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Agenda Item 16:

Behavioral Health Strategy: Reflection, Alignment, and Path Forward

Presenters:

Sharmil Shah, Branch Chief, Behavioral Health and Policy

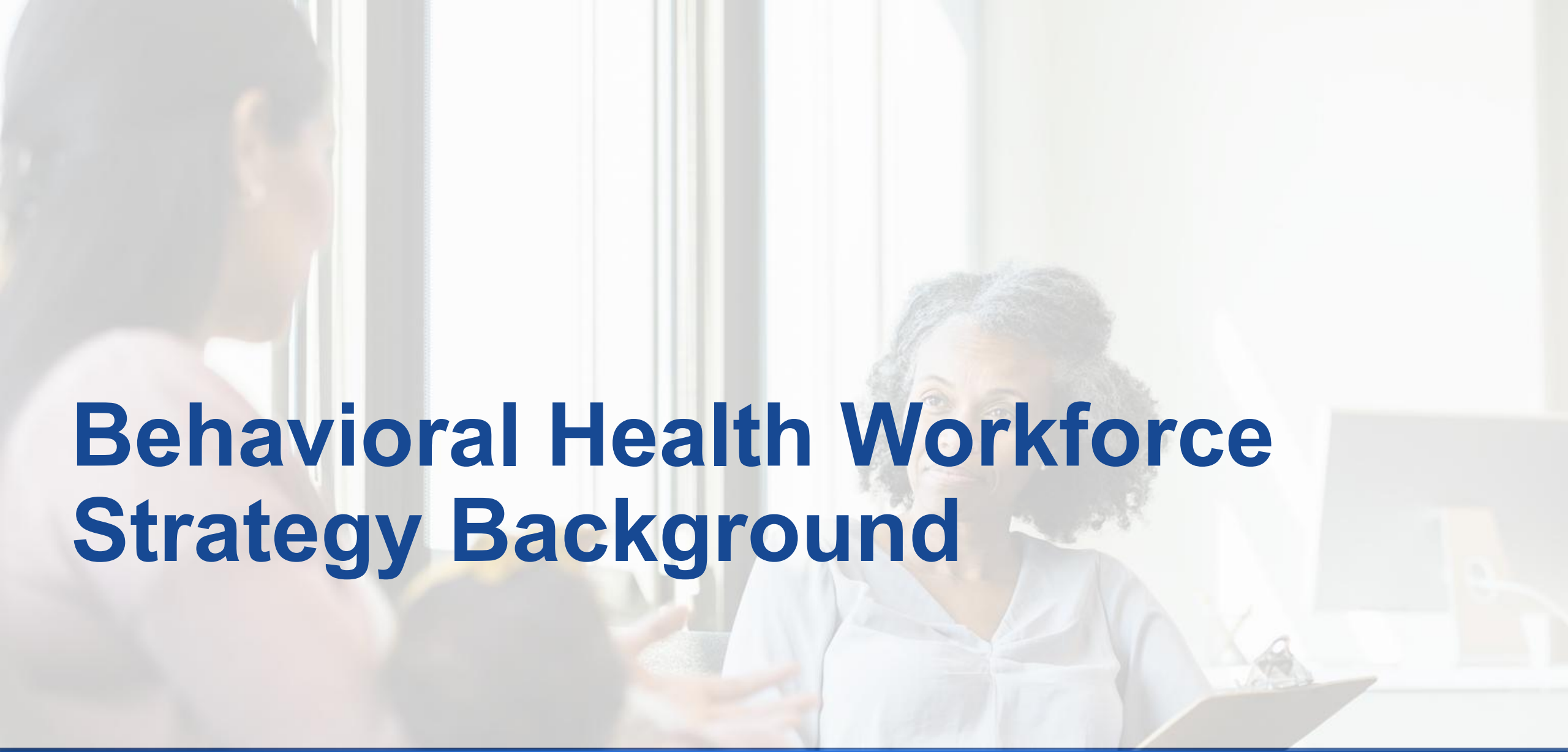
Eric Neuhauser, Branch Chief, Research and Evaluation

Session Purpose

- Recall HCAI 2024 behavioral health workforce strategy and reflect on two years of progress
- Assess what has been accomplished, what remains, and how current work aligns with the original strategy
- Demonstrate how OHWD uses the strategy as a guiding framework
- Discuss remaining gaps and key considerations looking ahead

Agenda

- Behavioral Health Workforce Strategy Recap
- From Data to Strategy: Supply and Demand Modeling
- Strategy Findings
- Behavioral Health Workforce Portfolio Review
- Mapping Strategy to Programs
- Opportunities for Action
- Next Steps: Implementation & Evaluation
- Discussion



Behavioral Health Workforce Strategy Background

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A **statewide behavioral health workforce strategy** is essential because no single organization or agency can solve workforce challenges alone.

By uniting with **common goals, actionable data, prioritization, and coordination** across organizations and sectors, we can achieve **greater impact**.



HCAI Developed a Data-Driven Statewide Strategy to Address Gaps in California's Behavioral Health Workforce

Purpose



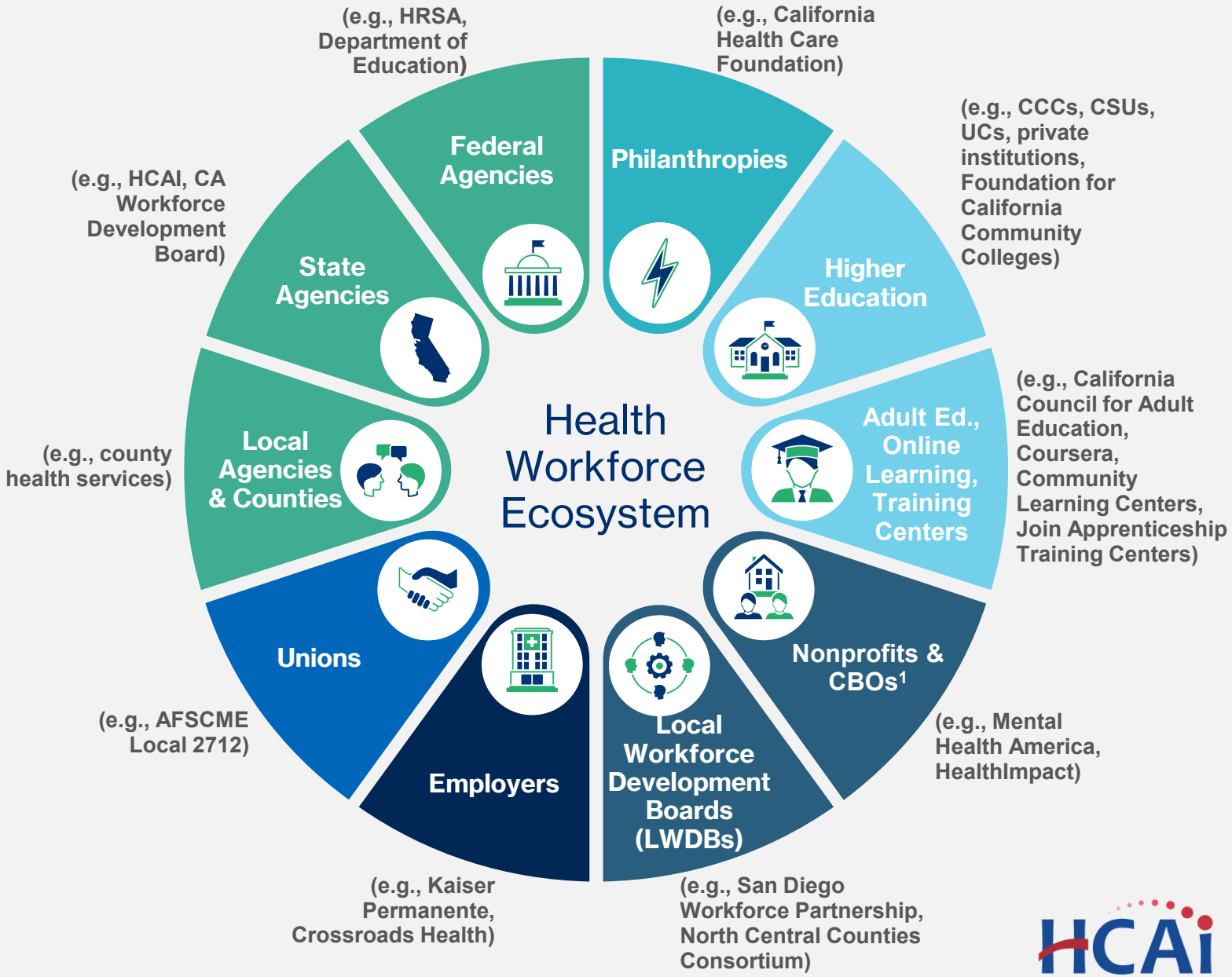
Support the State to understand and equitably solve the supply/demand gap in behavioral health services & better serve Californians

Supply & demand modeling: Involved the design, architecture, and build of an analytical tool that can be continuously improved and expanded based on new and emerging data

Strategic planning: A **data-driven** strategy that identified **innovative and tested best practices** to resolve persistent workforce gaps and inequities, and created **tailored intervention bundles** to target specific challenges and opportunities

Partner engagement: Significant partner consultation and **collaboration with experts inside and outside of government, including health workers;** ongoing validation and refinement of our strategy, shaped by evidence and experience

The Statewide Strategy Recognized and Sought to Leverage Diverse Partners in the Health Workforce Ecosystem



1. Community-based organizations

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From Data To Strategy: Supply & Demand Modeling

Modeling as the Strategy's Foundation

HCAI's Behavioral Health Supply & Demand Model quantifies current and future workforce shortages by role and geography so the state can target investments where they'll have the greatest lasting impact.

Strategic Purpose & Goals

Quantify the gap: Measure current supply, projected demand, and future shortages (through 2033) for behavioral health roles across all 58 counties.

Pinpoint where need is greatest: Provide role- and geography-specific views (county, region, statewide) to reveal where shortages are most acute.

Drive data-informed decisions: Inform funding allocations, program scoring (e.g., Medi-Cal Behavioral Health Student Loan Repayment Program), and policy through an interactive public dashboard and open data.

Enable action: Equip HCAI and partners to design targeted interventions that recruit, retain, and distribute the workforce where it's needed most.

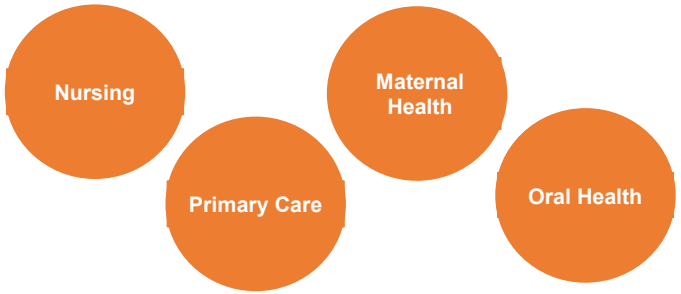
Why it Matters

Every California county is projected to face a shortage of behavioral health providers by 2033, and the current supply of licensed clinicians and psychiatrists will need to double to meet forecasted demand. This model turns that reality into targeted strategy.

Modeling Providers Requires Available Data



Original BH model providers
(included in original MVP model)



Other Workforce Models
(Completed & In-Progress)

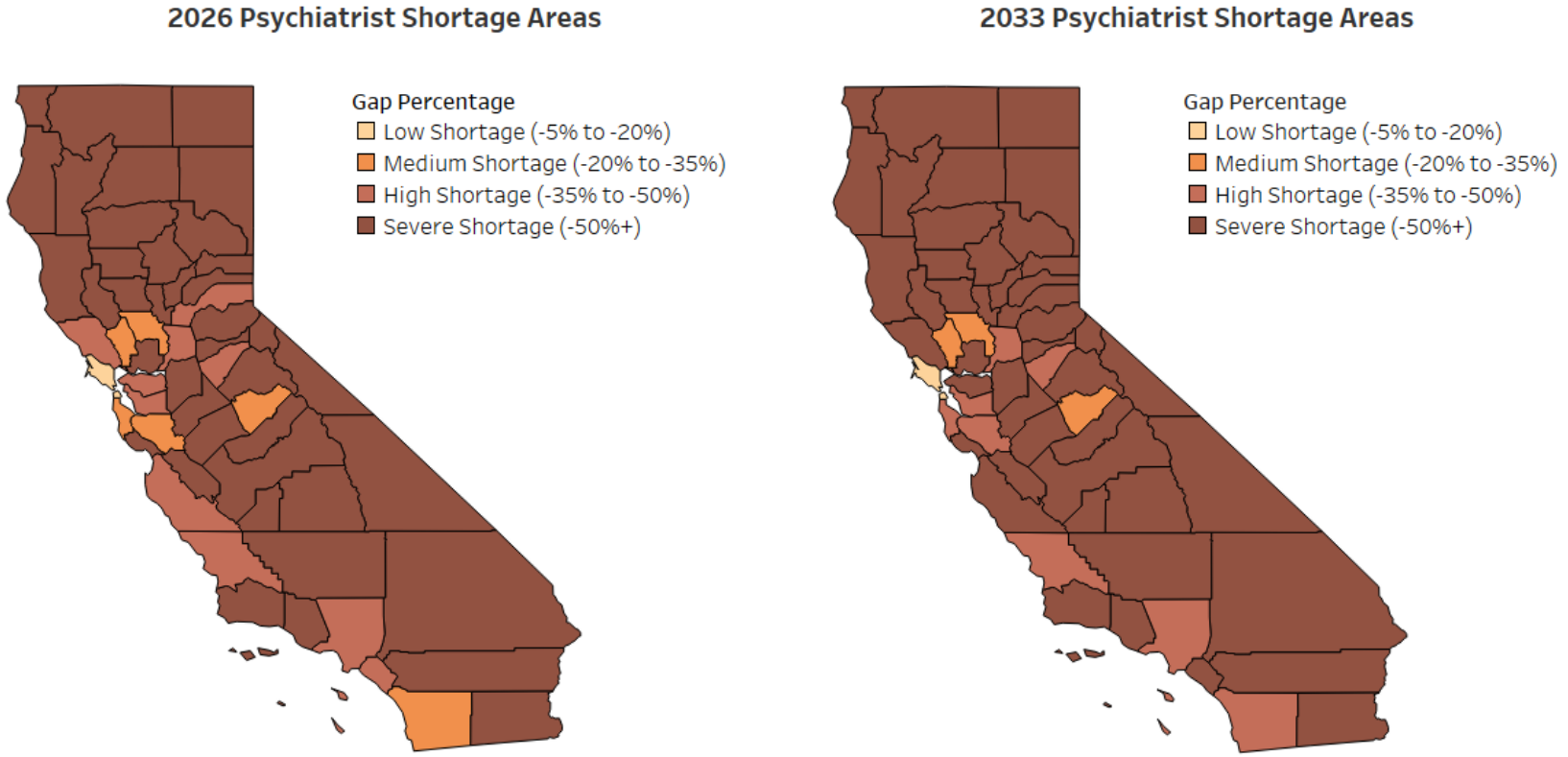
- Minimum viable product (MVP) models have focused on licensed professions due to HCAI's unique access to licensure and renewal survey data.
- Many certified providers have little to no data available; this makes modeling those roles extremely difficult.
- Future modeling work will aim to increase the representation of certified providers, as well as providers who only spend a portion of their time providing behavioral health (BH) services.



Future BH model providers
(examples, not exhaustive)

By 2033, California's behavioral health shortages persist—psychiatrist and licensed-clinician gaps grow worse, while associate-level gains are undercut by geographic maldistribution.

- The statewide shortage of psychiatrists will worsen from -43.2% in 2026 to just over **-53% by 2033**
- This represents a need for more than **6,000 additional providers** by 2033
- The current supply of psychiatrists will need to **more than double** to meet forecasted demand

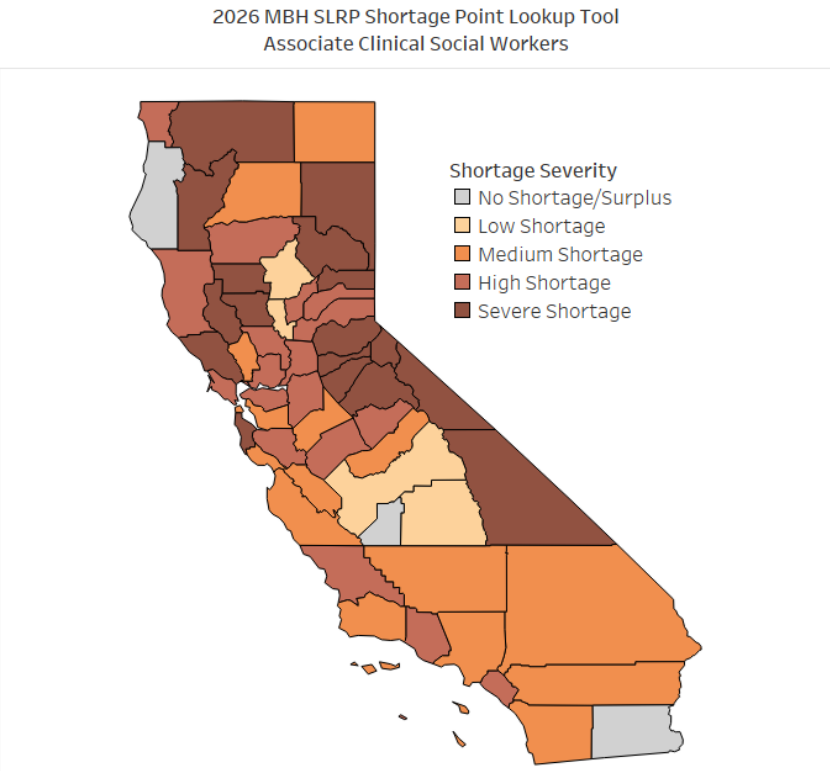


All Numbers and percentages taken from model estimates for the year 2026 and 2033
The HCAI Supply and Demand Modeling for California's Behavioral Health Workforce is available here: https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-behavioral-health-workforce/.

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How the Data Shapes the Strategy

HCAI has integrated our modeling into our strategy approach using the results from our supply and demand models in a variety of ways. Shortage gaps shape where we focus and invest first and keeps our strategy responsive and living.



Example: Using Nursing & Behavioral Health shortage areas for the **Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)**

Created custom scoring for each applicant based on **the area they will serve** and their **role type**.

- Allows for over 21 different licensed and certified roles to be scored individually by county and year

Policy Impact:

- Awarding of providers to areas most in need of those roles
- Prioritizes professions with the most significant unmet need
- Incentivizes providers to stay in high-need areas, improving retention

Link to MBH-SLRP Shortage Designation Lookup Tool

Our Supply & Demand Models are Living Tools, not One-Time Products, that Inform Strategy

Relevant	Establishing a regular model refresh cadence
Scoring	Updating to current-year projections scoring for future cycles
Expanding	Expanding the roles and provider types we model
Access	Building more granular, sub-county access measures and scenario models
Methodology	Applying learnings from our maternal and primary care models to refresh behavioral health methodology
Iteration	We're building a model that gets smarter every cycle



Evaluation

BHSA Midline Evaluation

When: 2028 | **Purpose**: Assess Impact, Share Findings, and Adjust Implementation as Needed

Approach & Resources

- HCAI Awardee Data
- BH-CONNECT Program Data (Uptake, Reach, Early Outcomes)
- Refresh of HCAI Supply & Demand Models

Community Engagement & Reflection

- What county and state successes has the BHSA Plan achieved so far?
- What are the ongoing county and county-contracted workforce needs?
- How should remaining BHSA funds be allocated?

Behavioral Health Services Act (BHSA)
BH-CONNECT (BHC)
BH-CONNECT: Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment

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Endline Evaluations for BHSA and BHC

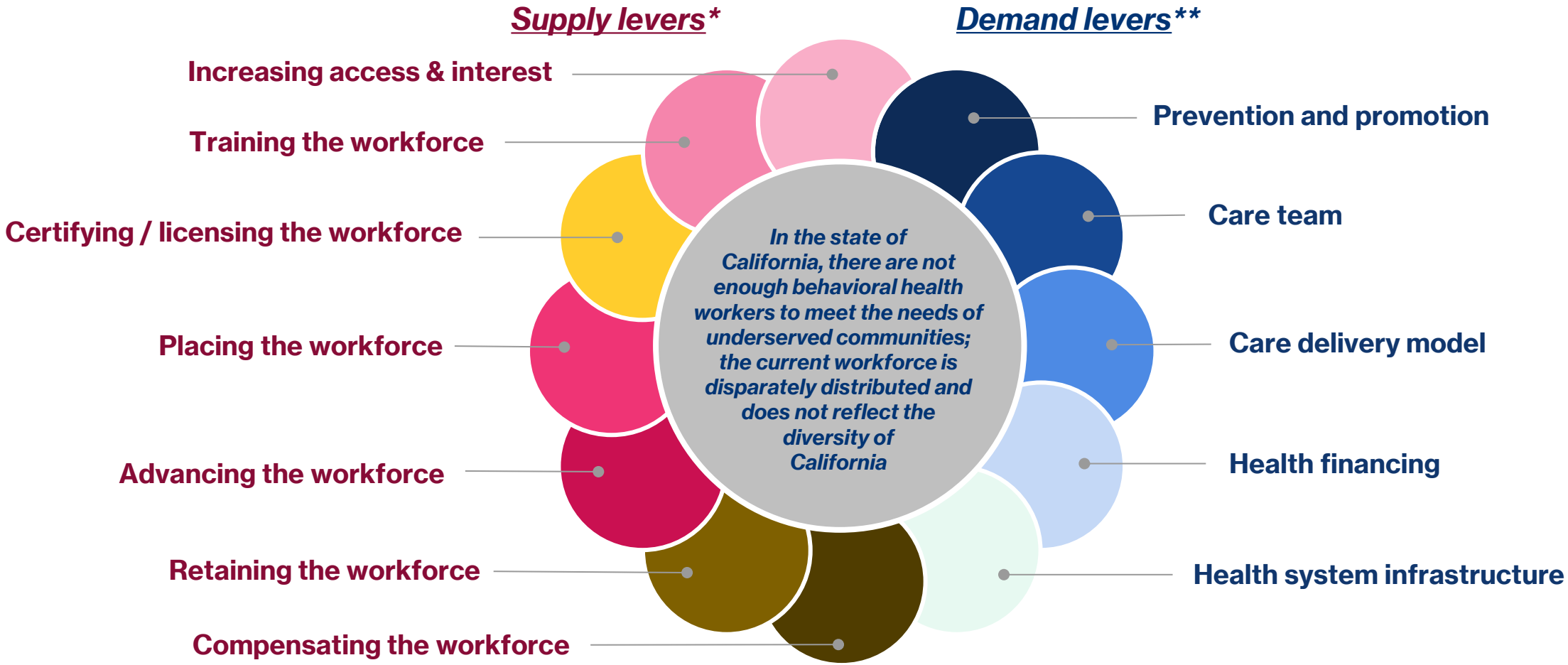
What They Will Do	Key Evaluation Questions	How They Link Back to the Strategy
• Measure final program outcomes for BHSA and BHC. • Assess whether investments influenced workforce supply in targeted shortage areas. • Identify what worked, what didn't, and where adjustments should be made.	• Did BHSA and BHC investments increase behavioral health workforce capacity? • Which components produced the strongest return relative to the strategy goals? • How did outcomes vary by region, role type, awardee demographics, and shortage intensity? • What gaps remain, and what investments would best address them?	• Evaluations will show how BHSA and BHC performed individually and how they worked together as a cohesive strategy. • Results will indicate which investments advanced core strategy goals and where gaps remain. • Findings will guide future priorities by clarifying what to scale, what to revise, and where new innovation is needed.

Estimated completion mid to end 2031-2032 for both initiatives.

Strategy Findings

The Theory of Change captures all the ways that various players can influence the health workforce.

What are all the levers to make change against this problem?



*Supply levers aim to increase and diversify the health workforce

**Demand levers aim to optimize demand by improving workforce utilization

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Interventions Within HCAI Theory of Action



Lead – Amplify & Scale

1. Fund increased education capacity, particularly in underserved areas
2. Fund increased clinical supervision opportunities, particularly in rural and underserved areas
3. Provide incentives to redistribute existing workforce (e.g., stipends)
4. Fund peer and mentor networks for BH professionals*
5. Lower individual financial barriers to train / upskill the workforce (e.g., scholarships)
6. Fund non-financial completion supports for training and upskilling (e.g., childcare, living accommodation)*
7. Offer tuition reimbursement and loan repayment to existing BH professionals
8. Offer health career-oriented high school programming
9. Offer "Earn and Learn" programs (paid apprenticeship / internship)
10. Train PCPs to integrate BH into primary care

Lead – Innovate

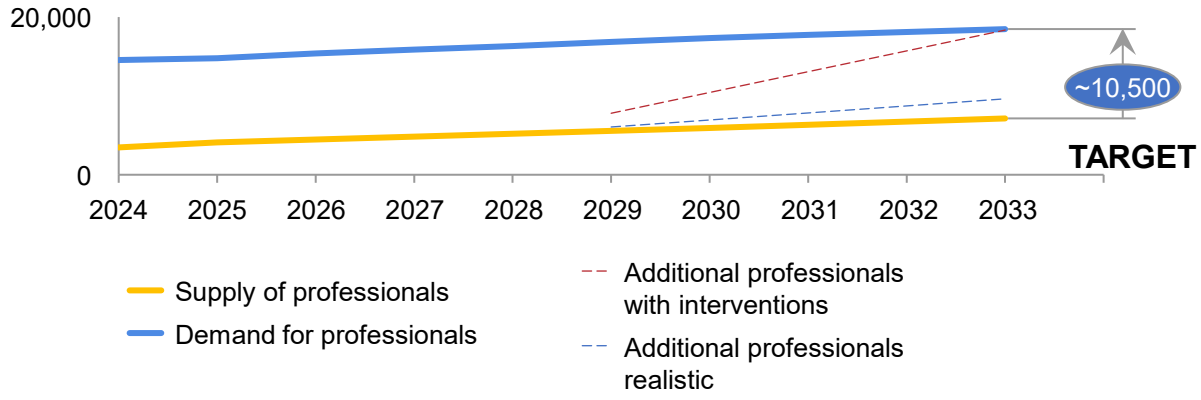
1. Launch marketing and info campaigns to promote health professions
2. Fund pay / incentives (e.g., bonuses) for faculty and staff recruitment and retention
3. Scale certified programs / roles (e.g., Wellness Coaches)
4. Fund adult re/up-skilling programs with on ramps and off ramps (e.g., stackable credentials)
5. Embed and prioritize cultural humility and competency in training
6. Lower financial barriers to certification / licensure (e.g., exam fees)
7. Attract and support workforce from outside of California (e.g., visa waiver)
8. Provide financial incentives to stay long term in underserved areas
9. Provide incentives for employers to support workers upskilling (e.g., funding for trainings while working)
10. Offer programs that reduce time and effort to upskill
11. Engage and retain retired BH professionals or those close to retirement (e.g., funding for employers to extend career length)

Interventions will be selected for each prioritized role group / geography based on the core problems for top shortage areas

Increasing Supply and Diversity of Non-Prescribing Licensed Clinicians in San Joaquin Valley and Northern and Sierra Regions

Forecasted Supply and Demand

Number of non-prescribing licensed clinicians in San Joaquin Valley and Northern & Sierra regions



*By **2029**, we will **need more than 9,000 additional non-prescribing licensed clinicians in San Joaquin Valley and Northern & Sierra regions** to meet forecasted demand, with that gap increasing to **~10,500 by 2033***



Behavioral Health Portfolio Review

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A Vision for Behavioral Health

Building a stronger and more equitable system for ALL

- Every Californian—especially people who have had the hardest time getting help—can get high-quality mental health and substance use treatment when and where they need it.
- More treatment services and housing, growing and diversifying the workforce, and making care more culturally and linguistically responsive.
- Focusing on prevention, early help, comprehensive services determined by need, and long-term recovery to make it easier for people to get the right care at the right time—leading to better health and stronger communities across the state.

More than **$15 billion** in investments to achieve this vision

Putting all the Pieces Together: California is Transforming Behavioral Health



HCAI's Role in Behavioral Health Transformation



CYBHI is California's $4B initiative focused on transforming how California supports the behavioral health and well-being of children, youth, and families. CYBHI expands prevention and early intervention, strengthens the workforce, and improves access to coordinated supports across schools, health care, communities, and digital settings.



BH CONNECT is focused on strengthening the continuum of Medi-Cal funded community-based behavioral health care for people with significant behavioral health needs. BH-CONNECT expands evidence-based services, strengthens the behavioral health workforce, and supports higher-quality, more coordinated care.

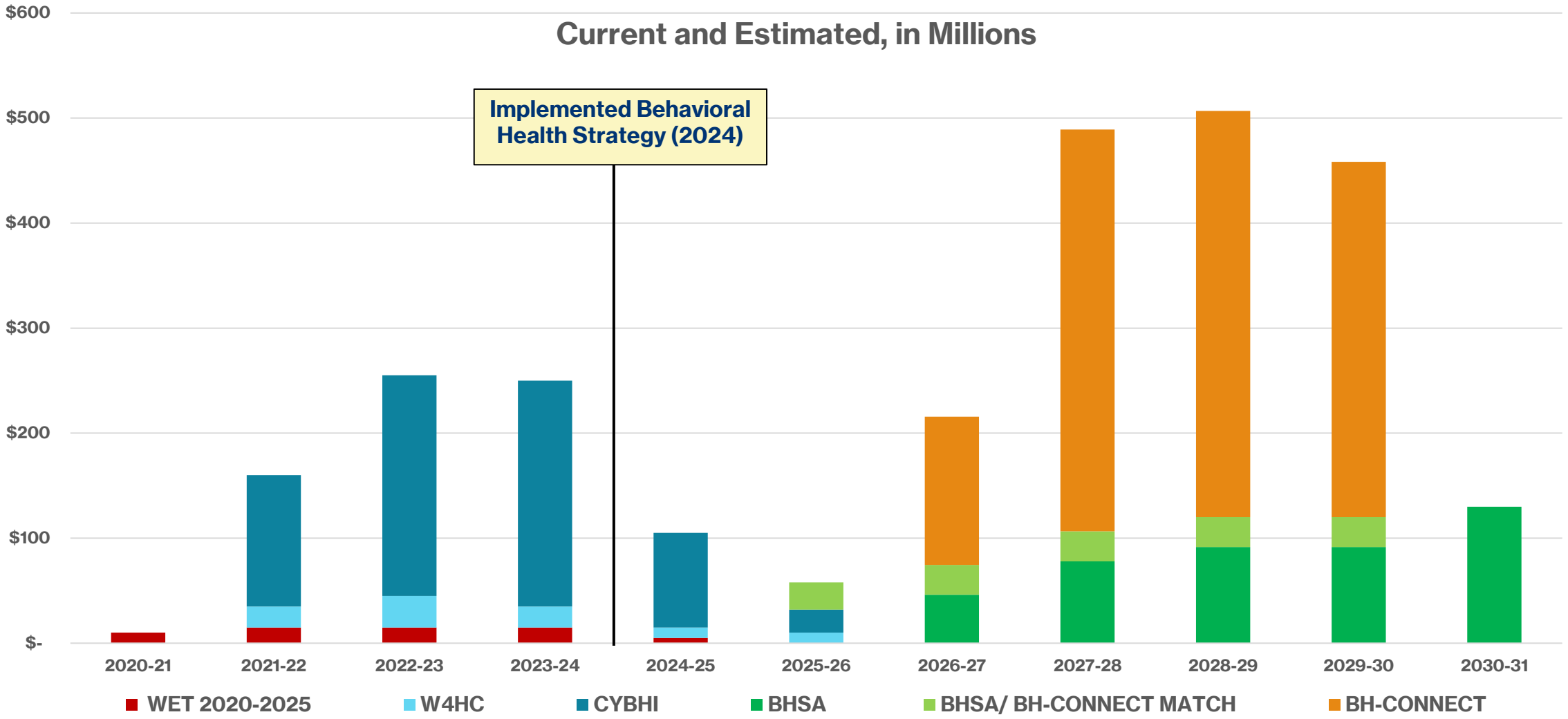


California's framework for modernizing the publicly funded behavioral health system, replacing the Mental Health Services Act. BHSA prioritizes those with significant behavioral health needs, expands support for substance use disorders and housing interventions, and invests in the behavioral health workforce.

* Workforce for a Healthy California (W4HC) funding was integrated into CYBHI programming.

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Behavioral Health Funding Overview



WET – MHSA Workforce Education and Training
MHSA – Mental Health Services Act
CYBHI – Children and Youth Behavioral Health Initiative

W4HC –Workforce for a Healthy California (funds were incorporated into CYBHI programming)
BH-CONNECT – Behavioral Health Community-Base Networks of Equitable Care & Treatment
BHSA – Behavioral Health Services Act

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CYBHI Programs

CYBHI is California's $4B youth-focused behavioral health initiative that builds the upstream foundation for a prevention-oriented system by creating and supporting emerging early-intervention roles.

- Certified Wellness Coach Profession, including the CWC Employer Support Grant Program
- Behavioral Health CBO Grant Program
- Behavioral Health Scholarships and Loan Repayments programs
- Behavioral Health Professions Pathways Program (HPPP) / Behavioral Health Careers Exposure Program (HCEP)
- Juvenile and System Involved Youth / Substance Use Disorder programs
  - Health Profession Pathways Program
  - Open Doors Program
  - SUD Earn and Learn Program
- Social Work Education Capacity Expansion Program
- Train New Trainers and Primary Care-Training & Education in Addiction Medicine programs
- Youth Mental Health Academy

CYBHI Outcomes

5,100 wellness coaches	12,220 individuals served through the Behavioral Health CBO Grant	4,590 behavioral health scholarships awarded and loans repaid	34,361 individuals reached by HPPP and HCEP
1,776 individuals served by JSIY and SUD programs	1,411 individuals supported by SWECE & 2,330 individuals supported by PECE	1,402 fellowships supported by TNT/PC-TEAM	2,934 students participated in YMHA

BH-CONNECT Workforce Initiative Programs

BH-CONNECT expands evidence-based services, strengthens the behavioral health workforce, and supports higher-quality, more coordinated care.

- Medi-Cal Behavioral Health Student Loan Repayment
- Medi-Cal Behavioral Health Residency/ Fellowship Training
- Medi-Cal Behavioral Health Scholarship
- Medi-Cal Behavioral Health Community-Based Provider Training
- Medi-Cal Behavioral Health Recruitment and Retention

BH-CONNECT Workforce Initiative Outcomes

Medi-Cal Behavioral Health Student Loan Repayment

- Aug. 2026: 1,881 awards totaling $157.9M

Medi-Cal Behavioral Health Residency/ Fellowship Training

- Seven awards for 13 training positions

Medi-Cal Behavioral Health Scholarship

- Aug. 2026: 694 awards totaling $30.7M

Medi-Cal Behavioral Health Community-Based Provider Training

- Aug. 2026: 40 awards totaling $196,079

Medi-Cal Behavioral Health Recruitment and Retention:

- First cycle awards underway

Behavioral Health Services Act Workforce Initiative

The BHSA Workforce Initiative will invest in the county and county-contacted behavioral health workforce, ensuring that professionals serving individuals with significant behavioral health conditions have the skills, support, and pathways needed to meet community needs.

Objective 1:
Expand existing workforce skills

Objective 2:
Educate and train future licensed professionals

Objective 3:
Scale and optimize deployment of non-licensed workforce

Objective 4:
Enhance career pathways and advancement

Objective 5:
Recruit and retain workforce

BHSA Workforce: Planned Investments

Objective 1: Upskill the current behavioral health workforce through training and development for licensed and non-licensed professionals already working in the County Behavioral Health System (CBHS)

Objective 2: Increase the number of psychiatry, PMHNP, LCSW programs/slots; expand clinical training; financial supports(i.e. scholarships, etc.)

Objective 3: Expand education, job placement, and transition-to-practice opportunities for SUD Counselors, PSS, and other key non-licensed professionals.

Objective 4: Fund early career pathway programs and identify gaps and opportunities to support upward mobility in the behavioral health workforce.

Objective 5: Complement BH CONNECT efforts through recruitment and retention by investing in strategies to attract and keep qualified staff in the CBHS.



Mapping Strategy To Programs

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From Theory of Action Interventions to Programs (1 of 2)

Intervention	Funding	Program
Fund increased education capacity, particularly in underserved areas	• CYBHI / W4HC • *BHSA*	• Psychiatric Education Capacity Expansion • Medi-Cal Behavioral Health-Residency/ Fellows Training Program • Social Work Education Capacity Expansion • *Graduate Education Capacity Expansion*
Fund increased clinical supervision opportunities, particularly in rural and underserved areas	• BH-CONNECT • *BHSA*	• Medi-Cal Behavioral Health-Recruitment and Retention Program (MBH-RRP) • *Graduate Education Capacity Expansion*
Lower individual financial barriers to train/ upskill the workforce	• CYBHI / W4HC • BH-CONNECT • *BHSA*	• Behavioral Health and Certified Wellness Coach (CWC) Scholarship programs • *Graduate Education Capacity Expansion*
Offer tuition reimbursement and loan repayment to existing behavioral health professionals	• CYBHI / W4HC • BH-CONNECT	• Behavioral Health CBO Grants Program • Loan Repayment programs • Medi-Cal Behavioral Health-Student Loan Repayment programs
Provide financial incentives to stay long term in underserved areas	• BH-CONNECT • *BHSA*	• Medi-Cal Behavioral Health-Recruitment and Retention Program (MBH-RRP)
Fund adult re/upskilling programs with on ramps and off ramps (e.g., stackable credentials)	• CYBHI / W4HC • *BHSA*	• Peer Support Specialists • SUD Counselors • *Career Ladders*

From Theory of Action Interventions to Programs (2 of 2)

Intervention	Funding	Program(s)
Offer health career-oriented high school programming	• CYBHI / W4HC • *BHSA*	• Health Career Exposure Program • Health Profession Pathways Program
Lower financial barriers to certification / licensure	• CYBHI / W4HC • BH-CONNECT • *BHSA* • *CalRHT*	• Certified Wellness Coaches (CWCs) • Medi-Cal Behavioral Health (MBH) Scholarship Program
Scale certified programs / roles	• CYBHI / W4HC • BH-CONNECT • *BHSA*	• CWCs • Peer Support Specialist and SUD Counselor Training • *Other Certifications*, *Career Ladders*
Train primary care providers to integrate behavioral health into primary care practice	• CYBHI / W4HC • *BHSA* • *CalRHT*	• TNT Fellowship Program • PC-TEAM Fellowship Program
Offer hiring and retention bonuses	• CYBHI / W4HC • BH-CONNECT • *CalRHT*	• Behavioral Health CBO Grants Program • MBH-RRP
Offer "Earn and Learn" programs	• CYBHI / W4HC • *BHSA*	• SUD Earn & Learn



Strategy Gaps and Opportunities

What strategy-recommended interventions are not in play?

Lead – Amplify & Scale

1. ~~Fund increased education capacity, particularly in underserved areas~~
2. ~~Fund increased clinical supervision opportunities, particularly in rural and underserved areas~~
3. Provide incentives to redistribute existing workforce (e.g., stipends)
4. Fund peer and mentor networks for BH professionals
5. ~~Lower individual financial barriers to train / upskill the workforce (e.g., scholarships)*~~
6. ~~Fund non-financial completion supports for training and upskilling (e.g., childcare, living accommodation)*~~
7. ~~Offer tuition reimbursement and loan repayment to existing BH professionals~~
8. ~~Offer health career-oriented high school programming~~
9. ~~Offer "Earn and Learn" programs (paid apprenticeship / internship)~~
10. ~~Train PCPs to integrate BH into primary care~~

Lead – Innovate

1. ~~Launch marketing and info campaigns to promote health professions~~
2. ~~Fund pay / incentives (e.g., bonuses) for faculty and staff recruitment and retention~~
3. ~~Scale certified programs / roles (e.g., Wellness Coaches)~~
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10. ~~Offer programs that reduce time and effort to upskill~~
11. Engage and retain retired BH professionals or those close to retirement (e.g., funding for employers to extend career length)

BHSA Midline Evaluation: Keeping Strategy on Track

When: 2028 | **Purpose**: Assess Impact, Share Findings, and Adjust Implementation as Needed

Approach & Resources

- HCAI Awardee Data
- BH-Connect Program Data (Uptake, Reach, Early Outcomes)
- Refresh of HCAI Supply & Demand Models

Community Engagement & Reflection

- What county and state successes has the BHSA Plan achieved so far?
- What are the ongoing county and county-contracted workforce needs?
- How should remaining BHSA funds be allocated?

How the Midline Evaluation Strengthens the BH Strategy

- Midline review lets us assess progress against BHSA goals, share findings, and course-correct on implementation
- We placed 50.45% of BH-CONNECT SLRP awardees in high/severe shortage areas by role, we'll do the same for BHSA to measure workforce impact
- Endline evaluations for both BH-CONNECT and BHSA will add additional data to sharpen future investment decisions
- Findings inform how remaining BHSA funds are prioritized to close the greatest workforce gaps



Discussion

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Where Do We Go From Here?

Reflecting on the broader behavioral health strategy presented:

- Where do you see the biggest unaddressed gaps in our strategy?
- What would make the strategy more useful as a shared framework?
- Are other entities doing work that aligns with the unaddressed strategies?
- How can HCAI and the HWET Council encourage other partners and actors to be aware of and implement the remaining unaddressed strategies?
- How can HCAI partner with other organizations to drive work in these areas?