

Lunch and Learn:

Workforce Improvement & Expansion

April 2, 2026

Virtual Meeting Guidelines

Thank you for joining us today for this informational Lunch & Learn!

- This meeting is being recorded and will be available for viewing post-meeting
- American Sign Language interpretation is provided in pinned video
- Live captioning is provided – Select show/hide
- Participation: Following the presentations, as time permits, please use the Q&A section or the hand raise to get into queue to ask questions or share your thoughts

Agenda

Welcome and Overview – 5 mins

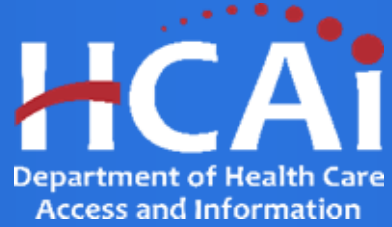
Workforce Presentation

- **Sharmil Shah**, MA, Psy.D, Branch Chief, Behavioral Health & Policy
- **Angela Brand**, Section Chief, Behavioral Health & Policy
- **Anne Powell**, MSW, Health Program Specialist II, Behavioral Health & Policy
- **Alyssa Guerrerro**, MSW, Manager, Behavioral Health & Policy

Closing & Adjourn – 5 mins

Welcome & Overview

Lisa Smuz. CEO, The Social Changery



2026-2030 WET Plan: BHSA Workforce Initiative Funding Priorities

April 2026



Agenda (cont'd)

- 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

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 (highlighted)	↓ Suicides
↑ Access to care (highlighted)	↓ 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
<i>Health equity is incorporated in each of the behavioral health goals (highlighted)</i>	

BHSA: Priority Populations

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



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

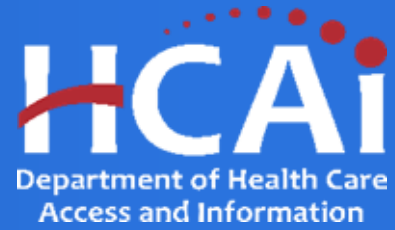
- Chronically homeless, experiencing homelessness, or at risk of homelessness
- In, or at risk of being in, or reentering the community from, the justice system
- At risk of institutionalization
- At risk of conservatorship
- In the child welfare system pursuant to W&I Code sections

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)



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 (CalMHSA)

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)

California Association of Mental Health Peer Run Organizations (CAMHPRO)

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

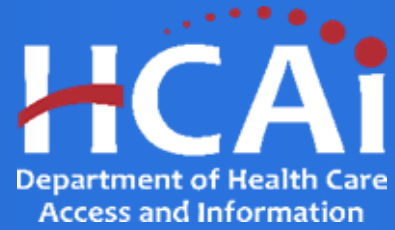
Service Employees International Union (SEIU)

Health Plans

Partnership Health Plan of California

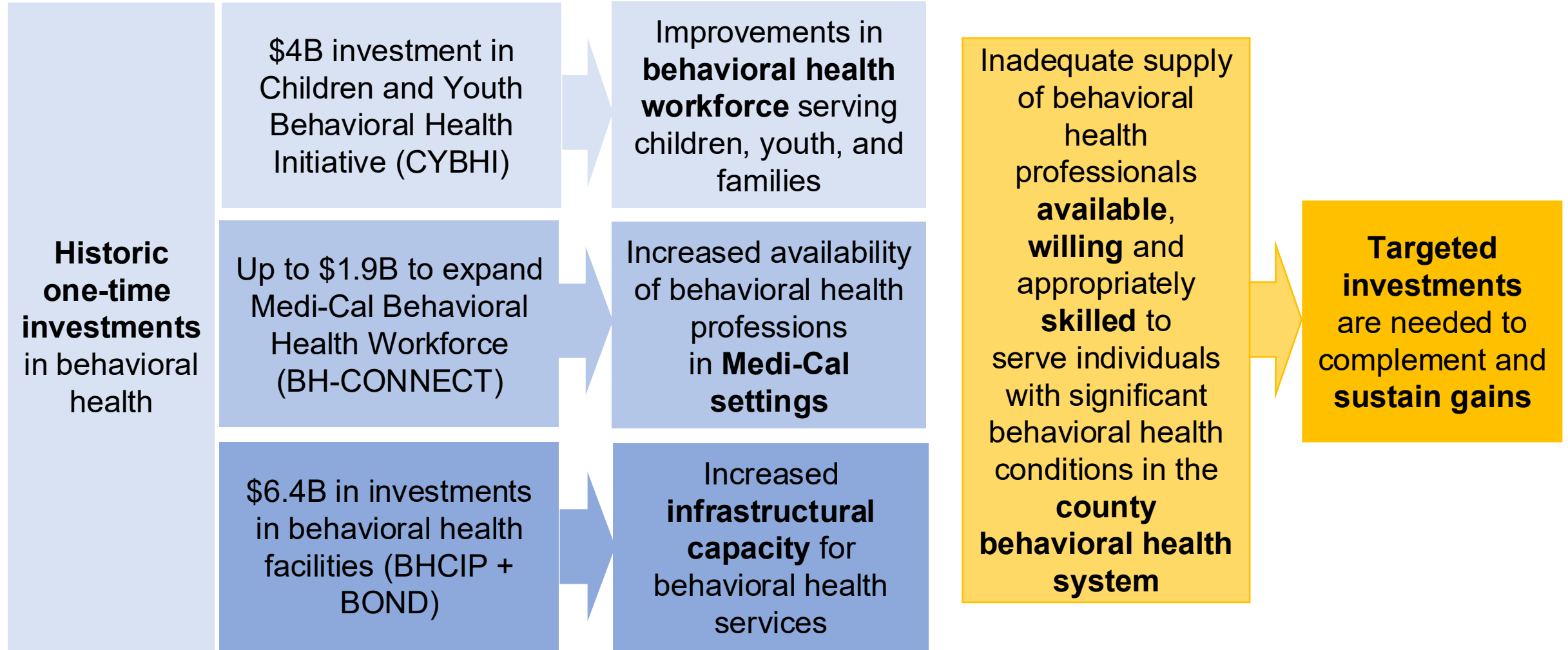
Public Policy and Advocacy

Steinberg Institute



BHSA WET Plan: Workforce Outcomes

Building Workforce Capacity to Serve Individuals with Significant Behavioral Health Conditions



WET Plan: County Behavioral Health System

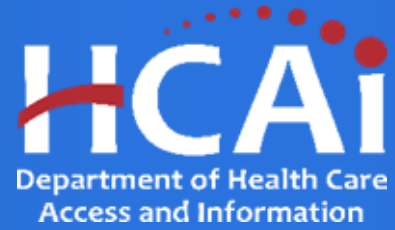
Workforce Outcomes

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



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

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



BHSA WET Plan: Workforce Investment Objectives

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.

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)**

Problem Statement 1

The current behavioral health workforce is not sufficiently skilled to respond to a new changing county 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 CBHS 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 County Behavioral Health System (CBHS), 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 CBHS.



Investment Objective 2

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

- 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 CBHS.
- Financially support diverse pipeline of students in exchange for service in the CBHS.
- 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 CBHS-focused curricula, tailored by discipline, to prepare students to serve individuals with significant behavioral health conditions including the BHSA priority populations in the CBHS.
- **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 CBHS.

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 CBHS. Bundle with loan repayment in exchange for a service obligation in the CBHS.
- **2F.** Graduate Education Capacity Expansion Program (GECE)*: Provide funding to education entities to adopt CBHS focused curriculum for **licensed non-prescribing professions** degree programs. Bundle with support for students who complete the CBHS 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 CBHS 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) CBHS Training Stipend Program.

Explore

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

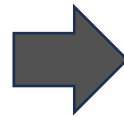
Advance diversity and equity across all programs by targeting education and training investments toward regions with greatest need and supporting diverse students and trainees.

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

Problem Statement 3

The CBHS 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 CBHS

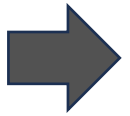
Objective 3: Strategies 2/2

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 CBHS
 - 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 County Behavioral Health System (CBHS) 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 CBHS 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 CBHS (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)

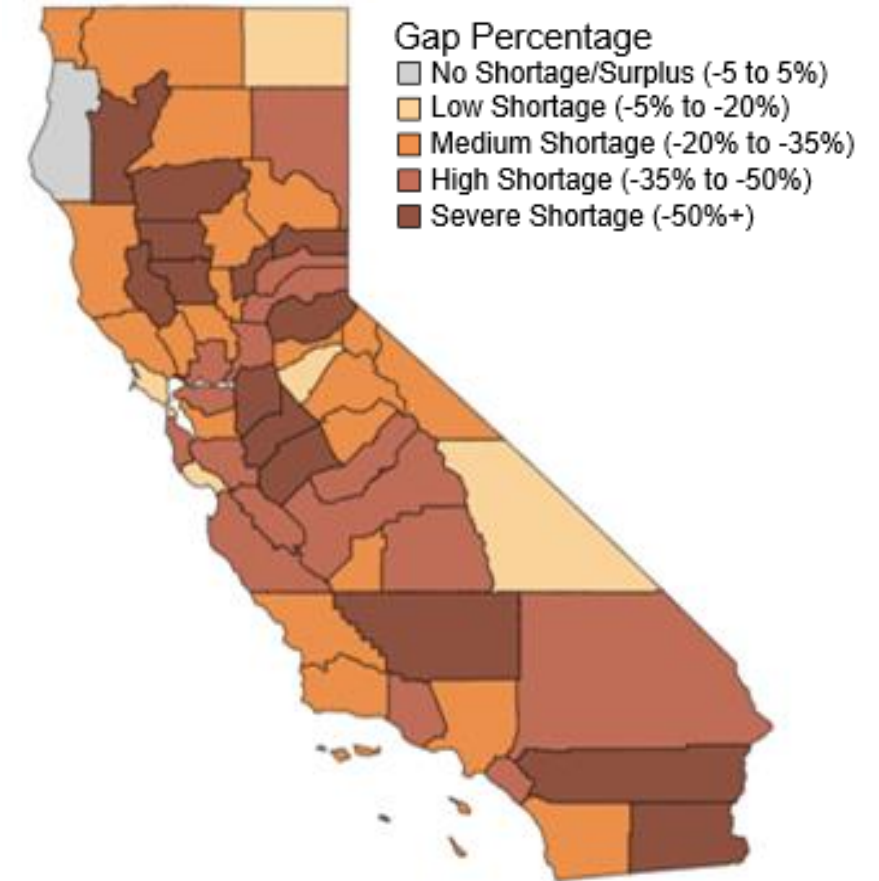


Supply and Demand Analysis to Address Areas of Geographic Need

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

Projections indicate that by 2033:

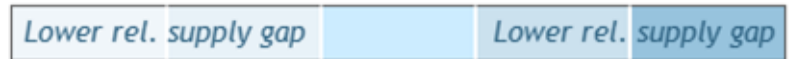
- The Psychiatrist shortage is expected to double to 6,200+ needed
- All counties could face Non-Prescribing Clinician shortages; 22 counties could have shortages of 50% or greater
- Statewide need could rise to 171,000 Non-Prescribing Clinicians—more than double today's supply of about 81,000



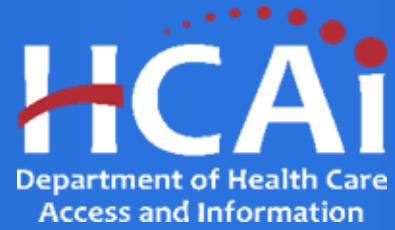
Supplemental Supply and Demand Tool

- 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	683
SUDCs	223	2041	0 ¹	0 ¹	569	0 ¹	53	252	1107



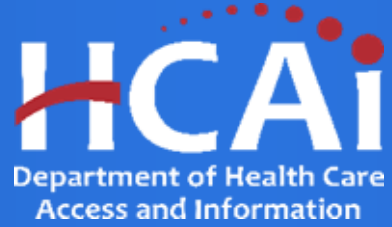
Budget Principles and Funding Allocations

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 CBHS, 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	Funding Allocations FY 2027-28	Funding Allocations FY 2028-29	Funding Allocations 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 CBHS
- 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

- **April 15:** Present to the California Behavioral Health Planning Council Workforce Employment and Education Committee (WEC)
- **April 17:** Present to the California Behavioral Health Planning Council (CBHPC)
- **May 25:** WET Plan development and refinement complete
- **May 26 to June 2:** WET Plan made available for public comment (highlighted)
- **June:** Final WET Plan presented and approved by California Behavioral Health Planning Council (CBHPC)

Next Steps & Closing

The Social Changery

Next Steps

- April 8th Hybrid Behavioral Health Task Force Quarterly Meeting, in Sacramento, 10 a.m.- 3 p.m.
- For questions and inquiries contact BehavioralHealthTaskForce@CHHS.CA.GOV
- To sign up for the public listserv visit <https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/>

Thank you for joining us today!

For information about the Behavioral Health Task Force,
please visit the CalHHS website at

<https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/>