California Behavioral Health Planning Council

Workforce and Employment Committee

Meeting Minutes
Quarterly Meeting – June 17, 2026

Committee Members present: Susie Baker, Dave Cortright, Karol Swartzlander for Janet Frank, Jessica Grove, Lanita Mims-Beal, Don Morrison, Dale Mueller, Deborah Pitts, Marina Rangel, Maria Sierra, Bill Stewart

WET Steering Committee Members Present: Theresa Comstock, Shanti Ezrine, Randall Hagar, Robb Layne, Chloe Shin, Steve Sodergren, Sierra Smith, Carli Stelzer, Karen Vicari

Presenters: Shannon McCleerey-Hooper, Omar Gonzalez-Valentino

Staff present: Ashneek Nanua, Simon Vue

Meeting commenced at 1:30 p.m.

Quorum Established: 11 out of 16 members

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

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

Action/Resolution
The April 2026 Workforce and Employment Committee Meeting Minutes will be posted to the Council's website.

Responsible for Action-Due Date
Ashneek Nanua – June 2026

Item #2 Updates on Committee Feedback for the Draft 2026-2030 Workforce Education and Training (WET) Five-Year Plan

Committee staff provided an update on the actions taken to provide input on the draft 2026-2030 Workforce Education and Training (WET) Five-Year Plan. The committee wrote two letters with recommendations for the draft WET Plan. The first letter was developed using feedback received from the committee, WET Steering Committee, and public participants during the Department of Health Care Access and Information

(HCAI) presentation on WET objectives at the Council's April quarterly meeting. HCAI released the draft 2026-2030 WET Plan for public comment on May 12, 2026, and the committee and WET Steering Committee met on May 21, 2026, to develop additional recommendations. The second letter response to the draft Plan was submitted on May 29, 2026. Committee staff also shared that the final draft of the WET Plan will be presented at the General Session meeting on Friday, June 19, 2026, for the Council's approval.

Action/Resolution
The committee will participate in the Council's General Session Meeting on June 19, 2026, to review and approve the 2026-2030 Workforce Education and Training Plan.

Responsible for Action-Due Date
All committee members – June 2026

Item #3 Riverside County Presentation on the Employment of Peer Support Specialists

Shannon McCleerey, the Deputy Director of Peer Support Services for the Riverside University Health System (RUHS), presented an overview of Riverside County's Peer Support Program and its role in countywide behavioral health services. She shared the RUHS mission statement that centers on empowerment, whole-health wellness, and recovery through compassionate, culturally aware, evidence-based care. RUHS emphasizes a person-first philosophy that honors community diversity and supports partnership with families and local groups.

Shannon outlined the demographic profile of individuals served across mental health and substance use programs in Riverside County and noted differences between the program population and overall county demographics. She highlighted gaps showing underrepresented or overrepresented racial and ethnic groups in service data.

RUHS-BH maintains a large workforce with 31% bilingual employees. Peer staff serve in several capacities, such as consumer peers, Transition-Age Youth (TAY) peers, parent partners, and family advocates. Riverside County also relies on contract providers who must include Peer Support Specialists in care teams. There are 238 peers hired directly by RUHS, and the number of Peer Support Specialists employed by contracted providers is unknown.

The Peer Education and Training Team provides a Medi-Cal Peer Certification course and several specializations, such as crisis, unhoused, justice-involved, and family-focused tracks. The course also supports cultural humility through courses on

trauma, civil rights, gender identity, and other topics that help staff serve diverse communities. Additionally, RUHS maintains several cultural competency committees that represent communities such as African American families, Deaf and Hard of Hearing individuals, LGBTQ+ groups, Asian and Pacific Islander communities, people with disabilities, veterans, Native Americans, and Middle Eastern/North African groups. These committees help reduce disparities and ensure that county behavioral health programs reflect community needs.

Shannon outlined best practices for peer employment and emphasized that peer roles must match lived experience. For example, consumer peers support adult or transition age youth, parent partners support caregivers of minors, and family advocates support caregivers of adults. She shared that hiring based on a candidate's diagnosis was discouraged. Additionally, Shannon shared that Policy 164 supports the relationship between supervisors and peer staff. The policy ensures structured support, goal communication, joint recruitment activity, wellness assistance, and professional development sessions.

She also identified challenges for peer employment. She shared that many administrators and supervisors struggle to understand the peer role, which leads to peer drift or limits on peer staff that conflict with ethical guidance. Also, supervisors often lack clarity on billable peer services. Possible solutions include a clear vision for peer support, improved team culture, guidance documents, strong onboarding processes, supportive supervision, better tools, and intentional recruitment strategies. Shannon concluded the presentation with a statement that early adoption of peer services has created a solid foundation, supported by leadership and established infrastructure.

The committee engaged Shannon McCleerey in a question-and-answer session upon conclusion of the presentation. The key points include the following:

- Shannon clarified that the Peer Support Specialist is hired based on lived experience rather than a diagnosis. She stated that the team that works on the peer support playbook conducted a vision exercise and developed a vision statement. Peers and staff may choose which modules to work on for the playbook. She explained the review process for development of the playbook.
- Maria Sierra asked if Riverside County has a training facility for peers or contracts training. Shannon stated that Riverside County contracts with entities for peer training.
- Maria Sierra stated it is helpful for interviewees to share items such as their own lived experience at the interview with peers to help peers feel more comfortable and open if the interview must ask personal questions for the interview. She shared that the focus of the questions are on the peer's recovery.
- Maria Sierra asked what Riverside County has done to help bridge the gap between peers and clinicians. Shannon stated that Riverside County has a senior

peer support team that are assigned as supervisors who attend staff meetings where they can solve problems with the clinical team.
- Don Morrison asked how many peers in Riverside County are billing Medi-Cal for individual and group services and whether the in-house county peers have the same training as the contracted peers. Shannon stated that all peers in the county should be billing Med-Cal for both individual and group services and that both contracted and in-house peers have the same training.
- Committee members expressed that they would like to see more peer support positions throughout California.

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

Item #4 Public Comment

Steve McNally, community member and member of the Orange County Behavioral Health Advisory Board, shared data from the California Mental Health Services Authority (CalMHSA) that Riverside County has 935 peers, San Diego County has 1,055 peers, and Orange County has 434 peers. He said that different organizations across the state are unable to get organized and there is information about Peer Support Specialists on the CalMHSA website, but there is no contact information. He recommended that organizations across the state become organized.

Rosemarie Laguna, the Chief Executive Officer of the PEERS program in Oakland, stated that there have been challenges with Proposition 1, but the organization will receive some prevention funds back to them. She asked about the challenges with Medi-Cal billing for providers.

Theresa Comstock, the Executive Director for the California Association of Local Behavioral Health Boards and Commissions (CalBHBC), requested that the information from the presentation be shared with CalBHBC. She asked if the Workforce and Employment Committee (WEC) could assemble an issue brief that identifies the key components and best practices for Peer Support Specialists.

Item #5 Community-Based Organization Perspective on Employment of Peer Support Specialists

Omar Gonzalez-Valentino, a Program Administrator for Telecare Corporation in Riverside County, presented the perspective on employment of Peer Support Specialists as a county-contracted provider. He first provided a history of Telecare and stated that Telecare's mission is focused on excellent care that supports individuals with complex needs as they recover health, hopes, and dreams.

Telecare's Peer Support Specialists are trained staff who rely on lived experience to support individuals who face mental health or substance use challenges. Omar shared that lived experience includes personal histories with behavioral health issues, criminal justice involvement, houselessness, marginalization, or roles as caregivers or parents. He emphasized that peers hold a unique ability to offer hope and connection for individuals who feel lost or overwhelmed.

Omar expressed the importance of a professionalized peer workforce and referenced certification nationally with Medicaid reimbursement. Telecare employs 334 peer professionals across several categories. These include Peer Support Specialists, family PSS, peer recovery coaches, peer recovery coach II staff, peer recovery educators, peer health navigators, and peer team leads. Omar shared that the various peer roles shows a strong commitment to diversified peer roles within the organization. Telecare's workforce philosophy centers on the idea that peers serve as essential members of interdisciplinary teams. Peer voices take part in operational decisions. Omar shared an example of how the Riverside Lagos Crisis Residential Treatment Facility provides inpatient care for adults with severe or persistent mental health and substance use challenges. Inpatient stays last from 14 to 30 days. Peer support accounts for half of all staffing at the facility, which reflects a deep level of integration within crisis services.

Omar then addressed common myths that act as barriers to peer inclusion in service systems. These myths relate to stigma, misunderstanding, or doubt about peer qualifications. The committee engaged Omar Gonzalez-Valentino in a question-and-answer session upon conclusion of the presentation. The key points include the following:

- The committee stressed the importance of inviting a peer lead to accompany any clinicians or program staff for future presentations from counties and community-based organizations.
- Don Morrison asked if the certified Peer Support Specialists at Telecare bill Medi-Cal. Omar shared that the Medi-Cal billing depends on the bulk of the service, the way that the contracts are set, and whether it is a Fee-For-Service model. Omar stated that it could be billed as a bundled service.

- Maria Sierra asked Omar to discuss Telecare's residential facilities. Omar stated that some of the residential facilities are locked, which means it is an involuntary treatment facility. He indicated that the facility he works at is not an involuntary treatment facility and that Telecare's programs vary on the length of stay. Riverside County has approximately one year length of stay in their subacute facilities.
- Maria Sierra asked what type of training the peers undergo under Telecare. She expressed a desire to increase the number of peer leads and supervisors in the organization, since only five percent of the peer types are peer leads. Omar stated that the organization requires all Peer Support Specialists to be certified and they undergo the CalMHSA certification. He added that there are strict requirements on how much training is needed for the type of service delivered such as residential services under Community Care Licensing. Telecare Corporation operates under a recovery-oriented model, called Recovery-Centered Clinical System (RCCS).
- Deborah Pitts asked if there is a hierarchy among the eight peer types in the Telecare organization. The committee member shared that peer navigators and coaches have distinct roles. Omar stated that the peer types are based on specialization and experience, and that the peer recovery coaches and health navigators do not have any specific supervisory role over the Peer Support Specialists. He added that the organization would look at years of experience as a factor in promotions and career track for Peer Support Specialists.
- Dave Cortright asked how Telecare can have so many different peer types from a fiscal and billing standpoint. Omar stated that billing depends on the way that contracts are structured and the organization is then able to build in certain elements based on the structure.

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

Item #6 Committee Discussion on Presentations for the Employment of Peer Support Specialists

The Workforce and Employment Committee Chairperson initiated a discussion with the committee to plan action items and next steps for the employment of Peer Support Specialists in California. Key discussion points included the following:

- Committee members requested that future presentations from county and contracted provider presentations also invite Peer Support Specialists such as Peer Leads to co-present with clinical and administrative staff.

- The committee asked for future presenters to discuss the percentage of workforce that are Peer Support Specialists in each invited county and program, especially for integrated clinical teams. The committee could then make a recommendation for a policy that states the percentage of peers who must be employed in an organization or specific program.
- Committee members expressed interest in whether there is clear guidance or preference on the benefits of standalone peer-operated programs versus clinical programs that integrate peers into clinical services. This guidance could also potentially help support a recommendation for the percentage of peers that should be employed in a county or organization.
- A committee member recommended there be education and training for clinical staff and county behavioral health directors on the role and scope of services for Peer Support Specialists on their treatment teams. There was also a recommendation to have peers operate as mentors to clinical staff to inform them about the work that Peer Support Specialists do and the value of that work. This may be a step towards better clinical integration and stigma reduction for the peer workforce.
- A committee member mentioned that wellness and recovery centers are programs that will not be mandated to operate statewide under the Behavioral Health Services Act (BHSA). The member recommended that California mandate Peer Support Specialist employment in wellness and recovery centers in every program and in each county.
- There was a recommendation to invite the County Behavioral Health Directors Association (CBHDA) to engage the committee and answer the standardized set of questions that the committee has shared with each invited county. The committee asked that CBHDA would discuss their perspective on the barriers to and best practices for Peer Support Specialist employment in county behavioral health departments across the state, especially for small and rural counties that operate with very few Peer Support Specialists.
- A committee member suggested to identify how educational programs nationally and in California teach their clinicians on how multidisciplinary teams engage with a client and make decisions on how the teams work together.

Action/Resolution
Committee staff will consult with the Council's leadership to determine if an in-between meeting will be scheduled for the committee on the topic of the peer workforce.

Responsible for Action-Due Date
Ashneek Nanua, Simon Vue, Bill Stewart, Dave Cortright – October 2026

Item #7 Public Comment

Theresa Comstock, the Executive Director for the California Association of Local Behavioral Health Boards and Commissions (CalBHBC), requested that the committee develop an issue paper that provides a summary of what services Peer Support Specialists provide, the barriers and successes, and include recommendations to the state and counties. Theresa stated that this would be a valuable resource to share with the local behavioral health boards and commissions. She added that it would be helpful to assemble a panel of counties, County Behavioral Health Directors Association (CBHDA), and peers to discuss this topic.

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

Item #8 Meeting Wrap Up and Next Steps

The committee expressed interest in an interim meeting prior to the October 2026 Quarterly Meeting. The purpose of the interim meeting would be to discuss the potential for the committee to create an issue paper on the challenges, successes, and best practice for the employment of Peer Support Specialists in California. Committee staff encouraged committee members to think about what information to specifically include in the paper, what questions the committee would ask, and to identify what entities to consult with. The Council's representative for the California Commission on Aging recommended that the committee contract with a university to assist with the paper.

Action/Resolution
Committee Staff and Officers will determine if an interim meeting will be scheduled prior to the October 2026 Quarterly Meeting.

Responsible for Action-Due Date
Ashneek Nanua, Simon Vue, Bill Stewart, Dave Cortright – October 2026