

California Behavioral Health Planning Council

Workforce and Employment Committee

Meeting Minutes
Quarterly Meeting – January 21, 2026

Committee Members present: Susie Baker, John Black, David Cortright, Jessica Grove, Lanita Mims-Beal, Don Morrison, Dale Mueller, Maria Sierra, Bill Stewart, Arden Tucker

WET Steering Committee Members Present: Abby Alvarez, Shanti Ezrine, Janet Frank, Randall Hagar, Lynn Rivas, Sierra Smith, Karen Vicari

Presenters: Andy Hall, Michael Ulibarri, Uzma Rahman, Ivan Bhardwaj

Staff present: Ashneek Nanua, Simon Vue

Meeting commenced at 1:30 p.m.

Quorum Established: 10 out of 14 members

**Item #1 Review and Accept October 2025 Draft Meeting Minutes
(Action)**

The Workforce and Employment Committee reviewed the October 2025 Draft Meeting Minutes. The minutes were accepted by the committee with no edits.

Action/Resolution

The October 2025 Workforce and Employment Committee Meeting Minutes will be posted to the Planning Council’s website.

Responsible for Action-Due Date

Ashneek Nanua – January 2026

**Item #2 Presentation and Discussion of ELEVATE Behavioral Health
Workforce Fund**

Andy Hall, Project Manager of the ELEVATE Behavioral Health Workforce Fund in San Diego County, presented on the ELEVATE Program. The ELEVATE Behavioral Health Workforce Fund is a Mental Health Services Act (MHSA) Innovation Program approved for \$75 million over five years by the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and the San Diego County Board

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of Supervisors. This initiative is designed to introduce innovative approaches to strengthen community behavioral health services and address workforce shortages.

The primary goal of ELEVATE is to attract and retain 3,000 workers in the public behavioral health field. To achieve this, the program provides funds for training, tuition support, and incentive opportunities. The fund is administered by the Policy and Innovation Center (PIC) in partnership with Social Finance and Trailhead Strategies.

Key strategies of the ELEVATE Program include the expansion of Psychiatric Mental Health Nurse Practitioner programs through fellowships and training, which will support 135 students and fellows. The program also invests in Peer Support Specialists with lived experience, which aims to add 500 specialists to the workforce. The apprenticeship program will enable individuals to “earn and learn” on the path to become substance use disorder counselors, case managers, and community health workers, with 700 apprentices targeted. Additionally, ELEVATE will provide zero-interest, forgivable loans for behavioral health students, which will benefit 1,200 individuals, and will fund 360 Master-level social work, counseling, and therapy interns.

The presenter discussed the Apprenticeship Program model. The apprenticeship program is evidence-based and has been documented to lead to wage increases. The core requirements include a paid W-2 job, no out-of-pocket costs for the participant to pay for school or certification, and the occupation must include 144 hours of education per year. The education component is why the peer program was pulled out of the apprenticeship program, as it would add an additional 64 hours of training on top of the California Mental Health Services Authority (CalMHSA) required training program. However, some employers may add peer courses related to the unhoused population, billing and training, and mental health first aid, which could lead to a peer apprenticeship program. Apprenticeship models that are overseen and approved by the state and federal government unlock funding streams from local, state, and federal workforce agencies, which contribute to the sustainability of the program. The initial focus of the program is on substance use disorder counselors, unlicensed case managers, and community health workers.

To further strengthen the public behavioral health workforce, ELEVATE introduces new programs to bridge gaps and enhance workforce development. Employers can engage through the Employer Learning Community (ELC), which provides updates on ELEVATE programs, opportunities to advance hiring and retention goals, and connections to education and training partners.

The presenter shared a list of eligible employers that may participate in the ELEVATE Program. The presenter then shared the ELEVATE website, which includes logic and partnership models, tools and templates, and other helpful resources.

After the presentation, the presenter 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:

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- A committee member asked about the qualifications for the Loan Program and the contract's duration. The presenter stated that the Pay-It-Forward Loan Program contract is five years. This will allow students to enter the county behavioral health system after they obtain licensure. The presenter stated that the qualifications include enrollment in a Master's of Counseling or Social Work Program at San Diego State University or California State University, San Marcos. The program will bring in more providers via distance learning to support more schools, with a focus to serve individuals in San Diego County.
- The presenter stated that data will be collected on enrollment, placement, and twelve months post-placement for the Peer Support Training and Placement Program. This will help identify how much individuals' wages increased over the course of the program.
- A committee member asked how long the programs have been live and whether there have been any results. The presenter clarified that ELEVATE is in its first year of implementation and that outcomes have not yet been evaluated.
- A committee member noted the wide range of education among Peer Support Specialists and asked the presenter to comment on the applicant pool for the apprenticeship program. The presenter reported that about 50% of peers in the program are employed and do not seek work, about 65% identify with lived experience in the justice system or as unhoused. The racial and ethnic composition of enrollees is representative of the consumer base. Because the program is still in its early stages, formal demographic information will be released at a later date.
- Committee members asked about outreach efforts to promote the ELEVATE Program, especially for people of color. The presenter indicated that the marketing approach to students is currently in development. The National Alliance for Mental Illness (NAMI) and Pacific Clinics conduct outreach for the Peer Support Training and Placement Program. Additionally, all contracts include requirements and commitments to recruit, train, and place peers who reflect the communities they serve and have cultural and linguistic competency. The apprenticeship program has two payment rates: a base rate for certification and an increased rate for individuals with experience in the criminal justice system, experience being unhoused, language competency in the threshold languages, and other factors (veteran status, low-income community, etc.).
 - A committee member recommended outreach to peers in unemployment offices.
 - A committee member recommended outreach to the deaf and hard-of-hearing community. The presenter stated that these efforts have been made and that American Sign Language (ASL) is available at the program meetings.
- A committee member asked whether the ELEVATE Program has a Peer Advisory Committee, such as individuals with lived experience, with oversight of the \$75 million program. The member noted that no peer-run organizations were listed among the program's partners, which would be important given that many such programs are being cut. The presenter reported that input sessions with employers and peers emphasized the importance of the California Mental Health

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Services Authority (CalMHSa) Peer Certification. The presenter added that there is no peer-specific advisory structure.

- A committee member recommended the use of Certified Alcohol and Drug Counselor (CADC) model for peer certification to ensure wage increases for peer specialists who receive certification. Currently, certified Peer Support Specialists can bill Medi-Cal, which can increase organizational income but not necessarily the peer worker's income. The presenter proposed to merge peer certification with CADC certification into a combined pathway within an apprenticeship program with scheduled wage increases for the participant.
- A committee member asked about the intersection between the ELEVATE Program and the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. The presenter stated that the ELEVATE Program is additive to the BH-CONNECT Workforce Initiative, but there is a need to compare the programs and leverage them in a way that is not duplicative.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 Public Comment

Shanti Ezrine from the California Association of Marriage and Family Therapists (CAMFT) shared that CAMFT represents over 39,000 Marriage and Family Therapists (MFTs) statewide, many of whom are pre-licensees. He thanked the presenter and said he would share the information with his members.

Randall Hagar asked whether there are any programs that will incentivize direct services to psychiatrists. He suggested incentives to train in public psychiatry as a specialty and to place them where they are needed. He stated that the psychiatrist rate is three or four in most counties in nonprofit agencies.

Rosemarie Laguna, the Chief Executive Officer for the PEERS Program in Oakland, expressed concerns about cuts to peer funds in her program. She noted that peers in Alameda County help others through their lived experience. The PEERS Program hires individuals with lived experience and supports peer workforce development. The program would like to advance educational development. Rosemarie asked how to use Behavioral Health Services Act (BHSA) funds to diversify, expand, and support their peers, who do amazing work in the community. She expressed that if peers are lost, there is nowhere to refer clients with mental health issues because peer programs continue to be cut.

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Janet Frank from the California Commission on Aging stated that San Diego County Behavioral Health had a program that identified a core group of providers who delivered clinical services to older adults and partnered with SDSU for training. These providers received a raise. She asked how many of the 94 agencies in the ELEVATE Program serve older adults. Specialized training and efforts can help serve older adults, which is important to keep in mind.

Sierra Smith stated that she runs a clinical training program and works in community mental health. She reported that the integration of workforce development with community mental health within the ELEVATE Program is of interest because she has not seen these two factors integrated at this level. She asked how San Diego County plans to build out the subset of the population of peer support into the pathway to licensure for individuals interested in licensure.

Steve McNally stated that the California Mental Health Services Authority (CalMHSA) provides the number of certified peers by county and asked how many of those peers in San Diego are employed in the county or through a contracted provider. He noted that the Mental Health Plan or Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan in Orange County shows ten to fifteen percent of certified peers. Steve stated that many facilities and positions require time due to county or state licensing. He reported that this is a good opportunity to expand innovation funds to counties. Steve stated that Assembly Bill 96 will allow peers and Community Health Workers to bill the Managed Care system.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Presentation and Discussion of Supported Employment Integration in Substance Use Disorder Treatment Programs

Michael Ulibarri, Section Chief of the Medi-Cal Special Projects Branch of the Medi-Cal Behavioral Health Policy Division at the Department of Health Care Services, presented on the BH-CONNECT Workforce Initiative. The presentation focused on the Individual Placement and Support (IPS) Model of Supported Employment as part of California's Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative, a multi-pronged effort to transform behavioral health services statewide. BH-CONNECT includes a five-year Medicaid Section 1115 demonstration, State Plan Amendments (SPAs), and policies to expand evidence-based practices under Medi-Cal.

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BH-CONNECT goals include the expansion of community-based services, access of federal funds for short-term facility care, promotion of transitions to community settings, and strengthens family-based supports. The Initiative also intends to grow the specialty behavioral health workforce through scholarships, loan repayment, and training programs. The Centers for Medicare and Medicaid Services (CMS) has approved up to \$1.9 billion for workforce investments between 2025 and 2029 to support recruitment, training, and retention of practitioners committed to serve Medi-Cal members. Recipients of the workforce funding will commit to serve Medi-Cal members with significant behavioral health needs for two to four years.

The IPS model is now a covered Medi-Cal service under SPA 24-0051. Counties that participate can bill IPS services at a bundled monthly rate designed to maintain fidelity to the evidence-based model. IPS emphasizes competitive employment as a key aspect of recovery and offers job development, placement, career advancement, and ongoing supports without prior authorization. Eligibility is based on client choice, with zero exclusion criteria which means individuals are not denied services due to mental health symptoms, substance use, housing instability, or legal involvement.

IPS implementation requires integrated mental health and employment teams, person-centered planning, and coordination with local vocational rehabilitation programs. Services include pre-employment activities (career profiling, job development, benefits counseling) and employment supports (job coaching, advancement planning, follow-along supports). IPS has demonstrated strong outcomes, with competitive employment rates that average 55% compared with 24% for traditional approaches.

To support fidelity and training, the Department of Health Care Services established Centers of Excellence (COEs), which includes an IPS Employment Center that offers free training, technical assistance, and fidelity monitoring for counties and providers. IPS training includes in-person and virtual sessions, online coursework, and on-site technical assistance.

The committee participated in a discussion and a question-and-answer session following the presentation. The presenter, Michael Ulibarri, was joined by Uzma Rahman, the Branch Chief of the Medi-Cal Special Projects Branch under the Medi-Cal Behavioral Health Policy Division, and Ivan Bhardwaj, the Division Chief of the Medi-Cal Behavioral Health Policy Division, who were present to answer questions. Key discussion points are included below:

- A committee member stated that evidence-based practices (EBPs) tend to target a specific provider group and asked how to track this information. Michael Ulibarri stated that the EBPs are listed on the DHCS website. The policy guide provides descriptions of the EBPs.
- A committee member asked for the total number of counties that have opted to provide Individual Placement and Supports (IPS) services in the BH-CONNECT Initiative. Michael Ulibarri stated that no counties are currently opted into participate. Ivan Bharwaj added that the Centers of Excellence (COEs) are in

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their early stages of development and anticipate more county participation as the COEs progress and work with the counties.

- A committee member asked whether any restrictions prevent the full \$1.9 billion from being spent. Uzma Rahman explained that the Department of Health Care Services (DHCS) uses a funding allocation model that determines how funds are spent. Funding is based on Medi-Cal member enrollment for each county and is allocated to Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) utilization, with unique member-level allocations based on past utilization data. The funding model acknowledges and accounts for equity adjustments, includes start-up costs for smaller counties, and applies minimum caps to ensure that no county receives below a threshold amount of funds. For the Workforce Initiative, the model also determines funds for the five programs based on applications received and the needs of those programs. DHCS estimated general amounts for the five programs, but there is an allotment to re-distribute funds based on the Special Terms and Conditions (STCs) provided by the Centers for Medicare and Medicaid Services (CMS). Michael Ulibarri added that the 42 counties that committed to the Workforce Initiative received the full allotment.
- A committee member asked whether lessons were learned from the first year of implementation of the Workforce Initiative. Michael Ulibarri stated that the state engages with the counties for lessons learned. He noted that one lesson was that many counties believed the Initiative was a requirement, when the requirement applies only to opt-in in the Short-Term Institute for Mental Disease (IMD) program within the BH-CONNECT Initiative. Therefore, DHCS will work to improve communication and messaging to the counties to provide clarity.
- A committee member asked whether DHCS is pleased with the quality of stakeholder engagement. Uzma Rahman stated that DHCS solicits public comment on draft policy guidance to ensure it reflects the reality of the work on the ground. Ivan Bhardwaj added that DHCS works with the CalAIM Behavioral Health Workgroup and other forums to engage stakeholders and share information. He also stated that DHCS works with the County Behavioral Health Directors Association (CBHDA) to inform the work.

Action/Resolution

The committee leadership will continue to seek ways to include supported employment in substance use disorder treatment programs.

Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Bill Stewart, Dave Cortright – Ongoing

Item #5 Public Comment

Sierra Smith stated that it would be helpful to create a pathway for small entities to engage in opportunities the BH-CONNECT Initiative may offer. Sierra shared that she

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co-facilitates the Greater Los Angeles Marriage and Family Therapist (MFT) Consortium, a coalition of universities with master's programs for future therapists, as well as clinical training agencies. She stated that those who work with populations that could be funded through the Department of Health Care Services (DHCS), such as formerly incarcerated individuals or youth that exit the foster care system, face difficulties with pathways to community, county-funded services. Sierra stated that she has not seen Request for Proposals (RFPs) posted on the Los Angeles County website at this time, and that large entities are not subcontracting services. She stated that CalAIM requires direct linkages to specific sources, which makes it difficult for small entities to engage in these efforts. Sierra added that she has not heard of any responsiveness from the Department of Education to the de-professionalization of mental health providers, and she has concerns that graduate programs will now be capped at \$40,000 for government loans. Sierra asked the Department of Health Care Services how to subsidize those costs.

Rolonda Jackson, the President of the Board of Directors for the PEERS Program in Oakland, stated that her organization supports and employs several residents in the communities served in Alameda County. She stated that the county has not opted into the BH-CONNECT Workforce Initiative and asked DHCS what the starting point is. She asked whether the starting point is to issue an RFP with the county.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #8 **Wrap Up/Next Steps and BH-CONNECT Workforce Initiative Written Update**

Committee staff reviewed a one-page written update from the Department of Health Care Access and Information (HCAI) on the BH-CONNECT Workforce Initiative's awards and funding cycle timelines. A committee member requested clarification on the accuracy of the Residential Training Program. The program states that there are five awardees and \$15 million, which totals \$3 per awardee. Another committee member asked for clarification on the definition of college-based Peer Support Specialist Programs. Staff will reach out to HCAI to clarify the questions posed at the meeting.

Committee members then discussed next steps for future committee meetings. The committee provided the following suggestions for future meeting topics:

- A request for a report on the information shared at HCAI's webinar for the communities that would like to apply for scholarships.

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- A recommendation to conduct a needs assessment for the behavioral health workforce in California. This may include a dashboard of ongoing gaps and the state's efforts to address these gaps in the public behavioral health workforce.
- A recommendation for the committee to explore the employment factors specific to the Assertive Community Treatment (ACT) and Forensic ACT models.
- A request for an update from the Department of Rehabilitation (DOR) on employment programs for individuals with behavioral health conditions.
- A recommendation to invite small and rural counties to speak on Medi-Cal-certified and non-Medi-Cal-certified peers, based on the questions the committee developed. There were specific requests to invite Alameda County, Contra Costa County, San Joaquin County, Stanislaus County, Sutter Yuba County, and Butte County. A committee member recommended the addition of a community-based organization to the panel to discuss challenges and best practices.

Committee staff reminded committee members that the 2026-2030 Workforce Education and Training (WET) Five-Year Plan is scheduled for renewal by June 2026. The committee will review the draft WET Plan at the April 2026 Quarterly Meeting. The Council's Executive Officer, Jenny Bayardo, stated that the Department of Health Care Access and Information (HCAI) has added more levels of vetting and approval for the WET Plan than in previous years. HCAI is also housed under the Health and Human Services Agency and has an obligation to discuss components of the WET Plan with the Agency, which takes more time than the previous process.

Action/Resolution

The following action items were identified:

- Staff will seek clarification from HCAI on the Residency Training Program award amount for the BH-CONNECT Workforce Initiative.
- Committee members who attend HCAI's webinar on the scholarships.
- Committee staff will keep in contact with the HCAI for the draft WET Plan.
- Committee leadership and staff will develop the agenda for the April 2026 Quarterly Meeting.

Responsible for Action-Due Date

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

Item #9 Public Comment

Lynn Rivas, the Executive Director of the California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated that she has lived experience of Bipolar I Disorder. She reported that Alameda County has cut the budget for peer-run organizations by 90% over the last four weeks, which amounts to over \$4 million. Lynn

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said the viability of these organizations is in question. She added that this leaves peers to work for the county, and studies have demonstrated the efficacy of peers in peer-run organizations rather than in county settings, because peers live the recovery models in community-based organizations (CBOs). In CBOs, peers are supervised and trained by other peers, which often does not happen at the counties, where non-peers do not understand the recovery model. Lynn stated that the peer workforce is in crisis.

Rosemarie Laguna, the Chief Executive Officer for the PEERS Program in Oakland, stated that Alameda County is in dire need of additional support for peer-run organizations. She also stated that she would like the Department of Health Care Access and Information to look into this. Rosemarie recommended an examination of CBOs that engage in wellness and peer support work in diverse communities.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A