

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AGENDA

(Revised 4/8/2026)

April 14, 15, 16, and 17, 2026

Residence Inn Sacramento Capitol Park/California Endowment/DHCS, Sacramento,
CA

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact the Council at 916-701-8211 by **March 30, 2026** to meet the request. All items on the Committee agendas posted on our website are incorporated by reference herein and are subject to action.

COMMITTEE MEETINGS

Tuesday, April 14, 2026

2:00 p.m. [Performance Outcomes Committee](#)

Wednesday, April 15, 2026

8:30 a.m. [Executive Committee](#)

10:30 a.m. [Patients' Rights Committee](#)

12:00 p.m. LUNCH (on your own)

1:30 p.m. [Workforce and Employment Committee](#)

1:30 p.m. [Legislation and Public Policy Committee](#)

Thursday, April 16, 2026

8:30 a.m. [Housing and Homelessness Committee](#)

8:30 a.m. [Systems and Medicaid Committee](#)

12:00 p.m. LUNCH (on your own)

Thursday, April 16, 2026

COUNCIL GENERAL SESSION

Conference Call: (669) 900-6833 (Listen Only)

Meeting ID: 979 8764 5534 **Passcode:** 880950

Location: California Endowment Sacramento

1414 K Street, Sacramento, CA 95814

- 1:30 p.m. Welcome and Introductions**
Tony Vartan, Chairperson
- 1:35 p.m. Acceptance of January and April 2025 Meeting Minutes** **Tab P**
Susan Wilson, Chairperson Elect
- 1:40 p.m. Senate Bill 803 (SB 803): Medi-Cal Peer Support** **Tab Q**
Specialist Certification Program Statewide Updates
Program Overview: Ivan Bhardwaj, Division Chief, Medi-Cal Behavioral Health Policy Division, CA Department of Health Care Services
Certification Update: Lucero Robles, LCSW, Senior Director, Quality Assurance and Compliance, California Mental Health Services Authority
Statewide Implementation Update: Elissa Feld, Executive Director, County Behavioral Health Directors Association of California (CBHDA)
- *Panel Presentations (35 minutes)*
 - *Council Member Discussion (10 minutes)*
- 2:35 p.m. 15-Minute Break**
- 2:50 p.m. SB 803 Implementation: Stakeholder Perspective** **Tab R**
Opportunities for Improvement and Advocacy
Lynn Rivas, Executive Director, California Association of Mental Health Peer Run Organizations
Dawniell Zavala, Associate Director & General Counsel, Cal Voices
Meron Agonafer, Policy Director, Cal Voices
- *Panel Presentations (30 minutes)*
 - *Council Member Discussion (10 minutes)*
 - *Public Comment (5 minutes)*
- 3:25 p.m. 5-Minute Break**
- 3:30 p.m. Department of Health Care Services (DHCS) Update**
Paula Wilhelm, Deputy Director, Behavioral Health, CA Department of Health Care Services
- *Presentation (20 minutes)*
 - *Council Member Discussion (5-7 minutes)*
 - *Public Comment (4-5 minutes)*
- 4:00 p.m. General Public Comment**
- 4:20 p.m. Recess**

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

Friday, April 17, 2026

COUNCIL GENERAL SESSION

Conference Call: (669) 900-6833 (Listen Only)

Meeting ID: 979 8764 5534 **Passcode:** 880950

Location: Department of Health Care Services

1700 K Street, Sacramento, CA 95811

8:30 a.m. Welcome Back & Announcements

Tony Vartan, Chairperson

8:35 a.m. Commission for Behavioral Health Address to the Council

Al Rowlett, Chair/Commissioner

- Presentation (10 minutes)
- Council Member Discussion (5 minutes)

8:45 a.m. Committee Report-Outs

- **Performance Outcomes:** Noel O'Neill, Chairperson
- **Executive:** Tony Vartan, Chairperson
- **Patients' Rights:** Mike Phillips, Chairperson
- **Legislation and Public Policy:** Javier Moreno, Chairperson
- **Workforce and Employment:** Bill Stewart, Chairperson
- **Housing and Homelessness:** Maria Sierra, Chair-Elect
- **Systems and Medicaid:** Karen Baylor, Chairperson

9:10 a.m. Presentation of Draft 2026-2030

Workforce Education and Training (WET) 5-Year Plan

Department of Health Care Access and Information (HCAI)

- Presentation (50 minutes)
- Council Member Q&A (10 minutes)
- Public comment (10 minutes)

Tab S

10:20 a.m. 15-Minute Break

**10:35 a.m. Workforce and Employee Committee Lead
Discussion on Draft 2026-2030 WET 5-Year**

- Committee Findings (10 minutes)
- Facilitated Round Table Discussions (20 minutes)
- Round Table Report outs (5 minutes)

Tab T

11:10 a.m. Unshame CA Campaign & Treatment Atlas

Saskia VandeKamp, Senior Director of Community Engagement

Lisa Kugler, Psy.D. Senior Vice President, Treatment Atlas

- Presentation (20 minutes)
- Council Member Q&A (10 minutes)

Tab U

11:40 a.m. General Public Comment

11:55 a.m. Closing Remarks

Tony Vartan, Chairperson

12:00 p.m. Adjourn

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

2026 Council Meeting Schedule

- June 16-19, 2026: [Marriott Riverside at the Convention Center](#), Riverside, CA
- October 20-23, 2026: [Embassy Suites San Francisco Airport-South San Francisco](#), South San Francisco, CA

2027 Council Meeting Schedule

- January 19-22, 2027: San Diego, CA
- April 13-16, 2027: Sacramento, CA
- June 15-18, 2027: Los Angeles Area
- October 19-22, 2027: Bay Area

**California Behavioral Health Planning Council
General Session**

Thursday, April 16, 2026

Agenda Item: Acceptance of January 2025 and April 2025 Meeting Minutes

Enclosures: None

Background/Description:

Draft meeting minutes will be emailed to Council Members at least three days before the meeting. Committee members will review and accept meeting minutes.

California Behavioral Health Planning Council General Session

Thursday, April 16, 2026

Agenda Item: SB 803 Implementation Update

Enclosures: [Medi-Cal Peer Support Specialist Certification Program](#)

[Roles and Responsibilities](#)

[Medi-Cal Code of Ethics for Peer Support Specialists in California.pdf](#)

Background/Description:

Senate Bill 803 (SB 803) was enacted in September 2020, requiring the Department of Health Care Services (DHCS) to establish Peer Support Services as a distinct benefit under Medi-Cal. This legislation mandates that DHCS seek federal approval to create Medi-Cal Peer Specialists as a provider type and to provide specialized peer support services under the Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) programs. As of September 2025, 53 counties have opted-in to include Medi-Cal Peer Support Services as a benefit in their delivery systems.

The California Mental Health Services Authority (CalMHSA) is responsible for certification and training standards for Medi-Cal Peer Support Specialists, ensuring consistency statewide. The County Behavioral Health Directors Association (CBHDA) represent the counties who have opted to the benefit statewide. During this agenda these three organizations will present to the Council and engage in conversations about the program.

Panelist Biographies:



Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, CA Department of Health Care Services

Ivan Bhardwaj is currently serving as the Chief of the Medi-Cal Behavioral Health Policy Division, where he oversees behavioral health programs and policy for county Mental Health Plans, as well as the Drug Medi-Cal and Drug Medi-Cal Organized Delivery System programs. Additionally, he oversees DHCS' 988 program activities, the Medi-Cal Mobile Crisis benefit, and a host of CalAIM initiatives, such as the

CalBH-CBC waiver, No Wrong Door, Documentation Redesign, and Behavioral Health Administrative Integration. Ivan formerly served as Chief of the Federal Grants Branch, where he oversaw many of the Department's behavioral health grant programs, including the MAT Expansion Project and the Naloxone Distribution Project.

Lucero Robles, LCSW, Senior Director, Quality Assurance and Compliance, California Mental Health Services Authority



Lucero Robles has a passion for supporting persons with behavioral health needs. She has over 20 years of experience in the behavioral health space, providing direct services in county behavioral health systems and developing and implementing programs. She is currently the Quality Assurance Director at the California Mental Health Services Authority (CalMHSA) where she is leading the implementation of the Medi-Cal Peer Support Specialist Certification.

Elissa Feld, the Director of Policy and Regulatory Affairs for the County Behavioral Health Directors Association (CBHDA)



Elissa joined the County Behavioral Health Directors Association (CBHDA) in 2020. As Director of Policy, she is responsible for leading policy analysis and administrative advocacy to advance CBHDA's strategic priorities for California's county behavioral health agencies. Areas of focus include the Medi-Cal Specialty Mental Health and Drug Medi-Cal programs, California's 1915(b) and 1115 Medicaid waivers, data exchange and interoperability, Medicaid quality initiatives, and

the implementation of federal managed care and parity regulations. Prior to joining CBHDA, Elissa spent a decade working for community-based organizations, providing Medi-Cal specialty mental health services to both youth and adults, and earned a Master's degree in Public Policy from California Polytechnic State University in San Luis Obispo.

Resources:

[CalMHSA's California Peer Certification Home Page](#)

[Medi-Cal Code of Ethics for Peer Support Specialists in California.pdf](#)

California Behavioral Health Planning Council General Session

Thursday, April 16, 2026

(Revised 4/8/2026)

Agenda Item: SB 803 Implementation: Stakeholder Perspective Opportunities for Improvement and Advocacy

Enclosures: None

Background/Description:

The Implementation of Peer Specialist Certification impacts many organizations and individuals statewide. This agenda item will allow time to hear from a few stakeholders about their experience with Medical Peer Support Specialist Implementation.

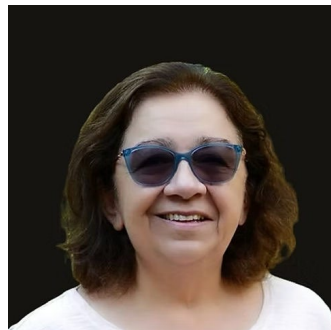
Panel presentations will feature contractors, peer-run organizations, and individuals with lived experience providing peer support services.

Some questions covered will be.

1. Now that SB 803 has been fully implemented, what is working well?
2. Are there areas where we can continue to improve?
3. What do you think about how Peer Support will develop in the future?

Panelist:

Lynn Rivas, Executive Director, California Association of Mental Health Peer Run Organizations



The California Association of Mental Health Peer Run Organizations (CAMHPRO) is a statewide nonprofit dedicated to empowering mental health consumers and supporting peer-run organizations.

Mission and Purpose

CAMHPRO focuses on advocacy, empowerment, and community transformation. The organization promotes the rights of mental health consumers, supports self-determination, and works to eliminate stigma associated with mental health challenges. Its purpose is to highlight and advance the work of peer-run organizations that provide support, education, and advocacy for individuals affected by mental health issues.

Dawniell Zavala, Associate Director & General Counsel, Cal Voices and Meron Aqonafer, Policy Director, Cal Voices

About Cal Voices

In 1946, coalition of mental health patients, mental health service providers, and interested community members began a local Mental Health Association chapter in Sacramento, which is now known as Cal Voices. For over 70 years, Cal Voices has provided mental health consumers with culturally-affirming peer support services, assistance in navigating various human service agencies, and advocacy for consumer-oriented public mental health policies. Currently, Cal Voices provides these services in Amador, Placer, and Sacramento counties in California, and offers technical assistance to other mental health agencies statewide. [Cal Voices is an affiliate of Mental Health America](#) (MHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.

Our Mission

Cal Voices is dedicated to improving the lives of residents in the diverse communities of California through advocacy, education, research, and culturally relevant services. In all of its programs, Cal Voices works with individuals and families with mental health challenges to promote wellness and recovery, prevention, and improved access to services and support. Cal Voices staff strive to provide peer services that foster recovery, reduce stigma and discrimination, and improve cultural competency through self-help, education, and culturally relevant research.

The California Association of Peer Professionals (CAPP) is a program of Cal Voices. The membership-based program provides services and benefits to both certified and non-certified behavioral health peer professionals in California, with an emphasis on education, practice guidelines, professional standards, working conditions, career development, and competent supervision.

**California Behavioral Health Planning Council
General Session**

Friday, April 17, 2026

Agenda Item: Presentation of Draft 2026-2030 Workforce Education and Training (WET) 5-Year Plan

Enclosures: 2026-2030 WET Plan PowerPoint Presentation: BHSA Workforce Initiative Funding Priorities

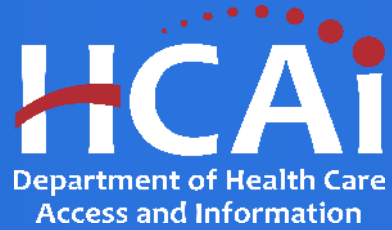
Background/Description:

The Department of Health Care Access and Information (HCAI) is responsible for the Five-Year Workforce Education and Training (WET) Plan established in state statute under the Mental Health Services Act and continued within the Behavioral Health Services Act.

The WET Plan aims to build and maintain a culturally competent, client-focused behavioral health workforce, serving as a guide for Behavioral Health Workforce program development.

The Council is mandated to review and approve the plan per Welfare and Institution Code (WIC) 5820(c)–(e).

The Department of Health Care Access and Information will present components of the draft WET plan. Council Members will have the opportunity to ask questions and provide feedback.



2026-2030 WET Plan: BHSA Workforce Initiative Funding Priorities

April 2026



Agenda

- Dept. of Health Care Access and Information (HCAI)
- Behavioral Health Services Act (BHSA)
- Five-Year Workforce Education Training Plan (WET)
- Community and Stakeholder Engagement
- BHSA WET Plan:
 - Workforce Outcomes
 - Investment Objectives
 - Addressing Areas of Geographic Need
 - Budget Principles and Funding Allocations
 - Accountability and Upcoming Milestones
- Discussion

HCAI's Vision and Mission



Vision

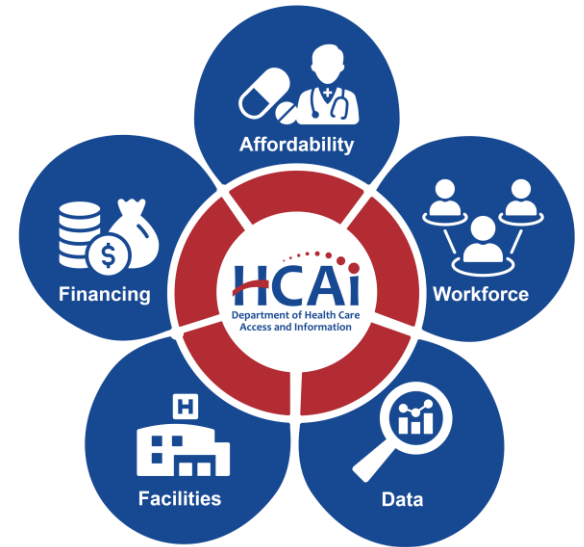
A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands access to quality, equitable, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

HCAI Program Areas

- **Facilities:** Monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.
- **Financing:** Provide loan insurance for non-profit healthcare facilities to develop or expand services.
- **Workforce:** Expand and diversify California's health workforce for underserved areas and populations.
- **Data:** Collect, manage, analyze, and report actionable information about California's healthcare landscape.
- **Affordability:** Improve health care affordability through data analysis, spending targets, and measures to advance value. Enforce hospital billing protections, and provide generic drugs at a low, transparent price.



HCAI Health Workforce Approach

Develop, support and expand a health workforce that:

- Serves medically underserved areas
- Serves Medi-Cal members
- Reflects and responds to the needs of California's population



BHSA: Overall Statewide Goals

Behavioral Health Goals across All Initiatives

↑ Goals for Improvement ↑	↓ Goals for Reduction ↓
↑ Care experience	↓ Suicides
↑ Access to care	↓ Overdoses
↑ Prevention & treatment of co-occurring physical health conditions	↓ Untreated behavioral health conditions
↑ Quality of life	↓ Institutionalization
↑ Social connection	↓ Homelessness
↑ Engagement in school	↓ Justice-Involvement
↑ Engagement in work	↓ Removal of children from home
<p><i>Health equity is incorporated in each of the behavioral health goals</i></p>	

BHSA: Priority Populations

Eligible **adults** and **older adults** who satisfy at least one of:



Eligible **children** and **youth** who satisfy at least one of:

Chronically homeless, experiencing homelessness, or at risk of homelessness

In, or at risk of being in, or reentering the community from, the justice system

At risk of institutionalization

At risk of conservatorship

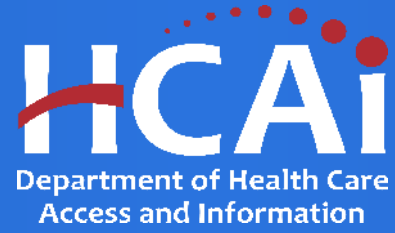
In the child welfare system pursuant to W&I Code sections

BHSA & WET Plan

- BHSA allocates 3 percent of BHSA funds for behavioral health **workforce initiatives**.
- Specifies the **Five-Year Workforce Education and Training (WET) Plan** is the vehicle for articulating BHSA **funding priorities**.
- Requires the California Behavioral Health Planning Council (CBHPC) to **approve the Plan**

Statutory Guidelines:

1. Develop the initiative with deep community engagement including behavioral health professionals, counties, education programs, and consumer advocates
2. Train, support, and retain county and contracted behavioral health professionals, with a focus on improving diversity and expanding access in underserved areas
3. Provide technical assistance to county-contracted providers to strengthen workforce stabilization and retention
4. Support counties and providers in maximizing the use of peer support specialists



Community and Stakeholder Engagement

Community & Stakeholder Input Timeline

Community Engagement

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

Deep Dives

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

Plan Feedback and Approval

- March to June 2026
- Convened BHSA Workforce Panel
- Public presentations and public comment
- Finalize evaluation and oversight
- CBHPC* meetings to preview (April) and approve (June)

2025

2026

Resulted in:

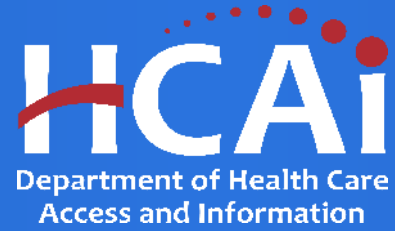
- Key themes
- Initial draft of 6 Objectives and draft programs
- December briefing with CalHHS
- Prioritized list of areas for further investigation

Resulted in:

- Program design
- Operational outline, including partners, budgets, timelines
- Revised to 5 Objectives

Resulting in

- WET Plan Approval
- June 2026 Wet Plan Publication
- Activate funding & accountability



Phase 1: 2025 Community Engagement

Community Engagement Overview

July–Aug 2025

21 convenings | 287 participants

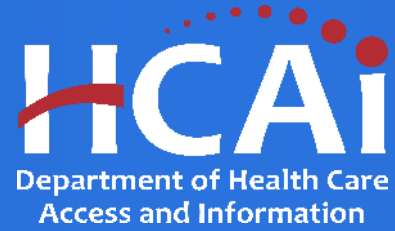
Purpose:

- ✓ **Inform development** of the Five-Year BHSA WET Plan
- ✓ **Guide BHSA prioritization** via community input
- ✓ **Shape strategies** to strengthen pipelines & align training with community needs

Focus Areas

- Behavioral Health Disorders
- Education & Training
- Retention & Recruitment
- Innovation
- Workplace Well-Being
- Work-Based Learning
- Integrated Care
- Pipelines & Pathways
- Diversity & Equity
- Credentialing & Licensing
- Consumer Perceptions
- Technology & Telehealth

Special Populations: Aging/Older Adults, Veterans, LGBTQIA+, Justice-Involved, Limited English Proficiency, Homeless.



Phase 2: 2026 Stakeholder Engagement

Stakeholders Consulted (1/3)

County Partners

CA Mental Health Services Authority (CaMHSA)

County Behavioral Health Directors Association (CBHDA)

Alameda County Office of Peer Support

Fresno County Behavioral Health

LA Substance Abuse Prevention and Control Bureau (LA County SAPC)

Associations

CA Alliance of Child and Family Services (CACFS)

CA Assoc. of Alcohol & Drug Prevention Executives (CAADPE)

CA Assoc. of Social Rehabilitation Agencies (CASRA)

CA Behavioral Health Association (CBHA)

Stakeholders Consulted (2/3)

Community-Based Organization Partners

Korean Community Center of the East Bay

Santa Rosa Treatment Program

The Happier Life Project

Education and Training Partners

CA Community Colleges - Chancellor's Office (CCC)

CA State University – Chancellor's Office (CSU)

CA State University, Long Beach School of Social Work

CA State University, Sacramento School of Social Work

UC California – Office of the President (UC)

Deans, Directors, & Chairs of MSW, MFT, PCC, & PhD/PsyD

George Washington University (GWU)

Futuro Health

Stakeholders Consulted (3/3)

CA State Department Partners

Labor and Workforce Development Agency

Department of Health Care Services (DHCS)

Department of Public Health (CDPH)

Department of State Hospitals (DSH)

Department of Consumer Affairs Board of Behavioral Sciences (BBS)

Commission for Behavioral Health (CBH)

Unions

Service Employees International Union (SEIU)

Health Plans

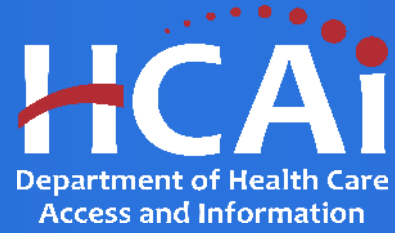
Partnership Health Plan of California

Public Policy and Advocacy

Steinberg Institute

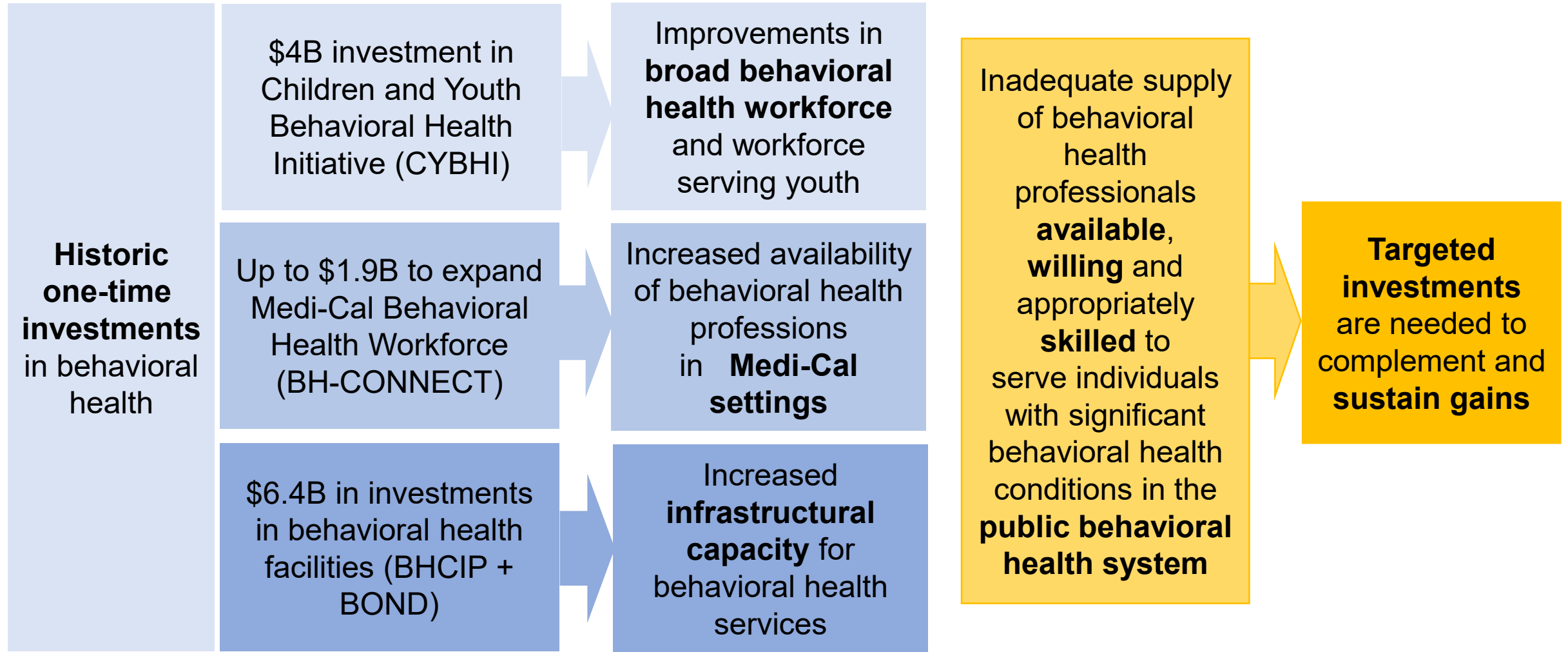
Additional Planned Stakeholder Consultations

- Department of Social Services, Child Welfare (CDSS)
- Department of Housing and Community Development (HCD)
- Department of Corrections and Rehabilitation (CDCR)
- California Association of Mental Health Peer Run Organizations (CAMHPRO)



BHSA WET Plan: Workforce Outcomes

Building Workforce Capacity to Serve Individuals with Significant Behavioral Health Conditions



WET Plan: Public Behavioral Health System

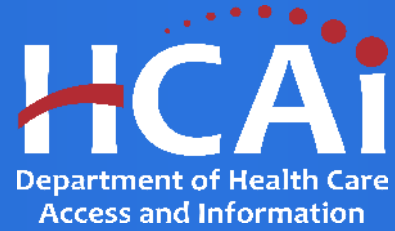
Workforce Outcomes



Workforce has the **skills** needed to serve individuals with significant behavioral health conditions

There is a sufficient **supply** of professionals in the public behavioral health system, including areas with greatest need

Workforce is **diverse** and reflects the lived experiences of the communities they serve



BHSA WET Plan: Workforce Investment Objectives

Principles for Investment Development

WET Workforce Strategies and BHSA investments shall be:

- **Evidence-backed**
- **Community-informed**
- **Experience-based**
- **Co-designed where appropriate**
- **Aligned with and complementary to other investments (e.g. BH-CONNECT)**

WET Plan: 5 Objectives

#	Objective Names	Community Revised Objective Definitions
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. Establish a training model that can be replicated at scale in the future as needed to reflect evolving policy context.
2.	Educate & Train Future Licensed Professionals	Expand affordable academic-based education and training with clinical supervision that prepares future licensed behavioral health workforce , including funding support for students.
3.	Scale & Optimize Deployment of Non-Licensed Workforce	Provide training and support transition-to-practice opportunities for individuals and provide technical assistance to employers to ensure effective deployment of the non-licensed workforce .
4.	Enhance Career Pathways & Advancement	Develop and implement standardized behavioral health career pathways to increase awareness, support upward mobility , and promote a diverse and sustainable workforce .
5.	Recruit & Retain Workforce	Recruit and retain behavioral health professionals in county and county-contracted organizations.

Advance diversity and equity across all.

Terminology Definitions

- **Problem Statement:** Collectively informed articulation of the most pressing challenges.
- **Objective Statement:** The strategic intent we aim to accomplish through our investments and actions.
- **Investment:** Short-term proposals where HCAI funds external, third-party partners and contractors to develop and deliver.
- **Program:** Medium-term proposals where HCAI designs mechanisms to continue funding for solutions developed by investments. Long-term ownership of each program is dependent on area of focus and oversight.

Problem Statement 1

The current behavioral health workforce is not sufficiently skilled to respond to a new changing public behavioral health landscape, including serving individuals with significant behavioral health conditions.



Investment Objective 1

Expand on-the-job training for existing behavioral health workforce to develop the skills needed to serve individuals with significant behavioral health conditions.

Establish a training model that can be replicated at scale in the future, as needed, to reflect evolving policy context.

Objective 1: Strategies

Investments

- **1A** Define core competencies for serving individuals with significant behavioral health conditions and priority populations. Based on core competencies, conduct gap analysis, by role, to determine where the greatest need is for support and skills development in the PBHS workforce.
- **1B** Based on skills gap analysis, as well as locally identified training needs, develop prioritized work-based training and continuous professional development modules on needed skills.

Program

- **1C** Fund delivery of trainings to county and county-contracted agencies.

Problem Statement 2

The Public Behavioral Health System (PBHS), which here refers to county behavioral health and its contracted providers, faces critical shortages of adequately trained licensed behavioral health professionals; there are currently no licensed-level SUD professionals.

These shortages are driven by limited academic training capacity. Furthermore, academic and clinical training often does not adequately prepare these professionals to work in the PBHS.



Investment Objective 2

Expand affordable academic-based education and clinical training opportunities that prepare the future licensed behavioral health workforce to serve in the PBHS.

- Scale education to meet known workforce gaps, by role and geography.
- Incentivize modifications to education and training so that future professionals are better prepared and motivated to work in the PBHS.
- Financially support diverse pipeline of students in exchange for service in the PBHS.
- Explore options to establish a licensed-level professional with SUD expertise.

Objective 2: Strategies 1/2

Investments

- **2A.** Leveraging core competencies defined in Objective 1, conduct curriculum gap analysis for license-level degree programs.
- **2B.** Develop evidence-based academic PBHS-focused curricula, tailored by discipline, to prepare students to serve individuals with significant behavioral health conditions including the BHSA priority populations in the PBHS.
- **2C.** Assess the feasibility and acceptability of remote supervision solutions to address clinical supervision gaps in counties and county-contracted entities.
- **2D.** Develop integrated clinical supervision placement tool and platform to support clinical training of associate level behavioral health clinicians in the PBHS.

Objective 2: Strategies 2/2

Programs

- **2E.** Psychiatric Education Capacity Expansion Program (PECE): Provide funding to education entities that offer education capacity expansion of **prescribing clinicians** to add slots and new programs, including required rotations in the PBHS. Bundle with loan repayment in exchange for a service obligation in the PBHS.
- **2F.** Graduate Education Capacity Expansion Program (GECE)*: Provide funding to education entities to adopt PBHS focused curriculum for **licensed non-prescribing professions** degree programs. Bundle with support for students who complete the PBHS focus, in the form of scholarships and stipends with service obligation and post-graduate clinical supervision.
- **2G.** Social Work Education Capacity Expansion Program (SWECE)*: Provide bridge funding to social work education programs who adopt PBHS focused curriculum. Stipends will be made available through the bridge funding provided in **2H** below, with a service obligation, until GECE is operational.
- **2H.** Provide bridge funding to support Masters in Social Work (MSW) PBHS Training Stipend Program.

Explore

- **2I.** Fund a study that explores options to establish a licensed-level professional with SUD expertise

Advance diversity and equity across all programs by targeting education and training investments toward regions with greatest need and supporting diverse students and trainees.

*Once GECE is operational, SWECE will no longer be funded, as MSW programs are included in the GECE program.

Problem Statement 3

The PBHS relies on a large non-licensed/ certified workforce (e.g., SUD Counselors, Peers, Mental Health Rehabilitation Specialist and related roles) to deliver care, and there is potential to further scale and strengthen this workforce to provide appropriate and high-quality care on the behavioral health continuum.

However, persistent gaps remain in workforce availability, geographic distribution, readiness/performance, and effective deployment. These gaps are driven by a mix of pipeline barriers (awareness, training capacity and content, and certification), supervision and role clarity, high rates of attrition, and payer/employer incentives and billing constraints.



Investment Objective 3

Provide training and support transition-to-practice opportunities for individuals, and provide technical assistance to employers ensure effective deployment of the non-licensed workforce:

- Scale training to close known workforce gaps (by role and geography), taking into account Evidence Based Practices scale-up and BHCIP expansion.
- Provide transition to practice opportunities to support recently certified professionals.
- Support counties and county-contracted organizations to more effectively integrate non-licensed professionals to enhance co-occurring care capabilities.

Objective 3: Strategies 1/2

Programs

3A: Scale training for SUD Counselors, Peer Support Specialists, and other non-licensed professionals to address gaps by role and geography

- Funding to training organizations, with expectation to provide culturally and linguistically appropriate free training, certification support/fees, and job placement support throughout all geographic regions

3B: Fund transition-to-practice programs for non-licensed professionals in the PBHS

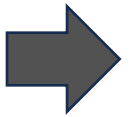
Objective 3: Strategies 2/2

Programs, continued

- **3C: Co-design technical assistance package for counties and county-contracted agencies to:**
 - Clarify and standardize the roles of non-licensed providers and how they are utilized within care teams
 - Develop partnerships with local training organizations and community colleges to create placement opportunities in the PBHS
 - Define scope of supervision with non-licensed providers
 - Support small providers in becoming Medi-Cal billable

Problem Statement 4

There is limited awareness of and exposure to the range of behavioral health career pathways, as well as a lack of clear career progression pathways for those already in the workforce. Combined, these limit the growth, stability and diversity of the behavioral health workforce.



Investment Objective 4

Develop and implement early pipeline and standardized public behavioral health career pathways to increase awareness, support upward mobility, and promote a diverse and sustainable workforce.

Objective 4: Strategies

Investment:

- **4A:** Design early pathway/pipeline programs pending review of a study and formative evaluation examining attributes of successful pathway programs for behavioral health professions. Consider linkages to existing programs with potential candidate pools (e.g.- CalWorks).
- **4B:** Fund analysis of career pathways and collaborative design of career advancement solutions (e.g.- stackable credentials, bridging programs) / certificates that promote career advancement and retention in the behavioral health workforce.

Program

- **4C:** Fund pathway/pipeline programs.

Problem Statement 5

It is very difficult to recruit and retain behavioral health professionals in the Public Behavioral Health System (PBHS) leading to high vacancy and turnover rates.



Investment Objective 5

Recruit and retain behavioral health professionals in county and county-contracted organizations.

Objective 5: Strategies

Context

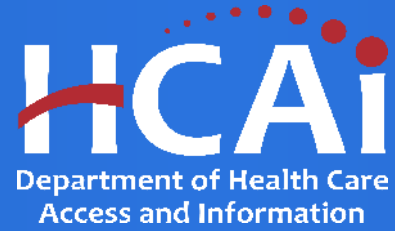
- Under BH-CONNECT, the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) will fund up to \$821M for Medi-Cal settings to offer hiring bonuses, retention bonuses, clinical supervision, and other incentives to recruit and retain workforce. The first cycle is set to launch in June 2026.

Program

- **5A:** On an ongoing basis and throughout the course of the BH-CONNECT Workforce Initiative through 2030, HCAI will evaluate the success of this program and examine whether BHSA funds may be used to complement or sustain recruitment and retention programs.

WET Plan: Programs to Launch

#	Objective Names	Workforce Programs
1.	Expand Existing Workforce Skills	<ul style="list-style-type: none"> • Work-based training and continuous professional development for county and county-contracted agency employees (FY 26/27 – FY 28/29)
2.	Educate & Train Future Licensed Professionals	<ul style="list-style-type: none"> • Psychiatric Education Capacity Expansion Program (PECE) (FY 26/27 – FY 30/31) • Graduate Education Capacity Expansion Program (GECE) (FY 27/28 – FY 30/31) • Social Work Education Capacity Expansion Program (SWECE) with bridge funding to social work education programs who adopt PBHS focused curriculum (FY 26/27 – FY 27/28)
3.	Scale & Optimize Deployment of Non-Licensed Workforce	<ul style="list-style-type: none"> • Training for SUD Counselors, Peer Support Specialists, and other non-licensed roles to address gaps by region and role (FY 26/27 – FY 30/31) • Transition-to-practice programs for non-licensed professionals in the PBHS (FY 27/28 – FY 30/31) • Technical assistance package for counties and county-contracted agencies, including best practices to deploy peer support personnel FY 26/27 – FY 27/28)
4.	Enhance Career Pathways and Advancement	<ul style="list-style-type: none"> • Evidence-based pathway/pipeline programs (FY 26/27 – FY 30/31) • Career ladders and lattices for non-licensed workforce (FY 27/28)

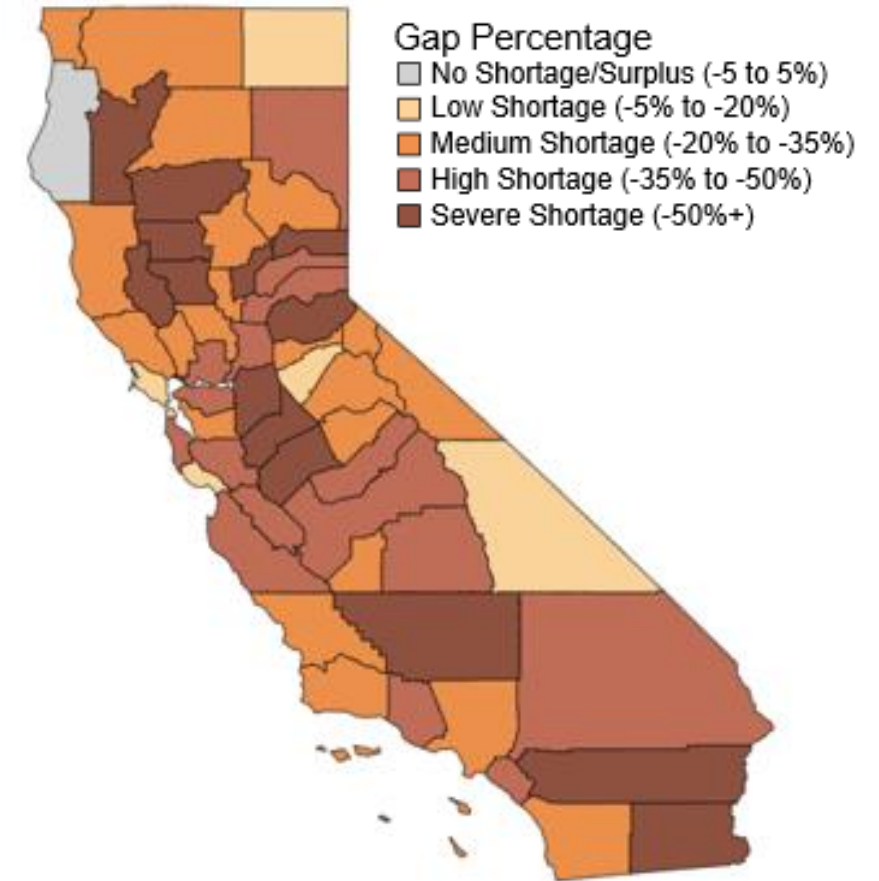


Supply and Demand Analysis to Address Areas of Geographic Need

HCAI's behavioral health supply & demand model assesses severity of shortages for licensed professionals

Projections indicate that by 2033:

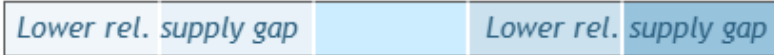
- The Psychiatrist shortage is expected to double to 6,200+ needed
- All counties could face Non-Prescribing Clinician shortages; 22 counties could have shortages of 50% or greater
- Statewide need could rise to 171,000 Non-Prescribing Clinicians—more than double today's supply of about 81,000



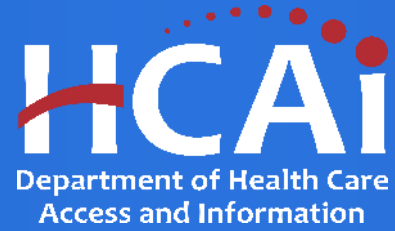
Supplemental Supply and Demand Tool

- HCAI and DHCS co-developed a "supplemental supply and demand tool" to (1) assesses county-level staffing gaps for *non-licensed* behavioral health professionals and (2) model impacts of related investments
- HCAI can use outputs of both models to inform regional training scale-up for Objectives 2 and 3, and target investments for other objectives

Gradient shows relative supply gap across regions



Population-level demand	Central Coast	Greater Bay Area	Inland Empire	LA county	Northern & Sierra	Orange County	Sacramento	San Diego Area	San Joaquin Valley
	Peers	218	699	347	629	329	283	148	247
SUDCs	223	2041	0 ¹	0 ¹	569	0 ¹	53	252	1107



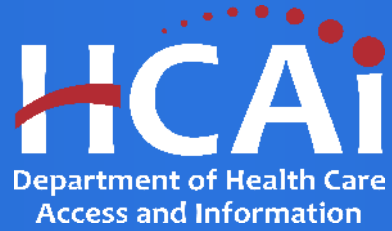
Budget Principles and Funding Allocations

BHSA Budget Principles

- 1. Maximize and Leverage Funding:** The BH-CONNECT (BHC) Workforce Initiative funds up to \$1.9 billion for scholarships, loan repayments, recruitment and retention, community-based provider training programs, and residency/fellowship. BHC funds will be maximized, while BHSA will fill critical gaps and sustain successful programs to ensure long-term impact.
- 2. Balanced Investment:** Substantial educational cost differences exist between licensed and non-licensed behavioral health workforce pathways, with licensed roles requiring greater investment due to longer training and supervision needs. A balanced approach allocates resources across both sets of roles to support team-based care across the continuum.
- 3. Up Front Investments to Drive Systems Change:** Fund the up-front work needed to inform thoughtful approaches to systems change (e.g. definition of core competencies for serving in PBHS, analysis of gaps in career lattices). Where appropriate, provide targeted short-term funding to address immediate needs while long-term systems change is being designed.
- 4. Sustainability:** Prioritize strategic up-front (“kickstart”) investments that enable long-term, self-sustaining change to establish systems, build capacity, and demonstrate effectiveness, with the expectation that reforms will be absorbed and sustained by sector partners (e.g., education institutions and other stakeholders) over time.

Objectives 1 through 5: Allocations by Year

Proposal	Funding Allocations			
	FY 2026-27	FY 2027-28	FY 2028-29	TOTAL
1. Expand Existing Workforce Skills	27%	15%	8%	16%
2. Educate & Train Future Licensed Professionals	46%	49%	44%	46%
3. Scale & Optimize Deployment of Non-Licensed Workforce	10%	25%	36%	25%
4. Enhance Career Pathways and Advancement	17%	11%	12%	13%
5. Recruit & Retain Workforce	0%	0%	0%	0%



Accountability and Upcoming Milestones

Accountability

Program Monitoring & Evaluation

- Contract out baseline, midline and endline WET Plan evaluation focused on workforce outcomes in PBHS
- Revise strategies and allocations as needed after midline
- In-house routine program monitoring and learning

BHSA Workforce Panel

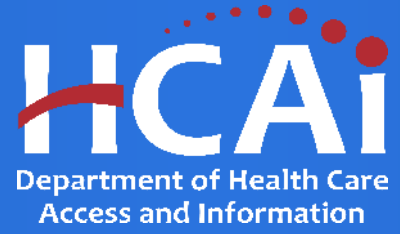
- Convene 2-3 times per year
- Surface and contextualize emerging policy developments
- Thought partnership, review results, provide feedback

Public Engagement

- California Behavioral Health Planning Council
- HCAI Health Workforce Education and Training Council
- Behavioral Health Task Force
- Commission on Behavioral Health

Upcoming Milestones

- **May 25:** WET Plan development and refinement complete
- **May 26 to June 2:** WET Plan made available for public comment
- **June:** Final WET Plan presented and approved by California Behavioral Health Planning Council (CBHPC)



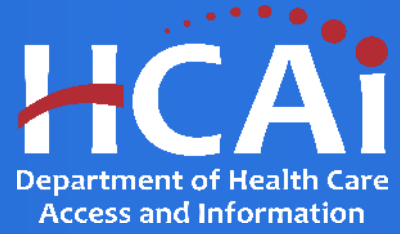
Discussion

Discussion Questions

1. Considering the objectives, do the strategies resonate?
2. What are the most immediate training need(s) for the existing workforce?

Are there any shovel ready programs or platforms you can recommend for this workforce?

3. What work can we draw on for definition of core competencies in the public behavioral health system?



Appendix

Acronyms Defined

BHCIP: Behavioral Health Continuum Infrastructure Program

BHSA: Behavioral Health Services Act

CalHHS: California Health and Human Services Agency

GECE: Graduate Education Capacity Expansion

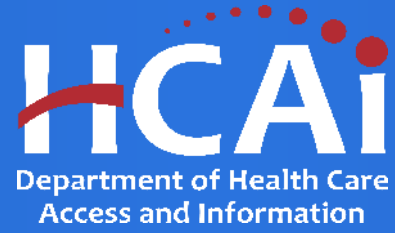
MBH-RRP: Medi-Cal Behavioral Health Recruitment and Retention Program

MSW: Master of Social Work

PBHS: Public Behavioral Health System

PECE: Psychiatric Education Capacity Expansion

SUD: Substance Use Disorder



Community Engagement Summaries

Community Engagement Session Highlights: Significant Behavioral Health Conditions

Key Insights	Community Recommendations
<ul style="list-style-type: none">• The behavioral health workforce is underprepared to support co-occurring disorders—mental health (MH) providers lack substance use disorder (SUD) care skills and SUD providers lack mental health competencies• Supervision is limited and career pathways are unclear	<ul style="list-style-type: none">• Expand cross-training, career mobility pathways, and regional hubs for shared learning across MH/SUD providers• Strengthen financial incentives: better salary, tuition support, stipends, loan repayment, and paid apprenticeships

Community Engagement Session Highlights: Education and Training

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Education and training programs do not fully prepare workers for real-world complexity, long-term disability, or interdisciplinary care strategies in the Public Behavioral Health System• California lags behind other parts of the country in licensing alcohol and drug counselors, often relying on paraprofessionals to perform work that requires licensure in other states• The behavioral health workforce is not prepared to deliver responsive, stigma-reducing care across diverse populations• Sustainable funding for supervision and training infrastructure is essential• Low pay, limited advancement, and lack of financial supports hinder educational mobility	<ul style="list-style-type: none">• Expand education and training opportunities, particularly graduate-level clinical degreed programs to meet the needs of persons with significant behavioral health conditions• Expand apprenticeships, mentoring, and clinical supervision capacity, with dedicated investments to ensure high-quality training• Expand affordable and flexible education and training pathways• Expand “train-the-trainer” models to prepare more primary care providers (e.g., pediatricians, family medicine physicians, nurse practitioners and Physician Assistant, and internal medicine providers) to deliver high-quality behavioral health care

Community Engagement Session Highlights: Innovation

Key Insights	Community Recommendations
<ul style="list-style-type: none">• There is a need for greater cross-collaboration and integration in delivery of behavioral health services• Respondents emphasized integrating behavioral health with the broader health care system, including all health care workers—such as doctors, nurses, and physician assistants—to ease pressure on behavioral health professionals	<ul style="list-style-type: none">• Expand interdisciplinary training and align curricula with significant behavioral health needs• Revise curricula across disciplines to better prepare graduates for significant needs such as psychiatric rehabilitation and long-term disability

Community Engagement Session Highlights: Retention and Recruitment

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Low wages, limited advancement severely hinder recruitment and contributes to attrition in the public behavioral health system• High costs of living combined with a lack of affordable housing, creates major barriers for the behavioral health workforce which discourages employees from staying in the Public Behavioral Health System (PBHS)	<ul style="list-style-type: none">• Strengthen employer incentives: loan repayment, bonuses, relocation support, and robust benefits packages, and encourage the state to offer loan repayment programs for behavioral health workforce in the PBHS• Earn-and-learn and other apprenticeship modeled programs, and mentorship opportunities must be expanded to ensure high-quality training and retention• Incentivize “grow-your-own” training and employment in rural and underserved communities

Community Engagement Session Highlights: Workplace Wellbeing

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Staff burnout is driven by system-level issues, not lack of individual self-care• Wellness improves when workplaces create clear boundaries, feedback loops, and trauma-informed environments	<ul style="list-style-type: none">• Support staff wellbeing and retention by implementing organizational policies that promote fair caseload distribution, healthy work environments, and shared responsibility for self-care• Implement organization-wide wellness supports (e.g., mandated rest periods, normalized mental health days)• Offer effective workplace wellness programming and professional development should be grounded in evidence-based frameworks and tailored to meet diverse staff needs

Community Engagement Session Highlights: Work-Based Learning

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Lack of funding for paid internships, supervision, and cost-of-living limits access and retention• Need for more equitable, trauma-informed, culturally and linguistically aligned supervision and training• Developing stackable certificates can help meet employer needs while supporting students and the behavioral health workforce in progressing toward degrees	<ul style="list-style-type: none">• Expand funding for paid placements and clinical supervisor compensation• Strengthen partnerships with community colleges and adult education; develop regional learning cohorts and stackable certificates• Support trauma-informed workplace practices, expand access to qualified multilingual supervisors, and establish a statewide consortium of consultants to ensure equitable supervision and high-quality care for all language groups

Community Engagement Session Highlights: Significant Behavioral Health Issues

Key Insights	Community Recommendations
<ul style="list-style-type: none">• The behavioral health workforce is underprepared to support co-occurring disorders — mental health (MH) providers lack SUD skills and SUD providers lack MH competencies• Supervision is limited and career pathways are unclear	<ul style="list-style-type: none">• Expand cross-training, career mobility pathways, and regional hubs for shared learning across MH/SUD providers• Strengthen financial incentives: better salary, tuition support, stipends, loan repayment, and paid apprenticeships

Community Engagement Session Highlights: Pipelines and Pathways

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Need earlier exposure, diverse representation, and strong community-based pathways• High education and living costs, limited access to paid training opportunities, and insufficient institutional support are significant barriers to entering and advancing in California’s behavioral health workforce—particularly for individuals from low-income and underrepresented communities• Cost, low wages, and unclear pathways block entry and advancement	<ul style="list-style-type: none">• Expand earn-and-learn models, paid internships, and stackable pathways• Strengthen partnerships across K–12, colleges, employers, and CBOs• Integrate efforts across K–12 schools providing behavioral health services, community-based organizations (CBOs), community-based health clinics with behavioral health units, and community colleges and BSW/MSW programs• Develop strategies that create career pathway programs that reach students of color, low-income students, and those in rural communities

Community Engagement Session Highlights: Diversity and Equity

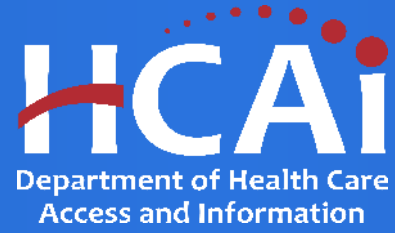
Key Insights	Community Recommendations
<ul style="list-style-type: none">• The behavioral health workforce does not adequately reflect the communities served, leading to a lack of cultural competency and trust• Major financial and education barriers limit entry and advancement for persons from underrepresented communities	<ul style="list-style-type: none">• Strengthen early pathways, mentorship, and leadership development for underrepresented groups• Expand financial supports, paid internships, tuition help, and other incentives for culturally diverse providers• Provide continual cultural responsiveness training and institute cohort-based models that support students from similar backgrounds

Community Engagement Session Highlights: Consumer Perceptions of Care

Key Insights	Recommendations
<ul style="list-style-type: none">• Stigma, societal beliefs, and cultural values with resulting lack of trust greatly reduce an individual's willingness to seek care• Basic needs (housing, income, food) and language barriers strongly affect access and outcomes relating to behavioral health services, yet many providers lack the skills to identify and support clients facing these barriers• Workforce diversity and cultural alignment are insufficient, limiting engagement and trust	<ul style="list-style-type: none">• Invest in community-trusted providers to address community values and lives• Provide funding and guidance to support development of staff that destigmatize the need for behavioral health care• The behavioral health workforce must be skilled in identifying and addressing the multiple barriers clients face so they can seek and receive behavioral health care, either directly or in partnership with other organizations.

Community Engagement Session Highlights: Technology and Telehealth

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Many individuals lack devices, reliable internet, or digital literacy, making telehealth difficult — especially for rural, low-income, unhoused, and older adults• Providers lack guidance, training, and policies on telehealth, privacy, warm handoffs, and emerging technologies such as AI	<ul style="list-style-type: none">• Strengthen digital literacy supports, intake assessments, and multilingual telehealth materials• Provide grants, training, and clear policies for telehealth delivery — including privacy spaces, AI guardrails, and supportive workflows



Community Engagement Special Population Summaries

Community Engagement Session Highlights: Older Adults

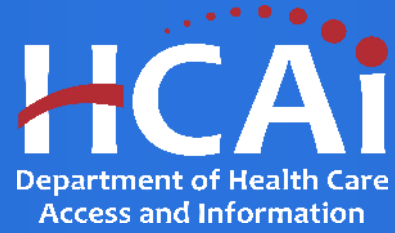
Key Insights	Recommendations
<ul style="list-style-type: none">• Providers lack training to address behavioral health, dementia, and substance use disorder (SUD) needs among older adults• Fragmented systems make it difficult for aging persons to receive coordinated care• Primary care doctors are often the first point of contact for behavioral health concerns and so must be equipped to help families navigate the system• Older adults are vulnerable to loneliness, social withdrawal, loss of friends, institutionalization, and depression, all of which heighten risks for poor mental and behavioral health outcomes	<ul style="list-style-type: none">• Expand behavioral health training throughout the workforce to be able to serve older adults• Strengthen coordination between behavioral health, aging services, In-Home Support Services, and other community partners• Train primary care providers in the unique behavioral health conditions associated with aging

Community Engagement Session Highlights: LGBTQIA+

Key Insights	Community Recommendations
<ul style="list-style-type: none">• LGBTQIA+ individuals face major access barriers due to stigma, discrimination, and a lack of culturally competent providers• Peer support, CBOs, and trusted community spaces are essential but underfunded• LGBTQIA+ people are disproportionately represented among unhoused populations, which increases the risk of them developing SUD and mental health conditions	<ul style="list-style-type: none">• Expand culturally responsive behavioral health workforce training, including intersectional and community-led content• Strengthen LGBTQIA+ CBOs through peer workforce development• The behavioral health workforce must be skilled in identifying and addressing the multiple barriers LGBTQIA+ face so they can seek and receive behavioral health care

Community Engagement Session Highlights: Justice System Involved

Key Insights	Community Recommendations
<ul style="list-style-type: none">• Staff lack specialized training to work effectively with justice-involved youth, particularly those with trauma and significant behavioral health conditions• Cross-system silos (probation, courts, behavioral health, schools) weaken coordination, warm handoffs, and continuity of care• Youth often face stigma, disrupted services during reentry, and limited access to culturally responsive support	<ul style="list-style-type: none">• Establish statewide behavioral health workforce competencies and expand trauma, SUD, and culturally responsive training for justice-focused staff• Strengthen cross-sector collaboration through joint training, shared case-management, and navigators bridging probation and behavioral health• Build behavioral health workforce pathways for justice-impacted youth, including peer pathways, paid mentorship, and training that begins during detention



Community Engagement County Perspectives

Community Engagement Session Highlights: County Behavioral Health Directors Association

Key Insights	Recommendations
<ul style="list-style-type: none">• There is a statewide shortage of clinical staff and supervisors, particularly licensed clinical social workers (LCSWs)• Access to clinical training is inconsistent and not aligned to county needs• Pathways and clinical supervision gaps limit future behavioral health workforce growth, particularly in rural areas	<ul style="list-style-type: none">• Expand flexible, locally tailored training, upskilling, and stackable certificates / credentials• Provide sustainable funding for supervision and training infrastructure• Improve funding mechanisms and incentives for recruitment and supervision• Develop internal internship programs as a “grow-your-own” behavioral health workforce strategy to train, recruit and retain local talent• Form/strengthen partnerships with community colleges, universities, and local organizations to grow rural pathways, align training with behavioral health workforce needs

**California Behavioral Health Planning Council
General Session**

Friday, April 17, 2026

Agenda Item: Workforce and Employee Committee Lead Discussion on Draft 2026-2030 WET 5-Year

Enclosures: None

Background/Description:

The Workforce and Education Committee works with the Department of Health Care Access and Information to contribute to the development of the Five-Year Workforce Education and Training (WET) Plan. Although the Council holds the authority to approve the plan, both the Workforce and Employment Committee (WEC) and the Workforce Education and Training (WET) Steering Committee actively contribute to the development of the plan and monitor the progress of each Five-Year Plan.

The WEC will share their perspective on the draft plan with the full Council. The WEC and WET Steering Committee will then lead the Council and the public in round table discussions about the plan. This ensures Council and public input is included in the process before the approval of the plan at the June 2026 meeting.

California Behavioral Health Planning Council General Session

Friday, April 17, 2026

Agenda Item: Unshame CA Campaign & Treatment Atlas

Enclosures: [Shatterproof News Article: California Campaign Reaches More Than 5 Million to Reduce Addiction Stigma](#)

Background/Description:

[Shatterproof](#) is a national nonprofit that believes that our society should treat addiction with science and compassion, the way we treat other medical conditions. Shatterproof provides trusted guidance to communities, removes systemic and social barriers to recovery, and mobilizes the country to advocate for change and to end addiction stigma.

[California Department of Healthcare Services \(DHCS\)](#) has partnered with Shatterproof to launch a substance use disorder stigma reduction campaign.

The Unshame California campaign engages community partners to contribute to campaign strategy, refer individuals who have lived experiences to share their stories, and promote social media content. DHCS launched the Unshame California campaign in Spring 2023.

[Treatment Atlas](#) is a source of reliable information for people seeking treatment and for their loved ones, as well as for providers, health insurers, and others interested in understanding the quality of addiction treatment facilities.

Managed by Shatterproof, a national nonprofit dedicated to reversing the addiction crisis in America, Treatment Atlas is improving the quality of addiction care nationally by setting clear and transparent expectations and standards.

Presenter Bios:

Saskia VandeKamp, Senior Director of Community Engagement



Saskia is committed to fostering a more vibrant community through meaningful, transparent work. The best part of her work with Unshame CA is having the opportunity to hear people's stories and share their messages of hope and resiliency with other Californians. Prior to joining Shatterproof, Saskia worked at the San Andreas Regional Center, part of the State of California's network system that supports people with developmental disabilities. In her role at San Andreas, she oversaw strategy, partner relationships, contracts, audits, and emergency

response departments. Saskia loves to travel, especially when traveling for food. She lives in Salinas, California with her partner and three pups.

Lisa Kugler, Psy.D. Senior Vice President, Treatment Atlas



Dr. Lisa Kugler is Senior Vice President overseeing all aspects of the Shatterproof Treatment Atlas platform. The Atlas platform has been developed with a vision to help those families and individuals needing treatment today and to be the trusted quality measurement platform that transforms the national addiction treatment system to help millions of individuals for future generations.

Dr. Kugler is a psychologist and healthcare executive with more than 25 years in the field, and is passionate about changing the landscape of behavioral health services to best support individuals and their families. She has a history of building high-growth teams and implementing multi-state programs with a strong focus on data-driven impact. Before joining Shatterproof, she led Beacon Care Services, the direct care provider owned by Elevance/Beacon Health Options. Dr. Kugler helped grow Beacon Care Services from 2 employees to 70 employees in four years, serving individuals in 24 states with multiple lines of business.