

Workforce and Employment Committee Agenda

Wednesday, April 14, 2021

<https://us02web.zoom.us/j/82970163927?pwd=MTd3SEdyUmNIUjlxLzJQL0t0UmVXQT09>

Meeting ID: 829 7016 3927 **Passcode:** WEC2021

Phone-in: 1-669-900-6833 **Access Code:** 4960975

1:30 pm to 3:00 pm

- | | | |
|----------------|---|--------------|
| 1:30 pm | Welcome and Introductions
<i>Dale Mueller, Chairperson and All Members</i> | |
| 1:35 pm | Approve January and February 2021 Draft Meeting Minutes
<i>Dale Mueller, Chairperson and All Members</i> | Tab 1 |
| 1:40 pm | Peer Support Specialist Presentation and Discussion
<i>Tylana Thomas-Anderson, Community Health Worker
Los Angeles County Department of Mental Health</i> | Tab 2 |
| 2:00 pm | Public Comment | |
| 2:05 pm | Peer Support Specialist State Certification Update
<i>Ilana Rub, Health Program Specialist II,
CA Department of Health Care Services</i> | Tab 3 |
| 2:15 pm | Public Comment | |
| 2:20 pm | Break | |
| 2:25 pm | Update 2021 WEC Work Plan
<i>Dale Mueller, Chairperson and All Members</i> | Tab 4 |
| 2:50 pm | Public Comment | |
| 2:55 pm | Next Steps/Written Q&A Re: WET Five-Year Plan
<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

Staff: Ashneek Nanua, Justin Boese

TAB 1

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 14, 2021**

Agenda Item: Approve January and February 2021 Draft Meeting Minutes

Enclosures: January 2021 Draft SMC Meeting Minutes
February 2021 Draft Meeting Minutes – 2.19.21
February 2021 Draft Meeting Minutes – 2.26.21

Background/Description:

Committee members will review the draft meeting minutes for the January 2021 Quarterly Meeting as well as the February 2021 interim meetings.

Motion: Accept and approve the January and February 2021 Workforce and Employment Committee draft meeting minutes.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Quarterly Meeting – January 20, 2021

Committee Members present: Dale Mueller, John Black, Vera Calloway, Steve Leoni, Kathi Mowers-Moore, Celeste Hunter, Lorraine Flores, Deborah Pitts, Cheryl Treadwell, Walter Shwe, Karen Hart, Liz Oseguera, Christine Frey, Uma Zykofsky, Christine Costa

WET Steering Committee Members Present: Elia Gallardo, Olivia Loewy, Kristin Dempsey, E. Maxwell Davis, Janet Frank, Robb Layne

Others present: Catherine Moore, Noel O'Neill, Carol West, Katrina Copple, Lynda Kaufmann, Theresa Comstock

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

Meeting Commenced at 1:30 p.m.

Item #1

Approve October 2020 Draft Meeting Minutes

The Workforce and Employment Committee (WEC) approved the October 2020 Draft Meeting Minutes. Lorraine Flores motioned approval. Vera Calloway seconded the motion.

Action/Resolution

The October 2020 WEC Meeting Minutes are approved.

Responsible for Action-Due Date

N/A

Item #2 Workforce Education and Training (WET) Five-Year Plan Update

Staff from Office of Statewide Health Planning and Development (OSHPD) provided an update on the Workforce Education and Training (WET) Five-Year Plan. John Madriz, Manager of Grants Management Section of the Healthcare Workforce Development Division (HWDD), presented current activities for the 2020-2025 WET Plan, which includes the following:

- Executing grant agreements with all Regional Partnership (RP) grantees to administer WET Plan activities

- Finalizing the central application for the five RPs to use for individual-level programs such as stipends and loan repayments
- Overseeing seven Psychiatric Education Expansion (PECE) grantees to train Psychiatrists and Psychiatric Mental Health Nurse Practitioners
- Release of Peer Personnel Training and Placement Program grant application in January 2021 with applications due in March 2021

OSHPD staff stated HWDD's top priorities for 2021, which include:

- Overseeing WET grantees to ensure the successful implementation of the grant programs
- Releasing the online RP Central Application in Spring 2021 to collect individual-level applications for scholarships, stipends, and loan repayments
- Collecting and analyzing public mental health workforce program evaluation data over the course of the full grant period

Regarding funding, OSHPD awarded the majority of the \$60 million available for WET Plan implementation as appropriated in the FY 2019-20 State Budget. These funds were appropriated to expend over the full grant period (2020-2025). The proposed State Budget for FY 2021-22 did not identify funding in addition to the \$60 million of awarded funds. OSHPD allocated \$40 million of the grant funds to Regional Partnerships and \$16.1 million to PECE programs. OSHPD is continuing to administer the existing Peer Personnel Training and Placement Grants Program. Peer services are funded annually and separately from the funds appropriated for the Five-Year Plan.

Mr. Madriz reported on current efforts with the Regional Partnerships, indicating that RP contracts run through June 2026. The Central Region, Los Angeles Region, and Superior Region have executed grant agreements, while the Greater Bay Area Region and Southern Region are currently in the process of signing their grant agreements.

In terms of primary care, the 2020-2025 WET Plan includes a Train New Trainers (TNT) Psychiatry Fellowship Scholarship Program that provides Primary Care Physicians, Family Practice Nurse Practitioners, and Physician Assistants with a curriculum that provides advanced training in Primary Care Psychiatry. The TNT Scholarship Program is currently unfunded.

Q&A

Steve Leoni stated that the WET Plan includes money to have peers and family members provide training and materials to psychiatrists and other behavioral health professionals as part of their training. Mr. Leoni asked if any efforts were being made towards this type of training. Anne Powell, OSHPD, indicated that there are not sufficient resources to evaluate the curriculum for all of the funded programs, however, the grant agreements do require this provision. Catherine Moore added that nationally-accredited residency programs include a requirement to receive education from patients and family members.

Christine Frey asked if there are efforts in the WET Five-Year Plan that focus on youth recruitment opportunities to help youth learn about the public mental health workforce. John Madriz stated that the WET Plan has a pipeline program that involves reaching out to youth in high schools and undergraduate college students to introduce them to a career in mental health.

Action/Resolution

The WEC will continue to work closely with OSHPD on WET program development, implementation, and evaluation.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – April 2021

Item #3

Public Comment

Catrina Kopple, mental health advocate, expressed the need to have trainings available to clinical staff.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4

Peer Support Specialist Presentation and Discussion

Tina Wooton shared her experience in the public mental health system as a consumer and Peer Support Specialist, and provided recommendations for the development of the statewide standards for Peer Support Specialist Certification in California. Ms. Wooton stated that employment was an important aspect of recovery while she received mental health services, and expressed the value of her lived experience as a peer through the ability to share her experiences with the individuals she worked with and vice versa. She reported common barriers in peer work such as billing and the lack of peer-run services available to help individuals continue their path to recovery.

WEC members were directed to an online resource that describes how Pennsylvania implemented Peer Certification, which includes information on how the state billed for Peer Support Services. Ms. Wooton asked the WEC to consider the use of more billing

codes when negotiations, regarding Medicaid reimbursement, occur with the federal government.

Ms. Wooton recommended a culturally-diverse workforce so consumers are more comfortable receiving services from individuals they relate to. She expressed the importance of hearing from diverse communities about their difficulties in finding employment. Ms. Wooton also recommended educating various Human Resources departments about these diverse communities to help reduce barriers to employment. She stated that individuals with lived experience can continue volunteering and seek education in order to address employment challenges.

Regarding the peer certification exam, Tina Wooton proposed the use of a core exam with sub-tests for criminal justice, families, alcohol and drugs, LGBTQ, and parent partners. She recommended the availability of practice tests for the exam and encouraged individuals to log their hours to keep track of their experience for the certification.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Peer Specialist State Certification Update

Marlies Perez, DHCS Division Chief of Community Services, introduced herself to the WEC and directed members to the DHCS Peer Support Services webpage. She reviewed the webpage components including the implementation timeline for the Peer Certification Program and the resources section which contains documents and information about upcoming listening sessions.

Ms. Perez stated that DHCS is tasked to create federal authorities guidance for peers under the Medi-Cal waivers. DHCS is also in the process of determining how to implement Peer Certification in Medi-Cal behavioral health programs. Ms. Perez indicated that DHCS must complete the creation of the certification program before it is submitted to the Centers for Medicare and Medicaid Services (CMS) for approval.

Q&A

Steve Leoni stated that the definition of Peer Support Specialists in the *Peer Support Specialists Seeking Federal Authorities* document includes family members who have experience with assisting individuals with a mental health or Substance Use Disorder (SUD) condition. Mr. Leoni indicated that the wording in this document does not match

the intent. Marlies Perez stated that DHCS must develop the program in alignment with CMS guidance and reimbursement rules.

Vera Calloway expressed concern with the ability for counties to decide whether they will participate in the certification program and asked if there is a deadline on when counties must opt-in. She added that it may be difficult to keep track of individuals who live in one county but work in a neighboring county. Marlies Perez stated that DHCS released a county survey to assess county interest in participation. DHCS will also post which counties are participating and when they will start implementation activities.

Uma Zykofsky made a suggestion to avoid over-specialization so peers have the ability to move into different systems and work with varying populations. This would help expand workforce and career ladder. Additionally, Uma asked for clarification on the supervision piece of Peer Certification from the *Peer Support Specialists Seeking Federal Authorities* document. Marlies Perez stated that DHCS is balancing between the Medi-Cal requirements and the fact that peers have worked and acted in supervision roles for many years. Ms. Perez indicated that DHCS is exploring how other states approached Peer Certification.

Celeste Hunter asked if there has been thought given to vetting peers or assigning credit based on years of experience in peer work. Marlies Perez stated that the federally-mandated requirements cannot change but DHCS can explore areas of flexibility. Marlies also indicated that there will be additional opportunities to provide feedback on the federal authorities that require a State Plan Amendment (SPA).

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Public Comment

Carol West asked if there is a plan to have a Certification Oversight and Accountability Board composed of panel experts to oversee the Peer Certification process and serve as a general resource. She also inquired about the possibility of regional collaboration as it would promote cost savings and collaborative learning among counties. Marlies Perez indicated that there is no specification in the law to have an oversight board but DHCS has the ability to establish one at a later time. The law allows for regional collaboration so DHCS is open to the idea of counties adopting a regional approach.

Katina Copple expressed the importance of considering training and current experience towards Peer Certification. She also referred to the Wellness Recovery Action Plans

(WRAP) from the Copeland Center for Wellness and Recovery, and recommended implementing those plans and supports along with SAMHSA’s Core Competencies.

Noel O’Neill, Council member, asked if there would be a provision in CalAIM for Peer Support Specialists to be reimbursed to work in SUD programs, and when these programs would become a Medi-Cal entitlement to consumers. Marlies Perez stated that DHCS is seeking federal authorities for reimbursement for the Specialty Mental Health Services (SMHS) system, Drug Medi-Cal Organized Delivery System (DMC-ODS), and the Drug Medi-Cal State Plan, but there is not currently an answer on Medi-Cal entitlement. Marlies added that DHCS does not want to create a special system for mental health and SUD peers but rather equip peers with the tools needed to serve both populations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Discuss 2021 Work Plan/Next Steps

Staff reviewed changes that the WEC Officers proposed for the 2021 Work Plan. Dale Mueller inquired if committee members had input for next steps. Committee members requested to focus on Peer Certification and requested a follow-up from DHCS for the April 2021 Quarterly Meeting. Additionally, WEC staff proposed to hold an interim meeting in order to meet DHCS timelines for submitting recommendations for the design and development of statewide standards for the Peer Support Specialist Certification Program.

Action/Resolution

WEC members will continue modifying the Work Plan at the April Quarterly Meeting. WEC staff will initiate an interim meeting to gather committee input for the development of statewide standards for the Peer Support Specialist Certification Program.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – April 2021

The meeting adjourned at 3:00 pm.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Interim Meeting – February 19, 2021

WebEx Meeting

Committee Members present: John Black, Vera Calloway, Steve Leoni, Kathi Mowers-Moore, Celeste Hunter, Deborah Pitts, Walter Shwe, Karen Hart, Liz Oseguera, Christine Frey, Uma Zykofsky, Arden Tucker

WET Steering Committee Members Present: Elia Gallardo, Olivia Loewy, Janet Frank

Others present: John Madriz, Simon Vue, Chad Costello, Carol West, Tara Gamboa-Eastman

Planning Council Staff present: Ashneek Nanua, Jane Adcock

Meeting Commenced at 9:00 a.m.

Item #1

CBHDA Perspective on Peer Specialist Certification

Elia Gallardo, Director of Government Affairs for the County Behavioral Health Directors Association (CBHDA), presented to the Workforce and Employment Committee (WEC) on Senate Bill 803, the new Peer Specialist Certification law in California. Elia provided an overview of the law and emphasized that certified peers will be able to bill Medi-Cal for the services they render. Additionally, the law will allow county behavioral health agencies to add peers to their network of providers as long as county systems pay the non-federal share of funding. Elia then laid out the responsibilities that the Department of Health Care Services has for the development of the Peer Certification Program.

Ms. Gallardo indicated that CBHDA is looking for one county or entity to represent the Peer Certification Program in order to centralize the program across counties. This entity would be given the responsibility to develop and enforce the Peer Certification Program in the Medi-Cal system in accordance with the requirements and standards that DHCS establishes. The lead entity will also be responsible for establishing a certification fee schedule to support ongoing administrative activities of the program.

Elia described the timeline for the implementation of the peer certification program. DHCS will first develop statewide standards and secure a 1915(b) waiver to implement the program at the county level by July 2021. The co-sponsors of SB 803, including but not limited to the California Association of Mental Health Peer Run Organizations (CAMHPRO), Los Angeles County, Steinberg Institute, and CBHDA, are working to secure one-time funding to support a statewide certifying body. CBHPC is supporting these efforts. Beginning in January 2022, CalMHSA or another county entity would lead

the statewide certification process that all counties can use. At this time, CBHDA hopes that counties can include certified Peer Support Specialists as Medi-Cal billable providers.

Ms. Gallardo provided CBHDA's preliminary position on policies proposed at the first DHCS listening session regarding the development of the peer certification program. CBHDA has spoken with programs about the 40-hour training requirement and will recommend more than 40 hours of training for the certification. Regarding core competencies, many stakeholders felt that it was important to incorporate the history of the peer movement in the competencies. CBHDA is exploring whether this is a recommendation they would make, along with determining whether digital literacy should be a core competency. For areas of specialization, CBHDA believes DHCS should establish guidelines on what area of specialization training is needed and have the local counties develop specializations that are appropriate for local needs.

On supervision standards, CBHDA agrees with stakeholders that best practices are to have a trained and certified Peer Support Specialist supervise other peers which would support the creation of a career pathway for peers through leadership training and supervision. In small counties, there may not be peers ready to supervise other peers so CBHDA would like DHCS to establish training for supervisors who are not Peer Specialists so they are able to act as an appropriate supervisor for peers. CBHDA is also looking at other services peers do such as other Specialty Mental Health Services and how to integrate these other services with the requirements for Peer Support Services. This will support integration efforts in the public mental health delivery system.

Q&A

John Black asked if CalMHSA has been approved as the lead entity for leading and enforcing the peer certification programs. Elia stated that the entity must represent counties which limits who can become the lead entity, and CBHDA has asked CalMHSA to step into the role to avoid having 58 different certification programs. CalMHSA has accepted the offer to take on that role.

Arden Tucker asked about recruitment efforts for the DHCS Peer Certification Listening Session and how outreach was delivered to the deaf and hard of hearing community, disabled community, and queer and transgender community. Elia stated that DHCS is responsible for outreach efforts for the listening sessions.

Steve Leoni asked about incorporating hope in the core competencies. He also stated that CalMHSA does not represent all counties and asked what the proposal is for CalMHSA organizing peer certification in California. Elia encouraged Steve to send written comments to DHCS on the competency of hope. She stated every county behavioral health director is represented under CalMHSA.

Vera Calloway expressed concerns about peer supervision. She indicated that the training of peer supervisors must start immediately if the program is going to be

implemented between January and July of 2022, and stated the importance of having an ongoing peer body to advise the ongoing process. Vera also commented on the need to determine what the training and requirements for specialization will entail. Elia stated that DHCS has a short timeframe but are working quickly to develop the program. She added that there are currently existing peer programs supervised by peers and hopes that this existing infrastructure will support Peer Support Specialist programs rather than starting at stage one.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #2

Public Comment

Carol West made a suggestion for stakeholders to create an ongoing panel of experts to serve as a Peer Certification Advisory Council who are dedicated to inform the program after implementation. She asked how the state can ensure there is education and technical support to ensure a welcoming environment for peers, which may involve integrating peers into team-based care. Carol recommended having more than one Peer Support Specialist employed at any given agency in order to create a support network at the local workforce level. She also suggested having employers be an integral part of this process so that there are paid jobs for peers.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3

Discussion of Recommendations for DHCS Peer Certification Listening Session #1

WEC staff reviewed each topic from the Peer Specialist Certification Listening Session #1 which included the federal rules, proposed policies, and questions that DHCS proposed to stakeholders for feedback. Committee members provided comments for the employment training requirements, core competencies, areas of specialization,

qualifications, practice guidelines, and supervision standards for Peer Specialist Certification in California in response to the questions that DHCS provided.

Action/Resolution

WEC staff will incorporate the WEC's recommendations for Peer Certification in a letter and submit the final product to DHCS.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – February 2021

Item #3

Public Comment

Janet Frank expressed concerns about specializations being left to county discretion, as it can potentially lead to 58 different versions of the curriculum. One way to avoid the need for specializations is to assure that there is enough content in the core curriculum that addresses all population groups, especially those with systematic inequities, racial, ethnic, age, gender identification, etc.

Olivia Loewy stated that it may be helpful for DHCS to hold working groups separate from the listening sessions in order to designate and make recommendations about supervision requirements and practices.

Carol West stated that Riverside County has a double supervision model that works very well. She also indicated that the selection of individuals for Peer Specialist training should have lived experience of mental health issues and also reflect the diversity of the communities they serve. There are qualities that cannot be taught or trained for such as language, culture, LGBTQ status, post incarceration, etc. Carol then reflected on the importance of recruiting empathetic individuals.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4

Next Steps Re: Recommendations for Listening Session #2

WEC staff notified committee members that the next interim meeting will occur on Friday, February 26, 2021 at 2:00-3:00 p.m. The purpose of this meeting will be to create policy recommendations for DHCS' Peer Specialist Certification Listening

Session #2. Staff will provide the committee's recommendations verbally during Listening Session #2 and follow-up by submitting written comments to DHCS.

Action/Resolution

WEC staff will prepare and distribute the meeting materials for the WEC Interim Meeting on February 26, 2021.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – February 2021

Meeting adjourned at 3:30 p.m.

Workforce and Employment Committee

Meeting Minutes (DRAFT)

Interim Meeting – February 26, 2021

Zoom Meeting

Committee Members present: John Black, Steve Leoni, Kathi Mowers-Moore, Celeste Hunter, Walter Shwe, Liz Oseguera, Uma Zykofsky, Arden Tucker

WET Steering Committee Members Present: Olivia Loewy, Janet Frank, E. Maxwell Davis

Others present: Carol West

Planning Council Staff present: Justin Boese, Jane Adcock

Meeting Commenced at 2:00 p.m.

Item #1 Review WEC Recommendations for Listening Session #1

The Workforce and Employment Committee (WEC) reviewed their letter of recommendations regarding the scope of practice and training requirements for the Peer Support Specialist Certification Program. Uma Zykofsky requested that the wording in the first paragraph of Page 4 be edited to state, “Many counties, such as Riverside County, have a dual supervision model for Peer Support Specialists that may be of interest for review,” in order to not exclude other counties who have similar models. Kathi Mowers-Moore seconded Uma’s request. The committee approved the recommendation letter with the proposed edit.

Action/Resolution

WEC staff will edit the WEC Recommendation Letter on Listening Session #1 and submit the letter to the Department of Health Care Services (DHCS).

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – March 2021

Item #2 Recommendations for DHCS Peer Specialist Listening Session #2

WEC staff reviewed each proposed policy for Peer Specialist Certification Listening Session #2 which included questions that DHCS inquired for public stakeholder feedback. Committee members provided comments for the process requirements for

setting up a certification program as well as the requirements for initiating and reporting on the program in response to the questions that DHCS provided.

Discussion for each topic of Listening Session #2 is provided below:

Code of Ethics

Several committee members expressed that peers should not be required to sign the Code of Ethics more frequently than other professionals. Committee members agreed that the frequency of certifying the Code of Ethics should be parallel to the requirements of other professions, which usually occurs every 2 years.

Steve Leoni stated that he does not want the Code of Ethics to be inappropriately restrictive, and that it should fit peer duties and scope of work. Kathi Mowers-Moore noted that it would be helpful to see the Code of Ethics that DHCS is referencing and expressed value in looking at existing Code of Ethics for peer providers. John Black indicated that peers should be involved in the formation of the Code of Ethics and pointed out that many peer support programs and organizations already have their own Code of Ethics that DHCS can review.

The committee recommended that DHCS review the Code of Ethics in California as well as other states that have been developed specifically for Peer Support Specialists which are consistent with the scope of practice for peer professionals. As DHCS creates the Code of Ethics, committee members requested that this document be shared with stakeholders for review and input before finalization.

Biennial Renewal Process

More information is needed about the biennial renewal process before the group can make recommendations on this topic. Uma Zykofsky questioned where records of the biennial review will be kept and maintained because this will be an important factor for transferability of information.

Complaints, Corrective Action, Suspension, Revocation, and Appeals

Uma Zykofsky recommended that the process for investigation of complaints and corrective action should match existing Medi-Cal processes and also include peers in the review process. WEC members expressed concern that every county could end up with a different process and would like to ensure that there is a set statewide process for the counties to use to guide their corrective action plans. Uma Zykofsky stated that Peer Supervisors should also be included in the local level complaint investigation. Walter Shwe asked if the process can be consistent with the Code of Ethics. Committee members decided to request to see the details for the proposal for this section.

Grandfathering-in:

Several WEC members expressed that the timeframe for currently-employed Peer Support Specialists to complete the new requirements should be as generous as

possible in order to maximize retention of Peer Specialists in the workforce. Twelve months was agreed upon as a minimum timeframe. Many committee members felt that peers should complete the full training component of the certification rather than substituting the training with a minimum number of hours worked as a Peer Support Specialist.

Steve Leoni stated that current peer programs that have equivalent standards for the Code of Ethics, boundaries, and responsibilities, etc., as the statewide certification should have the option to grandfather-in. Uma Zykofsky expressed concerns of program variability because it makes it difficult for Peer Support Specialists to move across counties.

Reciprocity

Uma Zykofsky stated that counties should be required to keep documentation of the certification process for each peer provider. The WEC did not have additional suggestions for DHCS' proposal for county and state reciprocity.

Submission Items and Periodic Reviews

Jane Adcock, Executive Officer, pointed out that the periodic reviews will be included in the county triennial review protocols so CBHPC will have an opportunity to provide ongoing feedback when the reviews occur. Uma agreed with Jane's comment and suggested that counties should also submit their initial plans to the state for review within the first 6 months of implementation to address any problems since this is a new pilot program.

Annual Program Reports

Steve Leoni stated that the program reports should include outcome measures that are decided in partnership with stakeholders, including clients and family members. Uma Zykofsky commented that program reports should include an overview of how peers are being used in different areas of the state and what the impact of peer work is in different communities. Jane Adcock proposed that the WEC request time to work with DHCS to identify the key reporting factors.

Action/Resolution

WEC staff will incorporate the WEC's recommendations for Peer Support Specialist Certification Listening Session #2 in a letter and submit the letter to DHCS.

Responsible for Action-Due Date

Ashneek Nanua, Justin Boese – February 2021

Item #3 **Public Comment**

Olivia Lowey stated that the Code of Ethics should be developed in reference to the designated peer Scope of Practice. Olivia also envisioned a state-level centralized bureau containing peer representatives who would be involved in the decision-making process for setting up corrective action guidelines. The state should also be considerate of barriers to certification in order to maximize the peer workforce.

Janet Frank expressed that an appropriate timeframe to require currently employed Peer Support Specialists to complete the certification requirements should be at least 12 months. She agrees that peers should be required to pass the certification and to not include a substitution for the training component.

E. Maxwell Davis suggested that currently employed Peer Support Specialists should be given up to 18 months to complete the certification. She stated that there are multiple ways for peers to accumulate their credentials with a lenient time frame so that they are able to continue working while completing the certification.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Meeting adjourned at 3:15 p.m.

Tab 2

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 14, 2021**

Agenda Item: Peer Support Specialist Presentation and Discussion

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 committee members with knowledge about the lived experience and duties of behavioral health Peer Support Specialists. This information will be used to advocate best practices during the Department of Health Care Services' policy development and implementation of the Peer Support Specialist Certification Program.

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

Objective 2.3: Build Council's understanding of employment services "best practices" and resources across the lifespan, 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:

The Council's Workforce and Employment Committee is developing recommendations for Peer Support Specialist Certification during DHCS' stakeholder input process in 2021. In order to generate robust and meaningful recommendations, WEC members will hear the perspectives of various stakeholders including peers with lived experience in the Public Behavioral Health System (PBHS).

Tylana Thomas-Anderson is a Community Health Worker with the Los Angeles County Department of Mental Health (LACDMH). She has an Associate in Arts degree from the University of Phoenix where her interests included working with adults and older adults with severe mental illness. Mrs. Thomas-Anderson began her career in mental health with Special Services for Groups in 2011 as a Service Extender providing case management and support to severely mentally ill older adults. Mrs. Thomas-Anderson's passion for outreach began when she joined LACDMH in 2015 as a Mental Health Advocate working with the SB-82 Mobile Triage Team, which was a multi-disciplinary team providing intensive case management to the homeless population in Downtown Los Angeles Skid Row. She has received recognition for her work with H.O.P.E (Homeless Outreach Proactive Engagement), and throughout her career has dedicated herself to serving disenfranchised populations through rapport building and respect

as she advocates for safe and appropriate housing. Through the creation of "Homeless Outreach - From the Office to the Streets," Mrs. Thomas-Anderson continues her advocacy for the underserved by sharing her expertise with professionals, students and community members who have a sincere interest in more effective outreach skills. In addition to her outreach work, Mrs. Thomas-Anderson is a poet and much-requested member of LACDMH's Speakers Bureau.

Mrs. Thomas-Anderson will present her experience and key functions in her role as a Community Health Worker, which will include 1) the peer perspective of working in the PBHS and 2) recommendations to overcome barriers from her experience in the workplace and how the Council and DHCS can help support overcoming these barriers. She will also comment on areas of the PBHS that are problematic from the peer perspective and any current issues which may have been excluded in the ongoing conversations about peers.

Tab 3

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 14, 2021**

Agenda Item: Peer Support Specialist State Certification Update

Enclosures: [DHCS Peer Support Services Webpage](#)
[Behavioral Health Information Notice 20-056: Peer Support Services](#)

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

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 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 responsible for the design and 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. The standards will include the requirements for certification as well as billing specifications for Peer Support Specialists as a unique provider type under the Medi-Cal financing system.

DHCS has indicated that the stakeholder engagement process will occur during the first half of 2021. Concurrent to the stakeholder engagement timeline, DHCS will draft and release program guidelines by July 2021. Counties will then be able to build their programs, with implementation activities set to begin in early 2022.

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 process for the creation of statewide standards for Peer Support Specialist Certification. Committee members will have the opportunity to ask questions and determine next steps for providing meaningful feedback to DHCS regarding the state’s policies for Medicaid-reimbursable Peer Support Services.

TAB 4

**California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 14, 2021**

Agenda Item: Update 2021 WEC Work Plan

Enclosures: Workforce and Employment Committee Draft 2019 Work Plan

How This Agenda Item Relates to Council Mission

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

The Work Plan is an instrument to guide and monitor the Workforce and Employment Committee activities in its efforts to uphold its duties within the framework of the Planning Council.

Background/Description:

The purpose of the Work Plan is to establish the objectives and goals of the WEC, as well as to map out the necessary tasks to accomplish those goals. Staff will review the proposed changes to the 2021 Work Plan. WEC members will then review and update the committee Work Plan in order to fulfill and prioritize activities for the 2021 calendar year.

California Behavioral Health Planning Council
Workforce and Employment Committee
Work Plan 2021 [DRAFT]

Description for Proposed Edits:

Proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~. There are some shaded areas that represent questions to be addressed through committee discussion.

Committee Overview and Purpose

The efforts and activities of the Workforce and Employment Committee (WEC) will address both the workforce shortage and training in the public behavioral health system, including the future of funding, and the employment of individuals with psychiatric disabilities. Additionally, state law provides the Council with specific responsibilities in advising the Office of Statewide Health Planning and Development (OSHPD) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development Plan as well as review and approval authority of the final plan. The WEC will be the group to work closely with OSHPD staff to provide input, feedback and guidance and also to be the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law.

There are a number of collateral partners involved in addressing the behavioral health workforce shortage in California. A number of them have been working with the Council in prior efforts and provide additional subject matter expertise. These individuals and organizations, collectively known as the WET Steering Committee, will continue to provide the WEC with expertise and are invited to participate in meetings, where appropriate.

Additionally, there are a number of other organizations and educational institutions, at the State level, who are engaged in efforts for the employment of individuals with disabilities, including psychiatric disabilities, with whom the WEC will maintain relationships to identify areas of commonality, opportunities for collaboration and blending of actions. They include but are not limited to:

Are there organizations that should be added or removed from this list?

- 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

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

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

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

Objective 1.2: Build Council’s understanding of workforce development ‘best practices’ for both entry-level preparation and continuing competency, including but not limited to the resources from the Annapolis Coalition on the Behavioral Health Workforce, WICHE Mental Health Program, as well as workforce development resources developed in California.

Do we want to name specific organizations or leave it general? Are there other organizations that should be included?

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

Objective 1.4: Identify and inventory funding opportunities at the local, state and national levels for workforce development, scholarships, tuition support, etc.

Objective 1.5: Collaborate with other CBHPC committees ~~Legislation Committee~~ to support Peer Certification efforts.

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

How can WEC work with the SMC to operationalize this? One recommendation is to ensure that the meeting minutes and ideas are shared between the WEC and SMC so that the final recommendation reflects the thoughts of both committees.

How can we target Peer Support Certification efforts into the Work Plan? Should this be expanded in Objective 1.5 or 2.0?

Strategic Goal 2.0: Ensure through advocacy that any California mental health consumer who wants to work or be self-employed has minimal barriers and timely access to employment support services and pre-employment services across the lifespan to secure and retain a job or career of choice.

Objective 2.1: Expand Council’s knowledge in order to build and make available a current inventory of employment and education support services available to mental health consumers in each of California’s counties. Such inventory must consider limitations created by unequal access or opportunities due to social inequities.

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

Objective 2.3: Build Council’s understanding of employment services “best practices” and resources across the lifespan with due exploration of impact of social and racial inequities on such best practices, including but not limited to: Individual Placement & Support (IPS) Model of supported employment; social enterprises; supported education; high school pipeline and career development; MHS funding or other funding sources; and career pathways and advancement for consumers and peers.

Objective 2.4: Collaborate with CBHPC Legislative and Advocacy Committee to identify, monitor, consider impact of social and racial inequities, and take positions on legislation related to employment and education for California’s mental health consumers.

How can we incorporate action item from the Council’s Equity Statement into the Work Plan?

Tab 5

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

Agenda Item: Next Steps/Written Q&A Re: 2020-2025 WET Five-Year Plan

Enclosures: OSHPD Written Responses Re: 2020-2025 Workforce Education and Training Five-Year Plan

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 time to plan the June Quarterly Meeting, and updates the committee on the current activities of the Workforce Education and Training (WET) Five-Year Plan, which will help CBHPC fulfill their duty to oversee plan implementation.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 1.1 and 1.3:

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 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.

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

Background/Description:

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. OSHPD staff have provided responses to questions that WEC and Steering Committee members have submitted about the WET Five-Year Plan prior to the April Quarterly Meeting.

Additionally, the County Behavioral Health Directors Association (CBHDA) is working to develop a 10-year strategic plan on strengthening the public behavioral health delivery system. 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 behavioral

health workforce that is highly qualified to provide clinically excellent community-based behavioral health care, reflects the cultural diversity of those seeking behavioral health 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.

These efforts are complementary to the WET Five-Year Plan and intend to broaden the plan by including SUD workforce needs. CBHDA is working with OSHPD on the strategic plan and will include the Planning Council on the Advisory Group to support these efforts over the next 12 months.

This agenda item includes time for the WEC to plan next steps for the June Quarterly Meeting.

Workforce and Employment Committee Questions

Re: Workforce Education and Training (WET) 2020-2025 Five-Year Plan

CBHPC's Workforce and Employment Committee (WEC) and WET Steering Committee have requested an update on the Workforce Education and Training (WET) Plan for the April 2021 Quarterly Meeting based on the following questions:

- **Will OSHPD be collecting data on training topics, number attending, and number of hours of that training from the Regional Partnerships as part of their evaluation data? For example, the number of hours of training on older adult behavioral health topics provided and the number of staff participating?**

OSHPD'S data collection focuses on measuring program outcomes. For example, the data we are gathering is related more to the number and demographics of participants receiving support from the Regional Partnerships (RPs). For information on specific programs that the RPs are operating, you may want to contact the RPs directly.

The same approach is true for the Psychiatric Education Capacity Expansion (PECE) Program. The focus is on measuring program outcomes and gathering data similar to what we are gathering for the RP Program.

- **Please provide an update on Peer Personnel Training and Placement Program**

OSHPD 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 within the Public Mental Health System. Grantees conduct recruitment and outreach, career counseling, training, placement, and six months of support services.

Approximately \$2,000,000 in annual state funding is available to support Peer Personnel Training and Placement programs. Grant awards are up to \$500,000 per awardee.

The Fiscal Year (FY) 2021-22 Peer Personnel application cycle closed March 16, 2021. OSHPD plans to announce awardees by mid-April 2021.

For more information about the grant program, see the [WET Peer Personnel Training and Placement Grant Guide for FY 2021-22](#) or go to <https://oshpd.ca.gov/loans-scholarships-grants/>