Workforce and Employment Committee Agenda

Wednesday, April 20, 2022
Sonesta Silicon Valley Hotel
1820 Barber Lane Milpitas, CA 95035
Oak Creek Room
1:30 p.m. to 5:00 p.m.

1:30 pm **Welcome and Introductions**
John Black, Chairperson and All Members

1:35 pm **Approve January 2022 Draft Meeting Minutes** **Tab 1**
John Black, Chairperson and All Members

1:40 pm **Review and Finalize WEC 2022 Work Plan** **Tab 2**
John Black, Chairperson and All Members

1:50 pm **Public Comment**

1:55 pm **Update on 2020-2025 WET Plan and CA Health Workforce and Education Training Council** **Tab 3**
John Madriz, Department of Health Care Access and Information

2:10 pm **Public Comment**

2:15 pm **CBHDA 10-Year Workforce Strategic Plan Presentation** **Tab 4**
Janet Coffman, MPP, PhD, University of California San Francisco
Karen Shore, PhD, Golden State Health Policy

3:15 pm **Public Comment**

3:20 pm **Break**

3:25 pm **Update on 2022 Behavioral Health Workforce Proposals** **Tab 5**
Kirsten White, MPP, Senior Policy Advocate,
County Behavioral Health Directors Association (CBHDA)

3:45 pm **Public Comment**

3:50 pm **Discussion on Increasing Value of Employment in Recovery Services** **Tab 6**
Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA) and all WEC members

4:45 pm **Public Comment**

4:50 pm **Wrap up/Next Steps**
John Black, Chairperson and All Members

5:00 pm **Adjourn**

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

Workforce and Employment Committee Members
Chairperson: John Black **Chair-elect:** Vera Calloway
Members: Deborah Pitts, Dale Mueller, Walter Shwe, Arden Tucker, Karen Hart, Cheryl Treadwell, Lorraine Flores, Liz Oseguera, Christine Costa, Celeste Hunter, Christine Frey, Jessica Grove, Sutep Laohavanich

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

Staff: Ashneek Nanua, Justin Boese

TAB 1

California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 20, 2022

Agenda Item: Approve January 2022 Draft Meeting Minutes

Enclosures: January 2022 Draft WEC Meeting Minutes

Background/Description:

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

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

Workforce and Employment Committee

Meeting Minutes (DRAFT)
January 19, 2022

Committee Members present: John Black, Deborah Pitts, Dale Mueller, Walter Shwe, Arden Tucker, Vera Calloway, Karen Hart, Cheryl Treadwell, Lorraine Flores, Liz Oseguera, Celeste Hunter, Christine Frey, Sutep Laohavanich, Jessica Grove

WET Steering Committee Members Present: Janet Frank, Olivia Loewy, Chad Costello, Elia Gallardo, Simon Vue, E. Maxwell Davis

Others present: Catey McSweeney, Andrea Crook, John Madriz, Brianna Castro, Yingjia Huang

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve August 2021 and October 2021 Draft Meeting Minutes

The Workforce and Employment Committee (WEC) reviewed edits made to the August 2021 Draft Meeting Minutes. Celeste Hunter motioned approval. Vera Calloway seconded the motion. Lorraine Flores abstained.
The committee reviewed the October 2021 Draft Meeting Minutes. Lorraine Flores motioned approval. Celeste Hunter seconded the motion. John Black abstained.

Action/Resolution
The August 2021 and October 2021 WEC Meeting Minutes are approved.

Responsible for Action-Due Date
N/A

Item #2 Nominate 2022-2023 WEC Chair-Elect

WEC staff reviewed the responsibilities for the Chair-Elect of the committee. Celeste Hunter nominated Vera Calloway as the 2022-2023 WEC Chair-Elect. Lorraine Flores seconded the nomination. Committee members took a roll call vote to nominate Vera Calloway as the WEC Chair-Elect for 2022-2023.
Action/Resolution

The Chair-Elect nominee will be brought to the Planning Council's Officer Team for appointment.

Responsible for Action-Due Date

Jane Adcock, Lorraine Flores, Noel O'Neill, Deborah Starkey – April 2022

Item #3 Public Comment

Janet Frank congratulated Vera Calloway for her nomination as the WEC 2022-2023 Chair-Elect.

Action/Resolution
N/A
Responsible for Action-Due Date
N/A

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

Workforce and Employment Committee (WEC) members and the Steering Committee for the Workforce Education and Training (WET) Five-Year Plan reviewed a list of standardized questions directed to the 2020-2025 WET Plan Regional Partnerships (RPs) to be used during upcoming committee meeting presentations. The questions were developed to inform members and initiate conversations about the current implementation and evaluation processes of Regional Partnership programs and activities. WEC staff modified the questions based on committee feedback provided during prior WEC meetings as well as the Stakeholder Engagement Activities Reports submitted to the Department of Health Care Access and Information (HCAI) to eliminate redundant information. Staff presented the revisions to the committee for further input. 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 on the standardized Regional Partnership questions:

- Deborah Pitts asked how much time will be allotted to the RP presentations. She stated that there will be a lot of information shared from the questions and would like to ensure enough time for interaction with the RPs during the presentations.
- Walter Shwe suggested that the RPs submit written answers to the questions prior to their presentations to the WEC in order to reduce the amount of time needed to answer the questions and allow for more lengthy discussions.
- Vera Calloway asked if committee members will be able to make recommendations to RPs during the presentations. WEC staff stated the RPs have already developed their programs and activities, however, committee

members may provide recommendations and input during the Q & A portion of the presentation.

- Janet Frank stated that the questions were generated because the OSHPD (HCAI) team referred to the RP for decision-making and did not have information across the different regions to provide to the WEC. Janet agreed with Walter's suggestion to have the regions answer the questions in writing and then have the RPs come to present as a panel. She expressed worry about inviting the RPs individually throughout the year because it is important to provide feedback to HCAI on the oversight of this process as it is the Planning Council's role.
- Janet Frank expressed that it may be helpful for the HCAI team to review the RP question list in order to remove any information that they are already collecting and eliminate redundancies.

John Madriz, HCAI representative, stated that there is currently a cycle closing for applicants who are applying for loan repayments, scholarships, and stipends through the Regional Partnerships. He stated that HCAI will have data on the number of individuals who have applied for the programs in the five regions as well as the awards. The role of HCAI is to collect the data including demographic information and share the information with the RPs, who will decide who gets awarded as well as the amount of funds rewarded. For the selection of awardees, HCAI developed a scoring process based on information received from the RPs. John stated that any feedback from the Planning Council on how to improve the program or make any changes is invited.

John Black asked John Madriz if all of the RPs are tasked with scholarships. John Madriz stated that the regions can choose from any of five programs to administer: pipeline, scholarship, stipend, loan repayments, and retention programs. Not every RP selected to administer all five programs. Each region prioritizes which programs to administer and how much they will allocate based on the money provided to their region. There was a total of $40 million allocated to the RP programs. The funds were awarded directly to the five RPs based on a formula of how the funds are currently distributed to counties. John Madriz stated that stakeholder meetings involved discussions about regional control and the budget act requires HCAI to provide money directly to RP with the 33% matching requirement from the RPs. Therefore, the RPs would need to match the $40 million with a total of $12 million in matching funds.

Janet Frank clarified that the type of information that the WEC generated is not information that HCAI is currently collecting and asked for confirmation from HCAI. John Madriz stated that the research team is collecting data on workforce needs from the workforce surveys and is hoping that these surveys will provide information about the impact of the RP programs.

Jessica Grove asked if HCAI collects information about disability status and how many grantees have lived experience. John Madriz stated that HCAI collects demographic information on each applicant such as sexual orientation and gender identity (SOGI) data, race/ethnicity, languages spoken, and a variety of other information. He stated that HCAI asks about American Sign Language and as well as disability status and lived

experience. Arden Tucker stated that a larger portion of the deaf and hard of hearing community do not identify as having a disability. The only difference is that they have a different language and culture.

E. Maxwell Davis stated that both personal experience as consumers in the public behavioral health system and experience as family members of consumers in the public system are included. The California Social Work Education Center (CalSWEC) also introduced the inclusion of American Sign Language (ASL) in the language data and the addition of questions about visible and invisible disabilities. CalSWEC also advised the creation of the data measures that John Madriz discussed but HCAI elected to not collect data on race/ethnicity for the stipend and loan repayment programs.

John Madriz expressed that it may be helpful to incorporate the questions that the WEC is asking at a later time. He stated that HCAI is hoping to collect information about outcomes and best practices. HCAI sets up meetings with RPs to discuss any issues that the RPs are facing. All RPs are in the second year of implementation and should be able to reward grantees with their stipends, scholarships, or loan repayments this year.

Elia Gallardo stated that the California Institute for Behavioral Health Solutions (CIBHS) is doing an evaluation and asked if John Madriz has seen it or if the WEC can hand the questions to the evaluators. John Madriz stated that he is not familiar with CIBHS but stated that the information can be collected as part of a stakeholder process. WEC staff asked if the reports are publically available. Elia indicated that the information is not public and are currently developing the evaluation.

Deborah Pitts stated that she previously raised the question of occupational therapists (OTs), and HCAI indicated that OTs were included in the data collection process. The ongoing problem is that because few OT positions exist, OTs do not show up as hard to recruit or as vacancies during gap analyses and it is unlikely that the need for OTs will show up. This is an unfortunate problem when workforce analyses are done. Further, while there are few occupational therapists in the mental health delivery system, there are essentially none in the SUD system. Deborah stated that it has been exciting to see the attention to Peer Support Specialists and Community Health Workers in the public mental health system, however it seems that that focus has eclipsed any effort to expand what type of licensed professionals can serve as licensed mental health professionals in California. She stated that the WEC had that as one of its strategic goals, but it appears that other workforce issues have been prioritized.

WEC staff took a roll call vote to approve the Regional Partnership standardized questions. The questions were approved by the committee. Deborah Pitts abstained. Committee members preferred a policy brief or product that can be widely disseminated in regards to how the information received by RPs will be shared with the public.

Action/Resolution

HCAI staff will regularly provide updates to the WEC on implementation of the 2020-2025 WET Plan. WEC staff will coordinate with HCAI staff to invite the Regional Partnerships for a panel presentation to the committee utilizing the questions provided.

Responsible for Action-Due Date
Ashneek Nanua, Justin Boese, and HCAI staff – April through October 2022

Item #6 CBHDA 10-Year Strategic Workforce Plan Update

The Director of Governmental Affairs for the County Behavioral Health Directors Association (CBHDA), Elia Gallardo, provided an update on CBHDA's upcoming 10-Year Strategic Workforce Plan. CBHDA received a grant from Kaiser Permanente to identify gaps and create a plan focused on mental health and Substance Use Disorder (SUD) workforce development needs in the public behavioral health system.
Elia reviewed the current landscape of mental health and SUD workforce shortages in California. She indicated that 51 of the 58 counties in California have a federal mental health professional shortage designation including 26 primary rural counties. For SUD, Los Angeles County found the largest gap for SUD providers are SUD counselors with an additional 84% of counselors needed.

Elia then shared statistics such as the race/ethnicity of non-prescribing and prescribing professionals. Among non-prescribing behavioral health providers in California, the researchers found that majority of these providers are white. For the county behavioral health system specifically, the statistics show that counties do better at recruiting LatinX practitioners as compared to the overall number of LatinX practitioners in California.

CBHDA is currently focus on a 3 to 5 year plan for workforce development before creating a 10-year plan. CBHDA is looking to align solutions from stakeholder engagement to capitalize on the opportunity. The plan includes the following components:

- Developing the SUD workforce including SUD counselors and increasing expertise in the needs of individuals with co-occurring disorders
- Increasing diversity, cultural and linguistic competence among the PBHS workforce
- Increasing the number of licensed behavioral health professionals and augment the educational slots available to interested students
- Ensuring that students can gain experience in PBHS. Often times, graduates are registered and certified after graduation but are taken back by level of acuity in county behavioral health clients so they need to be better prepared
- Aligning with the Administration's Workforce Initiatives

Q & A:

Dale Mueller asked about the workforce shortages for nurses and whether it was intentional to leave out this provider type in the PowerPoint slide pertaining to active licensed behavioral health professionals by region, while they are listed on the difficulty in recruiting behavioral health professionals slide. Dale stated that nurses can function in various behavioral health and counselor roles. She added that nursing programs have a wait list so there is not an issue with recruitment but rather the capacity of schools to handle the influx of nursing students. There is also great interest to even out the gender balance in the field of nursing so it is not seen as a female-dominated profession any longer. Elia stated that nurses are part of the behavioral health delivery system but that CBHDA was asking about different categories of different providers. She said nurses have a broad scope of delivering services in the physical health system and behavioral health so it is difficult to gather data that separates their functions since they serve in both behavioral and physical health systems.

Deborah Pitts stated that one of the confusions she had was that registered nurses are included, but not psychiatric nurses specifically. In addition, entry level practice for most registered nurses is a Bachelor's degree while entry-level practice for an occupational therapist is a Master's degree. E. Maxwell Davis stated that nursing is represented in some areas and not in others because profession-specific data was only available for certain purposes which is also why some professions (LCSWs, LMFTs, LPCCs) are grouped in some data points and presented separately in others. Deborah Pitts stated that physician assistants have little preparation to serve as mental health service providers and are part of the primary care system.

Liz Oseguera asked if there is an opportunity for stakeholders to provide input like county contractors such as the Center for Health Care Strategies (CHCS).Elia Gallardo stated that CBHDA conducted broad stakeholder convenings over the last year but offered her contact information to notify members about future stakeholder engagement opportunities.

Deborah Pitts stated that there is no new data for occupational therapists. She stated that OTs are not typically included in the list of licensed behavioral health professionals and has attempted to leverage the state of California to add this provider type to the list. She indicated that this limits the opportunities for OTs who are interested in public mental health similarly to Dale Mueller's comment regarding the exclusion of nurses.

Vera Calloway said she would like to see members of the peer workforce included to the list because not every individual would like to become a nurse or psychologist. Elia stated that HCAI asked graduate and licensed individuals if they have lived experience and many of these individuals decided to enter licensure. Deborah Pitts added that peers should always be added to the list during analyses and Elia responded indicated that peers are included and are a critical part of ensuring that we have a diverse workforce that can address the needs of the population served.

Action/Resolution

WEC staff will track CBHDA's efforts to design and implement the 10-year strategic workforce plan and report any updates or stakeholder engagement opportunities to the committee.

Responsible for Action-Due Date
Ashneek Nanua, Justin Boese – April 2022

Item #7 Public Comment

Janet Frank asked if CBHDA has enough data regarding the representation of LatinX providers in the public mental health system because it may not meet the need. Elia stated that there is information collected on the number of Latinx individuals in the Medi-Cal population and confirmed that there are not enough LatinX professionals to serve the number of LatinX Medi-Cal beneficiaries.

Additionally, Janet Frank inquired about the goal to increase diversity and linguistic competence in the PBHS. She asked if CBHDA considered working with older adults and the geriatric workforce or where it may fit into the plan since it is a growing population that is very underserved. Elia stated that the focus is creating a workforce that understands the needs of the population and has not been a prevalent theme throughout stakeholder engagement so she will take it back to the workgroup for further discussion.

E. Maxwell Davis stated that Bay Area Social Services Consortium (BASSC), the Mack Center and CalSWEC recently completed a white paper looking at workforce issues in the Adults and Aging System that may be of interest to the committee.

Action/Resolution
N/A

Responsible for Action-Due Date
N/A

Item #8 Community Health Worker Medi-Cal Benefit Presentation

Yingjia Hoang, Assistant Deputy Director of Health Care Benefits and Eligibility at the Department of Health Care Services, delivered a presentation to the WEC on the upcoming Community Health Worker (CHW) Benefit that will be implemented on July 1, 2022 via a State Plan Amendment (SPA). DHCS has decided to include CHWs under the preventative services category. Yingjia stated that CHWs are important individuals who are part of the health care delivery system and DHCS has looked at studies and

models showing how these individuals strengthen the bridge between the community and the Medi-Cal Program. The benefit will also include Promotores, community health representatives, peer health promoters, and other non-licensed public health workers to ensure inclusivity of different CHW roles and titles.

Yingjia reviewed the roles of CHWs. CHWs may provide services individually or in group settings. Their role would include health education and training consistent with health care standards related different categories which included individuals with behavioral health conditions. Health promotion and coaching including goal setting and creating action plans as part of a health care team to address disease prevention and management is also a role of CHWs.

The qualification for CHWs include a certification that attests to specified demonstrated skills and practical training or all of the following: high school diploma or equivalent, 40 hours of training, and 1 year of experience which is either personal experience with a specified health condition or lived experience that aligns with and provides a connection between the CHW and community being served, or shared language and cultural background from the community being served. Yingjia reviewed a list of skills and training that would be included and noted that California Health Care Foundation (CHCF) put together a reference guide of training programs for CHWs. CMS will require DHCS to list out the skills and trainings included for the qualification.

DHCS has proposed to be inclusive as possible by listing licensed providers, hospitals, clinics, and CBOs to supervise CHWs. DHCS would create CBOs as a new provider type so that they can bill for CHW services. DHCS is not required to set limitations.

DHCS conducted stakeholder engagement to seek input for what type of services CHWs may provide to include in the SPA and to seek input for updates to the Provider Manual describing CHW services. The Centers for Medicare and Medicaid Services (CMS) requested that DHCS submit a draft SPA that includes the qualification of CHWs, supervision requirements, conditions eligible for services, non-covered services, and any amount, duration and scope limitations. Supervision for CHWs must be done by an enrolled licensed provider or community-based organization (CBO) to bill on behalf of the unlicensed provider. DHCS explored CHW authorities in other states (South Dakota, Minnesota, Indiana, and Oregon) to guide the SPA development in California.

Yingjia reviewed the timeline for the implementation of the CHW Benefit. She stated that DHCS has conducted stakeholder engagement in January 2022 and will hold an additional stakeholder meeting in February 2022 to respond to the feedback provided previously. DHCS is looking to submit the SPA to CMS by March 31st in order to have the authorities in place by the July 1, 2022 launch date. Yingjia welcomed committee members to submit feedback via email to CHWBenefit@dhcs.ca.gov.

Q & A:
Deborah Pitts stated that non-physician Licensed Practitioner of the Healing Arts (LPHA) include mostly Master's level educated or above licensed providers, except for registered nurses. Registered nurses are typically educated at Bachelor level and in some instances Associate's level. The supervision for CHWs does not include

occupational therapists as they are not on the LHPA non-physician list, despite having a Master's level of education, being nationally certified, and a California state license provider. This is another instance when regulatory activities unintentionally exclude certain type of providers from performing certain functions. Deborah asked if the licensed provider definition that DHCS will be proposing addresses the concern regarding the ability for occupational therapists to supervise CHWs given that they are licensed in California. Yingjia stated that she can take this feedback to the Benefits team at DHCS to explore this issue.

Deborah Pitts asked if a CHW will require a dentist to supervise them given that oral health is included in the list of health education and training. Additionally, Deborah asked DHCS to clarify the type of services that the CBOs deliver. Does this include community health clinics, mental health centers, social service agencies, or all of these? Yingjia stated that CBOs include all of the above.

Vera Calloway asked about the difference between the CHW and a care specialist working in behavioral health. Los Angeles County has mental health advocates as county employees as well as the designation of CHWs. Vera asked if Peer Support Specialists (PSS) will be certified as peers and people working in the PBHS as CHWs in a peer role will require a separate license as certified CHWs. Yingjia acknowledged some overlap between the CHW and PSS roles with the core difference being the delivery system. The federal approvals will require DHCS to have a CHW certification and CHWs will deliver services in a fee-for-service physical health system. Deborah Pitts added that PSS will be billing Medi-Cal PSS services but that the roles will likely be unclear on-the-ground and confusing for the providers. Based on a needs assessment, CHWs were filling PSS positions in Los Angeles County.

Action/Resolution
WEC staff will continue to track efforts regarding the Community Health Worker Benefit.

Responsible for Action-Due Date
Ashneek Nanua, Justin Boese – July 2022

Item #9 Public Comment

Janet Frank stated that the geriatric behavioral health population is underserved and hopes that CHWs will have some type of expertise provided to them about older adults. Janet stated that it seems that chronic disease self-management programs would be an important addition to the curriculum in addition to understanding motivational interviewing from an intergenerational standpoint.

Action/Resolution
N/A

Responsible for Action-Due Date
N/A

Item #10 Review and Finalize WEC 2022 Work Plan

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

- Objective 2.5 has duplicative elements of Objective 1.5. Deborah Pitts indicated that it should not be in Objective 2.0 to make sure that the WEC advocates for PSS as a key component of the behavioral health workforce. She suggested refreshing Objective 1.5 using the language in Objective 2.5.
- The goal statement for Strategic goal 3.0 is more about improving health outcomes rather than strengthening employment opportunities. Deborah Pitts asked if there is a way to address and represent issues related to social and racial inequities related to workforce and employment. Committee members were in agreement to modify the language for Strategic goal 3.0 while keeping the objectives for the goal.

Action/Resolution
WEC staff will modify the Work Plan based on feedback provided by the committee and provide members with a revised version of the Work Plan at the next quarterly meeting.

Responsible for Action-Due Date
Ashneek Nanua, Justin Boese – April 2022

Item #11 Public Comment

Janet Frank stated that the goal statement for Strategic Goal 3.0 can be reworked and would like to see 3.0 stay as a separate strategic goal as it is a value statement to guide the committee's work. She added that she would like to see Objective 3.0 recognize ageism in the delivery of care and recognize older adults as a population that has traditionally been underserved and harmed by the lack of services being delivered.

Action/Resolution
N/A

Responsible for Action-Due Date
N/A

Item #12 Wrap Up/Next Steps

The committee discussed the following next steps:

- WEC members expressed interest to invite a panel of the Regional Partnerships to present to the committee based on the standardized question list.
- WEC staff will reach out to CBHDA to involve the Planning Council's participation in their 10-Year Strategic Workforce Plan.
- Deborah Pitts asked if Jessica Grove, Department of Rehabilitation (DOR) representative, can present on DOR's current employment initiatives for individuals labeled with SMI or psychiatric disabilities. Deborah stated that DOR has previously presented on state level initiatives and efforts such as expanding the Individual Placement and Support (IPS) model and if there are any new initiatives. Jessica Grove stated that she was not yet ready to present to the committee due to her new role at DOR but indicated that she would like to gain a better understanding of the Planning Council's goals prior to presenting.
- Vera Calloway expressed interested in learning about CalAIM. WEC staff indicated that the Systems and Medicaid Committee will be presenting to the Planning Council on CalAIM during upcoming General Session meetings.
- Deborah Pitts suggested exploring how to strengthen or increase Full Service Partnerships (FSPs) and teams promoting productive role engagement as they do with crisis stabilization. She added that the mental health risk of not being engaged in a productive role is so great and has equal value as stabilization. Chad Costello, California Association of Social Rehabilitation Agencies (CASRA), expressed interest to discuss this issue and provided a contact, Joe Marrone.
- The committee expressed appreciation for the longer duration of virtual meetings.

Action/Resolution
WEC Officers and staff will plan activities for the April 2022 Quarterly Meeting based on the items discussed above.

Responsible for Action-Due Date
Ashneek Nanua, Justin Boese, John Black, Vera Calloway – April 2022

The meeting adjourned at 1:15 pm.

TAB 2

California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 20, 2022

Agenda Item: Review and Finalize WEC 2022 Work Plan

Enclosures: Workforce and Employment Committee Draft 2022 Work Plan

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

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

Background/Description:

The purpose of the Work Plan is to establish the objectives and goals of the WEC, as well as to map out the necessary tasks to accomplish those goals. Staff will review the proposed changes to the Work Plan. WEC members will then review and update the committee Work Plan in order to fulfill and prioritize activities for the 2022 calendar year.

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

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

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

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

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

- CA Council for the Employment of Persons with Disabilities
- State Rehabilitation Council
- Co-Op Programs within the Department of Rehabilitation
- California Workforce Development Board
- Labor Workforce Development Agency
- County Behavioral Health Director’s Association (10-Year Strategic Workforce Plan)

DRAFT

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

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

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

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

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

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

Objective 1.5: Support building the workforce of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, including the promotion of equitable opportunities for career growth. This includes collaborating with other CBHPC committees to support Peer Certification efforts.

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.

DRAFT

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

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

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

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

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

~~**Objective 2.5:** Support the meaningful employment of individuals with lived behavioral health experience through advocacy and recommendations for the statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, including the promotion of equitable opportunities for career growth.~~

DRAFT

Strategic Goal 3.0: Integrate equity into all aspects of the Workforce and Employment Committee's work to increase employment opportunities for providers with diverse backgrounds that align with the populations served as well as strengthen the current behavioral health workforce serving ~~mitigate poor health outcomes for~~ populations with a history of marginalization and discrimination in the public behavioral health system including but not limited to BIPOC individuals, LGBTQIAS, older adults, monolingual, refugee, child welfare, and justice-involved populations.

Objective 3.1: Support a diverse workforce by advocating for increased employment opportunities for ~~BIPOC~~ individuals from communities listed above who may better relate to and understand the needs consumers with varying ethnic and cultural backgrounds, including cultural humility training to existing behavioral health providers regardless of their ethnic or cultural background, sexuality, or age in order to better serve all marginalized and underserved populations.

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

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

DRAFT

California Behavioral Health Planning Council Workforce and Employment Committee
Wednesday, April 20, 2022

Agenda Item: Update on 2020-2025 WET Plan and CA Health Workforce and Education Training Council

Enclosures: Background Materials:
Workforce Education and Training (WET) Programs Webpage
2020-2025 Mental Health Services Act WET Five-Year Plan
CA Health Workforce Education and Training Council Webpage
CA Health Workforce Education and Training Council Video

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the Council members with information regarding the implementation of the Workforce Education and Training (WET) Five-Year Plan, which will help the Council members fulfill their duty to oversee plan implementation.

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

Objective 1.1: Review and make recommendations to the full Council regarding approval of OSPHD 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.

Background/Description:

The Department of Health Care Access and Information (HCAI) is statutorily required to coordinate with CBHPC for the planning and oversight of the Workforce Education and Training (WET) Five-Year Plan. The Council reviewed and approved the plan during the January 2019 Quarterly Meeting. HCAI staff will provide an update on the implementation of the Five-Year Plan and provide committee members with information regarding status of the five Regional Partnerships. Additionally, HCAI staff will inform committee members about the California Health Workforce Education and Training Council. This Council is responsible for helping coordinate California's health workforce education and training to develop a health workforce that meets California's health care needs.

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

TAB 4

California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 20, 2022

Agenda Item: CBHDA 10-Year Workforce Strategic Plan Presentation

Enclosures: Presentation materials will be available closer to the meeting date

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:

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

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

Consultants for the 10-Year Workforce Strategic Plan, Janet Coffman and Karen Shore, will provide committee members with detailed information on workforce data, current planning, and stakeholder engagement efforts in preparation for the implementation of the plan. Committee members will determine how to participate in these efforts.

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Presenter Biographies

Karen Shore, PhD, President - Golden State Health Policy

Karen Shore, PhD, is founder and president of Golden State Health Policy, LLC. She has 25+ years of experience in health policy and health services research and a passion for improving the health care system and translating research evidence for use by policymakers. Her expertise includes project direction, study design, literature reviews, development of data collection materials, quantitative and qualitative data analysis, and making recommendations on changes in policies to improve program and organization effectiveness.

Dr. Shore previously was a program director at the Institute for Clinical and Economic Review (ICER), President & CEO of the Center for Health Improvement, senior policy analyst at the Institute for Population Health Improvement at UC Davis, principal research scientist with the American Institutes for Research, a senior project manager at the Pacific Business Group on Health, and a health policy analyst for the Prospective Payment Assessment Commission in Washington, DC. She has a master's degree in health services administration from the University of Michigan and a PhD in health services and policy analysis from UC Berkeley.

Janet M. Coffman, MPP, PhD, University of California San Francisco (UCSF)

Janet Coffman is a Professor of Health Policy at Healthforce Center and the Philip R. Lee Institute for Health Policy Studies the University of California, San Francisco (UCSF). Over the past 25 years, she has authored numerous publications on the health care workforce in California and the United States that have addressed a wide range of topics including, supply and demand, geographic distribution, and diversity of the health care workforce. Professor Coffman has also conducted evaluations of multiple health workforce initiatives in California. She is currently leading a needs assessment that will inform the California Behavioral Health Directors Association's new 10-year strategic plan for behavioral health workforce development. Professor Coffman is also the Co-Director of UCSF and UC-Hastings' joint online Master of Science in Health Policy and Law program. She received a PhD in Health Services Research and a Master's in Public Policy from the University of California, Berkeley.

Tab 5

California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 20, 2022

Agenda Item: Update on 2022 Behavioral Health Workforce Proposals

Enclosures: Presentation materials will be available closer to the meeting date

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 current efforts from various stakeholder groups to move forward behavioral health workforce budget proposals to the California Legislature.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 1.4 and Objective 2.4:

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

Objective 2.4: Collaborate with CBHPC Legislative 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.

Background/Description:
A group of behavioral health stakeholders came together in February 2022 to present their workforce proposals intended for the Legislature to increase and make improvements to the behavioral health workforce in California. In an effort to meet the goals of all stakeholder groups and avoid competing proposals, stakeholders took interest in building a consolidated workforce proposal that addresses comprehensive needs of the behavioral health workforce in the public behavioral health system. The consolidated budget proposal is currently under review by stakeholders and will be submitted to the Legislature upon finalization.

The WEC will receive an update from the County Behavioral Health Directors Association (CBHDA) regarding current behavioral health workforce proposals that various stakeholder groups intend to submit to the Legislature. Committee members will have an opportunity to review the crosswalk of proposals and comment on key areas they would like to support with the effort to address the behavioral health workforce shortage in California, and improve behavioral health workforce development.

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

Presenter Biography

Kirsten White, MPP, Senior Policy Analyst

Kirsten joined the County Behavioral Health Directors Association (CBHDA) in February 2022 as a Senior Policy Advocate with a focus on grants management and behavioral health workforce initiatives. Prior to joining CBHDA, she worked in public sector consulting where her portfolio included evaluation and performance measurement for behavioral healthcare and other social service agencies across California.

Tab 6

California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, April 20, 2022

Agenda Item: Discussion on Increasing Value of Employment in Recovery Services

Enclosures: None

<u>How This Agenda Item Relates to Council Mission</u>
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the Council members with information on how to approach advocacy to increase the value of employment in behavioral health recovery services.

WEC Work Plan: This agenda item corresponds to WEC Work Plan Objective 2.1:

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

Background/Description:

During the WEC January 2022 Quarterly Meeting, committee members expressed interest to address the topic of increasing the value of employment in behavioral health recovery services and programs. Members expressed that employment is of equal and potentially of greater value as compared to crisis stabilization, yet crisis stabilization is often prioritized in recovery services.

Additionally, leaders of state and county behavioral health programs and services are currently in the midst of major systems transformation for the following initiatives:

- CalAIM Initiative
- 9-8-8 Nationwide Mental Health Crisis And Suicide Prevention Hotline
- Children and Youth Behavioral Health Initiative
- Behavioral Health Continuum Infrastructure Program (BHCIP)
- Dyadic Behavioral Health Visits Medi-Cal Benefit

Due to these competing priorities, there appears to be a decline in motivation for efforts around employment programs for persons with serious mental illness (SMI) and substance use disorders despite the current attention the state has expressed around the need to increase employment. California also is ranked last in employment outcomes against most other states.

Chad Costello, Executive Director of the California Association of Social Rehabilitation Agencies (CASRA), will initiate a discussion on elevating employment in recovery services. He will speak on the current over-medicalization of the behavioral health system as well as approaching the promotion of various pathways for employment for individuals with behavioral health conditions beyond the peer role. Additionally, Chad will help initiate committee conversations on how counties may approach employment outside of the Department of Rehabilitation's vocational rehabilitation programs and how to engage individuals who are not interested in working into meaningful role engagement.

Committee members will evaluate the current landscape of employment initiatives for individuals with behavioral health conditions and discuss how to elevate employment among state and county priorities in conjunction with other prioritized behavioral health initiatives. The WEC will foster discussions around this topic in order to identify tangible ways to advocate and increase the value of employment for individuals with serious mental illness and substance use disorders served by the public behavioral health system in California.

Additional Resource:
California 2020 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System Data
**Please refer to pages 1-3 and pages 18-19 for employment data*

Current employment initiatives for individuals with behavioral health conditions:
Please note that this is not an all-inclusive list.

- California Department of Rehabilitation (DOR) Mental Health Cooperative Programs - *These programs assist county mental health clients with severe psychiatric disabilities, who are also DOR consumers to find, gain, and maintain meaningful community employment*
    - There are approximately 25 Mental Health Cooperative programs administered through third party cooperative agreements with local county mental health agencies.
    - More than 30 case service contracts with private non-profit Community Rehabilitation Programs (CRPs) are funded through these county mental health cooperative programs to provide vocational rehabilitation services.

- Behavioral Health Workforce Development (BHWD) Project – *aims to expand California's behavioral health peer-run workforce, as well as all other behavioral health professions (funded by DHCS and administered through Advocates for Human Potential - AHP)*
    - As of December 2021, 59 grantees have been awarded funds that support the expansion of their behavioral health operations.

- Senate Bill 803: Peer Support Specialist Certification - *requires DHCS to seek federal approval to establish Peer Specialist as a provider type and to provide distinct peer support services under the SMHS and DMC-ODS programs*

- Community Health Worker (CHW) Medi-Cal Benefit
- Senate Bill 1229: Mental Health Workforce Grants
    - *This bill (in progress) would require HCAI to establish a grant program, in collaboration with the Superintendent of Public Instruction, to increase the number of mental health professionals serving children and youth*
- HCAI Workforce and Training Education (WET) Programs
- CBHDA 10-Year Strategic Workforce Plan

Current state/county priority initiatives for individuals with behavioral health conditions:

Please note that this is not an all-inclusive list.

- 9-8-8 Nationwide Mental Health Crisis And Suicide Prevention Hotline - *establishes the plan to implement a universal three-digit number, 9-8-8, for mental health crises and suicide prevention*
    - H.R.7116 Bill Text
    - 988 Fact Sheet
- CalAIM Initiative – *a multi-year initiative lead by DHCS to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.*
    - CalAIM Behavioral Health Proposals and Fact Sheet
- CalHHS Children and Youth Behavioral Health Initiative (CYBHI) - *a $4.4 billion investment to enhance, expand and redesign the systems that support behavioral health for all children and youth.*
    - Children and Youth Behavioral Health Initiative Brief
- Behavioral Health Continuum Infrastructure Program (BHCIP) - *provides the DHCS funding to award competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment*
    - *Request for Application Past and Current Funding Opportunities*
- Dyadic Behavioral Health Visits Medi-Cal Benefit – *Beginning in July 2022, dyadic behavioral health visits will be provided for the child and caregiver or parent at medical visits, including screening for behavioral health problems, interpersonal safety, substance misuse and social determinants of health such as food insecurity and housing instability, and referrals for appropriate follow-up care*
    - California Welfare and Institutions Code Section 14132.755
    - California Department of Education News Release