



Agenda Item 15a:

Role of Allied Health Professionals in Behavioral Health Transformation

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Agenda

- Recap of previous Council discussion on the role of allied health professionals and capacity to develop the workforce in behavioral health
- Overview of HCAI and DHCS efforts to estimate allied health workforce needs in behavioral health
- Evidence based strategies for team-based approaches for workforce development – Uzma Rahman, Branch Chief, Special Medi-Cal Projects Branch, Medi-Cal Behavioral Health—Policy Division, DHCS
- Panel discussion on the role of allied health professionals in behavioral health

Recap of Previous Council Discussion

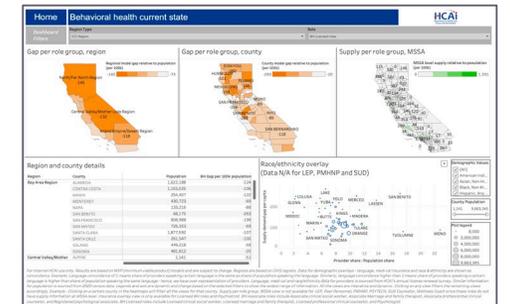
- Panel discussion at the September 2022 Council meeting on education, training, and services in **community health settings**.
- Panelists shared their knowledge and experience with **recruiting, retaining, and training** behavioral health allied health professionals*:
 - Successful **strategies** included: Competitive wages, non-traditional recruitment strategies, internships (paid and non-paid), providing clinical supervision, training academy, career and succession planning support, leadership training, mentorship
- General Public Comment:
 - Appreciate HCAI efforts to use some of the increased funding and grants for community-based organizations to increase behavioral health training.
 - Recommend continued exploration to address supervision barriers and solutions to support staff training and opportunities for staff growth.
 - Identify strategies to promote bonuses/stipends for bilingual/bicultural staff who work with clients in more than one language.

*Allied Health Professionals included peers, case managers, community health workers/navigators, clinical staff, substance use specialists/SUD counselors, licensed and waived mental health clinicians

HCAI is working in partnership with DHCS to develop a supplemental tool to expand its workforce modeling

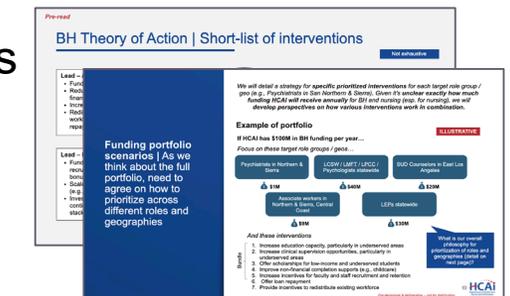
Background:

- In 2024, HCAI built a supply & demand model for the state's behavioral health workforce to support development of a new data-driven strategy for disbursing workforce funding
- That work produced a robust model for key behavioral health roles where there was high quality data to support a detailed analysis
- The final strategy is informing HCAI's workforce funding across all of the modeled roles



Limitations of the prior work:

- The model was limited to roles where there was sufficient high-quality data to inform a rigorous analysis (e.g., mostly licensed roles)
- It couldn't fully capture the broader ecosystem of providers who offer behavioral healthcare, due to gaps in data
- The final strategy didn't include an approach to allocate the remaining workforce dollars tagged for other roles



To build on formal workforce model, supplemental tool has 3 main goals



Establish an **expanded picture of California's behavioral health workforce** by including a view of BH providers with less readily available data



Assess the potential impact of BH initiatives (e.g. BHCIP, EBPs) on workforce needs for BH providers



Inform **decisions on program development and workforce funding allocations** to support BH Connect, BHSA and Prop 1 implementation

Supplemental Tool Focus: Roles with Limited Data

Behavioral Health Specific Roles

Addressed in HCAI workforce supply / demand model



*Licensed Behavioral Health Clinicians
(examples, not exhaustive)*

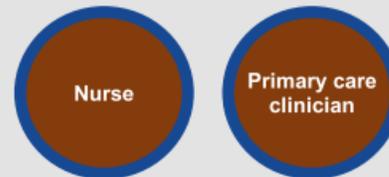


*Certified Roles
(examples, not exhaustive)*



Other Medical Roles

Addressed in HCAI supply / demand model or to be addressed



*Other Medical Roles
(examples, not exhaustive)*

Allied Health Roles

Focus for the supplemental tool



*Allied Health Professionals /
Other Qualified Professionals¹*

1. Roles determined in prior DHCS / HCAI supplemental tool working group meetings
2. These roles don't work exclusively in behavioral health – baselining will involve estimating the number working in BH