

California Behavioral Health Planning Council

Workforce and Employment Committee

Meeting Minutes  
Quarterly Meeting – October 15, 2025

**Committee Members present:** Susie Baker, John Black, David Cortright, Jessica Grove, Lanita Mims-Beal, Don Morrison, Dale Mueller, Deborah Pitts, Marina Rangel, Maria Sierra, Bill Stewart, Arden Tucker, Milan Zavala

**WET Steering Committee Members Present:** Abby Alvarez, Shanti Ezrine, Janet Frank, Randall Hagar, Lynn Rivas, Sierra Smith, Carli Stelzer, Danny Thirakul on behalf of Karen Vicari

**Presenters:** Sharmil Shah, Anne Powell, Jeannie Benoist, Tracy Williamson

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

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

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

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

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

**Action/Resolution**

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

**Responsible for Action-Due Date**

Ashneek Nanua – October 2025

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**Item #2      Overview of Emerging Findings of the Workforce Education and Training (WET) Plan Summer 2025 Stakeholder Sessions**

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Sharmil Shah and Anne Powell from the Department of Health Care Access and Information (HCAI) summarized stakeholder feedback collected at the development of the 2026-2030 Workforce Education and Training (WET) Plan. The stakeholder sessions took place in the summer of 2025. The goal of this presentation was to gather

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the committee's input and reactions to the recommendations to help the HCAI team prepare the 2026-2030 Five-Year WET Plan.

The presenters first reviewed HCAI's mission, vision, program areas, and workforce strategies. Sharmil Shah provided a brief overview of the Behavioral Health Services Act (BHSA) and its priority populations. Sharmil shared that the Workforce Education and Training Plan was established under the Mental Health Services Act and continues under the BHSA. Effective July 1, 2026, ten percent of BHSA funds will be directed to statewide investments, which includes three percent allocated to HCAI for workforce investments. Counties may use a portion of their Behavioral Health Services and Supports funds for Workforce Education and Training activities.

The Five-Year WET Plan guides the development of Behavioral Health Workforce programs. The community engagement process will inform the plan, help HCAI prioritize BHSA funds through meaningful input from community members, and help shape collaborative strategies that strengthen talent pipelines and better align education and training with the needs of California's communities.

The presenters shared results from the community engagement process in these topic areas: education and training, diversity and equity, compensation and incentives, wellness and work-life balance, digital literacy and access, and language services. The presenters then shared the community's recommendations in the following topic areas: expansion and diversification of the workforce pipeline, improvements for compensation and incentives, increase access to education and training, stabilize funds for workforce development, digital literacy and access to equitable care, technology, data, and accountability, and workforce wellness and retention.

After the presentation, HCAI invited facilitators from Sacramento State University, Jeannie Benoist and Tracy Williamson, to lead a stakeholder feedback activity with the Workforce and Employment Committee and Workforce Education and Training (WET) Steering Committee. All topic areas for the emergent findings and recommendations were posted in the meeting room. In-person committee members wrote their comments and suggestions on large notepads, while those who attended online via Zoom used the chat function to share their feedback. The Sacramento State facilitators collected and summarized the feedback afterward. HCAI representatives then participated in a question-and-answer session with the committee and WET Steering Committee. Key points discussed at the stakeholder engagement and question-and-answer session included the following:

- A WET Steering Committee member mentioned that the expansion of a provider cohort for rural communities could be beneficial. This would support mentorship opportunities to deliver culturally responsive care and address the needs of diverse communities, such as the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) population.
- Committee members recommended recruitment efforts for providers to involve the public behavioral health system and make use of wellness coaches and peers.

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- A WET Steering Committee member said that people with mild to moderate mental health issues do not have access to peer support in the Managed Care system. Additionally, jobs are not readily available for Peer Support Specialists, so these individuals often work as Community Health Workers and Peer Navigators within the system of care.
- A WET Steering Committee member suggested that HCAI explore ways to connect programs to the workforce pipeline. The Certified Wellness Coach Program offers scholarship awards and has over 3,000 wellness coaches; however, it is essential to consider additional individuals for the pipeline to licensure and other roles. It would be beneficial to draw from current programs.
- Committee members and WET Steering Committee members urged HCAI to continue funds for peer support training and application fees.

### Action/Resolution

The committee staff and Officer team will coordinate next steps for the Council's review of the draft 2026-2030 Workforce Education and Training Plan.

### Responsible for Action-Due Date

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – January 2026

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### Item #3      Public Comment

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Steve McNally expressed concern that the Department of Health Care Services (DHCS) and the Department of Health Care Access and Information (HCAI) have different unlicensed professions, such as peer certifications, Community Health Workers, Alcohol and Drug Counselors, and Wellness Coaches, that serve similar roles but come from different sectors and funding sources. These positions compete against each other based on geography and system of care. Assembly Bill 96 would allow peers to bill in the Managed Care System. Steve added that it can be helpful to train individuals with these skills before they turn 18, so they can pursue certification in these roles.

Daniel Shermantine stated that he is a recovering alcoholic and has been sober for two years. He said that his non-profit, CalVoices, aims to keep people out of jails and prisons, but limited funding has made it difficult to operate and support populations in recovery.

Shanti Ezrine, from the California Association of Marriage and Family Therapists (CAMFT) and a member of the Workforce Education and Training (WET) Steering Committee, stated that CAMFT has been actively engaged in community engagement sessions. He inquired about how involved HCAI has been in the Commission for Behavioral Health's Innovation Partnership Fund (IPF) Framework, since one of the pillars of the framework is workforce. The IPF has the flexibility to use its funds

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creatively and innovatively, which may help address challenges related to compensation.

### Action/Resolution

N/A

### Responsible for Action-Due Date

N/A

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

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The committee's interim Chairperson, Deborah Pitts, provided background on the agenda item. In response to the committee's interest to continue the dialogue and exploration of employment services within substance use disorder (SUD) treatment, Deborah informed the committee that the leadership met with the Department of Health Care Services. DHCS told her that the Individual Placement and Supports (IPS) model is supposed to be available for individuals with a SUD per guidance under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. A key feature of the IPS model is that an employment specialist is integrated into mental health services, rather than a standalone service. DHCS confirmed that Drug Medi-Cal and the Drug Medi-Cal Organized Delivery System (DMC-ODS) will include IPS as a Medi-Cal Benefit. Therefore, SUD programs in California may potentially be able to offer IPS services. Deborah stated she is not aware of any providers currently provides these services. As a result, Deborah conducted research and prepared a presentation for the committee on the current literature on the integration of SUD and employment services. She clarified that her presentation is not comprehensive and is not intended for dissemination. It is based on the 2022 report, *Integrating Employment Services with Substance Use Treatment and Recovery: The Experiences of Five Programs*, and various other sources.

Deborah Pitts delivered her presentation to the committee and summarized the report. The report found that SUD is more common among people who are unemployed, have lower income, possess lower educational levels, and live in communities with higher unemployment rates. Employment can help individuals with SUD stay on the recovery path and reduce financial stress for those in SUD treatment. Additionally, employment is linked to better treatment compliance.

Challenges faced by individuals with an SUD to find and maintain employment are due to several factors. There is discrimination against this population based on previous involvement in the criminal justice system, their mental and physical health conditions, limited work history, and limited educational attainment. Additionally, people with low incomes affected by SUD encounter systematic barriers to employment, such as limited

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public transit routes between their residences and areas with more job opportunities. The report states that many employers are reluctant to hire people with a history of SUD. Providers are concerned that the integration of employment services might lead to increased costs due to higher workers' compensation claims, medical expenses, job turnover, and fewer days worked. They also face obstacles to incorporate employment support into SUD treatment. Some believe that clients are not ready for employment, that employment services are not a priority for the agency, that there is insufficient time in treatment to focus on employment, and that resources lack to support these new services.

Deborah Pitts highlighted different approaches to integrate employment services into SUD treatment, such as the provision of all services through a single program, the provision of all services through the same agency but with employment and SUD treatment as separate services, or deliver SUD and employment services by different agencies. The report states that there might be a need to achieve certain SUD treatment milestones before they begin employment services, and client participation in employment services could be required as a condition to remain in a program.

Substance Use Disorder services may impact employment services. For example, residential treatment often requires attendance at meetings, completion of chores, and participation in treatment for many hours weekly, which limits time available for employment activities. Curfews may make it difficult for participants to attend evening training or work night shifts. Environmental restrictions include the avoidance of places with alcohol or neighborhoods that could trigger a relapse. Some settings restrict technology use to minimize triggers, but this also hampers clients' ability to search for jobs. Additionally, certain programs require patients to follow strict schedules to receive daily medication doses, which can interfere with training or work shifts.

Current employment options for the SUD population include referrals to educational programs, job readiness, and occupational training through formal partnerships and referrals, or in-house options for therapeutic workplaces. Supported employment is also offered through the Individual Placement and Support (IPS) Model. Deborah Pitts reviewed key components of IPS and therapeutic workplaces, along with research findings for each model. She mentioned that the IPS Center for Excellence is available to SUD providers to help integrate SUD programs into their services.

The *Integrating Employment Services with Substance Use Treatment and Recovery: The Experiences of Five Programs Report (2022)* provided guidance to design and implement employment services for individuals with SUD, such as:

- Determine the order in which the program will provide treatment, recovery, and employment services, along with the nature and content of those services.
- Develop organizational partnerships to deliver the full spectrum of employment, treatment, and recovery services participants need.
- Adapt employment services to better support people in recovery from SUD.
- Identify the funding sources required to meet the full spectrum of participants' needs.

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The committee participated in a discussion and a question-and-answer session following the presentation. Key discussion points are included below:

- A committee member suggested that the Workforce and Employment Committee adopt the recommendations in the reports presented.
- A member stated that Homeboy Industries is a program that models the therapeutic workplace discussed during the presentation.
- A committee member mentioned that Delancey Street is another program that focuses on employment. The member stated that they built resumes and mock interviews when they worked in residential programs, but the clients struggled to obtain employment due to the program's requirements. The committee member recommended a balance to integrate treatment with employment supports.
- A member mentioned a program called Police and Corrections (PAC), which is a team-based initiative that helps pay for housing and provides vocational training to participants to support their recovery. This program targets parolees.
- Committee members emphasized the importance for individuals with lived experience to share their stories.

Deborah Pitts asked the committee for feedback on the next steps for integrating employment support for clients with substance use disorder. Below is a list of suggestions from committee members.

- Invite substance use disorder providers and programs to inquire how they can implement job training and share best practices from programs like Delancey Street or Homeboy Industries.
- Gather data on the progress and advantages people experience from employment and SUD integration to determine what is effective.
- Consult with Centers of Excellence about their materials for SUD providers and how they might include employment in their programs.
- The California Department of Corrections and Rehabilitation (CDCR) has parole contracts with residential treatment programs that assist individuals with employment if they are interested. There is a program called SBC in Sacramento that helps people connect to employment services. This could be a potential presenter.
- Recommend a team approach for SUD clients who seek employment.

### **Action/Resolution**

The committee leadership will continue to look for ways to include supported employment in substance use disorder treatment programs. They will also invite the Department of Health Care Services to present how individuals with SUD can access IPS services at the next quarterly meeting.

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

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – January 2026

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### Item #5      Public Comment

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Daniel Shermantine mentioned that his brother will soon be released from prison. He talked about the difficulties people face when they try to return to work after incarceration, especially early in recovery. Daniel also showed appreciation for the resources available and pointed out that a lack of employment creates problems for this group and can lead to repeat offenses.

Abby Alvarez from the County Behavioral Health Directors Association (CBHDA) stated that her organization contacted counties that have already implemented Individual Placements and Supports (IPS) to ask how they provide services for individuals with substance use disorders. Abby mentioned that CBHDA hasn't received any responses yet, but will bring this information to their substance use disorder workgroup and gather details on how it's implemented. CBHDA also plans to collaborate with the Centers of Excellence and offered to share this information with the Workforce and Employment Committee.

#### **Action/Resolution**

N/A

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

N/A

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### Item #6      Discussion of 2025 Workforce and Employment Committee Activities for the Council's Year-End Report (Action)

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Committee staff reviewed a document in the committee packets that summarizes the accomplishments of the Workforce and Employment Committee in 2025, which will inform the Council's year-end report. Staff asked that committee members provide additional suggestions if they want to highlight any specific accomplishments not mentioned in the document.

Committee members provided the following feedback on the information presented:

- A member asked staff to share the question list created by the committee for county behavioral health departments to answer about their peer programs. Staff said the question list has already been given to the committee and will send a follow-up email with the list for future use.
- A member suggested the inclusion of information about the committee structure adopted in 2025. The structure included one presentation from external entities, and the rest of the committee time was devoted to discussion. The member found this structure to be effective.

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### **Action/Resolution**

Committee staff will distribute the list of questions for peer programs. The committee leadership and staff will work together to identify the key points for the Workforce and Employment Committee section of the Council's Year-End Report.

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

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – December 2025

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### **Item #7 Election of 2026 Committee Chair-Elect (Action)**

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Committee staff reviewed the responsibilities and role of the Chair-Elect in preparation for the committee to select a new Chair-Elect for 2026. Jessica Grove motioned to appoint Dave Cortright as the Workforce and Employment Committee Chair-Elect. John Black seconded the motion. Committee staff took a roll-call vote. The motion was approved with a quorum.

### **Action/Resolution**

The Council's Officer team will review the nomination of Dave Cortright as the committee Chair-Elect.

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

Council's Officer team and Executive Officer – January 2026

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### **Item #8 Wrap Up/Next Steps**

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Committee members discussed the next steps for future committee meetings. Dave Cortright offered to give an overview of interventions for the behavioral health workforce in low- and middle-income areas, which include non-credentialed and non-licensed workers. He mentioned that these models could potentially be implemented in California and would align with the committee's Work Plan goals.

### **Action/Resolution**

The committee leadership will develop the agenda for the January 2026 Quarterly Meeting.

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

Ashneek Nanua, Simon Vue, Deborah Pitts, Bill Stewart – January 2026