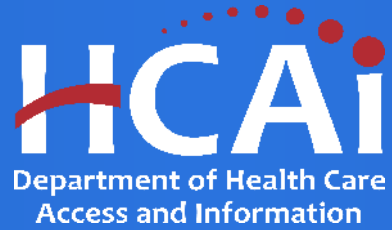


HEALTH WORKFORCE WEBINAR

**Thank you for joining the Webinar.
We will be starting in:**

01 : 00

HCAi Department of Health Care
Access and Information



Draft Behavioral Health Services Act (BHSA) 2026-2030 Workforce Education Training (WET) Plan

May 20 and 21, 2026

Housekeeping and Introduction

Before we begin, just a few quick notes to help you get the most out of today's session:

1. Platform: This session is hosted on Zoom Webinar. Your controls are in the toolbar at the bottom of your screen.
2. Q&A: We're using the Q&A feature for all comments and questions. Please type your input at any time.
3. Recording: Today's session is being recorded to inform the plan development and finalization.



Agenda

- Dept. of Health Care Access and Information (HCAI)
- Behavioral Health Services Act (BHSA)
- Community and Partner Engagement
- BHSA 2026-2030 WET Plan:
 - Workforce Outcomes
 - Investment Objectives
 - Budget Principles and Funding Allocations
 - Accountability
 - Upcoming Milestones
- Discussion

HCAI's Vision and Mission



Vision

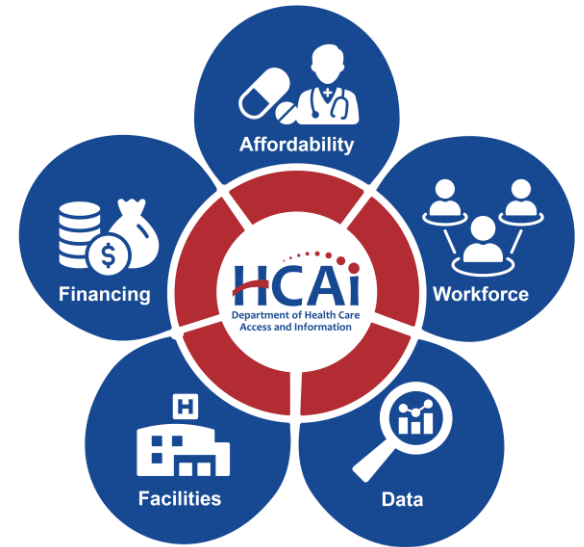
A healthier California where all receive equitable, affordable, and quality health care.

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.

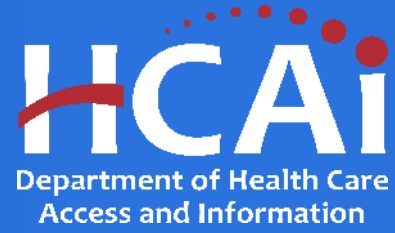


HCAI Health Workforce Approach

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





Behavioral Health Services Act

BHSA Overview

The Behavioral Health Services Act (BHSA), formerly the Mental Health Services Act (MHSA), refocuses the state's behavioral health funding framework to prioritize **individuals with the most significant needs** while strengthening investments in treatment, housing, and workforce development.

Notably, BHSA expands the scope of prior mental health investments to explicitly include SUD, enabling a more **integrated, whole-person approach** to workforce development, service delivery, and system planning across the Medi-Cal behavioral health continuum.

Three percent of BHSA funds are dedicated to behavioral health **workforce initiatives**.

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: Statutory Priority Populations

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



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

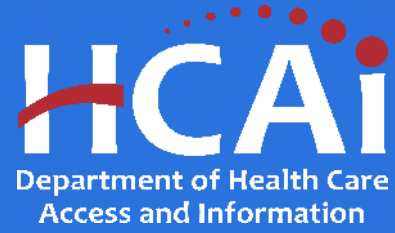
- Chronically homeless, experiencing homelessness, or at risk of homelessness
- In, or at risk of being in, or reentering the community from, the justice system
- At risk of institutionalization
- At risk of conservatorship
- In the child welfare system pursuant to W&I Code sections

BHSA & WET Plan

- Specifies the **BHSA 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 WET 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 Partner Engagement

Community & Partner Input Timeline

Community Engagement

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

Deep Dives

- January to April 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
- CBHPC* meetings to preview (April) and approve (June)

2025

2026

Resulted in:

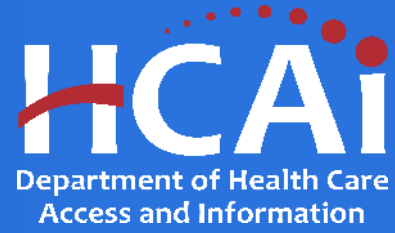
- Key themes
- Initial draft of 6 Objectives and draft programs
- Prioritized list of areas for further investigation

Resulted in:

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

Resulting in

- WET Plan Approval
- WET Plan Publication (June)
- Activate funding & accountability



Phase 1: 2025 Community Engagement

Community Engagement Overview

July–Aug 2025

21 convenings | 287 participants

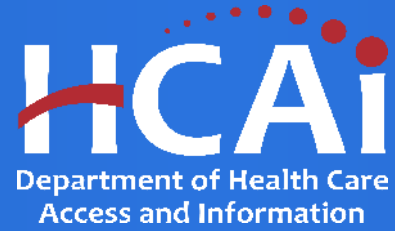
Purpose:

- ✓ **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

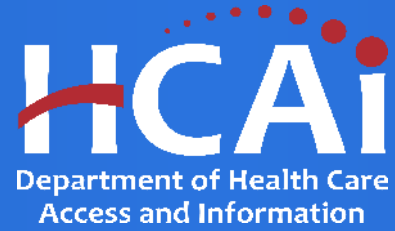
Special Populations: Aging/Older Adults, Veterans, LGBTQIA+, Justice-Involved, Limited English Proficiency, Homeless.



Phase 2: 2026 Partner Engagement

Phase 2: Partners Consulted

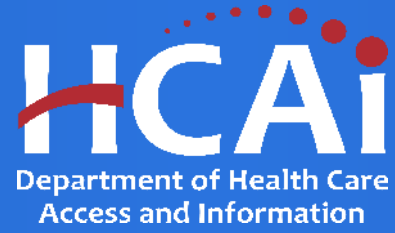
Phase Two: Summary of Partner Engagement	
Type of Organization	Number of Organizations
Provider Associations	5
California State Departments	9
Community-Based Organizations	3
County Partners	6
Education and Training Partners	5
Education and Training Consultation	2
Health Plans	1
Organized Labor	1
Public Policy and Advocacy	1
Total Number of Organizations	33



Phase 3: 2026 Public Engagement

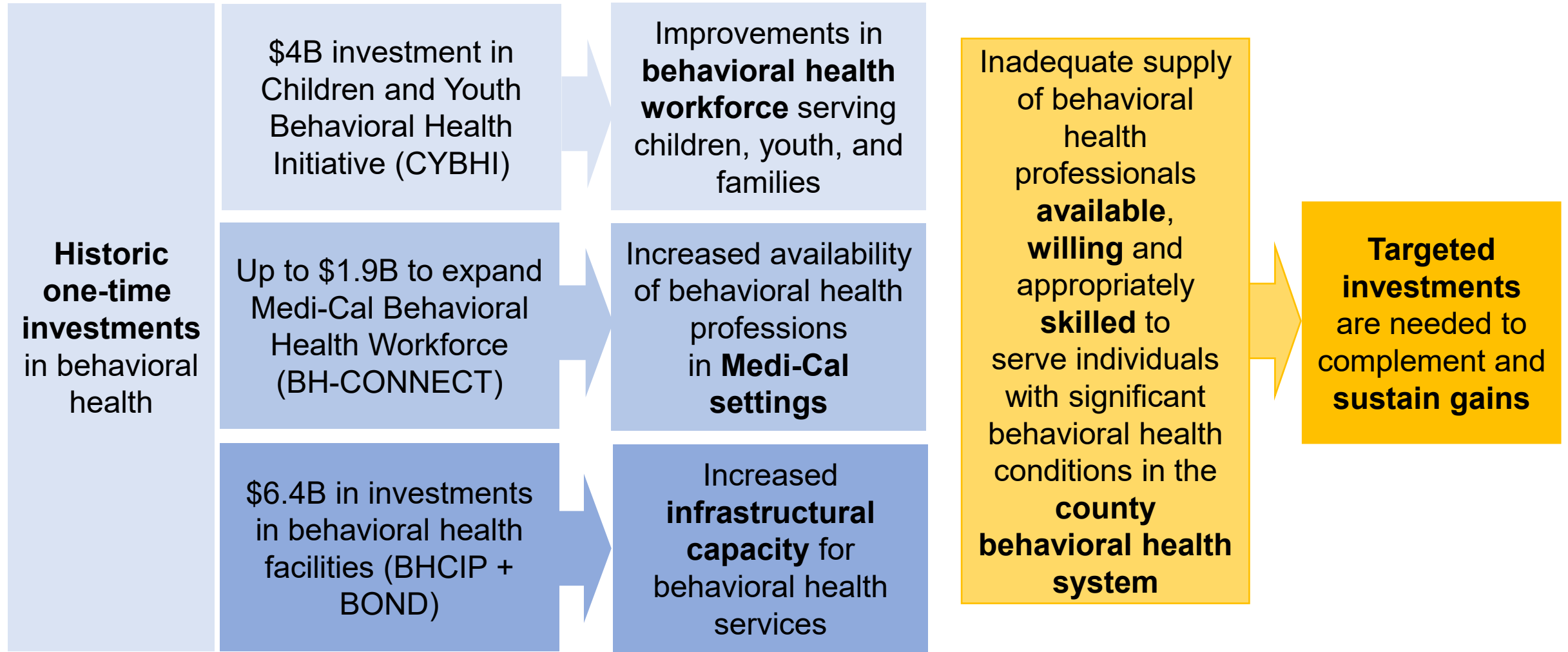
Phase 3: Public Engagement

Phase Three: Public Meetings and Public Comment	
Public Meetings	Date
Behavioral Health Task Force Presentation	4/8/2026
Workforce and Employment Committee (WEC) Presentation	4/15/2026
California Behavioral Health Planning Council	4/17/2026
CalHHS Peer Leaders Monthly Meeting	4/28/2026
Public Webinars	5/20/2026 5/21/2026
Public Comment Period	Opened: 5/12/2026 Closes: 5/29/2026



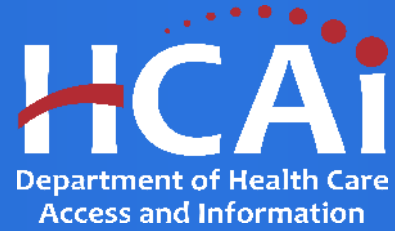
BHSA WET Plan: Workforce Outcomes

Building Workforce Capacity to Serve Individuals with Significant Behavioral Health Conditions



WET Plan: County Behavioral Health System Workforce Outcomes





BHSA WET Plan: Workforce Investment Objectives

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.

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 within the County Behavioral Health System, including county behavioral health agencies, facilities, and its contracted providers, may not have sufficient training and support to meet the demands of an evolving public behavioral health landscape, particularly in 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 among licensed and non-licensed workforce 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, including training primary care and emergency department practitioners in behavioral health practices.
- **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 prioritized trainings to county and county-contracted agencies.
- **1D:** Fund training for existing emergency services and primary care providers who work with individuals with significant behavioral health conditions in psychiatry and addiction medicine.

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 and economic barriers. 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 1/3

Investments

- **2A:** Leveraging core competencies defined in Objective 1 and pre-existing analyses, 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 2/3

Programs

- **2E: Psychiatric Education Capacity Expansion Program (PECE):** Provide funding to training programs that train **prescribing clinicians** (psychiatrists and psychiatric mental health nurse practitioners) 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 (e.g., social work, psychology). 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.

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

Objective 2: Strategies 3/3

Programs, continued

- **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. (1-2 years only)
- **2H:** Provide bridge funding to support **Masters in Social Work (MSW) Public Behavioral Health Training Stipend Program.** (1-2 years only)

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 to ensure effective deployment of the non-licensed workforce:

- Scale training and support job placement to close known workforce gaps (by role and geography).
- 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 and Peer Support Specialists 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

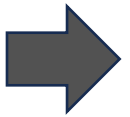
Objective 3: Strategies 2/2

Programs, continued

- **3C: Co-design and deliver 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
 - Facilitate 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
 - Support team-based care and workforce optimization

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 pathways 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 early pathway/pipeline programs to expand the number of young and early career individuals pursuing careers in behavioral health.
- **4D:** Collaborate with training and education institutions, professional associations and other partners to implement career pathway initiatives that promote career advancement.

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.

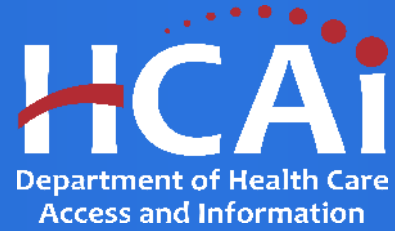
Objective 5: Strategies

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.



Budget Principles and Funding Allocations

BHSA Budget Principles

**Maximize and
Leverage
Funding**

**Balanced
Investment**

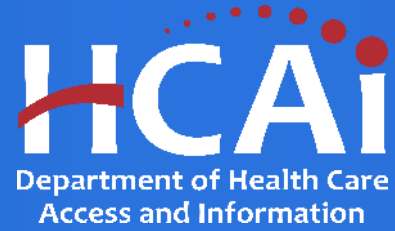
**Up Front
Investments to
Drive Systems
Change**

Sustainability

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%*

* Funding for Objective 5: Recruitment and Retention has not yet been determined. HCAI proposes to first assess the success and reach of the mid-2026 BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program. Pending findings from that first cycle, HCAI will determine whether BHSA funds should be allocated to fill gaps not addressed by the BH-CONNECT program.



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

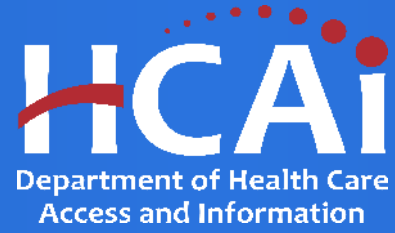
- California Behavioral Health Planning Council
- HCAI Health Workforce Education and Training Council
- Behavioral Health Task Force
- Commission on Behavioral Health

Upcoming Milestones

- **May 29:** Public comment closes (12:00 PM PST)
- **June 19:** Final BHSA 2026-2030 WET Plan presented to the California Behavioral Health Planning Council (CBHPC) for approval.

Share Your Feedback!

- **Public comment open now until May 29 at 12 PM PST**
- **Visit HCAI's website to view the full draft WET Plan and to submit your feedback**

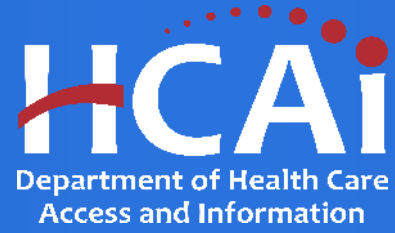


Poll, Questions & Comments

Open Discussion for Q&A

Let us know your feedback! We appreciate hearing what you have to say about today's webinar, including:

- **What resonates the most about the plan? What doesn't resonate?**
- **What should HCAI take into consideration before moving forward with any of the investment strategies?**
- **What is your biggest concern about any of the specific objectives or the plan overall?**
- **What other feedback do you have that you'd like to share, or that HCAI should be aware of?**



Closing & Next Steps

Reminder: Upcoming Milestones

- **May 29:** Public comment closes (12:00 PM PST)
- **June 19:** Final BHSA 2026-2030 WET Plan presented to the ***California Behavioral Health Planning Council (CBHPC)*** for approval.

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