

Meeting Summary for Committee on Diversity, Equity & Inclusion in Behavioral Health Zoom Meeting

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Quick recap

The team discussed the ongoing work of the Behavioral Health Oversight Council, focusing on serving individuals in Connecticut on Medicaid, and the need to quantify and train non-licensed professionals in behavioral health support roles. They also highlighted the challenges in identifying these roles due to the numerous job titles used and the lack of standardized training, and the need for specialized behavioral health providers for individuals with autism and intellectual disabilities. The conversation ended with discussions on the importance of standardized training for direct care workers, the potential impact of the Executive Order on their work, and the need for recommendations to be forwarded to legislators.

Next steps

Tanja Larsen to share the slide showing the complexity of the behavioral health network with Genevieve Walker and the group.

Co-Chair Alice Forrester and Genevieve to discuss inviting someone from the Attorney General's office to talk about the implications of the new executive order on DEI programs.

Social Impact Partners to refine the survey based on feedback received from the group.

Genevieve to follow up with Tanja for more information on their best practice standards and training programs.

Alice to consider inviting the Nonprofit Alliance to participate in future discussions on workforce development.

The group to brainstorm additional topics for the next meeting.

Summary

Behavioral Health Oversight Council Discussion

Alice led a discussion about the ongoing work of the Behavioral Health Oversight Council, emphasizing the importance of focusing on serving individuals in Connecticut on Medicaid. She introduced a presentation by Genevieve Walker and Bernie Park from Social Venture Partners, who were to explain the purpose and goals of a survey they were conducting. The survey aimed to identify entry-level positions in the direct care workforce and create a pipeline for behavioral health support specialists. The team expressed gratitude for the time and attention given to the topic.

Quantifying Non-Licensed Behavioral Health Roles

Genevieve and Bernie discussed the need to quantify and train non-licensed professionals in behavioral health support roles, such as community health workers, care coordinators, and case managers. They highlighted the challenges in identifying these roles due to the numerous job titles used and the lack of standardized training. The goal is to create a pipeline for these roles, which could alleviate the workload of licensed professionals. They also mentioned their collaboration with Alice's group and the Office of Workforce Strategies on projects like Career Connect and the Health Horizons project. The discussion concluded with the need for resistance and further collaboration to address the issue.

Addressing Autism and Intellectual Disabilities

The team discussed the need for specialized behavioral health providers for individuals with autism and intellectual disabilities. They identified a gap in the current workforce, with many direct care providers lacking the necessary training and expertise. The team also discussed the challenges of accessing services and the lack of funding for these roles. They agreed that there is a need for a training pathway and reimbursement structures to support these positions. The conversation highlighted the importance of considering equity and inclusion in the development of these services.

Standardizing Training for Direct Care Workers

Bernie explains the goal of developing standardized baseline training for direct care workers across various settings, with subsequent specialization based on specific populations and needs. The group discusses the importance of identifying and standardizing roles for behavioral health support specialists and paraprofessionals. Co-Chair Brenetta Henry emphasizes the need for inclusive approaches to address gaps in service eligibility. Tanja offers to share a helpful graph illustrating the complexity of the behavioral health network and its intersections with various sectors, which the group expresses interest in seeing.

Standardizing Trainings and Certifications

Genevive discussed the ongoing work with the Office of Workforce Strategies (OWS) and partnerships with the Department of Social Services and Department of Mental Health and Addiction Services. The aim is to standardize trainings and certifications, defining core competencies for roles and conducting national and state-level scans of existing certification requirements. The data collected will inform training needs and help understand the profile of individuals needed for these roles. Genevive also mentioned the facilitation of stakeholder engagement through work groups and the solicitation of resources for a training pilot. The work is being done in collaboration with the Connecticut State Colleges and Universities (CSCU) and other state agencies to create sustainable and scalable career ladder programs. The scale of the network of organizations involved in this work was also highlighted. Lastly, Genevive discussed a survey aimed at assessing workforce demand and aligning the work with real employer needs. She asked for feedback on the roles listed in the survey, as some participants found them unfamiliar.

Recovery Coach Roles and Workforce Survey

The group discusses the inclusion of recovery coaches in the workforce survey and the differences between recovery coaches and recovery support specialists. Kelly Phenix explains that recovery coaches typically focus on drug and alcohol recovery, while recovery support specialists focus on mental illness. Bernie highlights that DMHAS is working on standardizing the training curriculum for these roles to ensure high-quality, universal training across providers. Bonni Hopkins and Brenetta emphasize the importance of including a broad range of roles in the survey, including those working with autism and individuals without specific titles but performing similar work. The discussion concludes with agreement on the need for a comprehensive approach to capture the current workforce capacity and vacancies.

Universal Core Trainings for Roles

Alice and Bernie discussed the need for core trainings that are universal across various roles in behavioral health advocacy, including community health workers, peer support specialists, and site techs. They acknowledged that while each role has its own specialized training, there are commonalities that could be standardized. They also discussed the challenges faced by individuals interested in entering the behavioral health field, with Bernie expressing the need to define roles better to guide career choices. The goal is to create pathways for growth and

specialization, reducing the need for constant retraining and promoting transportable credentials.

Direct Care Workforce Training Discussion

The team discussed the importance of connecting with the emergency room (ER) department and community-based organizations to better understand the needs of the direct care workforce. They highlighted the need for standardized training for this workforce, as current practices vary widely. The team also discussed the role of social workers and peer specialists in schools and healthcare settings, emphasizing the importance of their training and support. Lastly, they touched on the potential impact of the new administration's focus on Diversity, Equity, and Inclusion (DEI) on the training of the direct care workforce.

Executive Order Impact and Recommendations

In the meeting, Brenetta and Genevive discussed the potential impact of the Executive Order on their work, with Brenetta emphasizing the importance of equity across the board. Alice suggested inviting someone from the Attorney General's office to clarify the rights and responsibilities outlined in the Executive Order. The group also discussed the ongoing legislative session and the need for recommendations to be forwarded to legislators. Brenetta proposed a brainstorming session for the next meeting to address any new areas of concern. The conversation ended with gratitude expressed by Genevive for the group's input and expertise.