

BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

April 8, 2026



THIS IS A HYBRID MEETING

- The meeting is being recorded
- In-person participants: wait for mic to speak
- All: Identify yourself as you start to speak – people may not see you
- American Sign Language interpretation in pinned video
- Live captioning link is provided in chat
- Remote participants: Please stay ON MUTE when not speaking and utilize the “raise hand feature” if you have a question or comment
- Please turn on your camera as you are comfortable
- BHTF members can use chat for additional conversation

THIS IS A HYBRID MEETING (continued.)

MEMBERS OF THE PUBLIC can provide additional feedback by emailing: BehavioralHealthTaskForce@chhs.ca.gov

Please Note:

The afternoon working sessions of BHTF meetings will be closed to members of the public moving forward

ELEMENTS FROM BHTF GUIDELINES AND COMMITMENT TO ENGAGEMENT

- **SHARE THE AIRTIME – BE BRIEF AND BRILLIANT**
- **STRIVE FOR AN EQUITABLE AND INCLUSIVE MANNER**
- **RESPECT: ACTIVELY LISTEN, INVOLVE ALL**
- **STAY FOCUSED ON THE AGENDA**
- **WORK TO REDUCE STIGMA**
- **THINK INNOVATIVELY AND WELCOME NEW IDEAS**

MEETING AGENDA

10:00 Welcome

10:20 Importance of Workforce

10:30 Panelist Presentations and Discussion

11:50 Panelist Questions

12:20 Remarks and Commentary

12:30 *Lunch Break - MEETING CLOSSES TO PUBLIC*

1:00 Resource Share

1:15 Afternoon Activity

2:30 Department Updates

2:50 Closing & Adjourn

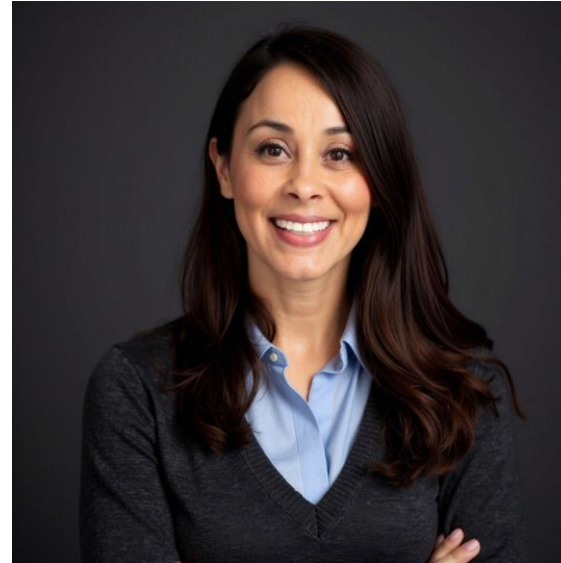


WELCOME & INTRODUCTIONS

STEPHANIE WELCH, MSW
Deputy Secretary of Behavioral Health, CalHHS



Welcome New BHTF Members



Stacey Shears

Vice Chancellor for Student Affairs,
California Community Colleges

Allie Budenz

Vice President of Health Center
Optimization, California Primary Care
Association

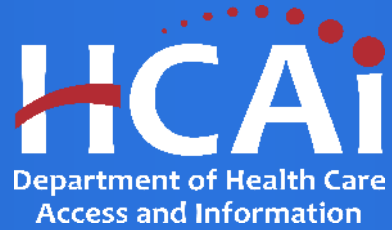
Vanessa Ramos

Senior Advisor,
Disability Rights California

Kate Ross

Vice President of State Programs,
California Association of Health Plans





The Importance of California's Behavioral Health Workforce

Presentation to the Behavioral Health Task Force

Elizabeth Landsberg, HCAI Director

April 8, 2026

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 Health Workforce Approach

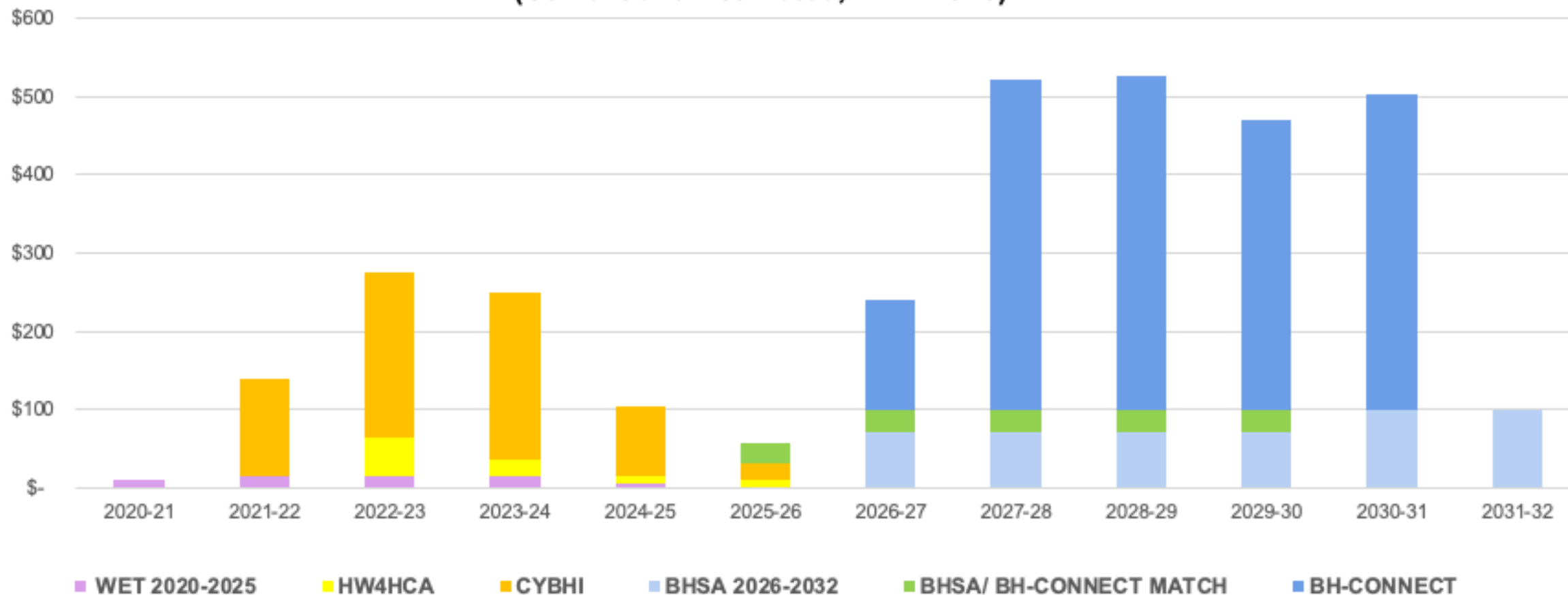
Develop, support and expand a health workforce that:

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



Behavioral Health Funding Overview

(Current and Estimated, in Millions)



In 2024, HCAI developed a behavioral health workforce strategy.

We identified the need for the following statewide interventions to expand supply and address equity.



Expand educational capacity, particularly in public education institutions and underserved areas



Expand clinical supervision – A significant share of Master's level graduates do not achieve licensure, in part due to lack of clinical supervision opportunities



Recruit and retain faculty, e.g., through incentives



Lower barriers to training – Through scholarships and non-financial completion supports (e.g., childcare, living accommodation, transportation); potentially linked to service obligations



Recruit / retain BH professionals in targeted settings – Through tuition reimbursement, loan repayment with service obligation, or financial incentives to remain long term (e.g., stipends, bonuses)

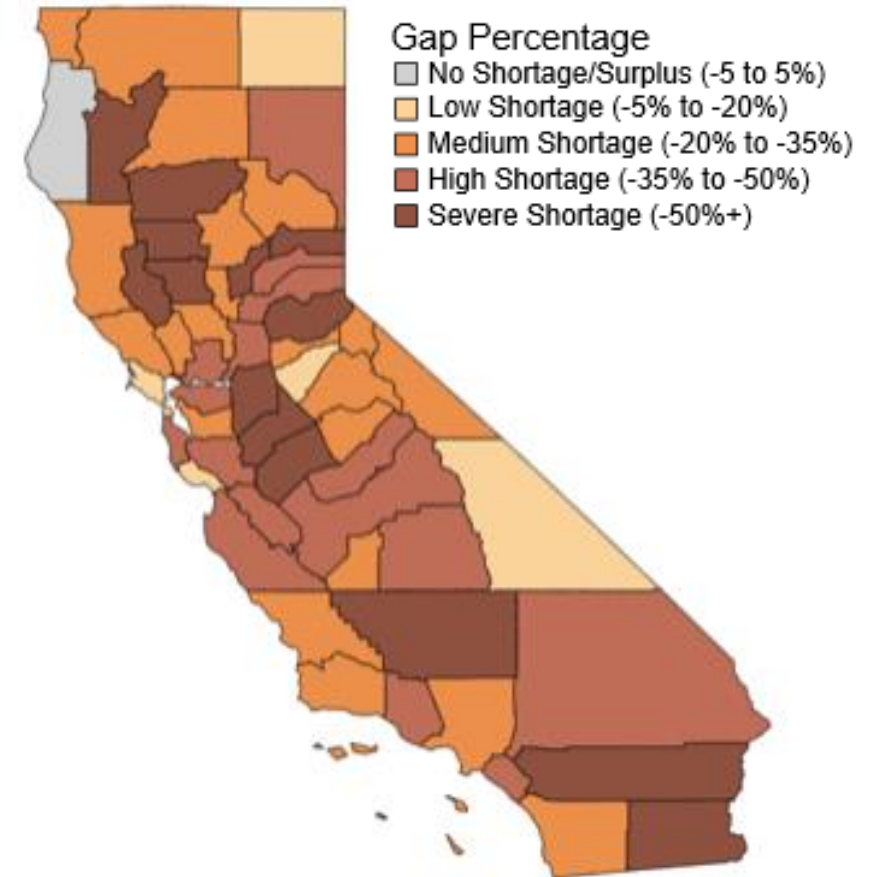


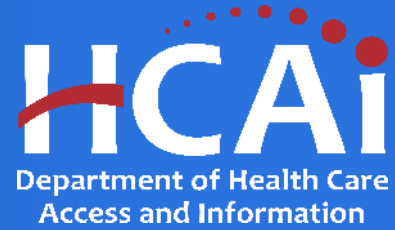
Integrate behavioral health into primary care: PCPs play an extremely critical role in the behavioral health ecosystem, and primary care teams should be trained on how to treat behavioral health conditions, especially in underserved areas

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





CYBHI* Spotlight: Certified Wellness Coach Profession

*Children and Youth Behavioral Health Initiative



Commitment to Certified Wellness Coaches

As part of Governor Newsom's Master Plan for Kids' Mental Health, **HCAI received funding to design and build the Certified Wellness Coach (CWC) workforce.**

Children and youth have inadequate and inequitable access to the behavioral health care they need.

Certified Wellness Coaches provide supplemental support to existing teams, providing prevention and early intervention behavioral health services so young people have more support early on.



The CWC role is designed to...



increase overall capacity for children's behavioral health.



serve vulnerable populations of children where they are.



engage directly with children and youth through age 25.



build a public behavioral health workforce that better represents the diversity of California's children & youth.



fill some of the workforce gaps that exist today.



ensure the role is both a desirable occupation and a stepping-stone to more advanced roles.

Certified Wellness Coaches

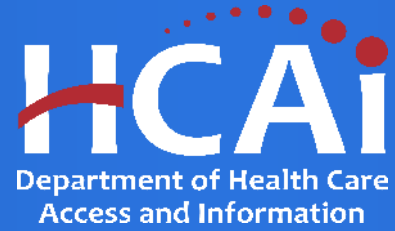


Strategy

- Build a **competent, skilled CWC workforce that reflects the communities served** and expands access in underserved areas.
 - Key activities: establishing a Workforce and Education Pathway to certification; partnering with California colleges and universities to develop CWC education programs; and providing scholarships with wrap around services to support entry into the behavioral health field.
- Drive **demand for CWCs across school-based, school-linked, and community settings**, with a focus on underserved communities.
 - Key activities: funding employers to hire and retain Coaches statewide and launching an apprenticeship demonstration project in partnership with community colleges and regional employers.

Impact

- Over 4,000 CWCs. Data from early adopters indicate that certification is contributing to a more diverse workforce across the state.
- CWCs are expanding access to prevention and early intervention services, which is reducing classroom disruptions, improving students' sense of belonging, safety, and self-regulation, and strengthening overall school climate.



Overview of BH-CONNECT and the Workforce Initiative

Why is the BH-CONNECT Workforce Initiative Critical?

- Medi-Cal covers more than one-third of the state's population.*
- Nearly half of the highest-cost Medi-Cal members have co-occurring behavioral health conditions.
- Statewide shortages of behavioral health professionals can be more severe in settings that serve Medi-Cal members.
- These factors can result in delays or barriers when Medi-Cal members seek behavioral health care.
- The BH-CONNECT Workforce Initiative seeks to increase and support the behavioral health workforce in Medi-Cal safety net settings to directly address the inequities and shortages that impact Medi-Cal members.

BH-CONNECT Workforce Initiative

- The Workforce Initiative supports the training, recruitment and retention of behavioral health practitioners serving Medi-Cal members and the uninsured.
- Between 2025 and 2029, in partnership with the Department of Health Care Services (DHCS), HCAI is investing up to \$1.9 billion in five workforce programs.
- Funding recipients will commit to serving Medi-Cal members living with significant behavioral health needs for 2-4 years.



BH-CONNECT Workforce Initiative

Five Medi-Cal Behavioral Health Programs:

Student Loan Repayment



- Cycle 1, Jul. 2025
- 1,899 awards, \$159M
- Cycle 2, May 2026

Residency Training



- Cycle 1, Jul. 2025
- Five awards, ~\$11.3M
- 12 training positions
- Cycle 2, Mar. 2026

Scholarship



Cycle 1, Feb. 2026

Community-Based Provider Training



Cycle 1, Mar. 2026

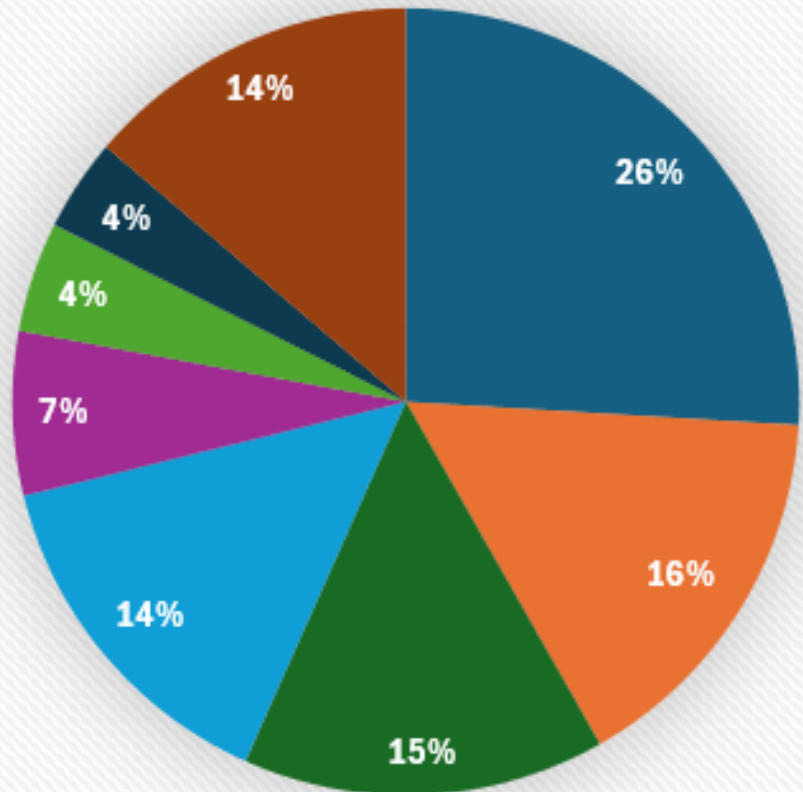
Recruitment and Retention



Cycle 1, Jun. 2026

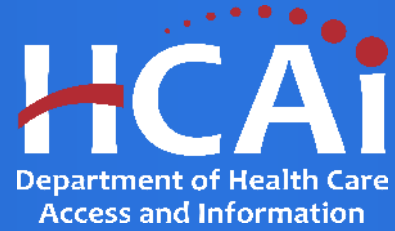
2026 Launches

BH-CONNECT Student Loan Repayment: Cycle 1 Award Data



- Associate Clinical Social Worker
- Licensed Clinical Social Worker
- Associate Marriage and Family Therapist
- Licensed Marriage and Family Therapist
- Mental Health Rehabilitation Specialist
- AOD (Alcohol and Other Drug) Counselor
- Associate Professional Clinical Counselor
- Other Behavioral Health Practitioner

- The greatest share of awards went to Social Workers (42%), followed by Marriage and Family Therapists (29%)
- 95% of Cycle 1 awardees work in the Specialty Mental Health System, which serves Medi-Cal members with severe needs.



Behavioral Health Services Act Funding & WET Plan

BH-CONNECT/ BHSA: Closing Gaps Together



BH-CONNECT Focus

- Structured funding with specific terms
- Significant one-time dollars (up to \$1.9B)

How BHSA Adds Value

- Ongoing funding
- Provides flexibility to fill unmet workforce needs
- Expands opportunities through pipeline and career pathway programs
- Supports “wraparound” services beyond BH-CONNECT’s scope

Community Engagement Overview

July – August 2025

21 convenings | 287 participants

Purpose

- ✓ **Inform development** of the Five-Year WET Plan
- ✓ **Guide BHSA prioritization** via community input

Focus Areas

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

Key Populations: Older Adults, LGBTQIA+, Justice System-Involved

Perspectives Represented: Counties, Universities, CBOs, Professional Organizations, State Agencies

Key Themes Emerging from Stakeholder Engagement



The current behavioral health workforce lacks sufficient training and support to effectively serve individuals with significant behavioral health conditions.



The County Behavioral Health System faces critical shortages of appropriately trained licensed behavioral health professionals, and academic/clinical training does not adequately prepare them for county roles.



The County Behavioral Health System relies on a large non-licensed workforce, but persistent gaps in availability, distribution, readiness, and deployment limit their effectiveness.



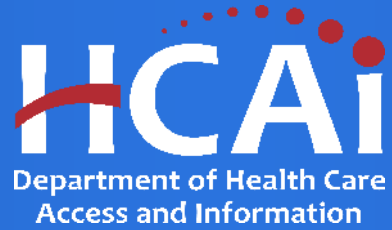
There is limited awareness of behavioral health career pathways and no clear progression routes, hindering workforce growth, stability, and diversity.



It is very difficult to recruit and retain behavioral health professionals in the County Behavioral Health System, resulting in high vacancy and turnover rates.

Workforce Improvement & Expansion

Panel Presentations



2026-2030 WET Plan: BHSA Workforce Initiative Funding Priorities

April 2026

BHSA: Overall Statewide Goals

Behavioral Health Goals across All Initiatives

↑ Goals for Improvement ↑

↑ Care experience

↑ Access to care

↑ Prevention & treatment of co-occurring physical health conditions

↑ Quality of life

↑ Social connection

↑ Engagement in school

↑ Engagement in work

↓ Goals for Reduction ↓

↓ Suicides

↓ Overdoses

↓ Untreated behavioral health conditions

↓ Institutionalization

↓ Homelessness

↓ Justice-Involvement

↓ Removal of children from home

Health equity is incorporated in each of the behavioral health goals

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

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

Principles for Investment Development

Evidence-
backed

Experience-
based

Community-
informed

Co-designed

Aligned and
complementary

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.

WET Plan: Programs to Launch – Objective 1: Expand Existing Workforce Skills

Objective Description	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.
HCAI Delivery Strategy	<p>Work-based training and continuous professional development for county and county-contracted agency employees</p> <ul style="list-style-type: none"> • Define core competencies • Perform gap analysis • Develop content as needed • Fund delivery of trainings
Timeline	<p>FY 26/27 - funding to fill immediate needs through existing platforms, while doing groundwork</p> <p>FY 28/29 and ongoing – fund delivery of new content</p>

WET Plan: Programs to Launch – Objective 2: Educate & Train Future Licensed Professionals

Objective Description	Expand affordable academic-based education and training with clinical supervision that prepares future licensed behavioral health workforce, including funding support for students.
HCAI Delivery Strategy	<ul style="list-style-type: none">• Develop CBHS-aligned curricula• Develop integrated clinical supervision placement tool and platform• Incentivize academic programs to adopt curricula• Provide funding to expand education programs, including scholarships and clinical placement assistance
Timeline	FY 26/27 – FY 27/28 ground work to develop tools and curricula; continue funding PECE, SWECE and social work stipends FY 28/29 fund aligned programs

WET Plan: Programs to Launch – Objective 3: Scale & Optimize Deployment of Non-Licensed Workforce

Objective Description	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 .
HCAI Delivery Strategy	<ul style="list-style-type: none"> • Fund training for SUD Counselors, Peer Support Specialists, and other non-licensed roles to address gaps by region and role • Fund transition-to-practice programs for non-licensed professionals in the CBHS • Co-design and implement technical assistance package for counties and county-contracted agencies, including best practices to deploy peer support personnel
Timeline	FY 26/27 – FY 30/31

WET Plan: Programs to Launch – Objective 4: Enhance Career Pathways and Advancement

Objective Description	Develop and implement standardized behavioral health career pathways to increase awareness, support upward mobility , and promote a diverse and sustainable workforce .
HCAI Delivery Strategy	<ul style="list-style-type: none"> • Design evidence-based pathway/pipeline programs • Design career ladders and lattices for non-licensed workforce • Fund pathway/pipeline programs
Timeline	<p>FY 26/27 - FY 27/28 fund pathway/pipeline programs; assess career ladder gaps and solutions</p> <p>FY 27/28 - FY30/31</p> <p>Phase 2: Implementation beginning in Q4 FY 26/27 thru FY 28/29</p>

WET Plan: Programs to Launch – Objective 5: Recruit and Retain Workforce

Objective Description	Recruit and retain behavioral health professionals in county and county-contracted organizations.
HCAI Delivery Strategy	N/A – Fulfilled by BH-CONNECT
Timeline	Consider funding recruitment and retention initiatives after BH-CONNECT ends

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 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)



CBHA
CALIFORNIA BEHAVIORAL
HEALTH ASSOCIATION

Investing in the *W.O.R.K.F.O.R.C.E.* Behind California's Behavioral Health Transformation

CA Behavioral Health Task Force Meeting

April 8, 2026

Le Ondra Clark Harvey, Ph.D., Chief Executive Officer

Advocacy for Diverse Provider Associations

→ **CBOs, FQHC, CCBHCs, Hospitals, 9-8-8 Call Centers, Foster Family Agencies...**

- ◆ Children/Youth
- ◆ Adults
- ◆ Older Adults
- ◆ Intellectual/Developmental Disabilities

→ **Services**

- ◆ Mental Health, Substance Use, Housing, Crisis, Full Service Partnerships

→ **Settings**

- ◆ Inpatient, Outpatient, Community, Home



W.O.R.K.F.O.R.C.E.



- W** – Wraparound
- O** – Operational capacity
- R** – Reimbursement
- K** – Keeping small providers viable
- F** – Flexible funding
- O** – Outreach
- R** – Recruitment
- C** – Culturally responsive
- E** – Equity-driven





Behavioral Health Services Act (BHSA)

Community Assistance, Recovery and Empowerment (CARE) Act

A new California tool that helps people with schizophrenia and other eligible diagnoses.



9-8-8 expansion



CARE Act implementation



Housing + behavioral health integration



BHSA workforce investments

Impediments...



“We got the contract...
but we don't have the staff.”

“We have the staff ...
but we can't keep them.”

“We have people willing to do the work...
but they can't get through the system to be hired.”



Rural Reality...



Community Based Orgs...



**CULTURALLY
RESPONSIVE CARE**



TRUST



ENGAGEMENT





High Caseloads

Low Compensation

Administrative Burden

Actualize Investment...



**FUND
ORGANIZATIONS**



**PAY FOR
ACCESS**



**CREATE
PATHWAYS**



**ALIGN
COMPENSATION**



MEASURE

Call to Action!!!



Center CBOs in implementation



Tie funding to equity outcomes



Build accountability



Thank you for your attention!

Le Ondra Clark Harvey, Ph.D.

CEO of CBHA

lclarkharvey@calbha.org



CalHHS Behavioral Health Task Force Presentation: Behavioral Health Workforce

Vitka Eisen, MSW, Ed.D
President & CEO

April 8th, 2026



Substance Use Treatment

Mental Health Services

Primary Care

**HealthRIGHT 360
Integrated Care**

Dental Care

Crisis Response Programs

Social Support Services

Harm Reduction

Community Re-integration





1,340 Employees

- Across 78 Departments
- Across 57 Locations
- Across 9 Counties

HR360 Staff Breakdown

Behavioral Health

71% of our staff work in BH programs

Clinic Staff

7% of our staff work in clinics (including ICC and street medicine)

Support Staff

22% of our staff work in our support departments (People Team, Operations, Compliance, etc.)

A photograph of a man sitting on a hospital bed in a room. He is wearing a blue and white hoodie with 'WARD' written on the sleeve. The room has a window with a blue curtain, a door with a brass handle, and a bedside table with a water bottle and a blue cap. A red banner is overlaid on the bottom half of the image.

Breakdown of BH Staff

- 14% are LPHAs (BBS registered or licensed staff)
- 33% are SUD Counselors (registered or certified counselors)
- 53% are Other (Recovery Coaches, Safety Navigators, Case Managers, Childcare Specialist, Administrative Coordinator, Client Advocates)



Integrated Medical Services Staff Across BH

- 14% of staff across all residential programs are Medical staff supporting IMS



Staffing Challenges:

- High turnover/burn out
- Trauma
- Remote Work
- Pay Parity



Challenges in SUD Staffing

- Lack of specialized training at the graduate school BH level
- Hard to compete against remote work for 24/7 residential staffing model
- Privatized rather than state certification for SUD workforce
- Efforts to improve training and education of SUD counselor workforce may push out some person's with lived-experience, or push them into the typically less compensated Peer Support category



Integrates Care Models

- Lack of prescribers for MAT programs
- Lack of clarity on what is allowable under “Incidental Medical Services” within Residential SUD



Build the Pipeline

- Support mentored practicum programs
- Support BH apprenticeships
- Support on the job training
- Improve rates to create parity with public sector
- Incentivize prior COB experience when hiring for similar positions in the public sector



Develop Human Centered Documentation

Questions?



Get Better. Do Better. Be Better.



Thank You!

health
RIGHT
360



Peer Services and the WET Plan

Goals

Barriers

Possibilities

Expand Existing Workforce Skills



The HCAI Peer Personnel Training and Placement Program

- What we've learned
 - 3,500+ | Community members seeking Peer training.
 - 1,300 | Enrolled in 80-hour Medi-Cal Peer Support Specialist training
 - 1,009 | Active Peer Workforce participants receiving ongoing career support.
 - 850 | Full curriculum completions (to date).
 - 89% | CalMHSA State Exam pass rate for SHARE! candidates.
 - 345 | have passed the state exam since 2022

Expand Existing Workforce Skills

Barriers



- Developing competency requires practice, continuing training and quality supervision
- Peer Specialists still supervised by people who have never been peer specialists

Expand Existing Workforce Skills

Possibilities:

How do we center Peer Services in organizations, agencies and systems that have the highest alignment to the values and practices of Peer Services?

(Hint) – Scale Peer Run Organizations across systems





Educate and Train Future Licensed Professionals

Barriers

- Behavioral health workforce and systems of care lack foundational knowledge of Peer Services and practices

Possibilities

- Required educational units in Peer Services and practices across all degrees:
 - MFT, LCSW, Nursing, Psychology, Psychiatry

Scale and Optimize Deployment of Non-Licensed Workforce



Barriers

- Peer Specialist Certification
 - Four Specialties (Family and Parent Partner, Justice Involved, Unhoused, Crisis)
 - Lack dedicated funding for training
 - Jobs are not scaled across systems and agencies

Possibilities

- Educate Counties, Agencies and Policy makers about the importance of Peer Services in Homeless Services, Re-entry, Crisis response and family services

Scale and Optimize Deployment of Non-Licensed Workforce



Possibilities

- Technical Assistance package for Peer Services coordinated by local expertise in the delivery and supervision of Peer Services (Peer Run Organizations)
 - Delivered in conjunction with Counties and State Agencies
- Supervision Academy coordinated with local expertise (Peer Run organizations)
- Medi-Cal billing
 - Cross County framework for scaling Medi-Cal billing in Peer Run Organizations
 - Learning Collaborative on efficacy of practice within Medi-Cal systems
- Data and outcomes in billing systems fail to capture the measures of recovery (health, home, purpose and community) that demonstrate effective outcomes.

Enhance Career Pathways and Advancement

Barriers

- Lack of jobs
- Lack of role clarity

Possibilities

- Emphasizing efficacy of practice through Peer Run Organizations creates career ladders



Recruiting and Retaining Workforce

Barriers

- Low pay
- Perception that Peer Services is the only pathway to employment
- Highschool diploma or equivalent

Possibilities

- Emphasizing efficacy of practice through Peer Run Organizations creates career ladders





What Can Make this Happen?

- Peer Services Center of Excellence
- Statewide Office of Recovery and Peer Services

Remarks & Commentary

STEPHANIE WELCH, MSW

Deputy Secretary of Behavioral Health, CalHHS



LUNCH BREAK

30 Minutes

BHTF Member Resource Share



Discussion & Breakout Session

Department & BHTF Member Updates

2026 Schedule

- **July 15, 2026**
- **October 14, 2026**

CLOSING – REFLECTIONS AND NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH,
CalHHS

ENGAGEMENT OPPORTUNITIES (1/2)

FUTURE 2026 QUARTERLY MEETINGS

All Meetings are hybrid, 10 a.m. to 3 p.m.

- July 15, 2026
- October 14, 2026

Lunch & Learn Presentations between meetings – to be announced

ENGAGEMENT OPPORTUNITIES (2/2)

FOLLOW UP ON BHTF MEETING

- We welcome your feedback in the meeting evaluation!
 - Zoom participants will see a survey
 - Emailed survey for those in-room
- Recording will be posted on the [BHTF Website](#)



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/>