

Workforce and Employment Committee Agenda

Wednesday, October 21, 2026

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

[Embassy Suites San Francisco Airport-South San Francisco](#)

250 Gateway Boulevard
South San Francisco, CA 94080
Pauling Room

[Zoom Link](#)

Meeting ID: 974 4556 1442

Passcode: WEC2026

Join by phone: 1-669-900-6833

Passcode: *7363688#

- | | | |
|------------------|---|--------------|
| 1:30 p.m. | Welcome, Introductions, and Housekeeping
<i>Bill Stewart, Chairperson and All Members</i> | |
| 1:35 p.m. | Review and Accept June 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. | 2026-2030 Workforce Education and Training (WET) Plan Update
<i>Angela Brand, Section Chief, Behavioral Health and Policy, Health Workforce Development, Department of Health Care Access and Information (HCAI)</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment | Tab 2 |
| 2:10 p.m. | “Nothing About Us Without Us” Presentation
California’s Peer Leaders on Scaling Peer Support: A Call to Collaborate Across Systems
<i>Meron Agonafer, Policy Director, CalVoices</i>
<i>Carolina Ayala, Founder and CEO, The Happier Life Project</i>
<i>Jason Robison, Chief Program Officer, SHARE!</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment | Tab 3 |
| 2:40 p.m. | Break | |

2:50 p.m.	Contra Costa County Presentation on the Employment of Peer Support Specialists and Senate Bill 803 Implementation <i>Suzanne Tavano, Behavioral Health Director, Contra Costa Health Services</i> <i>Jennifer Tuipulotu, Behavioral Health Office of Peer and Family Empowerment, Contra Costa Health Services</i> • Committee Discussion • Public Comment	Tab 4
3:30 p.m.	Community-Based Organization Perspective on the Employment of Peer Support Specialists <i>Rosemarie Laguna, Chief Executive Officer, PEERS Envisioning and Engaging in Recovery Services</i> • Committee Discussion • Public Comment	Tab 5
4:10 p.m.	Break	
4:20 p.m.	Discussion and Planning for Issue Paper on Peer Support Specialist Employment and Senate Bill 803 Implementation (Action) <i>Bill Stewart, Chairperson and All Members</i> • Committee Discussion • Public Comment	Tab 6
4:45 p.m.	Discussion of 2026 Workforce and Employment Committee Activities for the Council's Year-End Report (Action) <i>Bill Stewart, Chairperson and All Members</i>	Tab 7
4:50 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>	
4:55 p.m.	Meeting Wrap-Up, Next Steps, and Survey on Future Topics For Behavioral Health Paraprofessionals <i>Bill Stewart, Chairperson, Dave Cortright, Chair-Elect, 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, Janet Frank, Jessica Grove, Lynne Martin Del Campo, 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 Nanua, Simon Vue

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

Wednesday, October 21, 2026

Agenda Item: Review and Accept June 2026 Draft Meeting Minutes

Enclosures: June 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 – 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 Medi-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

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

Wednesday, October 21, 2026

Agenda Item: 2026-2030 Workforce Education and Training (WET) Plan Update

Enclosures: Behavioral Health Services Act (BHSA) 2026-2030 Workforce Education and Training (WET) Plan October 2026 Update

Connection to Council Mission

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

This agenda item will update committee members on the 2026-2030 Workforce Education and Training (WET) Five-Year Plan from the Department of Health Care Access and Information (HCAI). Committee members will use this information to make recommendations on policies that guide the implementation of the WET Plan.

This item also supports the Council's focus on statewide behavioral health integration and ongoing regulatory changes for 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.

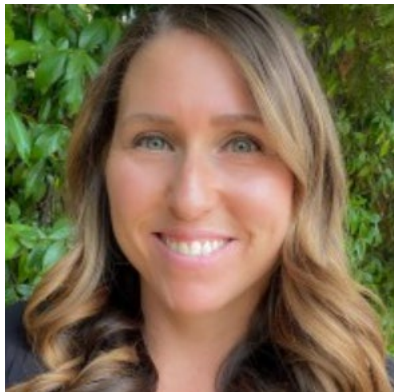
- d. Build the Council's understanding of state-level workforce initiatives and their successes and challenges.

Background/Description:

The Department of Health Care Access and Information (HCAI) is mandated by Welfare and Institutions Code § 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 Plan was officially approved by the Council on June 19, 2026, and went into effect July 1, 2026. At the Council's request, HCAI will now provide regular, quarterly updates on the Plan's implementation.

This agenda item features the first update on the 2026–2030 WET Plan. Committee members and WET Steering Committee members will have the opportunity to ask questions after the presentation.

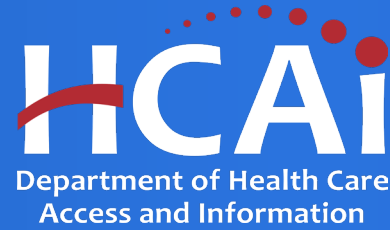
Presenter Biography:



Angela Brand is a public-sector leader with more than 15 years of experience supporting behavioral health systems through program development, workforce initiatives, and community partnership. She currently serves as a Staff Services Manager II at the California Department of Health Care Access and Information (HCAI), where she helps lead statewide efforts to strengthen California's behavioral health workforce and expand pathways into the field for people serving communities across the state. Her work centers on collaboration with counties, providers, educators, and community-based organizations to turn

shared goals into practical, sustainable solutions. Angela brings both professional expertise and lived experience navigating behavioral health and education systems, and is deeply committed to advancing equity, access, and support for the workforce and the communities they serve.

Additional Resources: [2026-2030 Workforce Education and Training \(WET\) Plan](#)
[HCAI Behavioral Health Programs Webpage](#)



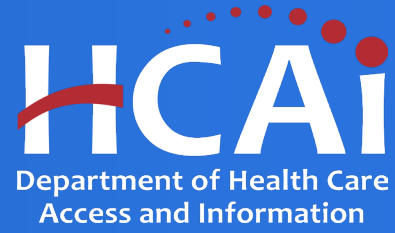
Behavioral Health Services Act (BHSA) 2026-2030 Workforce Education and Training (WET) Plan

October 2026 Update

Behavioral Health and Policy Branch, HCAI

Agenda

- 2026-2030 BHSA WET Plan:
 - Development & Approval
 - Workforce Objectives
 - Year 1 Strategy & Activities
- Next Steps



2026-2030 BHSA WET Plan

Community & Partner Engagement

Phase 1: Community Engagement

- July to August 2025
- 21 statewide community convenings
- 287 community participants
- Broad spectrum of outreach

Phase 2: Deep Dives

- January to April 2026
- 25+ meetings and workshops
- 60+ community, academic, and state partner SMEs
- 1:1s with BHSA Workforce Panel

Phase 3: Plan Feedback and Approval

- March to June 2026
- Convened BHSA Workforce Panel
- Public engagement/comment
- CBHPC approval

2025

2026

Resulted in:

- Key themes
- Initial draft investment objectives and draft programs
- Prioritized list of areas for further investigation

Resulted in:

- Final 5 Objectives framework, including refined language
- Further fleshed out program ideas, by objective

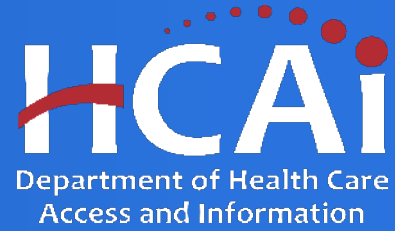
Resulted in:

- WET Plan approval and publication

BHSA WET Plan: 5 Objectives

#	Objectives	Descriptions
1.	Expand Existing Workforce Skills	Expand on-the-job training for existing behavioral health workforce to develop the skills needed to serve individuals with significant behavioral health conditions.
2.	Educate and Train Future Licensed Professionals	Expand affordable academic-based education and training to prepare future licensed behavioral health workforce.
3.	Scale and Optimize Deployment of Non-Licensed Workforce	Provide placement and support for peer support specialists (PSSs) and training and transition-to-practice opportunities for individuals seeking to be employed as substance use disorder (SUD) counselors and other non-licensed behavioral health professionals.
4.	Enhance Career Pathways and Advancement	Develop and implement standardized behavioral health career pathways to increase awareness and support upward mobility with career ladders for non-licensed behavioral health professionals.
5.	Recruit and Retain Workforce	Recruit and retain behavioral health professionals in county and county contracted organizations .

Advance diversity and equity across all.



Year 1

Strategy & Activities

BHSA 2026–2030 WET Plan

The strategy aims to impact all behavioral health professions, including licensed prescribing professionals, licensed non-prescribing professionals, and non-licensed professionals.

The BHSA 2026–2030 WET Plan proposes a variety of investments and programs across five objectives for this five-year period. In response to budget constraints, HCAI developed an objective implementation strategy in close collaboration with the public, as well as HCAI BHSA Workforce Panel partners.

These initiatives are tailored to maximize impact within the reduced funding allocation and reflect HCAI's strategic analysis of key workforce priorities:

- Alignment with priorities of community members, partner organizations, and county partners
- Alignment with substance use disorder (SUD) priorities
- Geographic and linguistic reach
- Non-duplicative of but complementary to existing programs (e.g., Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment [BH-CONNECT] and/ or Rural Health Transformation)
- Potential to drive systems change and establish long-term sustainability, and anticipated workforce impact

Year 1 Strategy

In July 2026, HCAI's budget for Year 1 (FY 2026-27) of the BHSA was set at \$46 million, less than half of the estimated \$100 million expected. The Year 1 strategy focuses on behavioral health including both SUD and mental health needs associated with:

- Upskilling the current behavioral health workforce
- Laying the groundwork for future licensed professionals
- Training and job placement for SUD Counselors and Peer Support Specialists
- Enhancing Career Pathways and Advancement
- Supporting recruitment and retention in the County Behavioral Health System (CBHS)

BHSA WET Plan: Year 1 (2026-27) 1 of 2

OBJECTIVE 1: Expand Existing Workforce Skills

- A. INVESTMENT:** Define and develop prioritized mental health and substance use training for existing workforce
- B. PROGRAM:** Fund prioritized mental health and substance use training
- C. PROGRAM:** Fund addiction medicine and psychiatry training for primary care professionals in Federally Qualified Health Centers and Emergency Departments

OBJECTIVE 2: Educate and Training Future Licensed Professionals

- A. INVESTMENT:** Fund development of County Behavioral Health System (CBHS) aligned curricula for graduate level training programs toward licensure that integrate SUD treatment and other key competencies

OBJECTIVE 3: Scale and Optimize Deployment of Non-Licensed Workforce

- A. INVESTMENT:** Fund labor market analysis for non-licensed professionals
- B. PROGRAM:** Scale training and transition-to-practice in the CBHS for SUD Counselors to address gaps by region
- C. PROGRAM:** Fund job placement and support programs for PSS in the CBHS

Investments are short-term activities where HCAI may fund external, third-party partners to develop the deliverable.

Programs are medium- and long-term proposals where HCAI designs mechanisms to continue funding for solutions developed by investments (e.g., grant programs).

BHSA WET Plan: Year 1 (2026-27) 2 of 2

OBJECTIVE 4: Enhance Career Pathways and Advancement

- A. **PROGRAM:** Fund early evidence-based pathway programs (e.g., internships, apprenticeships) in the fields of mental health and substance use conditions
- B. **INVESTMENT:** Fund career ladders analysis in mental health and SUD services to identify career ladder gaps and potential solutions in the behavioral health workforce

OBJECTIVE 5: Recruit and Retain Workforce

- A. **PROGRAM:** Fund technical assistance to support counties and contract organizations to apply to the BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program, prioritizing small and rural counties while ensuring all counties have access.

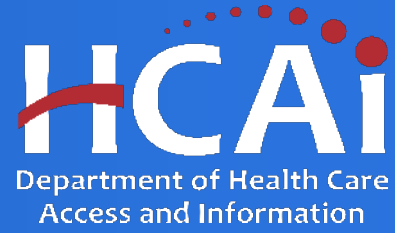
Investments are short-term activities where HCAI may fund external, third-party partners to develop the deliverable.

Programs are medium- and long-term proposals where HCAI designs mechanisms to continue funding for solutions developed by investments (e.g., grant programs).

Next Steps

The detailed design and implementation phase of Year 1 activities is actively underway. As the work progresses, HCAI remains committed to:

- Maintaining on-going community and partner engagement, including CBHPC
- Monitoring and evaluating outcomes
- Making informed adjustments to Year 1 plans as needed
- Sharing outcomes from the previous WET Plan (Regional Partnership evaluation) once available in late 2026 or early 2027



Discussion / Q & A

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

Wednesday, October 21, 2026

Agenda Item: “Nothing About Us Without Us” Presentation
California’s Peer Leaders on Scaling Peer Support: A Call to
Collaborate Across Systems

Enclosures: None

Connection to Council Mission

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

This agenda item provides committee members with information from peer leaders who participated in the California Health and Human Services Agency’s (CalHHS) efforts to identify recommendations to address barriers to scale and strengthen peer support services in California. Committee members will use the information from the presentation to build on the recommendations made by CalHHS to improve access to peer support services in California’s public behavioral health system.

This item supports 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** and **Objective 1.7**.

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.

Background/Description:

The California Health and Human Services Agency (CalHHS), with assistance from the Social Changery, convened leaders of peer organizations focused on mental health and substance use recovery to identify barriers to accessible peer support services. The peer leaders developed 15 call-to-action recommendations to strengthen and scale peer support across California.

This agenda item is to inform the Workforce and Employment Committee on the project's recommended actions and gather committee input to inform behavioral health policy and planning efforts to scale and strengthen peer support services. The presentation will give committee members an opportunity to consider how the Council's priorities on peer support align with the recommendations and identify areas where collaboration can advance shared goals. Members will have an opportunity to ask questions after the presentation.

"Nothing About Us Without Us" Project Summary

Subtitle: California's Peer Leaders on Scaling Peer Support—A Call to Collaborate Across Systems

California has made significant investments in peer support as an essential part of the behavioral health system, yet barriers remain to ensuring peer services are consistently funded, integrated and accessible. Peer leaders from across California with lived experience in mental health and substance use recovery developed a list of recommendations to help address those barriers and identify opportunities to strengthen and scale peer support.

To better understand and address these challenges, the California Health and Human Services Agency convened leaders of peer organizations across California with focuses on mental health and substance use recovery. Over six months, these leaders participated in interviews, reviewed research, and engaged in a shared visioning process centered on one question: What does California need to do to make peer support accessible to everyone who could benefit from it?

From that work, peer leaders developed 15 calls to action for strengthening and scaling peer support across California. Organized across short-, medium-, and long-term horizons, the recommendations build on existing investments while identifying opportunities to strengthen funding, workforce development, system integration, and collaboration.

The California Planning Behavioral Health Council plays an important role in bringing the perspectives of people with lived experience into behavioral health policy and planning, making the Council's perspective especially valuable to this work. The Council has already done significant work developing its own recommendations in this space, and these peer-developed recommendations are intended to build on, not replace, those efforts. This presentation is an opportunity to identify where priorities align, where

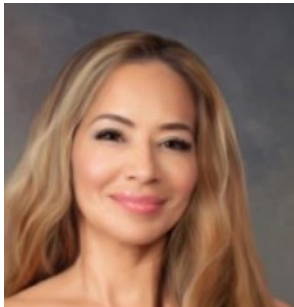
they diverge, and where closer collaboration across peer-led organizations, agencies, counties, and other partners can remove silos and move shared goals forward.

Presenter Biographies:



Meron Agonafer is the Policy Director at Cal Voices. Before joining Cal Voices, she served as a Policy Manager at the California Black Health Network and as a legislative aide to former Assembly Member Shirley Weber. She also served as a Policy Consultant in the Speaker's Office of Research and Floor Analysis and has worked as a Policy Consultant for UC Health. With over 12 years of health policy experience, Meron is committed to advancing equitable health initiatives.

She holds a Master of Arts in African Studies, with a focus on conflict resolution, from Howard University, and a Master of Studies in Law, specializing in government, from UC Law San Francisco.



Carolina Ayala is the Founder and Chief Executive Officer (CEO) of The Happier Life Project, a California-based Recovery Community Organization (RCO) rooted in the Inland Empire. She is a social impact leader building community-driven systems of care for individuals and families impacted by substance use, incarceration, and systemic inequities.

A woman in long-term recovery, Carolina leads with lived experience bringing a trauma-informed, culturally grounded, and community-rooted approach to healing. As an Indigenous Latina and Spanish-speaking leader, she is a fierce advocate for equity, dignity, and access to care for historically underserved communities.

Under her leadership, The Happier Life Project has developed a continuum of services that includes peer-led recovery support, recovery coaching, reentry services, transitional and supportive housing, peer-run respite, overdose prevention and education, and Community Health Worker (CHW) workforce development. Her work prioritizes creating career pathways for people with lived experience, strengthening the behavioral health workforce, and expanding alternatives to crisis response.

Carolina partners with counties, schools, and public health systems to advance peer-led infrastructure, crisis diversion models, and integrated care aligned with Medi-Cal and statewide behavioral health priorities. She is recognized for bridging grassroots innovation with systems-level change—designing scalable, culturally responsive models that move people from crisis to stability and long-term well-being.



Jason Robison is the Chief Program Officer for SHARE! and has led the development and implementation of the program since 2006 and has helped SHARE! Collaborative housing grow into one of the primary housing options for the Los Angeles, Long Beach, and Pasadena Continuums of Care. Jason's work with the coordinated entry system has connected SHARE! Collaborative Housing to lead agencies and partners in all Los Angeles SPAs. Additionally, Jason has spearheaded the development of evidence-based practices in Peer Respite across California and the nation, helping SHARE! Recovery

Retreats become the definitive resource for providers developing successful Peer Respite across the country. Jason has also worked with the State of California to codify best practices in Peer Services and with SAMHSA to develop the core competencies for the National Model Standard for Peer Certification.

Additional Resources:

[The Social Changery Website](#)

[California Health and Human Services Website](#)

[SHARE! Website](#)

[CalVoices Website](#)

[The Happier Life Project Website](#)

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

Wednesday, October 21, 2026

Agenda Item: Contra Costa County Presentation on the Employment of Peer Support Specialists and Senate Bill 803 Implementation

Enclosures: Standardized Peer Support Specialist Question List

Connection 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 Contra Costa County. The committee will use the information from the presentation to make recommendations that expand job opportunities for Peer Support Specialists and improve the peer certification process for peers, training programs, and county systems.

This item supports 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** and **Objective, 1.7**.

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.

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.

This agenda item will help the committee deepen its understanding of best practices, lessons learned, and opportunities for the employment of Peer Support Specialists across counties. Contra Costa Health Services will present on their employment of non-certified and certified Peer Support Specialists. Committee members will have an opportunity to ask questions after the presentation.

Additional Resources:

[Contra Costa Behavioral Health Webpage](#)

Standardized Peer Support Specialist Question List

This survey gathers data on Peer Support Specialist (PSS) staffing, billing, and program utilization across California counties and community-based organizations (CBOs).

The committee will use this information to address local information gaps, advocate for targeted resources, expand employment opportunities for non-certified peers in behavioral health, and streamline the certification process across training programs and county systems.

Questions:

1. How many Peer Support Specialists work directly for your county or in county-contracted agencies? (If your organization is a CBO, how many PSS do you employ, and do you have a contract with the county?)
 - a) How many are Medi-Cal certified?
 - b) How many are **not** Medi-Cal certified?
 - c) How many peers are full-time employees and part-time employees?
 - d) How many peer supervisors are Medi-Cal Certified Peer Support Specialists?
 - e) What are the diversity demographics of your peer workforce? (e.g. race/ethnicity, LGBTQ+, refugees, justice-involved, child welfare)
2. In which programs do certified and non-certified Peer Support Specialists work? (e.g. Full-Service Partnerships, outpatient clinics, CBOs)?
3. What specific challenges and opportunities has your county or CBO encountered in billing Medi-Cal for peer support services?
 - a) What number or percentage of your certified peers bill Medi-Cal for individual and/or group peer support services?
 - b) If your county or organization does **not** bill Medi-Cal for individual and/or group peer support services, what are the barriers?
4. What types of financial and other assistance are available for individuals (including county staff) seeking certification? (*choose all that apply*)
 - ☐ Paying application and/or exam fees
 - ☐ Completing the CalMHSA certification application
 - ☐ Selecting and enrolling in training with an approved training provider
 - ☐ Assistance in preparing for and taking the CalMHSA certification exam
 - ☐ Other _____
5. What ongoing training and professional development opportunities are available for Medi-Cal certified Peer Support Specialists in your county/organization?

6. Does your county/organization help Peer Support Specialists develop and advance into lead positions? If so, describe the process?

7. What are your near-term plans to add and fund new Peer Support Specialist positions?

8. What best practices have been most helpful in implementing Medi-Cal Peer Certification?

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

Wednesday, October 21, 2026

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

Enclosures: PEERS Workforce and Medi-Cal Certification Data Presentation*
Advancing Equity Through Peer-Delivered Behavioral Health Care
Presentation*
2023-2024 PEERS Impact Report*

Connection 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. The information shared in the presentation will help the committee develop recommendations to expand job opportunities for Peer Support Specialists and improve the peer certification process, training programs, and county systems.

This item supports 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** and **Objective 1.7**.

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.

Background/Description:

PEERS Envisioning and Engaging in Recovery Services is a community-based organization that confronts mental health stigma by delivering support groups, workshops, and community outreach. We are the premier peer-led mental health alternative for Alameda County and Contra Costa County residents.

This agenda item will help 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. Rosemarie Laguna, Chief Executive Officer of PEERS Envisioning and Engaging in Recovery Services, will present on Contra Costa County's local experience with Peer Support Specialist employment and certification. Committee members will have an opportunity to ask questions following the presentation.

Biography:



RoseMarie Laguna is the Chief Executive Officer of PEERS, a peer-run behavioral health nonprofit serving Alameda and Contra Costa Counties. In this role, she oversees a \$3 million organizational budget, leads fundraising and grant strategy, and personally negotiates PEERS' contracts with Alameda County, Contra Costa County, and the State of California — securing \$1.8 million in grants and donations within her first six months as CEO.

With over ten years of progressive leadership across behavioral health, healthcare operations, and nonprofit management, Ms. Laguna has directed multi-site programs spanning wound care, opioid treatment, foster care, and peer-run recovery services, including roles at Healogics, BayMark Health Services, and Parents by Choice. Her career began as a Case Manager at Felton Institute, where she supported client self-determination through individualized care planning and harm-reduction approaches — a foundation that continues to shape her leadership philosophy today.

Ms. Laguna currently serves on the Alameda County Behavioral Health Budget Stakeholder Advisory Committee and is active with the Alameda Community Provider Advisory Group, the Alameda Latinx Community Committee, The Collaborative Executive Committee, and The California Alliance. She also serves as a Board Member for Friends of Antioch Library. Ms. Laguna holds a Bachelor of Science in Psychology from Kaplan University.

Additional Resource:

[PEERS Envisioning and Engaging in Recovery Services](#)

**If you would like a copy of the presentations, please email Ashneek Nanua at Ashneek.Nanua@cbhpc.dhcs.ca.gov.*

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

Wednesday, October 21, 2026

Agenda Item: Discussion and Planning for Issue Paper on Peer Support Specialist Employment and Senate Bill 803 Implementation (Action)

Enclosures: None

Connection to Council Mission

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

This agenda item provides committee members an opportunity to discuss the development of an issue paper to highlight the challenges and best practices of Senate Bill 803 implementation. The discussion will also help shape recommendations that expand job opportunities for Peer Support Specialists and improve the peer certification process for Peer Support Specialists who work in the public behavioral health system.

This item supports 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** and **Objective, 1.7**.

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.

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.

The Workforce and Employment Committee (WEC) has tracked the implementation of Senate Bill 803 since its' inception. The committee receives regular policy and program updates from the California Mental Health Services Authority (CalMHSA) and the Department of Health Care Services (DHCS). The committee has also developed a list of standardized questions to ask county behavioral health departments and community-based organizations (CBOs) about their employment of Peer Support Specialists and implementation of peer certification.

At the June 2026 Quarterly Meeting, the committee introduced the idea to create an issue paper based on the feedback provided from counties and CBOs regarding the employment of Peer Support Specialists as a result of Senate Bill 803 and policy changes under initiatives such as CalAIM, BH-CONNECT, and the Behavioral Health Services Act (BHSA). The purpose of the issue paper is to inform state and local agencies about the challenges associated with peer certification and employment, as well as best practices and recommendations to increase employment outcomes and certification for Peer Support Specialists.

Committee members will engage in a planning process for the issue paper which includes but is not limited to a discussion about the following items:

- **Intended audience**
 - Who to disseminate the report to
- **Content to include in the paper**
 - Potential ideas: summary of peer services, employment and certification challenges and best practices, policy recommendations, specialty care system peers (criminal justice, children and youth, older adults), role overlap with Community Health Workers (CHW) and Wellness Coaches, training and job placement, state budget and funding impacts, examination of peer-operated agencies versus integrated teams, etc.
- **Process to develop the paper**
 - Information gathering, consultation with counties, community-based organizations CBOs, and persons with lived experience,
 - Review and evaluation, etc.
- **Timeline to develop the paper**
 - Determine how many quarterly meetings and in-between meetings are needed.
- **Role assignments**
 - Determine what tasks and roles that committee members and staff will be responsible for related to the creation of the report.

California Behavioral Health Planning Council Workforce and Employment Committee

Wednesday, October 21, 2026

Agenda Item: Discussion of 2026 Workforce and Employment Committee Activities for the Council's Year-End Report (Action)

Enclosure: Workforce and Employment Committee 2026 List of Completed Action Items

How This Agenda Item Relates to Council Mission

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

The purpose of this agenda item is to review the activities and action items the committee completed in 2026. The discussion will support the Council's 2026 Year-End Report.

Background/Description:

The California Behavioral Health Planning Council releases an annual report highlighting the achievements and activities of each committee. The Workforce and Employment Committee will review the actions completed in 2026 in accordance with the committee's [2025-2026 Work Plan](#). Committee members will have the opportunity to discuss and prioritize items for inclusion in the Workforce and Employment Committee section of the Council's 2026 Year-End Report.

This document outlines the Workforce and Employment Committee's accomplishments to inform the Council's 2026 Year-End Report. The content below describes action items that the committee has taken in 2026 in accordance with the goals and objectives in the 2025-2026 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 collaborating 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.

Completed Action Items for Work Plan Objective 1.1:

- The committee, alongside the WET Steering Committee, provided guidance and recommendations to the Department of Health Care Access and Information (HCAI) throughout 2026 WEC Quarterly Meetings to influence the development of the 2026-2030 Workforce Education and Training Five-Year Plan. The WEC also submitted [The 2026-2030 WET Plan Development Letter \(May 2026\)](#) to HCAI to provide formal recommendations for the 2026-2030 WET Plan.
- The committee planned two General Session agenda items to educate the Council on the 2026-2030 Workforce Education and Training Five-Year Plan, collect feedback to inform the final Plan via roundtable discussions and communications with HCAI. The Council approved the 2026-2030 WET Plan at the June 2026 Quarterly Meeting.

Objective 1.3: Build the Council's understanding of County-specific workforce development initiatives and their successes and challenges to advocate best practices that may be standardized across local agencies in consideration of different needs in local and urban areas. a. Invite local counties to report on successful workforce development initiatives for new and existing providers and to report on diversity and equity in their demographic data.

Completed Action Items for Work Plan Objective 1.3:

- The committee consulted with the San Diego Behavioral Health Services Department on the ELEVATE Program. ELEVATE is a \$75 million regional investment initiative by the county to add 3,000 new professionals to the public behavioral health field through training, zero-interest loans, and stipends.

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.

Completed Action Items for Work Plan Objective 1.6:

- The committee asked Riverside County, Contra Costa County, Telecare Corporation, and the PEERS Envisioning and Engaging in Recovery Services Program to answer a set of standardized questions regarding the challenges, and best practices for the employment of Medi-Cal billable Peer Support Specialists.
- The committee discussed the potential to create an issue paper on the topic of Senate Bill 803 (Peer Certification) implementation through consultation with various counties and community-based organizations.
- Staff created the [Peer Certification Fact Sheet](#) which provides a summary of Senate Bill 803 and the Peer Support Specialist Certification Program. This resource provides a snapshot of the program, along with the Council's role, advocacy efforts, accomplishments, and recommendations.
- Staff attended a Cal Voices training pertaining to the BHSA Integrated Plan process, in which the discussions with training participants were primary Peer Support Specialists and local organizations that employ peers.
- Staff attended sessions focused specifically on the employment and utilization of Peer Support Specialists in community-based organizations during the 2026 California Child and Family Services Conference.

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.

Completed Action Items for Work Plan Objective 2.2:

- The committee consulted with the Department of Health Care Services (DHCS) on the Individual Placement and Support (IPS) Supported Employment model and how the state is integrating IPS supported employment in substance use disorder services.
- Council staff attended several state policy meetings regarding workforce initiatives through the BH-CONNECT Initiative, BHSA, and other statewide workforce programs.