatives. 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 2.1:

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

**Background/Description:**

During the WEC January 2022 Quarterly Meeting, committee members expressed interest to address the topic of increasing the value of employment in behavioral health recovery services and programs. Members shared that employment is of equal and potentially of greater value as compared to crisis stabilization, yet crisis stabilization is often prioritized in recovery services. Additionally, California is ranked last in employment outcomes against most other states. During the April 2022 Quarterly Meeting, Chad Costello, Executive Director of the California Association of Social Rehabilitation Agencies (CASRA), initiated a committee discussion on elevating employment in recovery services.

A panel of county representatives and individuals working in vocational rehabilitation services for individuals with behavioral health conditions will present their local employment initiatives to the committee. 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 and discuss how to elevate employment among state and county priorities in conjunction with other prioritized behavioral health initiatives.

The WEC will then engage the county panel in discussion on how to identify tangible ways to advocate and increase the value of employment for individuals with serious mental illness and substance use disorders served by the public behavioral health system in California.

*Please contact WEC staff at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for copies of the meeting materials.*

## Presenter Biographies

### Butte County

#### *Sarah Frohock, LCSW Clinical Supervisor and Cooperative Program Coordinator*

Sarah has been in the field for over 20 years as a Licensed Clinical Social Worker (LCSW). She has been in her role with the vocational programs since 2016. Prior to that, she worked with the severely mentally-ill adult population. She has also worked in family and youth services and spent several years providing training and consulting to various non-profits across California. Sarah also has a thriving private psychotherapy practice and has taught graduate Social Work courses at CSU Chico. She can be reached by email: [sfrohock@buttecounty.net](mailto:sfrohock@buttecounty.net) or phone: 530-353-5361.

#### *Beth Dillard, Behavioral Health Education Specialist and Cooperative Service Coordinator*

Beth Dillard is a Behavioral Health Education Specialist and Cooperative Service Coordinator serving consumers of mental health services through Butte County Department of Behavioral Health (BCDBH) for 22 years. Beth has enjoyed working in a variety of divisions at BCDBH including Community Services, Crisis Services, Youth and Adult Services. Beth has worked in a multitude of programs under these divisions such as Special Projects/Grants, Cultural Competence, Prevention, Homeless Emergency Runaway Effort, 6th Street Center for Transitional Age Youth; and the Iversen Wellness & Recovery Center. Since 2011, Beth has worked in Employment and Vocational Services providing county-wide services to TAY and Adults. Beth has lived in rural counties (Lassen, Shasta, Glenn, Butte) her entire life and enjoys being part of a tight-knit community. Least favorite part of the job: public speaking nerves! Best part of the job: Witnessing the “magic” happen! Beth is available to further discuss Butte County’s Employment Program. She can be reached by email: [bdillard@buttecounty.net](mailto:bdillard@buttecounty.net) or phone: 530-990-5041.

#### *Emilio Muniz, Behavioral Health Counselor and Cooperative Service Coordinator*

Emilio has worked in the mental health field for the last 20 years with Butte County Department of Behavioral Health. The first 15 years of that time, he provided intensive case management services to the most severely ill and higher needs consumers. These last 5 years, he has been an employment service coordinator for the BCDBH/DOR Co-Op, working with both the Transition-Age Youth (TAY) age and adult populations. She can be reached by email: [emuniz@buttecounty.net](mailto:emuniz@buttecounty.net) or phone: 530-693-7925.

*Erika Miller MFTI, Senior Vocational Rehabilitation Counselor*

Erika Miller is a Senior Vocational Rehabilitation Counselor with the California State Department of Rehabilitation. Erika earned her Master's degree in Psychology with an emphasis in Marriage and Family Therapy from California State University, Chico in 2017. After graduation, Erika worked briefly for Tehama County Behavioral Health where she co-ran a behavioral health court program before beginning employment with the Department of Rehabilitation in 2018. Since her time with the state, Erika has worked in collaboration with Butte County Department of Behavioral Health and vendors to provide services to individuals with severe and persistent mental health disabilities in order to get them back into the workforce while managing mental health symptoms.

**Solano County**

*Emery Cowan, LPCC; Interim Behavioral Health Director, Solano County*

Emery Cowan is the Interim Behavioral Health Director for the Solano County Behavioral Health. Throughout her career across 3 states, she has served in leadership and direct service roles, including expansion of evidence-based practices promoting recovery, cultural humility, social justice, and community inclusion for children, youth, families and adults with mental health and substance use challenges. Implementation of programs nationally and locally include Peer Support Services and Certification, IPS Supported Employment/Education, Employment First Policy, Supportive Housing, Assertive Community Treatment, Culturally/Linguistically Appropriate Services (CLAS), Co-Occurring Capacity (SUD), and others. Emery has worked in state and local government roles as well as direct service levels for over 20 years, has Master of Science in Counseling Psychology from Florida International University, and is a Licensed Professional Clinical Counselor (LPCC) in CA & Mental Health Counselor (FL). She is also a Board of Directors of the California Association of LPCCs (CALPCC).

*Yazmin Robledo, Caminar Individual Placement and Support (IPS) Employment Supervisor*

Yazmin Robledo is the IPS Director of the Solano Region Jobs Plus program at Caminar, a nonprofit agency that provides community-based support services for people with disabilities. Caminar's Jobs Plus Program provides employment support services to individuals with psychiatric disabilities, physical, and learning disabilities to achieve and maintain employment in a competitive marketplace. Yazmin Robledo has been serving the Solano County Jobs Plus program for over six years and in those years was promoted 5 times until landing in the role of the IPS Director. Along with her extensive knowledge of the Jobs Plus program, Ms. Robledo has extensive experience in marketing, leadership, accounting and grant writing as well as working closely with State and County agencies. Ms. Robledo is currently finalizing her B.S in Psychology as well as being a certified IPS (Individual Placement and Support) practitioner.

Brooke Reddell, Caminar Employment Peer Specialist

Brooke Reddell is an IPS Peer Specialist at Caminar Inc. Jobs Plus in the Solano County Region. She has held the position since April 2020, and has trained multiple other people to become IPS Peer Specialists. In February of 2021, Brooke completed a Work Incentive Practitioner course, and still holds the credential in assisting clients returning to work while receiving Social Security Disability benefits. Brooke obtained an Associate in Science Degree in Health Education from Diablo Valley College in August 2021, and is set to graduate this December from Northern Arizona University with a Bachelor of Science in Social Work.

Michael Schocket, Executive Director of Caminar Employment Services (will be virtual)

Michael Schocket is the Executive Director of the Jobs Plus program at Caminar, a nonprofit agency that provides community based support services for people with disabilities. Caminar's Jobs Plus Program provides employment support services to individuals with psychiatric disabilities, physical, and learning disabilities to achieve and maintain employment in a competitive marketplace. Prior to becoming Executive Director of Jobs Plus, Mr. Schocket served in numerous leadership positions during his tenor at Caminar including job developer, Director of a residential rehabilitation program, Assistant Director, Case Manager and as a Mental Health Counselor. With his extensive leadership in Managed Health Care, he is experienced in working with health care providers, public hospitals, state agencies, county agencies, and outreach programs. Mr. Schocket has a far-reaching knowledge of government administration, counseling, sales and marketing, human resources, training, and public relations. Mr. Schocket has a B.A. in Psychology from Cal State Hayward and is a Certified Psychiatric Rehabilitation Practitioner.

## **Alameda County**

### *Theresa Razzano, LMFT, CRC, Division Director, Alameda County Behavioral Health Care Vocational Services (BHCS)*

Theresa Razzano, is a Licensed Marriage and Family Therapist and Certified Rehabilitation Counselor. She has dedicated the last 30 years of her career to the rehabilitation of individuals with disadvantaging conditions and mental illness. She started in the field working at Baker Places ILC and Baker Voc of San Francisco, and later honed her skills at Goodwill Industries working with individuals with addiction, homelessness, re-entry, recent immigrants and those with mental illness. She came to Alameda County Behavioral Health Care in 1997 and started working as a Senior Rehab Counselor with the Vocational Program and is now the Division Director of ACBH - Vocational Services. She plans to continue advocating for integrated access of employment and education for BHCS consumers using evidenced based strategies, to support an improved quality of life and recovery expectation within treatment. Theresa has also enjoyed a private practice in Oakland for the last 20 years, where she works with families and individuals of all ages and backgrounds.

### *Chris Llorente, BHCS Individual Placement and Supports (IPS) Trainer and CalWORKS Lead, Alameda County*

Chris Llorente is an Individual Placement & Support (IPS) Supported Employment Trainer with Alameda County Behavioral Health. He provides IPS implementation support, regular trainings, technical assistance and Fidelity Reviews to county operated and community-based organizations. He has also worked as a contract Fidelity Reviewer for the IPS Employment Center (developers of the IPS model), and as an IPS Trainer and Fidelity Reviewer for the California Institute for Behavioral Health Solutions (CIBHS). Previous to his current role, he spent three years at a community-based organization as the agency's Supported Employment Program Manager overseeing a team of IPS Employment Specialists, while also scaling out the IPS Service within the agency. He holds a Master's Degree in Public Administration with a concentration in Public Management and Policy Analysis from California State University East Bay, and a Bachelor's Degree in Sociology from University of California San Diego.

### *Michael Castilla, BHCS Program Manager and ACT Lead*

Michael Castilla is a Senior Program Specialist with the Adult and Older Adult System of Care within the Alameda County Behavioral Healthcare Department. He currently oversees the implementation and fidelity review process for the Assertive Community Treatment (ACT) model. This is an evidence based practice that is utilized by the county's ten adult and Transition Aged Youth Full Service Partnership (FSP) teams. In addition, he provides program oversight and technical assistance for the In Home Outreach Teams (IHOT), and the Community Conservatorship (CC) Program. Prior to his current role, Michael has worked for over ten years providing direct services to individuals living with mental illness and developmental disabilities as a job developer and Employment Specialist. He also managed the Supported Employment Program at a community non-profit and worked as a social worker supervisor within the Social Services Agency. He lives in Oakland with his wife and two kids, and enjoys reading, jiu-jitsu and writing.



**San Francisco County**

Juan G. Ibarra, DrPH, MPH, MSW: Mental Health Services Act Program Manager (HPC 3), San Francisco County Behavioral Health Services

- Served as the first San Francisco (SF) COVID-19 Command Center's Case Investigator Manager
- Served as the Interim Director of the SF Mental Health Services Act Team
- Extensive experience in public health research, education and practice with a focus on health disparities among underserved populations
- Received his DrPH in Social Epidemiology from UC Berkeley in 2009 and a dual MPH & MSW in Health Services Administration from San Diego State University in 2004
- Formerly a Mental Health Services Act Program Evaluator for 7 years
- Provided evaluation technical assistance (evaluation design, data management, outcome analysis, measurement tool design, implementation of cultural and linguistic appropriate evaluation methods) to behavioral health program providers
- In his free time, Juan enjoys exploring the East Bay Regional Parks, going to the movies, cooking, and spending time with family and friends.

San Francisco County Behavioral Health Services Vocational Programs Presentation

<b>Program Name – Provider</b>	<b>Services Description</b>	<b>Target Population</b>
<b>SF Vocational Coop</b> SF Behavioral Health Services (BHS) and State of California Department of Rehabilitation (DOR)	<p>To provide vocational rehabilitation services to BHS consumers. Employment services offered by this program include vocational assessments, job coaching, vocational training, job placement, and job retention services. Vocational Coop partners include RAMS, UCSF Citywide, Caminar JobsPlus, Occupational Therapy and Training Program, and PRC.</p> <p>Referrals are highly encouraged by a clinician for any client who is interested in job placement. To access the referral form, click here <a href="#">Access4Jobs Referral</a></p>	Transitional Aged Youth (TAY; 15 – 25 years of age) and Adult/Older Adult (A/OA) BHS consumers
<b>Janitorial</b> Richmond Area Multi-Services, Inc. (RAMS)	<p>To provide employment and 6-month paid internship opportunities within the janitorial and custodial field to BHS consumers, and engage them for improved well-being, positive engagement in the community, increase self-sufficiency, and obtain &amp; retain competitive employment</p>	A/OA BHS consumers
<b>Clerical &amp; Mailroom</b> RAMS	<p>To provide employment and 9-month paid internship opportunities in the areas of business operations (clerical, mailroom, reception, messenger, &amp; driving positions) to BHS consumers, and engage them for improved well-being, positive engagement in the community, increase self-sufficiency, and obtain &amp; retain competitive employment.</p>	A/OA BHS consumers
<b>i-Ability Vocational Information Technology (IT) –</b> RAMS	<p>9-month paid training program prepares consumers to be able to provide IT support services (e.g., Help Desk, Desktop support) at the BHS IT Department. For more information on the 4 different levels and types of program please click on the link to the right.</p>	A/OA BHS consumers

<b>Program Name – Provider</b>	<b>Services Description</b>	<b>Target Population</b>
<b>TAY Vocational</b> (Career Connections) RAMS	To provide 3-months of career BHS counseling, job exploration, and job interest assessments. Also provides 6-months paid internships/entry-level work opportunities to BHS TAY consumers, and engage them to achieve resiliency and maximize recovery.	TAY (15 – 25 yrs.) consumers
<b>Employee Development</b> RAMS	The Employee Development Program (E.D.) is designed to serve individuals who need basic job preparation and paid work experience in a structured group setting. Participants come to Hire-Ability’s workshop setting five days a week and are assigned a Vocational Rehabilitation Counselor who provides job skills training.	A/OA BHS consumers
<b>Slice of Life Café &amp; Catering</b> UCSF Citywide Employment	To provide classroom education and 6-months paid training opportunities in the food and preparation industry to BHS consumers. Participants will gain marketable skills, receive on-the-job training and mentoring, job coaching, and job placement services ( <i>applies to the next two Citywide programs</i> ).	A/OA BHS consumers
<b>Growing Recovery and Opportunities for Work through Horticulture (GROWTH)</b> UCSF Citywide Employment	To provide vocational classroom education and 6-months paid training opportunities in landscaping and horticulture field to BHS consumers.	A/OA BHS consumers
<b>First Impressions 2.0</b> UCSF Citywide Employment	To provide 6-months of paid on-the-job training in mechanical and machine maintenance through 3D printing, and customized training for essential jobs in hardware and home improvement stores.	A/OA BHS consumers

**Challenges:**

- Low referral numbers – we are limited to accepting referrals from SF BHS providers
- Client support as Coop partners wait for DOR authorization...risk of losing clients during this waiting period

**Best Practices:**

- Pilot with the Community Assessment and Services Center (CASC) – BH focused multi-service, reentry center – collaboration between UCSF Citywide and SF Adult Probation Department
  - Non-BHS providers in CASC – decision to accept their referrals...successful increase in referral for UCSF Citywide
- Featured a clinician panel at our annual Vocational Summit....good amount of participants (N=75) were providers...they shared their experience with referring clients to the SF Coop
- Quarterly presentations at our A/OA and CYF SOC provider mtgs to raise awareness of our Coop

**How to elevate employment as a means of recovery:**

- Perhaps provide a clinical training on how providers can bill for vocational client services while providing BH therapy

TAB 3

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

**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. Proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~.

**Motion:** Approve edits made to Workforce and Employment Committee 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

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

### MISSION

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

### GUIDING PRINCIPLES

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**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

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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

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### 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

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### 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	

## WORKFORCE EDUCATION AND TRAINING (WET) STEERING COMMITTEE MEMBERS

Le Ondra Clark Harvey	Elia Gallardo	Robert McCarron
Kristin Dempsey	Olivia Loewy	Kathryn Kietzma
Janet Frank	E. Maxwell Davis	
Robb Layne	Chad Costello	

## WORKFORCE AND EMPLOYMENT COMMITTEE STAFF

**Primary Contact:** Ashneek Nanua  
[Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov)  
 (916) 750-4609

**Secondary Contact:** Justin Boese  
[Justin.Boese@cbhpc.dhcs.ca.gov](mailto:Justin.Boese@cbhpc.dhcs.ca.gov)  
 (916) 750-3760

TAB 4

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

**Agenda Item:** Nominate 2023-2024 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.

Vera Calloway is slated to become the Chairperson for the Workforce and Employment Committee at the January 2023 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 5

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

**Agenda Item:** Follow-up Discussion Re: Peer Certification

**Enclosures:** DHCS Responses to WEC Questions and Concerns Re: Peer Support Specialist Implementation *\*\*Document will be provided separately prior to meeting date*  
[Medi-Cal Peer Support Specialist Certification Preparation 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 clarifying information regarding the implementation of Peer Support Specialist Certification lead 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 CalMHSA as the certifying entity.

During the June 2022 Quarterly Meeting, the WEC heard from CalMHSA regarding planning and implementation efforts for Peer Support Specialist Certification. The committee also 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 CalMHSA on implementation of this Medi-Cal Benefit. Cal Voices and CAMHPRO presented their questions and concerns regarding the current planning activities for the implementation of SB 803. WEC staff brought these concerns to DHCS and will share DHCS' feedback during this agenda item. Committee members will determine next steps for advocacy regarding Peer Support Specialist Certification in California.

DHCS updates regarding Peer Support Specialist Certification are provided below:

DHCS Update Regarding Implementation of Peer Support Specialist Certification Medi-Cal Benefit:

The California Mental Health Services Authority (CalMHSA), in partnership with the Department of Health Care Services (DHCS), is releasing the initial administration of the Medi-Cal Peer Support Specialist Examination. The initial administration of the exam is for *early test takers* who met certification requirements and elected to participate in the initial administration phase of the exam between **September 23 – October 14, 2022**. The Certification Exam will be made available for *ALL test takers* starting **December 2022**. For more information on the exam, please refer to the [Preparation Guide](#).

Interested individuals may apply for the Peer Support Services Certification program either through the [Grandparenting Process](#) or the [Initial Certification Process](#). CalMHSA is currently processing applications for peer workers referred by participating county mental health and/or substance use disorder programs (also referred to as Behavioral Health Plans). For more information on how to apply, please visit the [CalMSHA Certification website](#). For specific instructions regarding applying through the Grandparenting process, please review the following reference guide [here](#). For specific instructions regarding applying through the Initial Certification process, please review the following reference guide [here](#). For any questions regarding the application process, please contact [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org).

***Please contact WEC staff at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for copies of the presentation materials.***

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

**Agenda Item:** Written Update of 2020-2025 Workforce Education and Training (WET) Five-Year Plan

**Enclosures:** [HCAI Behavioral Health Initiatives Fact Sheet](#)

HCAI Awards \$40.8 million in Grants for Students to Pursue Healthcare Careers

HCAI September 2022 Workforce Programs Update

[HCAI September 2022 Update \(Video\)](#)

**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 have shared a written update on the implementation of the Five-Year Plan to inform committee members of current activities and status updates. The written update is provided on the following page.

Below are current and upcoming HCAI Behavioral Health Program grant application cycles:

- Psychiatry Education Capacity Expansion Program (PECE) Psychiatry Residency grant cycle closed on July 29, 2022 and awards will be announced on September 27, 2022
  - The purpose of this program is to enter into grant agreement(s) for grantee(s) to train psychiatry residents and fellows in California
- PECE Psychiatric Mental Health Nurse Practitioners (PMHNPs) grant cycle closed on July 29, 2022 and awards will be announced on September 27, 2022
  - The purpose of this program is to enter into grant agreement(s) for grantee(s) to fund increased numbers of PMHNPs training in California.
- Social Worker Education Capacity Expansion Program (SWECE) grant cycle opened on August 29, 2022 and closes on October 28, 2022
  - This grant opportunity will result in grant agreements with educational institutions to develop new Bachelor of Art in Social Work (BASW) and/or Master of Social Work (MSW) programs as well as serve to expand MSW programs.
- Community-Based Organization (CBO) Behavioral Health Workforce Grant Program grant cycle will open on September 30, 2022
  - The CBO Behavioral Health Workforce Grant Program will support CBOs to recruit and retain behavioral health personnel, and provide loan repayments, scholarships, and stipends to paid and unpaid CBO behavioral health staff.
- Peer Personnel Training and Placement Program
  - HCAI contracts with Peer Personal Training Programs to support individuals with lived experience as a mental/behavioral health services consumer, family member, or caregiver placed in designated peer positions.
  - Grant awards for the 2022-23 grant cycle can be found on our website at: <https://hcai.ca.gov/wp-content/uploads/2022/06/Peer-Personnel-Awardee-Announcement-FY2022-23.pdf>

Information about our Behavioral Health programs, including webinars, can be found on the HCAI website located at: <https://hcai.ca.gov/loans-scholarships-grants/grants/bhp/>



## HCAI Awards \$40.8 Million in Grants to Students Pursuing Healthcare Careers

### ***20 Organizations Receive Funding From the Health Professions Pathways Program***

**SACRAMENTO, Calif.** – Today the Department of Health Care Access and Information (HCAI) announced the approval of \$40.8 million in grant awards to 20 organizations that support and encourage students from underrepresented regions and backgrounds to pursue healthcare careers.

The grant awards will be issued through the [Health Professions Pathways Program](#), which focuses on students entering the fields of primary care, behavioral health, geriatrics, nursing, and oral and allied health.

“To build the healthcare workforce California needs, we must reach out to the next generation to support them to become healthcare professionals,” said HCAI Director Elizabeth Landsberg. “HCAI is pleased to provide this financial support for pipeline programs, internships and fellowships that will open the door to needed healthcare professions for students, and in turn help the state create a more diverse and linguistically competent healthcare workforce.”

The nearly \$41 million in awards will support 32,800 participants in 30 counties. This includes supporting 31,385 students with outreach, mentoring, and support, 1,220 undergraduate students with paid summer internships, and 195 grantees with one-year post undergraduate fellowships.

**[See the entire list of awardees on the HCAI website.](#)**

“California, like many states, is facing tremendous workforce shortages and inequities in the health care delivery system. The Health Professions Pathways Program awards are a step in the right direction – one that seeks and supports health providers that look, speak, and have the same life experiences as the

diverse Californians they serve,” said California Health and Human Services Agency (CalHHS) Secretary Dr. Mark Ghaly. “While broad workforce pipeline efforts continue, these grants will help pave the way for supporting the next generation of diverse healthcare professionals in California.”

The Health Professions Pathways Program is one piece of a larger \$1.4 billion dollar Workforce for a Healthy California for All initiative that aims to tackle workforce shortages in health and human services. These CalHHS funding opportunities, in conjunction with the Labor and Workforce Development Agency, increase the workforce pipeline via investments in training programs and funding innovative apprenticeship programs and pilots to accelerate the development of the nursing and care economy, behavioral health providers and community health worker/promotores.

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*The Department of Health Care Access and Information (HCAI), formerly known as the Office of Statewide Health Planning and Development, identifies shortages of primary care, behavioral health, and dental health professionals, and serves as the state’s building department for hospitals and skilled nursing facilities. HCAI provides objective health care information as it collects and hosts trusted, publicly available data on healthcare costs, health workforce capacity, healthcare facilities, and patient characteristics. Learn more about HCAI at [www.hcai.ca.gov](http://www.hcai.ca.gov), and follow us on [Twitter](#), [Facebook](#) or [LinkedIn](#).*

## Department of Health Care Access and Information September 2022 Update

**The Department of Health Care Access and Information (HCAI) administers programs that improve access to health care in underserved areas of California. The programs support students and graduates with scholarships and/or loan repayment, and educational training programs that show a commitment to increasing the number of healthcare providers serving the underserved. HCAI also acts as the State's Primary Care Office (PCO), State Office of Rural Health, and liaison to the Health Services and Resources Administration (HRSA).**

### **Public Meeting:**

- The California Health Workforce Education and Training Council is responsible for helping coordinate California's health workforce education and training to develop a health workforce that meets California's health care needs. HCAI will host a Council meeting on September 22-23, 2022. Agenda and related meeting materials are posted on the [HCAI Website](#).

### **Highlights:**

- California's Children and Youth Behavioral Health Initiative which is managed by the California Health and Human Services Agency focuses on promoting mental, emotional, and behavioral well-being, preventing challenges, and providing services, support and routine screening to ALL children and youth for emerging and existing needs connected to mental, emotional, and behavioral health and substance use. U.S. Surgeon General Murthy highlights and endorses the work of this Initiative in this [article](#) which serves as a call to action for the nation for children and youth to receive the help they need, where and when they need it; especially for those in our most underserved communities.
- The California Health and Human Services Agency hosted a webinar on September 13, 2022, on the Children and Youth Behavioral Health Initiative (CYBHI). The webinar will provide updates on the progress, work-to-date, and upcoming next steps of the initiative and its workstreams; share opportunities for educators, health professionals, advocates, parents, community members, and other stakeholders to participate in the development of the CYBHI; and will include a brief question-and-answer session. Visit the [CYBHI webpage](#) for more information or contact [CYBHI@chhs.ca.gov](mailto:CYBHI@chhs.ca.gov) with any questions.

## We want to hear from you:

- Can't find what you are looking for? Take the short survey to let HCAI know how to improve your experience in searching for program workforce content. Click [here](#) for the survey.

## HCAI is Hiring

HCAI is looking for talented individuals to join our team.

Current openings:

- [Senior Architect](#) reviews of submittal documents pertaining to the architectural design and construction of healthcare facilities as required to ensure compliance with Title 24, California Code of Regulations (CCRs) (including all referenced codes and standards there within), the Division's Policy Intent Notices, Code Application Notices and other applicable codes, guidelines and policies, and other reference materials.
- [Research Data Specialist II](#) analyzes and consults on healthcare workforce related studies of more complex and scope. This involves using statistical methods, established guidelines and technical scientific procedures. Under general direction, the RDS II is a member of the Healthcare Analytics Branch (HAB) team and serves as a team member on public health and healthcare projects for the Workforce and Utilization Analysis Team (WUAT) within the Analytics and Data Section (ADS) and with members of the Department of Health Care Access and Information (HCAI) Healthcare Workforce Development Division (HWDD).
- [Research Data Specialist I](#) performs technical research and statistical work to accomplish the strategic goals and objectives of the Information Services Division. The incumbent accomplishes these goals and objectives through independently planning, organizing, and implementing complex analyses of the Department of Health Care Access and Information's (HCAI)'s health facility and patient-level data and data systems.

Please visit the following link to find out more about open positions at HCAI

### HCAI Program Eligibility Tool

HCAI has developed an online eligibility tool for students, healthcare professionals, and organizations to quickly see what HCAI programs they may be eligible to apply for. To determine your eligibility, visit [Funding Eligibility](#)

## LOAN REPAYMENT AND SCHOLARSHIP PROGRAM OPPORTUNITIES



### Scholarship and Loan Repayment Program Application Cycles

HCAI has the following open applications. The cycles close on October 31, 2022. For more information, visit the program page:

- [Advanced Practice Healthcare Scholarship Program](#)
- [Allied Healthcare Scholarship Program](#)
- [Licensed Mental Health Services Provider Education Program](#)
- [Steven M. Thompson Physician Corp Loan Repayment Program](#)

HCAI has the following upcoming applications. The cycles open on September 1, 2022 and close on October 1, 2022. For more information, visit the program page:

- [Allied Healthcare Loan Repayment Program](#)
- [Bachelor of Science Nursing Loan Repayment Program](#)
- [Licensed Vocational Nurse Loan Repayment Program](#)

An informational webinar was held on August 16, 2022, to highlight scholarship funding opportunities for substance use disorder students and professionals. To view the meeting materials and webinar recording or for more information, visit [Allied Healthcare Scholarship Program](#).

### State Loan Repayment Program (SLRP)

SLRP assists with the repayment of educational loans in exchange for working at an eligible site. The SLRP application closes on September 15, 2022.

An informational webinar was held on August 18, 2022, to highlight loan repayment opportunities for health care professionals, including primary care, behavioral health, and dentistry. To view the meeting materials and webinar recording or for more information, visit [State Loan Repayment Program](#).

### **Train New Trainers (TNT) Primary Care Psychiatry (PCP) Fellowship**

The TNT PCP Fellowship is a year-long clinical education program for primary care providers who wish to receive advanced training in primary care psychiatry.

The TNT PCP Fellowship Scholarship application closes on October 21, 2022. For more information visit, [TNT PCP Fellowship Scholarship](#).

## **GRANT PROGRAM OPPORTUNITIES**

### **Song-Brown Program**

Song-Brown awards grants to training programs committed to increasing the number of primary care providers in California.



### **2022 Song-Brown Registered Nurse (RN)**

The 2022 Song-Brown RN application cycle opens on October 3, 2022, and closes on November 15, 2022. For more information, visit [Song-Brown Healthcare Workforce Training Programs](#).

### **Song-Brown Family Physician Training Act Contributions**

Physicians can help increase access to quality care for many of California's underserved populations by voluntarily contributing \$25 to Song-Brown when renewing their physician license. Contributions will support a program that has been committed to serving primary care training programs throughout the state for over 45 years.

### **Social Work Education Capacity Expansion (SWECE) Grant Program**

The SWECE Grant Program funds educational institutions to develop new Bachelors of Art Social Work (BASW) and/or Masters of Social Work (MSW) programs and expand existing MSW programs.

The SWECE application cycle opened on August 29, 2022, and closes on October 28, 2022.

An informational webinar was held on September 8, 2022, to highlight organizational opportunities for social work academic programs. To view meeting materials and the webinar recording or for more information, visit [Social Work Education Capacity Expansion](#).

### **Certified Nursing Assistant/Home and Community Based Services Initiative Request for Information (RFI)**

The Department of Healthcare Access and Information (HCAI) invites you to review and respond to the Request for Information (RFI #22-23024) for the Certified Nursing Assistant/Home and Community Based Services Initiative. This RFI will support the solicitation of input from interested parties regarding the development or expansion of programs to increase the clinical workforce of Certified Nursing Assistants (CNAs), Home Health Aides (HHAs), Licensed Vocational Nurses (LVNs), and Registered Nurses (RNs). Starting on September 2, 2022, interested parties can access this RFI through the [Cal eProcure website here](#). The deadline to submit final proposals is October 7, 2022.

### **Reproductive Health Care Access Initiative Request for Information (RFI)**

The California Department of Health Care Access and Information (HCAI) today released a Request for Information (RFI) to identify a potential partner or partners to establish, administer, and manage two grant programs to support access to abortion and reproductive health care in California. Starting on September 7, 2022, interested parties can access this RFI through the [Cal eProcure website here](#). The deadline to submit final proposals is September 23, 2022.

### **Community-Based Organization Behavioral Health Workforce Grant Program**

The Community-Based Organization (CBO) Behavioral Health Workforce Grant program application cycle opens on September 30, 2022, and closes on November 30, 2022. This program supports agreements with CBOs to recruit, retain, support, and increase the education of the behavioral health workforce. HCAI will host an informational webinar on October 6, 2022, and will include information regarding eligibility and how to apply. To learn more and to register for this webinar, visit [Community Based Organization Behavioral Health Workforce Grant Program](#)

## **PRIMARY CARE OFFICE AND STATE OFFICE OF RURAL HEALTH PROGRAMS**

The Primary Care Office (PCO) recommends federal shortage designations, provides technical assistance on Health Resources and Services Administration (HRSA) programs, and collaborates with statewide partners and stakeholders on clinician recruitment and retention.

### **California Primary Care Office (PCO) with State Office of Rural Health (SORH) Workshop.**

The [California Primary Care Office](#) and the [State Office of Rural Health](#) are hosting the Annual Health Professions Shortage Area Workshop. This event will take place on September 28 – 29, 2022 in San Francisco, California at the Fisherman’s Wharf Hyatt Centric. [Learn More.](#)

## IMPORTANT DATES

**September 1, 2022** - Allied Healthcare Loan Repayment Program Application Opened

**September 1, 2022** - Bachelor of Science Nursing Loan Repayment Program Application Opened

**September 1, 2022** - Licensed Vocational Nurse Loan Repayment Program Application Opened

**September 2, 2022** - CNA/HCBS Request for Information Opened

**September 15, 2022** - State Loan Repayment Program Application Closed

**September 22-23, 2022** - California Health Workforce Education and Training Council Meeting

**September 23, 2022** - Reproductive Health Care Access RFI Deadline

**September 28-29, 2022** - Workshop: California Primary Care Office and State Office of Rural Health

**September 29, 2022** - Social Work Education Capacity Expansion Application Closes

**September 30, 2022** - Community-Based Organization Behavioral Health Workforce Application Opens

**October 3, 2022** - Song-Brown Registered Nurse Application Cycle Opens

**October 6, 2022** - Webinar: Community-Based Organization (CBO) Behavioral Health Workforce Grant Program

**October 7, 2022** - Certified Nursing Assistant/Home and Community Based Services Initiative RFI Deadline