

California Behavioral Health Planning Council

Workforce and Employment Committee

Meeting Minutes  
Quarterly Meeting – April 15, 2026

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

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

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

**Staff present:** Ashneek Nanua, Simon Vue

**Meeting commenced at 1:30 p.m.**

**Quorum Established:** 9 out of 14 members

---

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

---

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

**Action/Resolution**

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

**Responsible for Action-Due Date**

Ashneek Nanua, Simon Vue – April 2026

## California Behavioral Health Planning Council

---

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

---

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

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

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

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

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

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

## California Behavioral Health Planning Council

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

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

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

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

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

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

## California Behavioral Health Planning Council

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

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

## California Behavioral Health Planning Council

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

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

### Action/Resolution

N/A

### Responsible for Action-Due Date

N/A

---

### Item #3      Public Comment

---

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

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

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

---

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

---

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

## California Behavioral Health Planning Council

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

Key points discussed included the following:

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

## California Behavioral Health Planning Council

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

## California Behavioral Health Planning Council

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

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

### Action/Resolution

## California Behavioral Health Planning Council

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

### **Responsible for Action-Due Date**

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

---

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

---

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

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

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

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

---

### **Item #6      Meeting Wrap Up and Next Steps**

---

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

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

### **Action/Resolution**

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

### **Responsible for Action-Due Date**

Ashneek Nanua – May 2026