



## WORKFORCE DEVELOPMENT BOARD OF VENTURA COUNTY

### HEALTHCARE COMMITTEE MEETING

**Friday, August 9, 2019**

**8:00 a.m. – 9:30 a.m.**

United Food and Commercial Workers (UFCW), Local 770  
816 Camarillo Springs Road (Meeting Room/Suite A), Camarillo CA

### MEETING AGENDA

8:00 a.m.	<b>1.0 Call to Order and Agenda Review</b>	Greg Barnes
8:03 a.m.	<b>2.0 Public Comments</b> <i><u>Procedure:</u> The public is welcome to comment. All comments not related to items on the agenda may be made at the beginning of the meeting only.</i>	Greg Barnes
8:10 a.m.	<b>3.0 Approval of Minutes:</b> May 3, 2019	Greg Barnes
	<b>4.0 Ventura County Regional Strategic Workforce Development Plan</b>	
8:15 a.m.	• Healthcare Deputy Sector Navigator: Update	Irene Ornelas
8:35 a.m.	• Developing an Action Plan for Prioritized Regional Needs	Committee Members
9:05 a.m.	• Year-End Review	Patricia Duffy
9:20 a.m.	<b>5.0 Committee Member Comments</b>	Committee Members
9:30 a.m.	<b>6.0 Adjournment</b> <u>Next Meeting</u> September 20, 2019, 8:00 a.m. - 9:30 a.m. UFCW Meeting Room 816 Camarillo Springs Rd, Camarillo	Greg Barnes

Individuals who require accommodations for their disabilities (including interpreters and alternate formats) are requested to contact the Workforce Development Board of Ventura County staff at (805) 477-5306 at least five days prior to the meeting. TTY line: 1-800-735-2922.

For information about the Workforce Development Board of Ventura County, go to [workforceventuracounty.org](http://workforceventuracounty.org)



**WDB Healthcare Committee Meeting**  
**Friday, May 03, 2019**  
**8:00 a.m. - 10:00 a.m.**

Crowne Plaza Ventura Beach Hotel  
450 East Harbor Boulevard, Ventura CA

**MINUTES**

**Meeting Attendees**

Committee

Greg Barnes\* (Chair)  
Thea Bruzdinski  
John Cordova  
Marilyn Jansen\*  
Irene Ornelas  
Michelle Reynolds

WDB Administration

Patricia Duffy  
Rebecca Evans  
Ma. Odezza Robite

Guests

Wendy Deras (Health Workforce  
Initiative Inland Empire)  
Debbie Newcomb (Ventura College)  
Alicia Rincon (Westminster Free Clinic)  
Teresa Telles (OUHSD)

*\*WDB Member*

**1.0 Call to Order and Agenda Review**

Greg Barnes called the meeting to order at 8:10 a.m.

**2.0 Public Comments**

No public comments

**3.0 Approval of Minutes: March 1, 2019**

Motion to approve: Marilyn Jansen  
Second: Irene Ornelas  
Motion carried.

**4.0 Ventura County Regional Strategic Workforce Plan**

- Healthcare Deputy Sector Navigator: Update

Irene Ornelas, the Deputy Sector Navigator for Healthcare for the South Coast Central Coast Community College Region, announced the Ethics of Patient Care workshop that will be held on May 31, 2019 in collaboration with Ventura College. RNs will receive free CEUs and a networking breakfast and lunch will be provided.

- Meeting Calendar

Patricia Duffy presented next year's meeting calendar for approval by the committee members.

- Specialty Nursing – Prioritizing Regional Needs/Developing an Action Plan

The committee members engaged in a robust discussion on the need for specialty nursing training in the Ventura Region. During previous discussions it had been determined that most of our hospitals did in-house training for specialty nursing and the County Health Care Agency identified the most needs, since in-house training was not provided. The Hospital Association of Southern California had done previous research, which indicated difficulty filling vacancies for specialty nurses, however, where those vacancies were identified was not shared.

John Cordova led the discussion on options for training specialty nurses. What had been identified previously was that our region did not seem to have enough demand in one specialty area to justify a training program.

John Cordova discussed looking at apprenticeship models in healthcare as creative solutions to meet these needs. Funds are becoming available for apprenticeship programs and competency based models are often more lenient on the hours required and specialty training requires less hours. One solution was to work with DAS (Division of Apprenticeship Standards) on requirements for new healthcare apprenticeships in specialty training. Utilizing ETP (Employment Training Panel) money for incumbent worker training in specialty areas is available to hospitals that are not nonprofit hospitals.

Mr. Cordova discussed other creative solutions the community colleges are exploring, such as the community colleges trying to align with other colleges to meet the training needs when there is not enough demand in one area to develop a training program.

The one specialty area the committee members agreed everyone had in common was behavioral health. Ventura has a critical shortage of mental health beds. The ERs have patients with serious mental health problems with no mental health facility available to admit them. One hospital has CNAs designated to sit with mental health patients in the ER. This led to a discussion on the need for mental health training at numerous levels in healthcare including ER staff, CNAs and security guards.

Vista Del Mar, a behavioral health hospital burned down during the Thomas Fire. Currently, staffing shortages are limiting how fast they can staff up to meet the needs. A committee member informed us that the County is breaking ground for a prison hospital at Todd Road jail and is expanding the number of beds at the County mental health unit, which will increase the demand for more psych nurses and behavioral health specialists.

The committee members discussed looking at incorporating behavioral health training and training on aging “mental health across a lifespan” into more healthcare training programs. The need for healthcare professionals to identify a delirium in a patient can be life-saving especially in older patients; a delirium caused by medication is often mistakenly attributed to their age or mental illness.

Committee members determined the two specialty areas the committee would like to explore are behavioral health and care coordinators. An action item was proposed to do a job analysis to identify need.

## **5.0 Committee Member Comments**

There were no committee member comments.

## **6.0 Adjournment**

The meeting adjourned at 10:05 a.m.

Next Meeting: TBD

**Mental Health Services Act  
Workforce Employment and Training Program  
2020-2025 WET Five-Year Plan  
April 2019**

The Healthcare Workforce Development Division (HWDD) in the Office of Statewide Health Planning and Development (OSHPD) is responsible for carrying out the Workforce Education and Training (WET) Program, a component of the Mental Health Services Act (MHSA). The focus of WET is to address the needs of and issues surrounding hard-to-fill and hard-to-retain professions within the public mental health system (PMHS).

OSHPD and the California Behavioral Health Planning Council (CBHPC) collaborated to develop the 2020-2025 WET Five-Year Plan. The new WET Plan reflects best practices and frames a workforce development continuum ranging from grades K-12 through clinical graduate or medical school with increased coordination at the local level.

In January 2019, CBHPC approved the 2020-2025 WET Five-Year Plan. The first two WET five-year plans were funded by a one-time MHSA appropriation. There is currently no funding associated with the new WET Plan. The new WET Plan is available online at:

<https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Loan-Repayments-Scholarships-Grants/Documents/WET/WETFive-YearPlan.pdf>

The new WET Plan places an emphasis on supporting PMHS services that provide care at the lowest level of intensity and promote the use of non-licensed personnel throughout the delivery system. It proposes a framework that calls for two program categories.

**Supporting Individuals:** OSHPD will administer these programs through the MHSA Regional Partnerships based on county-identified workforce and population needs.

- *Pipeline development*
- *Undergraduate scholarships with mentoring*
- *Clinical graduate education stipends with mentoring*
- *Educational loan repayment*

**Supporting Systems:** OSHPD will administer these programs directly.

- *Peer Personnel Preparation*
- *Psychiatric Education Capacity Program*
- *Train New Trainers Psychiatry Scholarship*
- *Research and Evaluation*

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# MEETING THE DEMAND FOR HEALTH

FINAL REPORT OF THE  
CALIFORNIA FUTURE HEALTH  
WORKFORCE COMMISSION  
**AT A GLANCE**



The California Future Health Workforce Commission has a bold plan for:

- Tackling California's looming health workforce shortage affecting health access and quality of care
- Training a new generation of health workers who reflect the diversity of California
- Nearly eliminating projected shortfalls in the fields of primary care and psychiatry



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FEBRUARY 2019

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## MEETING THE DEMAND FOR HEALTH:

# California Future Health Workforce Commission — At a Glance

As demand grows for quality health care, California is facing a crisis: The state does not have enough of the right type of health workers, with the right skills, in the right places to meet the needs of our state's growing and increasingly diverse population.

In spite of everything California has done in recent years to improve health care delivery — from cutting the uninsured rate in half to reducing the cost of care — the state will face a shortfall of 4,100 primary care clinicians and 600,000 homecare workers, and will only have two-thirds of the psychiatrists it needs by 2030. This will exacerbate an existing shortfall of health workers from communities of color — and will directly impact millions of Californians already living in communities facing shortages of health professionals, including the Inland Empire, San Joaquin Valley, Los Angeles, and most rural areas.

The California Future Health Workforce Commission — co-chaired by University of California President Janet Napolitano and Dignity Health President and CEO Lloyd Dean, along with 22 experts from the health, education, and labor sectors — has developed a bold plan to close this gap and ensure the state's workforce can meet the needs of California's increasingly diverse population.

The Commission's 10 priority actions will require a \$3 billion investment over a 10-year period: For perspective, that is less than 1% of what Californians are projected to spend across the health care system in 2019 alone. This investment will enable schools and colleges, community clinics, and hospitals to recruit, train, and deploy a new wave of health workers — especially those coming from and committed to working in underserved communities. When fully implemented, these proposals will:

- Eliminate the state's primary care provider shortage and nearly eliminate the shortage of psychiatrists by 2030.
- Grow, support, and sustain California's health workforce pipeline by reaching over 60,000 students and cultivating their pursuit of careers in the health professions.
- Improve diversity in the health professions, producing approximately 30,000 workers from underrepresented communities.
- Increase the number of health workers by over 47,000.
- Train over 14,500 physicians, nurse practitioners, and physician assistants, including over 3,000 under-represented minority providers.
- Increase the supply of health professionals who come from and train in rural and other underserved communities.
- Expand the health outreach and prevention roles of community health workers, *promotores*, and peer providers — workers who have some of the most trusted relationships in a community.

By strengthening the supply, distribution, and diversity of workers in primary care, behavioral health, care for older adults, and other emerging areas of need, the Commission's recommendations will help more Californians access the care they need. The Commission recognizes that bold actions are needed now to ensure the state's health system has enough qualified workers to support and provide those services — whether in the home, community clinics, or medical offices — and to build the health workforce that all Californians need and deserve.

## Top 10 Priorities California Future Health Workforce Commission

Commission Recommendation	Anticipated Impact by 2030	Est. Cost (millions)
1.1 Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.	Prepares approximately 7,000 underrepresented minority students, increasing California's health workforce by 5,500-5,700 over 10 years.	\$62.0
1.2 Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers.	Supports approximately 53,000 college students, adding at least 25,500 new health care workers over 10 years, including 20,000–23,000 from underrepresented minority communities.	\$159.0
1.3 Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.	Provides full-tuition scholarships for 3,810 low-income, first-generation and underrepresented health professions students over 10 years (1,707 allopathic and osteopathic physicians, 696 nurse practitioners, 152 physician assistants, 325 public health professionals, and 930 social workers).	\$479.8
2.1 Sustain and expand the PRIME program across UC campuses.	Adds 630 graduates from UC medical school PRIME programs over 10 years.	\$93.5
2.2 Expand number of primary care physician and psychiatry residency positions.	Adds 1,872 primary care physicians and 2,202 psychiatrists over 10 years.	\$1,562.0
2.3 Recruit and train students from rural areas and other underresourced communities to practice in community health centers in their home region.	Increases medical school graduates by 280–560 over 10 years.	\$64.4
3.1 Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care.	Adds 7,000 nurse practitioners, of whom 5,500 would practice in primary care. Increases rural distribution, access to services, reduces avoidable ED visits and hospitalizations, and reduces costs of primary care.	\$462.2*
3.2 Establish and scale a universal home care worker family of jobs with career ladders and associated training.	Increases supply, capacity, and retention of home care workers over four years.	\$7.0
3.3 Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.	Adds 300 psychiatric mental health nurse practitioners over five years.	\$24.6
3.4 Scale the engagement of community health workers, <i>promotores</i> , and peer providers through certification, training, and reimbursement.	Establishes certification for education programs, standardizes training, and addresses reimbursement over 10 years, resulting in increased supply of workers focused on prevention and behavioral health.	\$68.0
<b>Total cost</b>		<b>\$2,982.5</b>

\* The cost estimate for this recommendation is a range; this figure is the high end of the range.



Full report, recommendations,  
and impact statements available at:

**[futurehealthworkforce.org](https://futurehealthworkforce.org)**



## EXECUTIVE SUMMARY: MEETING THE DEMAND FOR HEALTH

# FINAL REPORT OF THE CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

## Introduction: A Looming Workforce Crisis

California's health system is facing a crisis, with rising costs and millions of Californians struggling to access the care they need. This growing challenge has many causes and will require bold action by the new governor, legislators, and a broad spectrum of stakeholders in the public and private sectors. At the core of this challenge is the simple fact that California does not have enough of the right types of health workers in the right places to meet the needs of its growing, aging, and increasingly diverse population.

The California Future Health Workforce Commission has spent nearly two years focused on meeting this challenge, issuing a new report with recommendations for closing California's growing workforce gaps by 2030.

## The Problem: Workforce Shortages, Provider Mismatches

In many parts of the state, this crisis is already at hand: Seven million Californians, the majority of them Latino, African American, and Native American, already live in Health Professional Shortage Areas — a federal designation for counties experiencing shortfalls of primary care, dental care, or mental health care providers. These shortages are most severe in some of California's largest and fastest-growing regions, including the Inland Empire, Los Angeles, and San Joaquin Valley, and in most rural areas.

As a generation of baby boomers retires — including a large percentage of the health workforce — and as living costs rise and the state's production of health workers continues to lag growing demands, millions more Californians will find it difficult to access quality, affordable care. This looming crisis will be most acute in primary care, behavioral health, and among workers who care for older adults. In just 10 years, for example, California is projected to face a shortfall of more than

## About the California Future Health Workforce Commission

The Commission was co-chaired by Janet Napolitano, president of the University of California (UC), which operates the largest health sciences education and training system in the nation and is a major health provider, and Lloyd Dean, president and CEO of Dignity Health, one of the state's largest health systems and health employers. The 24 commissioners included prominent health, policy, workforce development, and education leaders in the state.

4,100 primary care clinicians and 600,000 home care workers, and will have only two-thirds of the psychiatrists it needs.

To adequately fill these gaps, the state must also overcome the growing mismatch between its existing workforce and the state's increasingly diverse population. People of color will make up the majority of Californians by 2030, but they remain severely underrepresented in the health workforce. While Latinos are now nearly 40% of the state's population, for example, they compose only 7% of physicians. More than seven million Californians have limited English proficiency and would benefit from multilingual providers — yet few are available.

## The Solution: A Comprehensive Plan to Build the Workforce That California Needs

The California Future Health Workforce Commission was created in 2017 by a group of the state's leading health philanthropies to address this looming crisis — and to create a comprehensive action plan for building the health workforce California will need by 2030.

The Commission's final report includes a set of 27 detailed recommendations within three key strategies that will be necessary for: (1) increasing opportunities for all Californians to advance in the health professions, (2) aligning and expanding education and training, and (3) strengthening the capacity, retention, and

effectiveness of health workers. Throughout its deliberations, the Commission has focused on the need to increase the diversity of the state's health workforce, enable the workforce to better address health disparities, and incorporate new and emerging technologies.

While advancing all 27 recommendations over the next decade will be important, the Commission has highlighted 10 priority actions that its members have agreed would be among the most urgent and most impactful first step toward building the health workforce that California needs. (See next page.)

To make these proposals a reality, the Commission also recommended establishing statewide infrastructure, starting in 2019, to implement the recommendations in partnership with stakeholders, to monitor progress, and to make adjustments as needs and resources change. This statewide effort will need to be paired with strong regional partnerships to advance local workforce and education solutions.

### The Values and Strategies of the California Future Health Workforce Commission



## Priorities for Action

California leaders, stakeholders, and partners in health professions education and health care delivery must embrace bold steps to create and sustain the health workforce that communities need now and will need in the future. The Commission's bold and far-reaching recommendations reflect the new directions and significant commitment required by multiple stakeholders to motivate, prepare, and provide opportunities for Californians from all backgrounds and communities to excel in the health professions, to train enough new workers to meet statewide and regional needs, and to support current workers by strengthening their capabilities and preventing burnout.

The Commission's 10 priorities for immediate action and implementation are:

1. **Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers** with mentorship, academic, career, and psychosocial support. Under these health pipeline programs, as many as 5,700 low-income and underrepresented minority professionals will be able to join the California health care workforce during a 10-year period at a cost of just \$11,000 per person. (Recommendation 1.1)
2. **Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers**, and form associated partnerships that provide academic, advising, and health career development support. College students from low-income and first-generation backgrounds will be targeted for inclusion in this priority, which has the potential to add at least 25,500 new California health care workers over 10 years. (Recommendation 1.2)
3. **Support scholarships for qualified students who pursue priority health professions and serve in underserved communities** under a new Emerging California Health Leaders Scholarship Program. Approximately 3,810 students (1,707 physicians, 696 nurse practitioners, 152 physician assistants, 325 public health professionals, and 930 social workers) would be supported over the next 10 years, making the path to health education and service in underserved communities a reality for many more Californians. (Recommendation 1.3)
4. **Sustain and expand the Programs in Medical Education (PRIME) program across UC campuses** to train highly motivated, socially conscious graduates who will become licensed physicians practicing in underserved communities. Under this priority, the goal is to support PRIME's current student enrollment of 354 students and increase enrollment by 40 students a year. (Recommendation 2.1)
5. **Expand the number of primary care physician and psychiatry residency positions**, yielding an increase of 1,872 primary care physicians and 2,202 psychiatrists by 2030. In conjunction with priorities 7 (maximize role of nurse practitioners) and 9 (psychiatric nurse practitioners), this recommendation would eliminate California's projected shortage of primary care physicians and psychiatrists. (Recommendation 2.2)
6. **Recruit and train students from rural areas and other underresourced communities to practice in community health centers in their home regions** by providing these medical students with full-tuition scholarships for medical school in exchange for practicing in underserved areas. Once this partnership with 10 California medical schools and several community health centers is fully implemented in 2026, it's anticipated that California would see an increase of 200 to 480 additional medical students annually. (Recommendation 2.3)
7. **Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care**, helping to increase the number of nurse practitioners to 44,000 by 2028, and providing them with greater practice authority, with particular emphasis in rural and urban underserved communities. (Recommendation 3.1)
8. **Establish and scale a universal home care worker family of jobs with career ladders and associated training**, helping to meet the need for an estimated 600,000 home care workers by 2030, and potentially reducing spending on unnecessary emergency department visits and hospitalizations by more than \$2.7 billion over 10 years due to enhanced training and care. (Recommendation 3.2)

**9. Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities** to help address access gaps in behavioral health by treating over 350,000 patients over five years. (Recommendation 3.3)

**10. Scale the engagement of community health workers, *promotores*, and peer providers through certification, training, and reimbursement**, broadening access to prevention and social support services in communities across the state. Community health workers and *promotores* (CHW/Ps) and peer providers can help meet increasing demand for team-based integrated primary and behavioral health care, drawing on lived experience to support better outcomes for all and to promote recovery and self-sufficiency for people with mental illness and substance use disorder. (Recommendation 3.4)

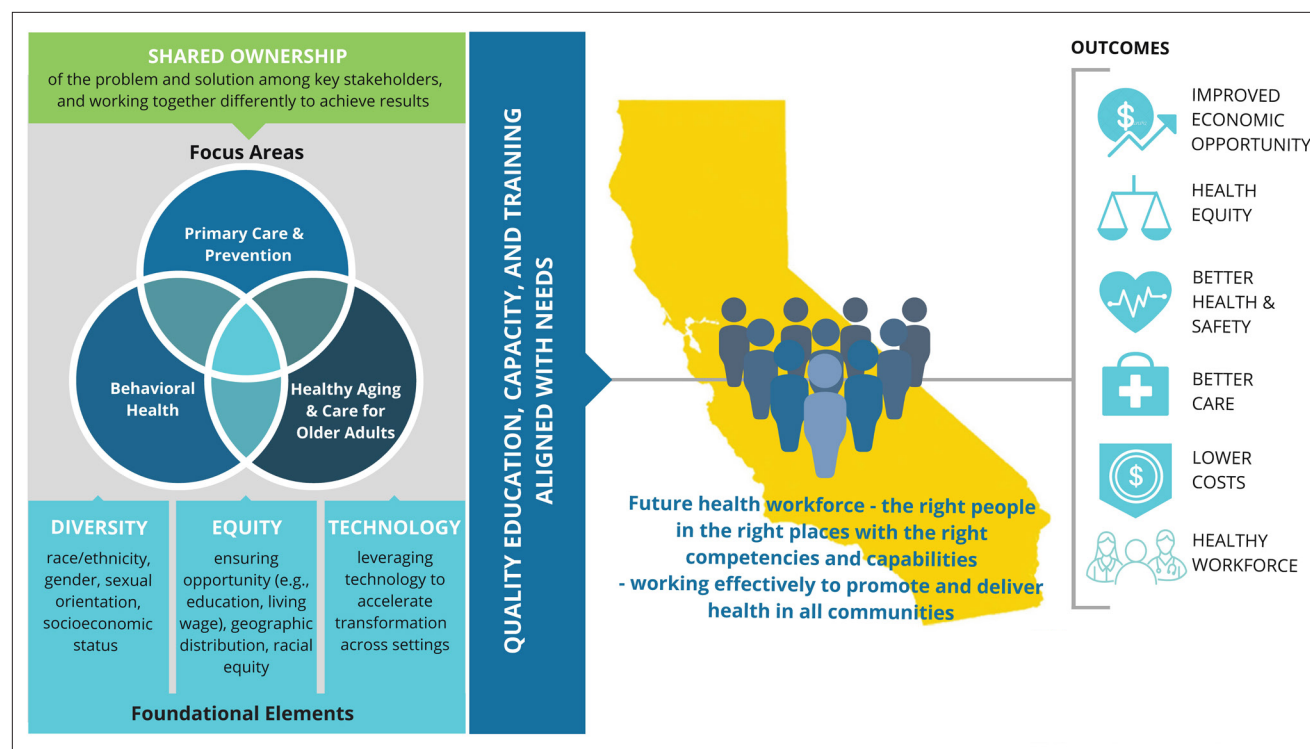
Together, the Commission's prioritized recommendations will:

- Grow, support, and sustain California's health workforce pipeline by reaching over 60,000 students and cultivating careers in the health professions.

- Increase the number of health workers by over 47,000.
- Improve diversity in the health professions, producing approximately 30,000 workers from underrepresented communities.
- Increase the supply of health professionals who come from and train in rural and other underserved communities.
- Train over 14,500 providers (physicians, nurse practitioners, and physician assistants), including over 3,000 underrepresented minority providers.
- Eliminate the shortage of primary care providers and nearly eliminate the shortage of psychiatrists.
- Train more frontline health workers who provide care where people live.

Implementation will require a \$3 billion investment over a 10-year period: For perspective, that is less than 1% of what Californians are projected to spend across the health care system in 2019 alone.

## A 2030 Workforce Plan: Foundational Elements, Focus Areas — and Outcomes



## Additional Recommendations

In addition to its 10 priorities for action, the Commission has developed 17 other important recommendations to address critical health workforce needs, for a combined estimated cost of \$6 billion. Many of these proposals will help retool California’s health workforce to strengthen prevention, improve behavioral health care, and address social determinants of health. Together, these recommendations represent a mix of proven models and bold initiatives and will require a mix of short- and long-term investments.

Although the Commission focused on identifying workforce solutions, its final report acknowledges several other factors that will impact the success of building the health workforce that California needs. For example, without adequate Medi-Cal payment rates, an accelerated shift to value-based payment, effective preparation of K–12 students, and the ability for California to address other “essential conditions,” even well-intentioned efforts to address the state’s health workforce needs may fall short.

## Conclusion: California Must Build the Health Workforce It Needs Now

The Commission recognizes that bolstering California’s health workforce is an enormous undertaking. Health care represents almost 12.6% of the state’s economy, employing 1.4 million skilled workers across dozens of different, highly technical, and closely regulated fields. A robust and diverse health workforce is also increasingly a matter of public health. The growing mismatch between the size and composition of California’s current health workforce, the demographic trends underway, and California’s limited educational capacity to close growing shortfalls has created a looming health workforce crisis that the state simply cannot afford.

By strengthening the supply, distribution, and diversity of workers in primary care, behavioral health care, care for older adults, and other emerging areas of need, Californians will receive better access to quality care and experience better health outcomes — whether receiving that care in their homes, community clinics, or medical offices. Students and health professionals from underserved regions and low-income backgrounds will have expanded opportunities and better support to pursue rewarding educations and careers. And, ultimately, California will benefit from a healthier population, with more residents receiving the right type of care from trusted health professionals in their communities.

It’s time to invest in, support, and build a healthy, diverse, and robust workforce that all Californians need and deserve. The California Future Health Workforce Commission has set forth a path and set of actionable recommendations for achieving that goal.





# SENATOR JIM BEALL

## SB 10 Peer Provider Certification

### BACKGROUND

A peer provider is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health and/or substance use setting. Across the nation, peer support programs have emerged as an evidence-based practice with proven benefits to both peers and the clients they assist. Peers can include people who have lived experience as clients, family members, or caretakers of individuals living with mental illness.

As noted by the California Mental Health Planning Council, California lags behind the nation in implementing a peer support specialist certification program. The U.S. Department of Veterans Affairs and 48 states have a certification process in place or in development for mental health peer support specialists. Thirteen states have a certification process for SUD peer recovery coaches. The federal Centers for Medicare and Medicaid released guidance in 2007 for establishing a certification program for peers to enable the use of federal Medicaid (Medi-Cal in California) financial participation with a 50% match. Yet California has not acted.

The Working Well Together Statewide Technical Assistance Center, a collaborative of peer and client-oriented organizations, has done substantive work on this issue in California, culminating in a final report and recommendations.

Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversity the mental health workforce.

Research is also clear that the use of a formal certification program to train peer supporters offers enormous benefits, including:

- Allowing providers to make use of the federal Medi-Cal match.
- Allowing for standardization of the peer support practice, to ensure the highest quality care.
- Establishing core competencies that allow certified peers to transfer skills across county lines.

Although the Department of Health Care Services anticipates there will be substantial growth in the demand for peer support specialists, there is no statewide scope of practice, training standards, supervision standards, or certification.

### THIS BILL

SB 10, the Peer Provider Certification Act of 2019 has two primary goals:

First, it requires the Department of Health Care Services (DHCS) to establish a certification program for peer providers with four distinct certification categories: peer, parent, transition-age, and family support specialist. Among other things, the program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

Second, the bill expresses the intent of the Legislature that the program will provide increased family support, a fuller continuum of wraparound services, and an individualized focus on clients to promote recovery and self-sufficiency.

### SUPPORT

Steinberg Institute (Sponsor)

### FOR MORE INFORMATION

Gregory Cramer  
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(916) 651-4015  
Gregory.Cramer@sen.ca.gov

## **2018-2019 YEAR-END REVIEW**

### **Workforce Development Board of Ventura County**

#### **WDB HEALTHCARE COMMITTEE**

##### **2018-2019 Members**

WDB Members: Greg Barnes, Chair (Los Robles Hospital and Medical Center), Richard Trogman, Vice Chair (Kaiser Permanente), Marilyn Jansen (United Food and Commercial Workers Union), Victoria Jump (Area Agency on Aging), Celina Zacarias, (California State University, Channel Islands)

Other Members: John Cordova (Statewide Regional Director, HWI), Thea Bruzdinski (Dignity Health) Michelle Culpepper (Vista Del Mar Hospital), Adam Hunt (Pacific Coast Homecare), Christina Lee (Moorpark College), Sandra Melton (Ventura College), Dawn Neuman (California State University, Channel Islands), Irene Ornelas (College of the Canyons, Deputy Sector Navigator), Michelle Reynolds (Ventura County Health Care Agency), Mary Anne Rooney (Ventura County Civic Alliance), Lisa Safaeinili (Westminster Free Clinic), Carolina Ugarte (VCOE), Bill Werner (Simi Valley Hospital)

##### **Committee Accomplishments**

- Broaden the Healthcare Committee membership to reflect the region's industries.  
The Committee added four new members; Thea Bruzdinski (Dignity Health), Michelle Culpepper (Vista Del Mar Hospital), Carolina Ugarte (VCOE), Marilyn Jansen (United Food and Commercial Workers Union and Workforce Development Board Member)
- Joint Regional Sector Committees' Meeting "Engaging Partnerships for Regional Alignment"  
On August 23, Healthcare Committee members participated in the WDB Joint Regional Sector Committee Meeting. The meeting included WDB Committee members from five Committees, WDB Board members and community partners, with 70 participants representing education, industry, labor and government. The focus was to gain an understanding of what Ventura has to offer in work-based learning and how to engage partners to become more regionally aligned in their approach to work-based learning. Vinz Koller from Social Policy Research Associates and the staff from the California Workforce Association, Brendon Anderson and Matt Hidalgo, facilitated the discussion. After hearing reports from 11 agencies on their engagement in work-based learning, Vinz Koller, presented the Swiss model of apprenticeships, "Lessons learned from Zurich" where he had recently attended the CEMETS program on the Swiss apprenticeship model.  
  
Matt Hidalgo and Brendon Anderson provided a review of the outcomes from the previous regional meeting on work-based learning and an update on the additional work done in the WDB sector committees to identify obstacles and challenges in creating a regional model for work-based learning. The participants broke into six groups to work on prototyping a new shared work-based learning system for our region. The six groups reported on the prototypes they developed.
- Clinical Laboratory Scientist (CLS) Field Experience Program  
The Committee discussed the success of the CLS Field Experience Program. There were eight students in four hospitals the first year. The first Cohort of eight finished last year and all eight passed the exam and are licensed with jobs. The second cohort of eight students finished and the new cohort began with ten students in September 2018. Dignity Heath was added as a participant, so there are now have five hospitals participating. The first year provided the opportunity to understand the range of different needs for the students entering the program. Some students had longer gaps between finishing their programs and finding field placements and needed more review time, which is why it is critical to have available field placements so students don't encounter long gaps due to an inability

## **2018-2019 YEAR-END REVIEW**

### **Workforce Development Board of Ventura County**

to find a field placement. CSUCI set up a review class and a CLS library, with on-line resources to practice for the licensing exam.

- **HASC- August 8<sup>th</sup> Event Review and Discussion:**

The Hospital Association of Southern California, in collaboration with our region's Community Colleges' Deputy Sector Navigator for Health Care, the WDB Healthcare Committee, the Santa Barbara WDB and the San Luis Obispo WDB, presented the HASC white paper on "Challenges, Approaches and Solutions." The event was held at the Crowne Plaza in Ventura. Three members of the WDB Healthcare Committee were asked, by HASC, to participate on panels to discuss regional Healthcare Workforce needs. The event allowed healthcare representatives to identify and discuss local healthcare workforce needs.

- **Regional Healthcare Case Manager/Care Coordinator Career Pathway Project:**

Continued participation in the Los Angeles/Ventura regional project, funded through a SlingShot grant from the California Workforce Development Board. Six Los Angeles Workforce Development Boards and the Ventura County WDB, along with industry partners in healthcare and education, worked together for over 2 years on this successful project. Two Committee members were actively involved in participating in meetings from the onset of the project, providing updates and discussions at the Healthcare Committee meetings. Care Coordinator on-line courses are available to the Ventura region. Level II online training is available and committee members were provided details on how to access the online training for the level II Care Coordinator courses. The LA area trained over 200 students as Patient Navigators, a curriculum developed as part of the SlingShot Project. The Ventura Region was running the same Patient Navigator course through the VCCCD contract education program and despite four attempts to start the courses there was not much interest, so the classes were cancelled. It is unclear if this is due to a lack of marketing or lack of a clear understanding of the value of the role of a Patient Navigator. Plans are to evaluate the local need and determine the reason for limited enrollment. The committee members would like to focus on the level II and level III care coordinator training since there was an identified interest in these courses.

- **Behavioral Health, Vista Del Mar: Update**

Michelle Culpepper, Director of Human Services Vista Del Mar Hospital, updated the Committee members on the status of the hospital since the destruction of the hospital during the Thomas fire. They have 55 beds and can now reopen. There are 14 beds that are not able to be filled due to staffing needs. Currently the challenge is staff and the need to use travel RNs which is very expensive. They are projected to begin rebuilding in the next 6 months and will have 120 beds upon completion. There have been delays in getting the necessary building permits from the County. This is the first hospital that has burned down, so Statewide there is no precedent set for moving through the process. Ms. Culpepper also spoke about housekeeping staffing needs. Committee members expressed the extreme need to have this hospital since there is a crisis in where to place mental health patients due to the lack of available beds for treatment. Committee members also discussed the need for more locked unit beds. There is a critical need in the hospitals to have a place to send patients with mental health problems. Currently the ERs are the place the patients are brought in and it is creating a critical problem in the ERs to have no place to send them. Ms Culpepper was asked about having a locked unit in the hospital and she stated there is no plan for that, at this time, but encouraged Committee members to communicate the need.

A Committee member noted the critical need for psychiatrists in Ventura who can evaluate emergency psychiatric needs. A committee member mentioned that, in other cities, having a psychiatric residency program helps to fill that need. Committee members discussed new graduate



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nurses as a possible pipeline for the hospital. In the past student nurses have done their behavioral health training at Vista Del Mar.

The need for the Committee to prioritize the focus on behavior health was discussed. Lisa Mitchell from HASC mentioned that HASC is committed to addressing the behavioral health needs.

- **Healthcare Committee Discussion on Specialty Nursing Needs in the Region**

The Healthcare Committee members had several discussions at several meetings on Specialty Nursing needs. Moorpark previously had an OR Specialty Program that was an 8-week course held in the summer, which was discontinued. The problem in the past has been finding clinical placements. The Committee discussed determining need and contacting surgical centers in the area as well as gathering information from the hospitals. Committee members discussed the possibility of starting the Moorpark program again if need is determined. It is unclear if the curriculum would need to be revised and the discussion of more use of robotics in surgery was a consideration. The Deputy Sector Navigator reported on the need to do a county scan for specialties (ER, OR, Mental Health, Case Managers, etc.) A specialty nursing program can run through contract education at the district level if the Community College is unable to host it at this time. Moorpark College does not offer a course via contract education but does have the course curriculum for OR nursing.

- **Specialty Nursing Planning Discussion continued-with representatives from HASC.**

Committee members continued to discuss specialty nursing needs in the region. Teri Hollingsworth, Vice President of HR and Education Services, Hospital Association of Southern California joined the Committee for the discussion on the shortage of specialty nurses. Christina Lee sent a report on information she gathered. Christina asked the clinical partners for the top 3 specialty nursing training courses that are needed or projected to be needed. Their response was 1) Critical care, 2) OR and number three had a tie 3) Peds. or wound, ostomy, continence nursing. In addition, committee members from hospitals added a need for surgical nurses, case managers, ER and a critical need for a pipeline of workers for behavioral health positions.

There was a discussion regarding the need for clinical spaces for specialty nursing. Running the courses in the summer was suggested. It was stated that a shortage of clinical training spaces is a statewide problem. There was a mention of using the prison healthcare system as clinical sites. There was also a discussion of developing more apprenticeship models in healthcare and being able to tap into additional funding sources. Having the right people at the table was discussed. The decision makers at the hospitals involved with clinical site rotations need to be included as well as the HR directors and CNOs. Hospitals need to look ahead to project needs.

- **Specialty Nursing: January 30, 2019, RN Workforce Forum Event Discussion**

Committee members participated in the RN Workforce Forum Event hosted by the South Central Coast DSN at the Crowne Plaza in Ventura and had a further discussion at the next Healthcare Committee meeting. The Forum had representatives attending from the Ventura hospitals and clinics and the Santa Barbara Cottage Health System. The results from the group discussions that took place at the January 30<sup>th</sup> RN Workforce Forum, were in the packet for committee members to review and discuss. It was clear as we discussed specialty nursing needs, that each hospital represented at the table had different needs. Some do in house training, others had need in several specialty areas. A Committee member mentioned the critical need at her hospital was Cath Lab nurses. The problem is compounded by the inability to find teachers, they would need to bring someone from out of the area. Lisa Mitchell, from HASC, mentioned HASC wanted to create advisory groups to address the specialty nurse shortage issue. It was suggested, by Committee members, that we use the current Healthcare Committee and invite others to attend to continue the specialty nursing shortage

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discussion and to plan solutions. The plan is to reach out to the other attendees from the January meeting and invite them to attend a follow up discussion at the May 3<sup>rd</sup> Healthcare Committee meeting.

- **Specialty Nursing – Prioritizing Regional Needs/Developing an Action Plan:**

The committee members engaged in a robust discussion on the need for specialty nursing training in the Ventura Region. During previous discussions it had been determined that most of our hospitals did in-house training for specialty nursing and the County Health Care Agency identified the most needs, since in-house training was not provided. The Hospital Association of Southern California had done previous research, which indicated difficulty filling vacancies for specialty nurses, however, where those vacancies were identified was not shared.

John Cordova led the discussion on options for training specialty nurses. What had been identified previously was that our region did not seem to have enough demand in one specialty area to justify a training program.

John Cordova discussed looking at apprenticeship models in healthcare as creative solutions to meet these needs. Funds are becoming available for apprenticeship programs and competency based models are often more lenient on the hours required and specialty training requires less hours. One solution was to work with DAS (Division of Apprenticeship Standards) on requirements for new healthcare apprenticeships in specialty training. Utilizing ETP (Employment Training Panel) money for incumbent worker training in specialty areas is available to hospitals that are not nonprofit hospitals.

Mr. Cordova discussed other creative solutions the community colleges are exploring, such as the community colleges trying to align with other colleges to meet the training needs when there is not enough demand in one area to develop a training program.

The one specialty area the committee members agreed everyone had in common was behavioral health. Ventura has a critical shortage of mental health beds. The ERs have patients with serious mental health problems with no mental health facility available to admit them. One hospital has CNAs designated to sit with mental health patients in the ER. This led to a discussion on the need for mental health training at numerous levels in healthcare including ER staff, CNAs and security guards.

Vista Del Mar, a behavioral health hospital burned down during the Thomas Fire. Currently, staffing shortages are limiting how fast they can staff up to meet the needs. A committee member informed us that the County is breaking ground for a prison hospital at Todd Road jail and is expanding the number of beds at the County mental health unit, which will increase the demand for more psych nurses and behavioral health specialists.

The committee members discussed looking at incorporating behavioral health training and training on aging “mental health across a lifespan” into more healthcare training programs. The need for healthcare professionals to identify a delirium in a patient can be life-saving especially in older patients; a delirium caused by medication is often mistakenly attributed to their age or mental illness.

Committee members determined the two specialty areas the committee would like to explore are behavioral health and care coordinators. An action item was proposed to do a job analysis to identify need.

## **2018-2019 YEAR-END REVIEW**

### **Workforce Development Board of Ventura County**

#### **WDB HEALTHCARE COMMITTEE**

##### **Insights:**

- Having industry partners at the table enables us to identify and address regional industry needs. Continue to widen our networks to engage more healthcare providers in workforce development. Recruit additional committee members representing mental health, EMS and Health IT.
- Collaborate to implement, in Ventura, the training programs developed for Patient Navigators and Care Coordinators, based on the successful work of the Los Angeles/Ventura Healthcare Coordinator Pathways Project. (C3 Skills Alliance)
- Continue to monitor how changes in the healthcare system are impacting our regional healthcare workforce. For example, monitoring local hospital requirements to hire B.S.N. vs. A.D.N. nurses. Work with colleges and industry to identify an employment pipeline for A.D.N. graduates.
- Continue to facilitate collaboration between industry and education to identify and address the skills gaps in healthcare occupations.
- The need to increase “Earn and Learn” opportunities in the healthcare field through internships, on the job training, pre-apprenticeships and apprenticeships.
- Work with industry and colleges to encourage fast track, convenient, affordable A.D.N. to B.S.N. programs. Identify employer supported educational benefits.
- Some of our healthcare workforce needs overlap with other sectors (e.g., IT, finance, and equipment maintenance). We need to work with the WDB Business Services Committee, Clean/Green Committee, and Manufacturing Committee to facilitate cross-sector collaboration.
- Need to identify career pathways to CLS. Explore successful models utilizing MLTs and identify barriers that may be preventing the use of more MLTs.
- Learned from the first cohort of students in the CLS Field Experience Program. Students who had long gaps between finishing their program and finding a field experience placement were more likely to need review courses. This exemplifies why there is the critical need to have field placements immediately available for CLS graduates.
- Continue the collaborative work of the WDB Healthcare Committee members to align the numerous healthcare education advisory committees in the region.
  - There was an identified need in the region to focus on behavioral health. Critical shortages of psychiatric hospital beds and clinicians were identified. There is a need to incorporate behavioral health training and training on aging, “mental health across a lifespan” into more healthcare training programs.
  - Continue to work with HASC to explore solutions to meet specialty nursing program needs for some of the facilities that do not have in house training.



## **HEALTHCARE COMMITTEE 2-YEAR PLAN**

### **Workforce Development Board of Ventura County**

### **2016-2018**

#### **Goal**

The Healthcare Committee will strive to create a diverse pipeline of workers to fill healthcare positions in Ventura County and will work to bring together partners in business, economic development, education, labor, government, and community-based organizations to address workforce shortages in healthcare.

#### **Components of Plan**

- 1. Engage Leaders**

Broaden the Healthcare Committee's core team of Ventura County employers, key agencies, and organizations most involved in healthcare workforce development. Develop ways to identify, engage, and communicate effectively with the core team and other healthcare workforce partners.

  - Hospitals
  - Home health
  - Assisted living
  - Skilled nursing
  - Community clinics/ambulatory care centers
  - Ambulatory surgical centers
  - Mental health clinics
  - Physician offices
  - Agencies (e.g., Area Agency on Aging)
  - California State University, Channel Islands
  - Ventura County Community College District
  - Ventura County Office of Education
  - Adult education
  - Elected officials
  - Others
- 2. Analyze Data**

Validate State employment data with a local survey of healthcare workforce needs.
- 3. Take Inventory**

Inventory current training providers in the region. Develop a matrix that includes inventories of high school academies, ROP, adult education, community colleges, universities, certification programs, apprenticeships and internships.

  - Industry-recognized certification programs
  - Apprenticeships
  - Internships
  - Externships
  - High school academies
  - Regional Occupational Program
  - Adult education
  - Community colleges
  - Universities



## HEALTHCARE COMMITTEE 2-YEAR PLAN **Workforce Development Board of Ventura County** **2016-2018**

- 4. Determine Priorities** Determine focus area priorities for healthcare workforce development.
- Sector workforce readiness
  - Career pathways
  - Sector certifications
  - Stackable credentials
  - Pre-apprenticeship programs
  - Apprenticeship programs
  - Business participation:
    - Curriculum development
    - Job shadowing
    - Internships
    - Externships
    - On-the-job training
    - Career awareness/outreach
- 5. Identify Gaps** Identify the gaps between education and regional healthcare workforce needs and determine priorities.
- 6. Take Action** Develop an action plan to provide a bridge to fill those gaps.
- Clinical Laboratory Scientist: Finalize the Clinical Laboratory Field Experience Program pending State Certification of the joint application for four participating hospitals. **(Successfully Completed 2016)**
  - Case Manager/Care Coordinator: Assist the Case Manager/Care Coordinator Regional Career Pathway Project through the Healthcare Committee's input and survey of local needs. (The Case Manager/Care Coordinator Regional Career Pathway Project was initiated by six LA Workforce Development Boards and the Workforce Development Board of Ventura County to bring healthcare and education partners together to develop and implement a healthcare case manager/care coordinator career pathway and training program)
  - A.D.N. to B.S.N.: Identify nursing workforce development needs and form a workgroup to make recommendations.
  - Pharmacy Technician: Explore the possibility of an apprenticeship.
  - Cultural Awareness: Encourage cultural awareness training in healthcare.
  - Education Advisory Process: Recommend the alignment of healthcare business advisory committees to help streamline the regional education advisory process.
- 7. Monitor Progress** Measurement is through the Healthcare Committee's annual Workforce Development Board Year-End Review report and a review of the Committee's 2-Year Plan.

## **HASC Workforce Update**

### **1. Specialty RN Project (Expansion)**

- a. As a follow-up to our RN Specialty convenings earlier this year, HASC is currently working to schedule calls with area advisory teams to provide input on:
  - Criteria schools/faculty
  - Selection process schools/faculty
  - Advising on the best place for a “spoke”
- b. HASC has applied for grant funding to advance the proposed RN Specialty Training Model. If approved, the funds will be used to develop the program infrastructure and participant training costs.
- c. As part of the Specialty RN Project, HASC will be reaching out to local WDBs to discuss the Specialty RN Training Model and to learn more about the WIOA supportive services that could be offered to help ensure the success of the RN trainee.

### **2. HASC/South Bay Workforce Investment Board (SBWIB) RN Specialty Pilot Project**

- Trained 17 RNs in Perioperative nursing through universities in Los Angeles - Mt St Mary's and Azusa Pacific with grant funding from the SBWIB
- Working on final report – soon to be disseminated via HASC, SBWIB, HealthImpact networks

### **3. Clinical Lab Scientist Program**

HASC is partnering with California State University – Dominguez Hills (CSUDH) to help coordinate and facilitate the employment pipeline of newly graduated and licensed CLS.

- Working with the local One-Stop Centers responsible for administering the On-the-Job Training (OJT) program which is funded by the Workforce Innovation and Opportunity Act (WIOA).
- Hosting a webinar to help increase number of clinical lab sites to prepare more CLS student trainees and provide an opportunity for graduates to obtain jobs at local hospitals.

### **4. Behavioral Health Initiative**

HASC is in discussions with a national psychiatric professional association to provide educational programming to help upskill existing hospital staff in the practice of psychiatric mental health nursing, health and wellness and the care and treatment of persons with psychiatric disorders.

Educational courses include:

- Opioid Use Disorder
- Suicide Prevention