

Workforce and Employment Committee Agenda

Wednesday, October 20, 2021

<https://us02web.zoom.us/j/86128224363?pwd=UUdhdlRrQkR6bk1tbzgyNWJFZVMvQT09>

Meeting ID: 861 2822 4363 **Passcode:** WEC2021

Phone-in: 1-669-900-6833 **Access Code:** 2869429

1:30 p.m. to 3:00 p.m.

- | | | |
|----------------|---|--------------|
| 1:30 pm | Welcome and Introductions
<i>Dale Mueller, Chairperson and All Members</i> | |
| 1:35 pm | Approve June and August 2021 Draft Meeting Minutes
<i>Dale Mueller, Chairperson and All Members</i> | Tab 1 |
| 1:40 pm | Peer Support Specialist Certification and Behavioral Health Workforce Development (BHWD) Project Updates
<i>Ilana Rub, Health Program Specialist II, Department of Health Care Services</i> | Tab 2 |
| 2:00 pm | Public Comment | |
| 2:05 pm | Break | |
| 2:10 pm | Review 2020-2025 WET Plan Regional Partnership Standardized Question List
<i>Dale Mueller, Chairperson and All Members</i> | Tab 3 |
| 2:35 pm | Public Comment | |
| 2:40 pm | Nominate 2022-2023 WEC Chair-Elect
<i>Dale Mueller, Chairperson and All Members</i> | Tab 4 |
| 2:45 pm | Public Comment | |
| 2:50 pm | Next Steps/CBHDA Workforce Strategic Plan Update
<i>Elia Gallardo, Director of Governmental Affairs, CBHDA</i>
<i>Dale Mueller, Chairperson and All Members</i> | Tab 5 |
| 3:00 pm | Adjourn | |

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

Workforce and Employment Committee Members

Chairperson: Dale Mueller **Chair-elect:** John Black

Members: Deborah Pitts, Walter Shwe, Arden Tucker, Vera Calloway, Karen Hart, Cheryl Treadwell, Steve Leoni, Lorraine Flores, Liz Oseguera, Christine Costa, Celeste Hunter, Uma Zykofsky, Christine Frey, Sokhear Sous (on leave)

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

Staff: Ashneek Nanua, Justin Boese

TAB 1

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

Agenda Item: Approve June and August 2021 Draft Meeting Minutes

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

Background/Description:

Committee members will review the draft meeting minutes for the June 2021 Quarterly Meeting as well as the August 2021 Meeting.

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

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Quarterly Meeting – June 16, 2021

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

WET Steering Committee Members Present: Elia Gallardo, E. Maxwell Davis

Others present: Catherine Moore, Carol West, Katrina Copple, Steve McNally, Lynn Thull, Gregory Nottage, Stacy Dalgleish, Anne Powell, Lorraine Zeller, Tara Gamboa-Eastman, Hannah Bichkoff

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve April 2021 Draft Meeting Minutes

The Workforce and Employment Committee (WEC) approved the April 2021 Draft Meeting Minutes. Uma Zykofsky motioned approval. Celeste Hunter seconded the motion.

Action/Resolution

The April 2021 WEC Meeting Minutes are approved.

Responsible for Action-Due Date

N/A

Item #2 CBHDA Update Re: Peer Specialist Certification

Elia Gallardo, Director of Governmental Affairs of the County Behavioral Health Directors Association (CBHDA), provided an update on the upcoming implementation of California's Peer Support Specialist Certification law (Senate Bill 803) from the county perspective. Elia stated that SB 803 authorizes the inclusion of Peer Support Specialists (PSS) as Medi-Cal reimbursable providers. This includes the creation of new billing codes for these individuals to claim services as a unique provider type in the Medicaid

system. Currently, 31 counties provide peer services primarily funded by the Mental Health Services Act (MHSA) and all counties have expressed interest in pursuing the certification program.

Elia reviewed the role of the Department of Health Care Services (DHCS) in developing statewide standards to implement SB 803 as well as the current implementation timelines. DHCS is developing a Behavioral Health Information Notice (BHIN) to guide counties and peer programs on implementing their PSS certification programs based on extensive feedback from stakeholders. In August through December of 2021, DHCS will provide technical assistance to the implementing entities and seek to waive Statewideness through a 1915(b) waiver authority by January 2022. A waiver of Statewideness can limit the geographic area in which a state is testing a new program, facilitate a phased-in implementation of a program, or reduce state expenditures by limiting eligible participants. Additionally, CalMHSA will act as the lead entity representing all California counties and will be the recipient of technical assistance for the implementation of peer certification programs.

Q&A

Uma Zykofsky asked if peer certification is limited to children and youth. Arden Tucker inquired if there is a fair percentage of elder peers who would interface with the elder population. Elia indicated that peer certification will apply to multiple age groups but it is unclear how DHCS will delineate specializations. Additionally, there is currently no demographic information on peers currently in the field. Elia stated that CBHDA will ask CalMHSA to capture demographic information on peers who become certified.

Steve Leoni expressed concerns of non-consumer family members acting as peers. Elia stated that family peers are part of the current conversation in regards to specializations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 Public Comment

Hannah Bichkoff, representing CalVoices, asked if the \$28 million allotted to the Office of Statewide Health Planning and Development (OSHPD) would help individuals pay for the certification exam and if the cost for the certification has been determined. Elia stated that CalMHSA will submit a fee schedule to DHCS for approval which will sustain

the peer certification programs. Therefore, the fee must be affordable but high enough to cover the cost of administering the programs.

Lynn Thull restated Elia's comment that it is not possible for the state to utilize peers prior to the passing of the bill. She indicated that the State Plan, however, includes the provider category of "other qualified provider" that many entities use to allow their peer staff to bill Medi-Cal. Lynn asked the following questions: Will those who have been operating as peers, including youth mentors and parent partners, be grand-parented in? Who pays the certification fee? Elia responded to Lynn's questions indicating that "other qualified providers" are not considered peers and would not have the training required to use that experience effectively. Additionally, there will be a grand-parenting process established by DHCS. The individual or the county may pay the certification fee and the counties will bill Medi-Cal in order to help pay for the certification fees.

Katrina Copple stated that CalVoices currently has a 72-hour peer training program and inquired where she can receive a copy of DHCS' recommendations for peer certification standards. Elia indicated that DHCS will release a Behavioral Health Information Notice (BHIN) for Peer Support Specialists which will outline the recommendations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Discussion of DHCS Recommendations Re: Peer Specialist Certification

The Workforce and Employment Committee reviewed DHCS' initial recommendations for the statewide standards regarding Peer Support Specialist Certification. Key discussion points include the following:

- The core competencies are not stated as competencies but rather domains in which competencies would be developed. Committee members would like DHCS to refer to SAMHSA's Core Competencies document for guidance.
- Committee members expressed concerns about the lack of cultural and Black, Indigenous, and Persons of Color (BIPOC) representation among stakeholders who have voiced feedback for the development of statewide standards for peer certification. There are also several individuals who have limited English language skills and work with cultural groups. These individuals will not be able to become certified but they provide important non Medi-Cal services in our communities.

- Peers should have a space to lift each other up and assist their fellow peers with successfully completing the peer certification exam.
- The Scope of Practice and core competencies are not in alignment. WEC members would like to ensure that the competency domains align with the Scope of Practice for Peer Support Specialists.
- The qualifications outline that an individual must pass an exam to be certified. Committee members expressed confusion on this requirement due to the proposed grandfathering requirement. Additional clarification is needed.

WEC staff pointed out a number of discrepancies between the WEC's recommendation letter for the statewide standards for peer certification and the recommendations that DHCS presented on behalf of WEC during the April 2021 Behavioral Health Stakeholder Advisory Committee (BH-SAC) meeting. The following recommendations have been amended:

- On continuing education requirements, WEC recommended the inclusion of required education on laws. The WEC's amended recommendation clarifies that the training hours and continuing education requirements should be similar to that of other behavioral health professional disciplines.
- On practice guidelines, the WEC recommended the use of nationally-recognized guidelines. The committee's amended recommendation requests that DHCS incorporate practice guidelines defined by SAMHSA.

Workforce and Employment Committee members provided the following initial recommendations for the draft Medi-Cal Code of Ethics for Peer Support Specialists document:

- Under Mutuality, the statement "Take responsibility for voicing their own needs and feelings" should be amended as "Take responsibility for voicing their own needs and feelings and respectfully honor the voice of persons engaging in services."
- Peers should be included in reviewing Code of Ethics document and the document should not move forward without careful consideration from peers.
- This document is framed as competency statements in many places rather than ethics. The Code of Ethics should align with the core competencies and the Scope of Practice for Peer Support Specialists.

WEC members will submit additional feedback on the Medi-Cal Code of Ethics for Peer Support Specialist once WEC staff receive a final deadline for the stakeholder feedback period from the Department of Health Care Services.

Action/Resolution

Staff will reach out to the WEC via email communications to follow up with next steps regarding the development of statewide standards for PSS certification as well as the updated deadlines for stakeholder feedback regarding the Medi-Cal Code of Ethics for

Peer Support Specialists in California. Staff will then compile the committee's recommendations and concerns regarding the statewide standards for peer certification and relay this information to DHCS.

Responsible for Action-Due Date

Ashneek Nanua, Jane Adcock – July/August 2021

Item #6 Public Comment

E. Maxwell Davis expressed the issue of the core competencies listed as competencies rather than domains and indicated that she will follow up by sending resources to staff.

Catherine Moore asked if the competencies or domains are relevant to the peer position and if the certification requirements will influence how Medi-Cal will look at these requirements based on where California is in the process of developing certification compared to other states. Executive Officer, Jane Adcock, indicated that California is the second-to-last state to implement peer certification so the requirements have been well-established across the nation.

Steve McNally stated that the MHSOAC Client and Family Leadership Committee will have a meeting on SB 803 implementation. Steve stated that CalOptima will pay for coaching in a peer environment and indicated that he is interested in seeing how parity will influence peer certification. Mr. McNally expressed frustrations with the inability to easily locate county-level data.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 CBHDA Workforce Strategic Plan Update/Next Steps

Elia Gallardo, CBHDA Director of Governmental Affairs, provided an update on CBHDA's upcoming 10-Year Strategic Workforce Plan. CBHDA received a grant from Kaiser Family Foundation to create a 10-year plan focused on mental health and substance use disorder workforce development in the public behavioral health system. Elia shared data on the current Medi-Cal behavioral health workforce providers by occupation, number of providers, and percentage of providers. She pointed out that 4% of peer providers currently work in the Medi-Cal system. California is currently analyzing

gaps in the behavioral health continuum of care and CBHDA is planning to develop a strategic plan and policy recommendations to address the gaps in workforce and infrastructure development. Elia concluded her presentation and notified WEC members that CBHDA is looking for Council member participation in the upcoming stakeholder workgroups which will assist in designing the 10-Year Strategic Workforce Plan.

WEC staff notified committee members that DHCS is currently administering grants through their Behavioral Health Workforce Development (BHWD) project. The Peer Workforce Investment (PWI) project is one of the projects in which peer-run agencies can apply to receive funding to support the growth and development of existing peer workforce programs.

Action/Resolution

WEC staff will request to meet with DHCS' Community Services Division regarding the BHWD and PWI projects. Staff will follow up with the committee once there is additional information available on the BHWD. Additionally, WEC staff will continue to track efforts regarding CBHDA's 10-Year Strategic Workforce Plan and inform committee members about next steps to participate in the stakeholder workgroups.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – October 2021

The meeting adjourned at 3:15 pm.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Interim Meeting – August 24, 2021

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

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

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

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

Meeting Commenced at 12:00 p.m.

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

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

Committee members and Steering committee members provided the following feedback and discussion:

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

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

Action/Resolution

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

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

Responsible for Action-Due Date

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

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

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

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

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

Arden Tucker inquired about the diversity of CAMHPRO. Vera Calloway indicated that CAMHPRO is not highly diverse on the management team.

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

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

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – October 2021

Item #3

Public Comment

There were no comments provided by public attendees.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

The meeting adjourned at 1:15 pm.

Tab 2

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, October 21, 2021**

Agenda Item: Peer Support Specialist Certification and Behavioral Health Workforce Development (BHWD) Project Updates

Enclosures: [DHCS Peer Support Services Webpage](#)
[BHIN 21-041: Medi-Cal Peer Support Specialist Certification Program Implementation](#)
[Peer Workforce Investment \(PWI\) RFA](#)
[Expanding Peer Organization Capacity \(EPOC\) RFA](#)

How This Agenda Item Relates to Council Mission

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

This agenda item provides committee members with information regarding the upcoming implementation of Peer Support Specialist Certification lead by the Department of Health Care Services as well as the Behavioral Health Workforce Development Project. 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 2.1:

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

Background/Description:

The Department of Health Care Services is the lead entity for the design and development of 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. DHCS released the program guidelines in July 2021 in a behavioral health information notice (BHIN 21-041). Counties, through CalMHSA, will build their programs with implementation activities set to begin in early 2022.

Additionally, DHCS has contracted with the Advocates for Human Potential (AHP) to initiate the Behavioral Health Workforce Development (BHWD) Project. This project aims to expand the behavioral health peer-run workforce throughout the state by providing competitive grant opportunities to community organizations looking to expand the peer workforce in California.

Ilana Rub, Health Program Specialist for the Department of Health Care Services, will provide the Workforce and Employment Committee with an update regarding the planning and implementation of Peer Support Specialist Certification in California as well as the BHWD Project. Committee members will have the opportunity to ask questions regarding the program standards in BHIN 21-041, and determine next steps for providing meaningful feedback to DHCS regarding the state's policies for Medicaid-reimbursable Peer Support Services.

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

TAB 3

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

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

Enclosures: Draft Regional Partnership Standardized Question List

[Regional Partnerships Grant Guide](#)

[Regional Partnership Resource Guide](#)

How This Agenda Item Relates to Council Mission

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

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

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

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

Background/Description:

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

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

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

Workforce Education and Training (WET) Five-Year Plan Regional Partnership Standardized Question List

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

Supporting Individuals

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

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

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

There are four programs in the category of Supporting Individuals:

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

Supporting Systems

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

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

The five Regional Partnerships are:

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

**Workforce Education and Training (WET) Five-Year Plan
Regional Partnership Standardized Question List**

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

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

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

PMHS professionals must have the skills to:

 - i. Provide treatment and early intervention services that are culturally and linguistically responsive to California's diverse and dynamic needs

**Workforce Education and Training (WET) Five-Year Plan
Regional Partnership Standardized Question List**

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

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

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

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

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

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

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

TAB 4

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

Agenda Item: Nominate 2022-2023 WEC Chair-Elect

Enclosures: None

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

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

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

The role of the Chair-Elect is outlined below:

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

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

TAB 5

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

Agenda Item: Next Steps/CBHDA Workforce Strategic Plan Update

Enclosures: None

How This Agenda Item Relates to Council Mission

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

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

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

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

Background/Description:

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

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

Elia Gallardo, CBHDA Director of Government Affairs, will provide an update on the current planning and stakeholder engagement efforts in preparation for the implementation of the 10-year Strategic Workforce Plan. Committee members will determine if and how to participate in these efforts. The WEC will then plan next steps for the January 2022 Quarterly Meeting.