

Workforce and Employment Committee Agenda

Wednesday, June 17, 2026

1:30 p.m. to 5:00 p.m.

Marriott Riverside at the Convention Center

3400 Market Street
Riverside, CA 92501
Orange Crest Room

Zoom Link

Meeting ID: 990 7659 2314

Passcode: SMC2026

Join by phone: 1-669-900-6833

Passcode: *8568631#

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|------------------|--|--------------|
| 1:30 p.m. | Welcome, Introductions, and Housekeeping
<i>Bill Stewart, Chairperson and All Members</i> | |
| 1:35 p.m. | Review and Accept April 2026 and May 2026
Draft Meeting Minutes (Action)
<i>Dave Cortright, Chair-Elect and All Members</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Accept Minutes | Tab 1 |
| 1:40 p.m. | Updates on Committee Feedback for the
Draft 2026-2030 Workforce Education and
Training (WET) Five-Year Plan
<i>Ashneek Nanua, Health Program Specialist II</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment | Tab 2 |
| 1:55 p.m. | Riverside County Presentation on the
Employment of Peer Support Specialists
<i>Shannon McCleerey-Hooper, Deputy Director of Peer Support
Services, Riverside University Health System (RUHS)</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment | Tab 3 |
| 2:45 p.m. | Break | |
| 2:55 p.m. | Community-Based Organization Perspective
on the Employment of Peer Support Specialists
<i>Omar Gonzalez-Valentino, Program Administrator, Telecare</i> | Tab 4 |

- Committee Discussion
- Public Comment

3:45 p.m.	Break	
3:55 p.m.	Committee Discussion on Presentations for the Employment of Peer Support Specialists <i>Bill Stewart, Chairperson and All Members</i>	Tab 5
	<ul style="list-style-type: none"> • Committee Discussion 	
4:45 p.m.	General Public Comment <i>Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.</i>	
4:50 p.m.	Meeting Wrap-Up and Next Steps <i>Bill Stewart, Chairperson and All Members</i>	
5:00 p.m.	Adjourn	

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

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Workforce and Employment Committee Members

Chairperson: Bill Stewart **Chair-Elect:** David Cortright

Members: Susie Baker, John Black, Lynne Martin Del Campo, Janet Frank, Jessica Grove, Lanita Mims-Beal, Donald Morrison, Dale Mueller, Deborah Pitts, Marina Rangel, Maria Sierra, Samantha Tosetti, Arden Tucker, Milan Zavala

WET Steering Committee Members: Abby Alvarez, Rayshell Chambers, Theresa Comstock, Chad Costello, Kristin Dempsey, Shanti Ezrine, Tara Gamboa-Eastman, Randall Hagar, Le Ondra Clark Harvey, Kathryn Kietzman, Robb Layne, Robert McCarron, Steve Sodergren, Sierra Smith, Carli Stelzer, Heidi Strunk, Karen Vicari

Staff: Ashneek Nana, Simon Vue

**California Behavioral Health Planning Council
Workforce and Employment Committee**

Wednesday, June 17, 2026

Agenda Item: Review and Accept April 2026 and May 2026 Draft Meeting Minutes

Enclosures: April 2026 Draft Meeting Minutes
May 2026 Draft Meeting Minutes

Background/Description:

Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

Workforce and Employment Committee

Meeting Minutes - DRAFT
Quarterly Meeting – April 15, 2026

Committee Members present: Susie Baker, John Black, Janet Frank, Lanita Mims-Beal, Don Morrison, Dale Mueller, Marina Rangel, Bill Stewart, Arden Tucker, Samantha Tossetti

WET Steering Committee Members Present: Abby Alvarez, Shanti Ezrine, Randall Hagar (virtual), Lynn Rivas, Sierra Smith, Karen Vicari, Carli Stelzer, Danny Thirakul (in place of Karen Vicari), Chad Costello (virtual), Robert McCarron (virtual), Steve Sodergren (virtual), Theresa Comstock (virtual), Robb Laney (virtual), Tara Gamboa-Eastman (virtual)

Presenters: Libby Abbott, Sharmil Shah, Angela Brand, Alyssa Guerrero

Staff present: Ashneek Nanua, Simon Vue

Meeting commenced at 1:30 p.m.

Quorum Established: 9 out of 14 members

**Item #1 Review and Accept January 2026 Draft Meeting Minutes
(Action)**

The Workforce and Employment Committee reviewed the January 2026 Draft Meeting Minutes. The minutes were accepted by the committee with no edits.

Action/Resolution

The January 2026 Workforce and Employment Committee Meeting Minutes will be posted to the Council’s website.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue – April 2026

Item #2 Presentation of Draft 2026-2030 Workforce Education and Training (WET) Five-Year Plan

Libby Abbott, MPH, Deputy Director of Health Workforce Development, Sharmil Shah, Branch Chief of Behavioral Health and Policy Division, Angela Brand, Section Chief of the Behavioral Health and Policy Division, and Alyssa Guerrero, MSW, Manager at the Behavioral Health and Policy Division, for the Department of Health Care Access and Information (HCAI), presented on the draft 2026-2030 Workforce Education and Training (WET) Five-Year Plan.

Sharmil Shah explained that HCAI's workforce approach focuses on primary care, maternal health, behavioral health, nursing, and oral health, with priority for underserved areas, as well as Medi-Cal members. She stated that the current workforce does not fully meet the complex needs of individuals with significant behavioral health conditions. Sharmil explained the statutory requirements for BHSA workforce funding. Three percent of Behavioral Health Services Act (BHSA) funds support workforce investments administered by HCAI. The WET Five-Year Plan identifies priorities for these funds, and the California Behavioral Health Planning Council must approve the plan. She also stated that the law requires extensive community engagement and highlighted key priorities such as training, retention, technical assistance, and expanded use of peer support specialists.

Angela Brand described the statewide engagement process used to shape the WET Plan. The engagement included 21 convenings with 287 participants from a wide range of priority populations, including older adults, veterans, LGBTQIA+ communities, justice-involved people, and individuals with limited English proficiency. Stakeholders described the need for stronger workforce pathways, fewer entry barriers, and better alignment between training and real-world practice. She noted that consultations with counties, advocacy groups, education partners, and others helped build a plan aligned with broader system changes. Angela also explained that major statewide behavioral health investments increased service capacity but created an urgent need for workforce expansion.

Angela shared that the workforce approach focuses on three outcomes: supply, skill, and diversity. The system needs enough professionals to serve individuals with significant and complex needs, especially in areas with severe shortages. Workers must also have the skills to support people with complex behavioral health and co-occurring conditions. Diversity is essential so that the workforce reflects the communities it serves and improves access and outcomes.

Alyssa Guerrero presented the proposed workforce investments and the five key objectives:

- Improve on-the-job training for the existing workforce.
- Expand academic and clinical training for future licensed professionals.

- Strengthen support and training for the non-licensed workforce.
- Expand early career pathways.
- Support recruitment and retention.

Libby Abbott, Deputy Director of Health Workforce Development, described the Department of Health Care Access and Information's (HCAI) approach to address geographic inequities. She said the goal is to ensure Behavioral Health Services Act (BHSA) funding reaches all regions such as small and rural counties with the greatest need. She introduced HCAI's supply and demand tool, which compares the current workforce to projected service needs and identifies shortages by role and location. She said that although the state faces shortages, the tool helps determine where shortages are most severe so that funding can be targeted effectively. She stated that the data show statewide shortages, such as a projected shortfall of more than 6,000 psychiatrists by 2033 and significant gaps in non-prescribing clinicians. She explained that HCAI also created a supplemental tool for non-licensed roles to help identify regional needs tied to behavioral health system expansion.

Libby outlined the budget principles that guide Behavioral Health Services Act (BHSA) allocations. She said the plan aims to maximize other available funding such as Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), balance investments across licensed and non-licensed roles, support early improvements that create long-term system change, and ensure sustainability. She noted that Objective Five shows no early allocation because BH-CONNECT will support recruitment and retention during the first three years of implementation. She stated that HCAI will evaluate progress in year three to determine future BHSA allocations.

Libby shared that HCAI will conduct baseline, midline, and end-line evaluations to assess workforce capacity and program effectiveness. The team will use these evaluations to adjust implementation as needed. She said HCAI has convened a BHSA workforce panel and will continue to meet with the group throughout implementation. She said data and findings will be shared with the Planning Council, HCAI's own Workforce Education and Training Council, the Behavioral Health Task Force, the Commission on Behavioral Health, and the public. She noted that a public comment period will run from approximately May 19 to June 2, and she stated that HCAI plans to return to the Planning Council in June 2026 with a revised plan for approval.

After the presentation, the presenters participated in a question-and-answer session with the committee. Key points discussed at the stakeholder engagement and question-and-answer session included the following:

- A question on whether data from the 2020–2025 WET Plan helped inform the new draft. The presenters confirmed that it did and that many themes across both plans remained consistent.
- A request was made to consider short online training for frontline, non-licensed workers who support behavioral health facilities but are not included in the

groups expected to benefit from current initiatives. The presenters said Objective One may allow the team to address this type of training.

- A question asked which parts of the workforce lack needed skills and what skills are missing. The presenter said many new clinicians leave school without the skills or willingness to treat complex conditions such as schizophrenia, bipolar disorder, or co-occurring substance use disorders. Additionally, many graduate programs do not prepare clinicians for these needs and HCAI plans to begin with a skills gap assessment to identify and prioritize the areas that need improvement.
- Concerns were raised about BH-CONNECT recruitment and retention funding due to federal limits and administrative burden that may prevent participation from counties and organizations.
- A question asked whether BHSA recruitment and retention funding could begin earlier than planned. The presenters said they will review the first BH-CONNECT cycle and noted that shifting BHSA funds would require reducing funding for other objectives.
- Concerns were raised about certified Peer Support Specialists who lack basic job skills and whether funding could support training for these workers. The presenters said Objective Three proposes funding for training, certification support, job placement support, and early job readiness assistance, and noted that peer-run organizations have raised similar concerns.
- A question was raised about how primary care training fits into behavioral health workforce development. The presenters explained that existing programs already train primary care providers in behavioral health, such as the Train the Trainer Program. They noted that a separate effort will continue supporting this work in rural regions.
- Another question highlighted the need for stronger workforce preparation for justice-involved and forensic populations. The concern included provider reluctance to work with this group and the need for specialized training.
- Additional concerns were raised about exploring a separate licensure for substance use disorder treatment and the risk to separate mental health and substance use care. The presenters replied that the licensure idea remains exploratory and not a finite decision. They noted that Objective One will define core competencies and identify training needs.
- A point was raised that recent data from the California Health Care Foundation (CHCF) show drug-related deaths now exceed deaths from suicide, firearms, and motor vehicle accidents combined. The committee was urged to treat substance use disorder (SUD) as an urgent workforce priority and ensure investments reflect the severity of the crisis.
- A concern was raised about retention in the SUD workforce. Many workers leave their roles after repeated exposure to traumatic events, such as multiple overdose reversals. A question asked how the plan supports retention beyond financial incentives. The presenters explained that BH-CONNECT allows organizations to offer retention bonuses but agreed that financial support alone does not address burnout. They noted that Objective One may include training that supports worker well-being and self-care and said that clearer career

pathways could help workers shift into different roles rather than leave the field entirely.

- A question was raised about why BHSA funds are not used more proactively to address recruitment and retention gaps identified through stakeholder feedback. The concern focused on issues such as scholarship and loan repayment requirements that may be difficult for non-licensed workers to meet. The presenters explained that the Department intends to support scholarships for licensed professionals and training for non-licensed workers. They stated that they have proposed in BHSA to provide free training for nominees.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 Public Comment

Rosemary, the Chief Executive Officer of the PEERS program, stated that peer-run organizations have distinct training needs and requested an assessment focused on the peer workforce. She recommended joint training for peers and clinicians to strengthen collaboration and improve understanding between roles.

Steve McNally, community member and member of the Orange County Behavioral Health Advisory Board, suggested that HCAI share a landscape analysis so stakeholders can better understand the data that informs the WET Plan. He noted that the presentation included limited data and asked how open data sources will support the work.

Jennifer Alley from the California Association of Marriage and Family Therapists raised concerns about ability to recruit and retain staff who serve individuals with substance use disorders. She also echoed concerns about the creation of a separate licensure for substance use disorder treatment and noted that many clients have co-occurring conditions. She added that the separation of roles may create unnecessary divisions in the workforce.

Item #4 Committee Discussion and Feedback for Draft 2026-2030 WET Five-Year Plan

Committee members and WET Steering Committee members engaged in a focused discussion on the draft WET Plan. The purpose of the discussion is to identify the

committee's priority feedback, organize it clearly, and prepare a summary for presentation to the full Council at the General Session meeting. Staff asked members to consider whether HCAI's Workforce Investment Objectives in the 2026–2030 WET Plan accurately reflect workforce needs in the public behavioral health system and whether any emerging workforce needs remain unaddressed.

Key points discussed included the following:

- A concern was raised that Peer Support Specialists face job losses because wellness and recovery centers in some regions are shutting down. The committee member stated that delays in Proposition 1 implementation and slow county request for proposal (RFP) processes reduce available positions. The member asked for stronger incentives to encourage counties to create and fund peer support roles, such as a wider use of Medi-Cal billing for peer services.
- A concern was raised on the allocation of a large share of funds to analysis and training under Objective One when many training needs are already known. The committee member questioned the necessity of an extensive gaps analysis and suggested shifting resources toward recruitment and retention to address workforce shortages.
- A concern was raised about language in the HCAI presentation that describes the behavioral health workforce as “not sufficiently skilled.” The WET Steering Committee member stated that this wording does not reflect the experience and capabilities of the current workforce. The member recommended that the Department revise the language to acknowledge that workforce needs have shifted due to increased acuity and reduced prevention resources.
- A concern was raised about the absence of retention funding in the WET Plan. The WET Steering Committee member stated that BH-CONNECT does not meet all retention needs and that many community-based organizations cannot access those funds due to eligibility limits and repayment requirements.
- Concern was raised about the idea of a separate licensure for substance use disorder (SUD) providers. The WET Steering Committee member stated that licensed professionals already serve individuals with SUDs and that separate licensure paths could conflict with efforts to build a unified behavioral health workforce that addresses co-occurring conditions.
- A concern was raised about the number of proposed studies, analyses, and assessments. The member stated that extensive information already exists across the behavioral health system and the stakeholder community. The committee member cautioned that additional research could delay action during a worsening workforce crisis and recommended greater reliance on existing data.
- There was a comment that the previous WET Plan addressed similar issues without clear evidence of outcomes. The committee member requested information on the results of past retention and training efforts and asked for an explanation of how previous work informs the current plan.

- There was a concern about the reduction of peer-run programs and the impact on peer employment, community voice, and access to services.
- A concern was raised about the quality of Medi-Cal Peer Support Specialist training. The committee member stated that many certified peers complete the 80-hour program without the skills needed for professional settings and asked for a summary of current training contractors and consideration of new providers. It was recommended that Peer Support Specialists, Community Health Workers, and others entering the field complete foundational job-readiness instruction if they have limited prior work experience.
- Concerns were raised about the exploration of a separate licensure for substance use disorder providers. The WET Steering Committee member stated that existing licensed professionals already hold authority to treat substance use disorders under their scope of practice and questioned whether this exploration reflects actual workforce needs.
- A concern was raised about statements in Problem Statement Two that attribute workforce shortages primarily to limited academic training capacity. The WET Steering Committee member stated that compensation differences between the public behavioral health system and private practice also drive shortages and should appear in the analysis.
- A concern was raised about language that implies academic and clinical training programs do not prepare professionals for public behavioral health roles. The WET Steering Committee member stated that this wording suggests deficiencies in licensing board requirements and asked what specific improvements HCAI believes are necessary.
- There was feedback about the usefulness of additional studies and analyses. The committee member stated that the workforce crisis requires immediate action and that programs such as loan repayment and scholarships provide more direct support. They also asked whether HCAI consulted licensing boards on this issue.
- There is uncertainty about whether Objective One addresses gaps in culturally competent care and LGBTQ+ affirming care. The WET Steering Committee member asked for confirmation that these needs appear in the gap analysis and in the core competency framework. The member also asked how Objective Four will address outreach to rural communities.
- A member stated that the Five-Year Plan will require updates over time and recommended ongoing involvement from the Behavioral Health Planning Council, the WET Steering Committee, and the WET Committee. They also emphasized the importance of public transparency and stated that any advisory body supporting BHSA workforce planning should operate under public-meeting requirements and include individuals with lived experience, family members, and providers.
- A WET Steering Committee member stated that primary care providers often serve as the first point of contact for individuals with significant behavioral health

needs and that many providers lack adequate training to identify or respond to mental health symptoms. The member recommended that primary care training, such as the Train the Trainer program, appear in the plan to strengthen early identification and community-based intervention.

- A concern was raised about the lack of clarity in the WET Five-Year Plan materials. Committee members stated that the presentation slides did not clearly outline direction or goals and requested more detail on what “suboptimal training” means, including which professions HCAI views as affected and why.
- A concern was raised about limited peer involvement in the children’s system of care. The committee member stated that staff shortages, paperwork demands, and inadequate reimbursement drive workforce losses. The member questioned how peers with specialized lived experience can obtain necessary preparation without leaving their jobs and asked how counties and contractors will ensure appropriate use of peer specialists once trained.
- A concern was raised about the role of large, contracted agencies in peer-run work. The committee member stated that some contractors lack lived experience and do not align with community needs. The member asked how HCAI will ensure that peers hold appropriate positions, receive needed preparation, and remain employed once placed.
- A question was raised about access to workforce development opportunities for Black and Brown youth, LGBTQ+ youth, and Deaf and hard-of-hearing youth. The committee member recommended that HCAI engage directly with schools, teachers, and administrators to promote behavioral health career pathways in underserved communities.
- A concern was raised about recruitment and retention funding under the BH-CONNECT Initiative. The WET Steering Committee member stated that loan repayment and scholarship programs function adequately because funds move through loan servicers. However, recruitment and retention bonuses create major barriers because federal rules require the funds to pass through counties or community-based organizations. The member noted that many employers cannot manage the administrative burden or financial risk. Many counties and community-based organizations may avoid applying for BH-CONNECT bonuses due to service-obligation tracking, repayment risks, and administrative workload. The member recommended immediate supplemental funding through BHSA, which aligns with priority populations and avoids barriers created by federal guidance.
- A concern was raised about the limited amount of BH-CONNECT funding available for clinical supervision. The Steering Committee member stated that the allocation of \$35,000 per organization is insufficient and does not meet supervision needs across programs.

Action/Resolution

Staff will compile the feedback provided and share it with the full Council and HCAI.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Bill Stewart, Dave Cortright – April 2026

Item #5 Committee Planning for General Session Presentation and Council Feedback for 2026-2030 WET Five-Year Plan

Committee staff, Ashneek Nanua, outlined the process the committee will follow when they report recommendations and findings on the WET Plan to the full Council. Staff explained that HCAI will present the same material shared with the committee, followed by a brief question-and-answer period.

Staff described the structure of the upcoming table discussions on Friday, April 17, 2026. Each table will include Council members, committee members, and, when available, WET Steering Committee members. Tables will address a set of questions, and each group will offer a brief report after the 20-minute discussion period.

Staff stated that HCAI requested feedback from the Council but did not specify the preferred format. Staff explained that HCAI staff will listen to the General Session discussion and that notes, findings, and written comments will be submitted to HCAI. Staff encouraged members to send written feedback so it can be included in the final submission.

Staff explained that the full plan document will likely be available in June. Staff stated that they will clarify with HCAI whether the committee will review the plan before or after the public comment period.

Item #6 Meeting Wrap Up and Next Steps

Staff stated that the committee may convene an interim meeting between April and June if members request it.

There was consensus to schedule an interim meeting. The purpose of the interim meeting will be to receive an update on the feedback submitted to HCAI and prepare additional input before the public comment deadline in June 2026.

Action/Resolution

Committee Staff will schedule an interim meeting between April 2026 and June 2026.

Responsible for Action-Due Date

Ashneek Nanua – May 2026

Workforce and Employment Committee

Meeting Minutes - DRAFT
Interim Meeting – May 21, 2026

Committee Members present: Susie Baker, Dave Cortright, John Black, Janet Frank, Jessica Grove, Don Morrison, Maria Sierra, Bill Stewart, Arden Tucker

WET Steering Committee Members Present: Abby Alvarez, Kristin Dempsey, Shanti Ezrine, Randall Hagar, Sierra Smith, Karen Vicari, Carli Stelzer, Danny Thirakul, Chad Costello, Robert McCarron, Steve Sodergren, Theresa Comstock, Tara Gamboa-Eastman

Staff present: Ashneek Nanua, Simon Vue, Naomi Ramirez

Meeting commenced at 9:00 p.m.

Quorum Established: 9 out of 16 members

**Item #1 Committee Review and Development of Feedback for the Draft
2026-2030 Workforce Education and Training (WET) Five-Year
Plan**

Committee members and Workforce Education and Training (WET) Steering Committee members engaged in a focused discussion on the draft 2026-2030 WET Five-Year Plan. The purpose of the discussion was to identify the committee's priority feedback and organize it clearly with the purpose of submitting a recommendation letter to the Department of Health Care Access and Information (HCAI) for the WET Plan public comment period through Friday, May 29, 2026.

Key points discussed included the following:

- There were concerns about the core competencies for Objective 1. Meeting participants suggested that the competencies be defined and differentiate between clinical competencies and competency-based skills to prevent role confusion. The committee and WET Steering Committee also provided suggestions for organizations that HCAI may reference as they investigate data and/or analysis for the core competencies.
- There is a need to train and equip individuals in graduate programs with knowledge and experience to work in the specialty behavioral health system. Committee and WET Steering Committee members emphasized that the WET Plan should support students with clinical placements and financial assistance to work in public safety net settings.

- A WET Steering Committee member stated that small organizations that are not county-contracted face more difficulties with their operations now and suggested that the WET Plan includes incubation programs to support these programs.
- Concerns were raised about recent federal guidance that impacts students who pursue behavioral health degrees and the potential of increased program costs and financial burden for students. It was recommended that HCAI explore alternative strategies to address training gaps outside of graduate program curricula such as continuing education.
- It was suggested to include a recommendation to offer on-demand mental health and addiction medicine video training to non-licensed frontline staff who work in behavioral health settings.
- Committee members strongly recommended the inclusion of language in the WET Plan to encourage organizations to raise salaries for their staff to support recruitment and retention efforts.
- It was recommended that HCAI explore options to support the non-licensed workforce with Medi-Cal billing via administrative assistants.
- There was a suggestion for HCAI to ensure that the WET Plan place emphasis to recruit individuals with lived experience with the public behavioral health system and individuals from black and brown communities. A committee member expressed that it is crucial to call out the disparities in the system and conduct outreach that successfully recruits individuals from these communities as early as primary education and high-school level students.
- It was recommended that the evaluation timeline for the Medi-Cal Behavioral Health Recruitment and Retention Program be shortened to allow HCAI to scale successes from the program with Behavioral Health Services Act dollars.
- It was suggested that HCAI provide updates to stakeholders after a year of implementation. Committee staff indicated that HCAI will provide updates at the WET Council Meetings hosted by HCAI and at future Workforce and Employment Committee Quarterly Meetings.

Action/Resolution

The committee staff will consolidate the submitted recommendations into a letter, which will be reviewed by the Council's Officer team prior to submission to HCAI.

Responsible for Action-Due Date

Ashneek Nanua – May 2026

Item #2 Public Comment

Tyler Rinde from the American Psychological Association (APA) stated that his association plans to send a letter on behalf of APA members to the Department of

Health Care Access and Information (HCAI) and to the California Behavioral Health Planning Council for their comments for the 2026-2030 Workforce Education and Training (WET) Five-Year Plan. He expressed concerns about the establishment of a licensed substance use disorder (SUD) provider type and that there needs to be more cross-training in SUD as well as ways to recruit licensed providers into the specialty SUD system, such as the Drug Medi-Cal Organized Delivery System (DMC-ODS). Mr. Rinde also expressed concern for the lack of recruitment and retention funding. He stated that is a modest movement to look at the outcomes and evaluate the program after one year of implementation and the funding should not have been zero dollars from the start. Mr. Rinde stated that APA has concerns about the core competencies in graduate school curriculum and that the competencies are set by national bodies so there is not much that can be done to change them. He stated that there should be more focus on clinical placements at practicums, internships, and postdoctoral work to train individuals.

Action/Resolution

Staff will incorporate the public’s feedback into the committee’s recommendation letter for the 2026-2030 WET Plan, as appropriate.

Responsible for Action-Due Date

Ashneek Nanua – May 2026

Item #3 Meeting Wrap Up and Next Steps

Staff discussed next steps for the committee’s feedback process for the draft 2026-2030 Workforce Education and Training (WET) Five-Year Plan, which include the following:

- Staff will compile the committee’s feedback into a recommendation letter and submit the letter to the Department of Health Care Access and Information (HCAI) by the public comment period deadline on Friday, May 29, 2026.
- Staff will share the committee’s recommendation letters and HCAI’s feedback on the recommendations at the June 2026 Quarterly Meeting.
- HCAI will present the updated 2026-2030 WET Plan to the full Council at the General Session Meeting scheduled for Friday, June 19, 2026. The Council will determine if the draft WET Plan will be approved.

Action/Resolution

Committee Staff will submit a recommendation letter to HCAI and provide updates at the committee’s June 2026 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua – June 2026

California Behavioral Health Planning Council Workforce and Employment Committee (WEC)

Wednesday, June 17, 2026

Agenda Item: Updates on Committee Feedback for the 2026-2030
Workforce Education and Training (WET) Five-Year Plan Draft

Enclosures: [Draft 2026-2030 Workforce Education and Training \(WET\) Plan](#)

[WEC Feedback Letter for WET Plan Objectives](#)

[HCAI Response to WEC Feedback Letter for WET Plan Objectives](#)

[2026-2030 WET Plan Recommendation Letter \(May 2026\)](#)

[California Alliance HCAI WET Panel Feedback](#)

[California Alliance HCAI WET Plan Public Comment](#)

[California Association of Marriage and Family Therapists \(CAMFT\) Letter
HCAI Behavioral Health Workforce Strategy](#)

[CAMFT National Association of Social Workers \(NASW\) CA HCAI 5-Year
WET Plan Feedback](#)

[California Behavioral Health Association \(CBHA\) HCAI WET Plan
Comments \(April 2026\)](#)

[California Behavioral Health Association \(CBHA\) HCAI WET Plan
Comments \(May 2026\)](#)

[County Behavioral Health Directors Association of California \(CBHDA\)
Feedback HCAI Workforce Initiatives March 2026](#)

[California Coalition for Behavioral Health \(CCBH\) Letter HCAI April 2026](#)

[California Psychological Association \(CPA\) WET Plan Letter](#)

[Mental Health America of California \(MHAC\) Response HCAI Findings
and Recommendations](#)

[Psychiatric Physicians Alliance of California \(PPAC\) TNT Primary Care
Education and Training Fact Sheet](#)

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 updates regarding their recommendations for the draft 2026-2030 Workforce Education and Training (WET) Five-Year Plan, created by the Department of Health Care Access and Information (HCAI).

How This Agenda Items Relates to the Council's Focus for 2026

This agenda item relates to the Council's goal related to statewide behavioral health integration and the modification of regulations under the Behavioral Health Services Act (BHSA). The Workforce Education and Training (WET) Five-Year Plan is a BHSA program. The Council is mandated to review and approve the Plan per Welfare and Institution Code (WIC) § 5820(c)–(e).

This agenda item corresponds to the **Workforce and Employment Committee Work Plan Objective 1.1**: Review and make recommendations to the full Council regarding approval of the Department of Health Care Access and Information's Workforce Education and Training (WET) Plan:

- a. Engage in regular dialogue and collaborate with the Workforce Education and Training (WET) Steering Committee.
- b. Maintain an open line of communication with the Department of Health Care Access and Information via Council staff to advise on education and training policy development and provide oversight for education and training plan development.
- c. Participate in the statewide stakeholder engagement process.
 - i. Host a presentation and round-table discussion at the Council's General Session Meeting to initiate the Council's feedback for the development of the 2026-2030 Workforce Education and Training Five-Year Plan.
- d. 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 mandated by WIC § 5820(c)–(e) to coordinate with the California Behavioral Health Planning Council to oversee, review, and approve the Workforce Education and Training (WET) Plan every five years. The purpose of this agenda item is for committee staff to provide updates on the actions taken by the committee and HCAI to incorporate the Council's recommendations into the draft 2026-2030 WET Plan slated for approval by the full Planning Council at the June 2026 General Session Meeting.

Additional Resources: [2020-2025 WET Five-Year Plan](#)
[HCAI Behavioral Health Programs Webpage](#)

California Behavioral Health Planning Council Workforce and Employment Committee

Wednesday, June 17, 2026

Agenda Item: Riverside County Presentation on the Employment of Peer Support Specialists

Enclosures: Riverside County Answers to Standardized Peer Support Specialist Question List

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 on the employment of peer support specialists in Riverside County. Committee members will use the information from the presentation to make recommendations that expand job opportunities for non-certified Peer Support Specialists and improve the peer certification process for peers, training programs, and county systems.

How This Agenda Items Relates to the Council’s Focus for 2026

This agenda item aligns with the Council’s focus on advocacy for people with lived experience and peer certification (Senate Bill 803).

This agenda item corresponds to the **Workforce and Employment Committee Work Plan Objective 1.6, Objective, 1.7, and Objective 2.2.**

Objective 1.6: Support building the workforce of individuals with lived behavioral health experience through monitoring the success of statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth, at the state and local levels.

Objective 1.7: Determine need for advocacy and best course of action to promote the integration of non-credentialed, non-licensed behavioral health workers at the community level who do not operate at the level of Peer Support Specialists, Community Health Workers, or other certified and credentialed professions.

Objective 2.2: 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; Clubhouses, self-

employment and gig work; supported education; high school pipeline and career development; Behavioral Health Services Act (BHSA) or other funding sources; and career pathways and advancement for consumers and peers.

- a. Host a listening session, workshop, or event inviting representatives for each employment model including entrepreneurs to provide perspectives of each model on the community needs, benefits and challenges.

Background/Description:

In September 2020, California passed [Senate Bill \(SB\) 803](#), the Peer Support Specialist Certification Program Act. This law created a framework for Medi-Cal Peer Support Specialist (PSS) training and certification within the specialty behavioral health system. It also allows certified PSS to receive Medi-Cal reimbursement through county mental health plans and substance use disorder (SUD) plans. SB 803 strengthens and expands California's behavioral health workforce by recognizing the value of lived experience, supporting cultural and linguistic diversity, and improving access to recovery-oriented services across communities.

A Peer Support Specialist (PSS) is an individual, 18 years of age or older, who holds a State-approved Medi-Cal PSS certification and uses their own lived experience with mental health and/or substance use disorder challenges to help others in recovery. PSSs offer practical assistance, mentorship, and advocacy by supporting individuals in setting recovery goals, building life skills, and connecting with community resources. Counties may also employ non-certified Peer Support Specialists, but these individuals do not qualify for Medi-Cal reimbursement and may face limits on the roles they can fill.

The purpose of this agenda item is to build the committee's understanding of best practices, lessons learned, and opportunities for the employment of Peer Support Specialists across counties. Committee members will hear a presentation from the Riverside University Health System on the employment of non-certified and certified Peer Support Specialists in Riverside County. Members will have an opportunity to ask questions after the presentation.

Additional Resources:

[Riverside University Health System](#)

Presenter Biography:



Shannon McCleerey-Hooper is the Deputy Director of Peer Support Services at the Riverside University Health System – Behavioral Health.

Shannon came to RUHS-Behavioral Health in 2008. Her teams have trained and supported roughly 400 Certified Medi-Cal Peer Support Specialists in Riverside County. As Peer Support Programs grow across California, her team in Riverside County is the largest and most robust peer-to-peer program in the state, directly employing people with lived experience. She has presented at conferences internationally, including the CALMHSA Inaugural Peer Support Workforce

Conference in Sacramento, the Cultural Competency Symposium in Riverside, CASRA (California Association of Rehabilitation Agencies), “Pathways to Client-Centered Care” at the University of Southern California, Behavioral Health Symposium at Redlands University, NAMI (National Alliance for Mental Illness), National Association of Peer Support Specialists Conference and at the Orygen Youth Mental Health Symposium in Melbourne Australia.

She has provided recovery model training to Marriage & Family Therapy students at Loma Linda University, Cal Baptist University and University of California, Riverside. She and the RUHS-BH Tech Innovations Collaborative Team were recipients the 2022 Challenge Award from the California State Associations of Counties (CSAC) for the behavioral health technological innovation of the TakemyHand Live Peer Chat web-based peer support interface and smartphone app, which inspired CalHope services to implement the statewide emotional support website and chat service during the Covid-19 pandemic.

Shannon can be reached at (951) 955-7117 or email smccleereyh@ruhealth.org

Answers to Standardized Peer Support Specialist Question List

Questions:

1. How many Peer Support Specialists work in county-contracted agencies?

Unknown. We will need to get with our Program Support Team to get that information.

a) How many peers are Medi-Cal certified? Unknown

b) How many peers are not Medi-Cal certified? Unknown

c) How many peers are full-time employees and part-time employees? Unknown

d) How many peer supervisors are Medi-Cal certified Peer Support Specialists?
Unknown

e) What are the diversity demographics of your peer workforce? i.e. race/ethnicity, LGBTQ, refugees, justice-involved, child welfare Unknown

2. What types of programs are certified and non-certified Peer Support Specialists working in? i.e. Full-Service Partnerships, outpatient clinics, community-based organizations, etc. All treatment teams in the RUHS-BH system of care have Peer Support Specialists embedded in the teams. They are all full-time employees. There are 278 directly employed by RUHS-BH Peer Support Specialists.

3. What specific challenges has the county encountered in billing Medi-Cal for certified Peer Support Specialists? Collateral services - our Peer Support Services Team is comprised of peer support disciplines, Adult Consumer PSS, TAY Consumer PSS, Family Advocate PSS (Adult Services) and Parent Partner PSS (Children's Services). In the Family Advocate Program, there are family members that reach out to our Family Advocates daily with adult loved ones jailed, moving through the court system, engaging because their loved is struggling but not engaged in services and needing support and assistance with a loved who is engaged in services. Without an ROI on file, the Family Advocate cannot bill for the services they provide and there is nothing (yet) built into the treatment team workflow that includes the Family Advocate component at intake or ongoing treatment as a standard practice. We are making headway in some outreach and engagement strategies, but without the Family Advocate program being wholly funded by MHSA anymore, it is challenging. We have Family Advocate PSS that can spend a year

supporting a family with court dates and resourcing that takes a great deal of time, and none of it is billable.

4. What specific challenges have contracted community-based organizations encountered in billing Medi-Cal for certified Peer Support Specialists?

Some express the challenge of interpreting the three areas a CMPSS can bill (Therapeutic Activity, Engagement and Education) as we did when it first went into effect. We invite our contract provider peers to all of our PSS Meetings and provide ongoing support and specific training opportunities that help to clarify areas of concern.

5. How many peer certification training programs are there in the county? One. RUHS-

BH is the only Medi-Cal Peer Support Certification training entity in Riverside County.

a.) Are there any plans to expand the number of peer certification training programs in the county? No.

b.) Are there any in-person trainings available? All RUHS-BH Medi-Cal Peer Support Certification trainings are in-person or hybrid (in-person days and remote days due to the size of Riverside County territory).

6. How does the County support individuals with obtaining certification? RUHS-BH employees are required to become certified in two years. The Department pays for the application, training and exam fees in their entirety for all County employed PSS.

a.) What types of financial assistance or scholarships are available at the county level for individuals seeking peer certification? CalMHSA has provided several opportunities for scholarships and voucher programs that pay for application, training and exam fees. SCRIP has provided financial aid to PSS in our county.

b.) What ongoing training and professional development opportunities are available for Medi-Cal Certified Peer Support Specialists in your county? RUHS-BH has monthly regional and program-specific All Peer Meetings (Western, Mid-County, Desert, Mobile Crisis, Substance Abuse Prevention & Treatment, Adult Services, Children's Service, Family Advocate, Parent Partner and the All-Senior Peer Meeting for leadership PSS. These meetings consist of ongoing training and support on a myriad of topics: Documentation, the Code of

Ethics, Self-Care, Leadership, Productivity/Time Management, Team building, Digital Literacy, etc.

7. What are the plans in the near future to add and fund Peer Support Specialist positions in your programs? All PSS in the RUHS-BH system of care bill for their services and have productivity expectations. Our uncertified peers can bill for their services as an “other qualified provider” to ensure sustainability of the positions. There also plans to increase the peer workforce by roughly 10 new positions with the opening of the RUHS Wellness Village, opening in December of 2026.

California Behavioral Health Planning Council Workforce and Employment Committee

Wednesday, June 17, 2026

Agenda Item: Community-Based Organization Perspective on the Employment of Peer Support Specialists

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This agenda item provides committee members with information regarding a community-based organization perspective on the employment of peer support specialists. Committee members will use the information from the presentation to make recommendations that expand job opportunities for non-certified Peer Support Specialists and improve the peer certification process for peers, training programs, and county systems.

How This Agenda Items Relates to the Council’s Focus for 2026

This agenda item aligns with the Council’s focus on advocacy for people with lived experience and peer certification (Senate Bill 803).

This agenda item corresponds to the **Workforce and Employment Committee Work Plan Objective 1.6, Objective 1.7, and Objective 2.2.**

Objective 1.6: Support building the workforce of individuals with lived behavioral health experience through monitoring the success of statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth, at the state and local levels.

Objective 1.7: Determine need for advocacy and best course of action to promote the integration of non-credentialed, non-licensed behavioral health workers at the community level who do not operate at the level of Peer Support Specialists, Community Health Workers, or other certified and credentialed professions.

Objective 2.2: 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; Clubhouses, self-

employment and gig work; supported education; high school pipeline and career development; Behavioral Health Services Act (BHSA) or other funding sources; and career pathways and advancement for consumers and peers.

- a. Host a listening session, workshop, or event inviting representatives for each employment model including entrepreneurs to provide perspectives of each model on the community needs, benefits and challenges.

Background/Description:

In September 2020, California passed [Senate Bill \(SB\) 803](#), the Peer Support Specialist Certification Program Act. This law created a framework for Medi-Cal Peer Support Specialist (PSS) training and certification within the specialty behavioral health system. It also allows certified PSSs to receive Medi-Cal reimbursement through county mental health plans and substance use disorder (SUD) plans.

SB 803 strengthens and expands California’s behavioral health workforce by recognizing the value of lived experience, supporting cultural and linguistic diversity, and improving access to recovery-oriented services across communities.

A Peer Support Specialist (PSS) is an individual, 18 years of age or older, who holds a State-approved Medi-Cal PSS certification and uses their own lived experience with mental health and/or SUD challenges to help others in recovery. PSSs offer practical assistance, mentorship, and advocacy by supporting individuals in setting recovery goals, building life skills, and connecting with community resources. Counties may also employ non-certified Peer Support Specialists, but these individuals do not qualify for Medi-Cal reimbursement and may face limits on the roles they can fill.

The purpose of this agenda item is to build the committee’s understanding of best practices, lessons learned, and opportunities for the employment of non-certified and certified Peer Support Specialists across counties. Committee members will hear a presentation from Dr. Omar Gonzalez-Valentino, Program Administrator at Telecare Corporation, on the employment of Peer Support Specialists in Riverside County. Members will have an opportunity to ask questions after the presentation.

Additional Resources:

[Telecare Website](#)

Presenter Biography:



Dr. Omar Gonzalez-Valentino is a licensed clinician, corporate business leader, and leadership scholar with more than 16 years of experience advancing innovation in behavioral health and human services. He currently serves as the Program Administrator for a 16-bed crisis residential treatment facility supporting individuals in acute psychiatric crises through a social rehabilitation model. In this role, he leads a multidisciplinary team, overseeing clinical quality, operations, workforce development, and strategic initiatives rooted in recovery-oriented care.

His career began in Applied Behavior Analysis before expanding into inpatient psychiatric treatment, outpatient psychotherapy, and non-profit executive leadership. He has expertise in community mental health, crisis response, organizational restructuring, and clinical supervision. He is recognized for building resilient teams, driving systems-level improvements, and fostering psychologically safe workplaces under high-pressure conditions.

Dr. Gonzalez-Valentino earned his MS in Counseling Psychology from California Baptist University and is dually licensed as a Marriage and Family Therapist and Licensed Professional Clinical Counselor. He also completed his PhD in Leadership Studies at the same institution, where his dissertation examined the moderating role of team psychological safety climate on the relationship between Dark Triad personality traits in leaders and team climate for innovation. His research integrates personality, team dynamics, and organizational behavior, offering practical applications for leadership and human capital development.

Beyond his clinical and administrative work, he teaches graduate counseling psychology at California State University, San Bernardino. He also serves on the executive board of the Inland Empire Chapter of the California Association of Marriage and Family Therapists (IE-CAMFT), advancing clinical development and professional diversity. Additionally, he is Chief Financial Officer on the Reach Out board of directors and was recently elected as Clinical Director-at-Large for CAMFT. He is a member of the CAMFT Chapter Advisory Council and has served as a Subject Matter Expert for the California Board of Behavioral Sciences, contributing to exam development for LMFT and LPCC licensure.

As a proud Boricua, Dr. Gonzalez-Valentino celebrates his Puerto Rican heritage as a source of resilience, identity, and inspiration. Coming from a lineage of Puerto Rican scholars, tradespeople, educators, and professionals, he elevates Latino voices through mentorship, teaching, and by setting an example within his own family. His proudest accomplishment is being husband to his loving wife and father to his brave and curious daughter. Together they live in a home full of laughter, adventure, and tenderness.

California Behavioral Health Planning Council Workforce and Employment Committee

Wednesday, June 17, 2026

Agenda Item: Committee Discussion on Presentations for the Employment of Peer Support Specialists

Enclosures: None

How This Agenda Item Relates to Council Mission

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

The committee will use this time to debrief on the presentations about the employment of Peer Support Specialists in public behavioral health settings and outline next steps for information gathering on this topic.

A committee debrief on presentations regarding Peer Support Specialists aligns with the Council's focus on advocacy for people with lived experience and peer certification (Senate Bill 803).

This agenda item corresponds to the **Workforce and Employment Committee Work Plan Objective 1.6, Objective 1.7, and Objective 2.2.**

Objective 1.6: Support building the workforce of individuals with lived behavioral health experience through monitoring the success of statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth, at the state and local levels.

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development; Behavioral Health Services Act (BHSA) or other funding sources; and career pathways and advancement for consumers and peers.

- a. Host a listening session, workshop, or event inviting representatives for each employment model including entrepreneurs to provide perspectives of each model on the community needs, benefits and challenges.

Background/Description:

The purpose of this agenda item is to allow committee members to debrief and discuss key issues from the information presented to them regarding the employment of Peer Support Specialists in the public behavioral health system. The committee will identify any additional information they may want to ask future presenters on this topic to support the employment of certified and non-certified Peer Support Specialists statewide. The committee will then discuss next steps to continue the collection of feedback and advocacy to improve Senate Bill 803 implementation.