

# California Behavioral Health Planning Council

## Workforce and Employment Agenda

Wednesday, October 16, 2019

Courtyard Marriot Sacramento Midtown

4422 Y St, Sacramento, CA 95817

Magnolia Room

1:30 pm to 5:00 pm

Conference Call-In: 1-877-951-3290 Participant Code: 8936702

TIME	TOPIC	TAB
1:30pm	<b>Welcome and Introductions</b> <i>Deborah Pitts, Chairperson</i>	TAB
1:35pm	<b>Approve June 2019 Meeting Minutes</b>	Tab A
1:40pm	<b>Nomination of Chair-Elect</b>	
1:45pm	<b>Introduction to Work Incentives</b> <i>Karla Bell, Department of Rehabilitation</i>	Tab B
2:30pm	<b>Public Comment</b>	
2:35pm	<b>Department of Rehabilitation (DOR) Updates</b> <i>Kathi Mowers-Moore</i>	Tab C
3:05pm	<b>Public Comment</b>	
3:10pm	<b>Break</b>	
3:25pm	<b>Workforce Education and Training (WET) Plan Update</b> <i>OSHPD</i>	Tab D
4:05pm	<b>Public Comment</b>	
4:10pm	<b>WET Funding Legislation Update</b> <i>Justin Boese</i>	
4:15pm	<b>Home and Community Based Alternatives Waiver Public Comment Letter</b>	Tab E
4:20pm	<b>Next Steps / Planning for 2020</b>	
4:55pm	<b>Public Comment</b>	
5:00pm	<b>Adjourn</b>	

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

### **Workforce and Employment Committee Members**

**Chairperson:** Deborah Pitts **Chair-elect:** Dale Mueller

**Members:** Walter Shwe, Arden Tucker, Vera Calloway, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Kathi Mowers-Moore, Christine Costa, John Black, Celeste Hunter, Sokhear Sous

**Staff:** Justin Boese, Ashneek Nanua

*If reasonable accommodations are required, please contact the CBHPC office at (916) 552-9560 not less than 5 working days prior to the meeting date.*

**California Behavioral Health Planning Council**  
**Workforce and Employment Committee**  
Wednesday, October 16, 2019

**Agenda Item:** Review and approve meeting minutes from June 19, 2019

**Background/Description:**

Enclosed are meeting minutes from June 19, 2019. Committee members will have the opportunity to ask questions, request edits, and provide other feedback.

**Enclosures:**

- Workforce and Employment Committee Meeting Minutes June 19, 2019.

**DRAFT**  
**Workforce and Employment Committee**

**Meeting Notes**

Quarterly Meeting – June 19, 2019

1:30 am – 5:00 pm

**Committee Members Present:**

Deborah Pitts, Chair

Dale Mueller, Walter Shwe, Vera Calloway, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Kathi Mowers-Moore, John Black, Christine Costa, Celeste Hunter, Sokhear Sous

**Council Staff Present:**

Justin Boese, Ashneek Nanua, Jane Adcock

**WET Steering Committee Members Present:**

Katherine Kieztman, Olivia Loewy, Janet Frank

**Speakers Present:**

Dr. Kecia Koker

**Item 1: Approve October Meeting Minutes**

Discussion

Dr. Kecia Coker from Los Angeles County Department of Mental Health (DMH) Employment Services provided an overview of services in LA County. According to Dr. Coker, 250,000 people are served by LA County DMH, making it the largest county DMH in the country. The county operates some programs directly, while others are run by contractors. She went on to talk about trainings they have been doing in the past year, which are tailored to the resources available in the 8 regional planning areas of the county. The trainings are focused on how social security benefits are impacted by income from employment. The Employment Development Department (EDD) comes and does a presentation on the local labor market in that part of the county. Partners from the Department of Rehabilitation (DOR) are also present, as are other partners based on the needs identified by the people in the region. They also have monthly provider meetings for providers who are assisting people with their employment goals. The meetings allow them to network, learn, and problem solve with other providers.

There is a Chief of Peer Services who is the subject matter expert on peers in the system.

Most people of working age are served by the Full Service Partnership (FSP) program, or through Recovery, Resilience, and Reintegration (RRR) programs. There is a third-party co-op agreement with the Department of Rehabilitation (DOR) with county-operated clinics in this agreement, as well as 8 services contractors.

Employment services are to be provided to anyone who expresses interest in work, and though they can be provided by anyone on the treatment team, commonly there are employment specialists in the program that have additional training. Some other specific services they have are:

1. A third-party cooperative agreement with DOR, which has been in place since the early 1990's. Twenty county operated clinics are currently referring people to the program, with 8 case services contractors that deliver the vocational services.
2. There are a few directly operated clinics that have Individual Placement and Support (IPS) programs. The majority of IPS services are to individuals that are receiving services through their CalWORKs program. Typically they do not have a serious and persistent mental illness.
3. A newer program is a coordinated employment strategy. These are time-limited pilot projects funded by Mental Health Services Act (MHSA) innovation funds that are focused on building trauma-resilient communities through community capacity building. The coordinated employment strategy involves partnerships between mental health providers and employment or workforce agencies to develop a coordinated and systematic approach to match individuals who are living in permanent supported housing to jobs through a network of businesses.

Dr. Coker went on to answer questions from committee members. Dale Mueller asked about educational partnerships with LA unified. Dr. Coker said that historically the DMH had a partnership with LA Unified School District for adult education teachers to come to their clinics and provide some sort of class on site. However, most of those programs were lost due to budget cuts during the recession. When Deborah Pitts inquired how successful LA County is in securing employment for people, Dr. Coker stated that they are consistent with national averages.

Vera Calloway asked about peer services and training, as well as development opportunities for people who are recovering from mental illness but don't have a good idea about what they want to do next. Dr. Coker reiterated that they have a Chief of Peer Services who is the expert on those services. She said that there have been volunteer programs which could be a first step for people, though volunteering doesn't have to be for the purpose of finding employment. The County has 8 Occupational Therapists in their county operated services who do that kind of exploratory work with people, but it varies outside of that within contracted services.

Celeste Hunter asked what support services are in place when peers are working and not feeling health emotionally or mentally, and Kecia answered that if someone is in an FSP or cooperative agreement program, someone is likely to recognize they are struggling and provide support. Celeste then asked if LA County reaches out to private businesses and work with them, and Kecia said they do though it is informal. For example, recently Amazon came and did a presentation on their hiring process. Deborah Pitts added that the American Psychiatric Association has an active campaign to help employers strengthen their responsiveness for employees with mental illness.

Steve Leoni asked what services LA County has for people interested in self-employment (such as art) or jobs that require education. Dr. Coker stated that some providers do provide support for those kinds of opportunities. In the past there was a provider who worked with an art gallery. They also connect people with resources that can provide support and resources for those who wish to start small businesses. She stated that in the cooperative agreement, people can pursue jobs that have 1 year or less of education and/or training, otherwise they can go to DOR for services. They also have people come to present on resources for college students, including disability services.

#### Action

None.

## **Item 2: Overview of Employment Service Models and Consumer Data**

### Discussion

Kathi Mowers-Moore began by reviewing a chart displaying the 10 most utilized services for consumers for state fiscal year (FY) 2017-2018 and 2018-2019. Kathi noted the high percentage of individuals with a psychiatric disability served by the DOR: of the 101,000 people served overall, over 26,000 self-identified a psychiatric disability as their primary disability, which is 25% of the Department's caseload. On the bar graph for FY 17-18, over 70% of consumers accessing cooperative program services are accessing employment services. Also in FY 17-18, almost 30% of consumers who identify psychiatric disability as their primary disability have or are currently accessing training or college/university services. Referring to Steve's earlier comment about self-employment, Kathi stated that DOR does have people who are in self-employment plans. Often, they engage with the Small Business Administration.

John Black asked: when there are people who identify mental illness as their primary disability but are not linked to mental health services, does DOR link them to those services? Kathi said this has changed over the last decade, but that yes, the DOR engages with all their consumers regarding all of their needs, including physical or mental health care. John then asked whether there is a program for seniors who are

returning to work; Kathi shared that 6.5% of consumers served by DOR are age 60 or older, so there is no age limit of people they serve. However, DOR does not have separate specific services for seniors and serves people of all ages. Kathi agreed that there is an identifiable need there, but said that without additional federal dollars, the DOR doesn't have the means to make that happen.

Next, Deborah Pitts presented on 3 employment service models: Individual Placement and Support (IPS), Clubhouse, and Social Enterprise. Copies of the PowerPoint presentation were provided, and can be obtained from Justin Boese. Deborah started with some information about why work matters. Approximately 75-80% of persons labeled with mental illness are unemployed at any time, yet surveys show that 90% of mental health consumers consider work their primary objective. Nearly 50% of those who do obtain a job leave them within a one-year period, and very few move beyond low-wage, part-time jobs. Deborah then went over the 3 models, providing an overview of their essential characteristics, as well as some data about their efficacy.

### **Individual Placement and Support Model:**

- Characteristics and Principles of IPS
  - Eligibility based choice; zero exclusion criteria.
  - Goal is competitive employment in the open labor market.
  - Rapid job search; within one month of starting program, with no pre-employment assessment.
  - Job targets based on person's interest and choice.
  - Continuous follow-along supports as long as needed and desired.
  - Supported employment services integrated with mental health services.
  - Personalized benefits counseling.
- Outcomes and Review of IPS
  - IPS has the most evidence of any employment model, and has met highest level of evidence. Despite this, it is not widely available in the US.
  - In comparison to other vocational/employment approaches that involve preparation/education/training, IPS finds jobs quicker and has an increased length of time of employment.
  - Limited data on other important measures for service users, e.g. quality of life.
  - Some criticism that IPS users only work an average of 5-6 months, and don't earn high wages.

### **Clubhouse Model**

- Characteristics of Clubhouse
  - Local community center where people who participate are known as "members"; being a member rather than "patient" or "client" creates sense of belonging.

- Members have key role in organizing Clubhouse activities and work with staff as colleagues.
- No medical, clinical, or treatment service, but many have “wellness” interventions.
- Provides a “Work-Ordered Day.”
- Outcomes and Review of Clubhouse Model
  - Members obtain employment as fast as other models.
  - Members transition between offered employment supports.
  - Earnings, job quality, and job tenure superior to ACT (Assertive Community Treatment). However, insufficient research of how it compares to the IPS model.
  - Members are more likely to have people in social networks than those in other mental health programs.

### **Work Integration Social Enterprise (WISE) Model**

- Characteristics of Social Enterprise Model
  - Developed in Europe with social co-operatives for people labeled with mental illness in response to hospital closures in 1970s and 1980s.
  - Type of business activities varies and grow out of people’s experiences, local business opportunities, existing programming and affordability.
  - Hiring practices made effort to emulate mainstream employment and serve needs of the enterprise.
  - Prioritized permanent employment to foster belonging and inclusion for people with high levels of social marginalization.
  - Commitment to meeting prevailing wages but hours mostly part-time.
- Outcomes and Review of Social Enterprise Model
  - Potential for stable/secure employment environment.
  - Improved well-being, better quality of work life, and greater job satisfaction.
  - However, potentially limited success in raising people’s incomes and providing advancement, similar to other employment models.

#### Action

None.

### **Item 3: Approval of April Meeting Minutes**

#### Discussion

The meeting minutes from April 17, 2019 were approved. The motion to approve the minutes was made by Lorraine Flores.

## **Item 4: Workforce Education and Training (WET) Funding Legislation Update**

### Discussion

After a break, the committee shifted focus to the Workforce portion of the committee's purpose. Deborah Pitts gave opportunity for anyone calling in on the conference line to introduce themselves, and then handed it over to Justin Boese and Jane Adcock for the update.

Justin began by referring the committee members to the tab in the meeting materials, which contained information regarding the WET funding legislation. He noted that the description was inaccurate, as SB 539 did not actually die in suspense, and could still be taken up as a two-year bill. He said that at the time the materials were prepared, the focus of the update was going to be on the \$100 million of MHSA admin funds that the Governor proposed be put towards funding the 2020-2025 WET plan. However, there were recent developments that shifted things once again, which Jane Adcock went on to describe. Jane said that the Senate and Assembly budget committees made their own proposals for a one-time amount with a required county-match. There was a conversation the prior week with the Governor's office, the Department of Finance, and budget staff where Jane and other stakeholders raised concerns about how such a match would be operationalized, given the regional-based planning approach (rather than county-specific planning) of the 2020-2025 WET Plan. Though they heard the concerns, these one-time funds + match proposal is what they are moving forward with.

Steve expressed his disappointment in the legislature for taking that position, though he noted that \$30 million would be enough on its own to fund a year of WET. Jane said that the problem was with the required county match, especially since the counties operate in 3-year funding cycles and may have to take money out of existing programs to provide matching funds. She also commented that the legislature did not specify that the match must be from MHSA funds. Cheryl Treadwell asked if any of the match could be in-kind, and Jane answered that they did not specify that either, so that could be a possibility for counties. Kathi Mowers-Moore asked what the percentage of the match was. The total proposal is \$35 million one-time General Fund, \$25 million MHSA admin funds, for a total of \$70 million one-time funds. The county match is 33% of that total, which would be approximately \$23.3 million.

The committee discussed whether it would be appropriate to write a letter expressing concern over the difficulty of implementing this proposal, which Steve suggested could be warranted. Deborah Pitts asked Jane what her take on it was, and Jane said that she felt it would be better to put our energy towards trying to make the proposal work. Cheryl expressed that she felt it was worth it to advocate for a better solution and educate the new administration on these issues. Jane assured that the Governor's



office was on their side and clearly heard their concerns. The committee decided to hold off for now, but to revisit it later if there were continued challenges with WET funding.

### Action

None.

## **Item 4: Discussion of Expansion of “Licensed Mental Health Professional” (LMHP)**

### Discussion

Deborah Pitts introduced the topic by going over the tab materials in the meeting packet. She also reviewed a draft document of proposed criteria for recommending expansion of the Licensed Mental Health Professional (LMHP) category. The proposed criteria are:

1. Entry-level education of Master’s or above. If entry-level is Bachelor’s but Master’s education is available, only recommend those who have Master’s level education.
2. Accrediting body standards require mental health content, as a minimum: psychiatric conditions, psychiatric medications, non-pharmaceutical interventions to support recovery, and public policy content addressing public-private behavioral health systems of care.
3. National certification required, or if optional, only recommend those who are certified to be considered.
4. California license required, and stat practice act addresses mental health.

The document then included a table of potential professions and their characteristics regarding these 4 criteria. The potential professions included were: Occupational Therapist, Pharmacist, Recreational Therapist, Rehabilitation Counselor, and Licensed Professional Clinical Counselor (LPCC), which Deborah quickly reviewed. Deborah clarified that this is not an exhaustive list, and other professions could be identified for consideration for the committee. Likewise, the criteria can be changed as the committee discusses it and comes to a consensus.

Deborah then opened it up for discussion. Steve commented that it would be helpful to know all the various professions that could be considered before moving forward. Deborah said that it was important to return to the scope of work for LMHPs in California. The LMHPH in California act as a physician extender and make a psychiatric diagnosis, and sign off on the treatment plan, so the professions considered should have the training and experience required for those tasks. She also clarified that the idea for this expansion is not to add any new processes that someone would have to go through to become an LMHP; it is just a matter of identifying professions who already have the required education and skills and extending the definition to include them.

Janet Frank commented that she liked Deborah's ideas concerning accreditation and making sure there is mental health content in the curriculum. She thought that for these and other professionals who are currently not considered mental health professionals, expanding the definition will be helpful, especially regarding expanding integrated care and team-approach services. However, there needs to be competencies for mental health and a scope of practice that people would be expected to fulfill in these categories.

Deborah said that it sounded like the committee needs to reach consensus on the criteria and said one idea to then move it forward would be to get the Systems and Medicaid Committee to include it in the Medicaid 2020 conversation to be added to the waiver. Janet asked about the national certification criteria and wondered if it might be too limiting. Christine Costa said that she felt it was important to include the national certification to meet the minimum safety standards, which provides some assurance of practice standards. The discussion ended with a plan to return to the topic at the next meeting.

#### Action

None.

### **Item 5: Planning for Next Meeting**

#### Discussion

The committee discussed plans for the next meeting in October, which will take place in Sacramento. There was some interest in having someone from Sacramento County or another nearby county to talk to the committee about their employment services. There will be an update from OSHPD on the WET 2020-2025 plan implementation, and Council staff will provide an update on the WET funding efforts. Deborah brought up a topic that Vera had raised earlier, which was the PASS (Plan for Achieving Self Support) which she felt the committee might want to have a conversation about. She also said that the committee might benefit from hearing from a mental health consumer who successfully utilized their PASS for employment goals. Formally approving the criteria for the expansion of LMHPs is also a potential agenda item.

The meeting ended with positive feedback from many committee members and other participants.

**The meeting adjourned at 5:00 pm.**

**California Behavioral Health Planning Council  
Workforce and Employment Committee**

Wednesday, October 16, 2019

**Agenda Item:** Introduction to Work Incentives

**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 various work incentives, which will help the Council members evaluate the behavioral health system, educate the public, and advocate for services.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan objectives 2.2 and 2.3

- Objective 2.2: Build Council's understanding of California Department of Rehabilitation's mechanism to support employment and education for California's mental health consumers, including but not limited to mental health cooperative programs.
- Objective 2.3: Build Council's understanding of employment services "best practices" and resources across the lifespan, including but not limited to: Individual Placement & Support (IPS) Model of supported employment; social enterprises; supported education; high school pipeline and career development; MHSA funding or other funding sources; and career pathways and advancement for consumers and peers.

**Background/Description:**

In order to expand the committee's understanding of employment services for mental health consumers, Karla Bell (Chief of the Department of Rehabilitation Social Security Programs Section) will provide an overview of work incentives including:

- Plan to Achieve Self-Support (PASS)
- Impairment-Related Work Expenses (IRWE)

# Work Incentives for Social Security Disability Benefits

Department of Rehabilitation (DOR)  
Social Security Programs Section  
California Behavioral Health Planning Council  
October 16, 2019

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## Objectives

- Differentiate Social Security Administration's two disability benefit programs and the work incentives of each
- Understand the myths and facts regarding the impact of employment on cash, Medi-Cal, and Medicare benefits
- Know what resources are available for work incentives planning

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## Supplemental Security Income (SSI)

- Needs Based
- Resource Limits: \$2,000 for individual; \$3,000 for couple
- Paid from general tax revenue
- Payment fluctuates with unearned and earned income and work incentives
- Medicaid (Medi-Cal): Immediate eligibility

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## Social Security Disability Insurance (SSDI)

- Insurance Program
- Paid from Title II Trust Fund
- Monthly payment depends on average lifetime earnings
- 5-month waiting period before cash benefits start
- No resource limit
- Medicare: 2-year waiting period

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## Social Security Administration Definition of Disability

The inability to engage in any Substantial Gainful Activity (SGA) because of a medically-determinable physical or mental impairment(s):

- that is expected to result in death, or
- that has lasted or is expected to last for a continuous period of not less than 12 months

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## Substantial Gainful Activity (SGA)

2019 amounts:

- \$1,220 (non-blind)
- \$2,040 (blind)

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## Myths

### **If I go back to work:**

- I'll lose my cash benefits
- I'll lose my Medi-Cal/Medicare
- If my disability worsens and I can't continue to work, I won't be able to get back on benefits

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## Supplemental Security Income 2019 Payment Rates

- 2019 California Supplemental Security Income payment rates for eligible individuals:
  - Disabled (own household): \$931.72
    - Federal Benefit Rate: \$771
    - State Supplement Payment: \$160.72
  - Disabled (household of another): \$678.24
  - Blind (own household): \$988.23
  - Disabled Minor (living with parent or relative): \$836.15

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## Supplemental Security Income Work Incentives

- General Income Exclusion (\$20)
- Student Earned Income Exclusion
- Earned Income Exclusion (\$65)
- Impairment Related Work Expenses
- Blind Work Expenses
- Plan to Achieve Self-Support
- Section 301: Continued Payment under a VR program

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## Supplemental Security Income Work Incentives

- Supplemental Security Income check is reduced when there are other sources of income (i.e. earnings, Social Security Disability Insurance)
- Income exclusions can be used to reduce the amount of income Social Security counts
- Will always have more money with Supplemental Security Income and earnings

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## Social Security Disability Insurance Work Incentives

- Trial Work Period
- Extended Period of Eligibility
- Grace Period
- Impairment Related Work Expenses
- Subsidies/Special Conditions
- Unsuccessful Work Attempt
- Averaging
- Section 301: Continued Payment under a VR program

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## Social Security Disability Insurance Work Incentives

- Earned income doesn't affect the Social Security Disability Insurance payment until it reaches the Substantial Gainful Activity level
- When earnings do reach Substantial Gainful Activity, work incentives can reduce the earned income that Social Security counts
- Work incentives allow a beneficiary to try work for a period of time with no effect on their Social Security Disability Insurance benefits

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## Myth: I'll lose my Medi-Cal or Medicare

- Work incentives and programs specifically designed for people with disabilities who work
- Keep Medi-Cal and/or Medicare long term
- Can also have employer sponsored health insurance

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## Medi-Cal for SSI Recipients who Work (1619b)

- Free Medi-Cal coverage continues until gross annual earnings reach a threshold amount
- 2019 California 1619b threshold amounts:
  - \$37,706 (Non-Blind)
  - \$39,062 (blind)

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## Medi-Cal Working Disabled Program

- Continue Medi-Cal coverage with an affordable premium until gross annual earnings reach 250% of Federal Poverty Level:
  - \$63,492 for individuals (4/1/19- 3/31/20)
  - \$85,572 for couples (4/1/19- 3/31/20)
- Build assets:
  - Keep and build Internal Revenue Service approved retirement accounts
  - Save earnings with no limit while in the program

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## SSDI Work Incentives for Medicare

- **Continuation of Medicare**
  - Coverage continues for at least 93 consecutive months after the end of the Trial Work Period
- **Medicare for Persons with Disabilities who Work**
  - Apply for continued coverage with premium payment

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## Myth: If my disability worsens, I won't be able to get back on benefits

- **Expedited Reinstatement**

- Five-year period after Supplemental Security Income or Social Security Disability Insurance terminates due to work and earnings
- If disability causes a beneficiary to stop or reduce work, their benefits can be reinstated without having to reapply

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## CalABLE Account

- Tax-advantaged savings and investment program
- Eligible individuals can save for disability-related expenses
- Individuals, their friends, family and employers can contribute up to \$15,000/year without jeopardizing public benefits
- Must be disabled before the age 26
- SSI and SSDI recipients are eligible
- Account balance limit of \$100,000 for SSI recipients
- Account balance will not affect Medi-Cal eligibility

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## Where to Access Work Incentives Planning Services

- Department of Rehabilitation Work Incentives Planners
- Work Incentives Planning and Assistance Projects
- Independent Living Centers
- Some County Behavioral Health Programs

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## Resources

- DOR's Social Security Programs Section
  - 1-866-449-2730 (Voice)
  - 1-866-359-7705 (TTY)
  - TTWinfo@dor.ca.gov
- Social Security Red Book (Guide to Work Incentives)  
[www.ssa.gov/redbook/index.html](http://www.ssa.gov/redbook/index.html)
- Find a Work Incentives Planning and Assistance Project  
[choosework.ssa.gov](http://choosework.ssa.gov)
- CalABLE  
[calable.ca.gov](http://calable.ca.gov)

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**California Behavioral Health Planning Council  
Workforce and Employment Committee**

Wednesday, October 16, 2019

**Agenda Item:** Department of Rehabilitation (DOR) Updates

**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 mental/behavioral health-related activities at the Department of Rehabilitation, which will help the Council members evaluate the behavioral health system, educate the public, and advocate for services.

**WEC Work Plan:** This agenda item corresponds to WEC Work Plan objectives 2.2 and 2.3

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

**Background/Description:**

Kathi Mowers-Moore will be providing updates on current activities and developments at the Department of Rehabilitation regarding mental/behavioral health.

**California Behavioral Health Planning Council  
Workforce and Employment Committee**

Wednesday, October 16, 2019

**Agenda Item:** WET 5-Year Plan Update

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

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

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

**Background/Description:**

The Office of Statewide Health Planning and Development (OSHPD) presented the 2020-2025 Workforce Education and Training (WET) Five-Year Plan to the Planning Council at the January 2019 quarterly meeting. The Planning Council reviewed and approved the plan. OSHPD staff will provide an update on OSHPD's activities regarding the planning and implementation of the Five-Year Plan.

Please contact Justin Boese at [Justin.boese@cbhpc.dhcs.ca.gov](mailto:Justin.boese@cbhpc.dhcs.ca.gov) for electronic copies of the materials.

# California Behavioral Health Planning Council

## Workforce and Employment Committee

October 16, 2019  
Sacramento, California



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## AGENDA

### 2020-2025 WET Five-Year Plan Program Overview

C.J. Howard, Deputy Director, OSHPD HWDD

### 2020-2025 WET Five-Year Plan Program Evaluation

Ross Lallian, Chief, Research & Evaluation, OSHPD HWDD





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## Introduction

The 2020-2025 WET Five-Year Plan:

- Is a blue print guiding WET programming that will begin in Fiscal Year (FY) 2020-21
- Has received \$60 million in funding

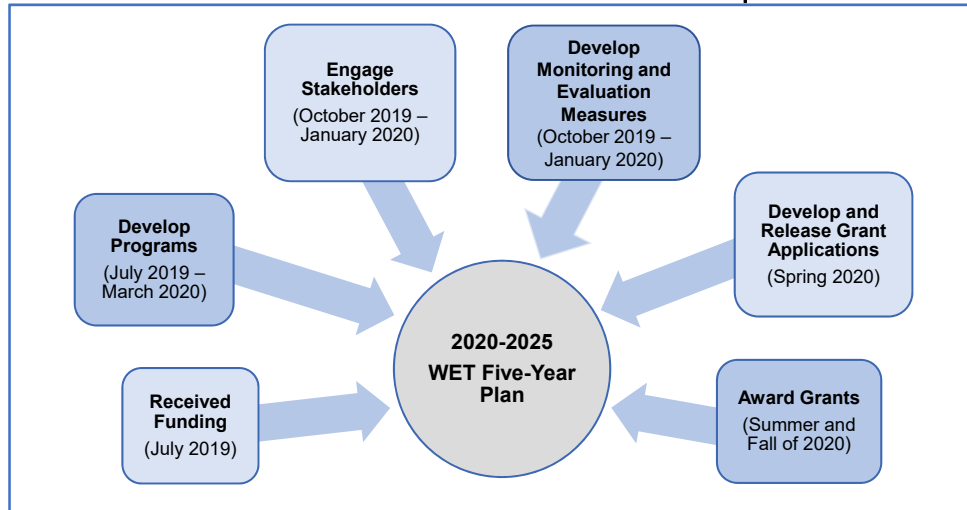
OSHPD will:

- Develop programs in partnership with stakeholders during FY 2019-20
- Implement programs FY 2020-21 through FY 2024-25
- Monitor during the period of program operation
- Evaluate program outcomes

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## 2020-2025 WET Five-Year Plan Implementation



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## WET Program Evaluation

Ross Lallian, Chief  
Research & Evaluation, OSHPD HWDD

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## Process Measures vs. Outcome Measures

- WET program evaluation includes both process and outcome measures:
  - **Process Measures:** Activity measures that lead to a particular outcome metric – is the program being implemented as planned?
  - **Outcome Measures:** Longer term measures that assess program impacts – have we achieved intended results?

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## Process Measures

- Number of activities – e.g. stipends awarded
- Awardees' race/ethnicity– point in time (e.g. fiscal year 2017-18)
- Awardees' language diversity – point in time
- Geographical dispersion of funds
- Awardees' lived experience
- Number of awardees who received multiple awards

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## Outcome Measures – What is our impact?

- We want our process measures to inform longer-term outcome measures:
  - **Impact on cultural competency** – measuring change over time on WET plan goals
  - **Increased PMHS capacity**– how has the WET program added new PMHS capacity, especially in underserved areas and hard-to-recruit/retain positions
  - **Increased PMHS retention**– are WET program awardees being retained in the PMHS at a higher rate than non-awardees?

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## Baseline Data

- Necessary to show true impact of programs
- We need to measure outcomes with appropriate control groups – e.g. WET awardee retention in the PMHS vs. non-WET awardee retention in the PMHS
- Will continue to work with Regional Partnerships on collecting baseline data

# DISCUSSION

**California Behavioral Health Planning Council  
Workforce and Employment Committee**

Wednesday, October 16, 2019

**Agenda Item:** Home and Community Based Alternatives (HCBA) Waiver Public Comment Letter

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

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

This agenda item aims to increase access to effective care by addressing mental health workforce needs.

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

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

**Background/Description:**

Earlier this summer, the Department of Healthcare Services (DHCS) proposed an amendment for the Home and Community Based Alternatives. Members of the public were able to submit comments on the amendment, which were due September 10<sup>th</sup>. The Planning Council submitted a letter recommending that Occupational Therapists be considered “licensed persons” for the purposes of the waiver. Enclosed is the letter that was submitted.

**Enclosures:**

1. CBHPC HCBA Public Comment Letter



September 9, 2019

Department of Health Care Services  
Integrated Systems of Care Division, MS 4502  
P.O. Box 997437  
Sacramento, CA 95899-7437  
**Attention:** HCBS Section

CHAIRPERSON  
Lorraine Flores

EXECUTIVE OFFICER  
Jane Adcock

**RE: HCBA Amendment Public Comment**

In response to the opportunity for public comment regarding the HCBA waiver amendment, the California Behavioral Health Planning Council (Council) writes to recommend that Occupational Therapists (OTs) be considered "licensed persons" for the purposes of this waiver.

Occupational Therapists play a valuable role in providing community-based services. Practitioners of occupational therapy are educated to provide services that support mental and physical health and wellness, rehabilitation, habilitation, and recovery-oriented approaches. In the State of California, Occupational Therapists are licensed by the California Board of Occupational Therapy, and as a result are independent and autonomous providers. Furthermore, the Council is acutely aware of a growing behavioral health workforce shortage, which presents serious barriers to the access of services. In the United States, only **1-3%** of Occupational Therapists work in identified mental health treatment settings. This is in stark contrast to the rest of the world, where approximately **50%** of OTs work in mental health services. The Council believes that excluding OTs from the lists of "licensed persons" in the HCBA waiver exacerbates this problem by unnecessarily limiting the work that OTs are permitted to do.

It is for these reasons that the Council strongly recommends that DHCS specifically name Occupational Therapists as "licensed persons" in the waiver amendment, including for the purposes of providing waiver services and case management services.

If you have any questions, please contact Jane Adcock, Executive Officer, at (916) 322-3807 or [Jane.Adcock@cbhpc.dhcs.ca.gov](mailto:Jane.Adcock@cbhpc.dhcs.ca.gov).

Sincerely,

Lorraine Flores  
Chairperson

- Advocacy
- Evaluation
- Inclusion

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