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Agenda Item 17:

Behavioral Health Pathways Project Overview

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Expanding California's Behavioral Health Workforce Through Targeted Pathway Investments: Evaluation Findings and Final Recommendations

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Funding Acknowledgement



California Health Care Foundation

The views expressed in this presentation are those of the presenters and in no way represent the views of the funder.

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Guiding Question: How can HCAI structure and target BHSA pathway investments to expand and diversify the behavioral health (BH) workforce?

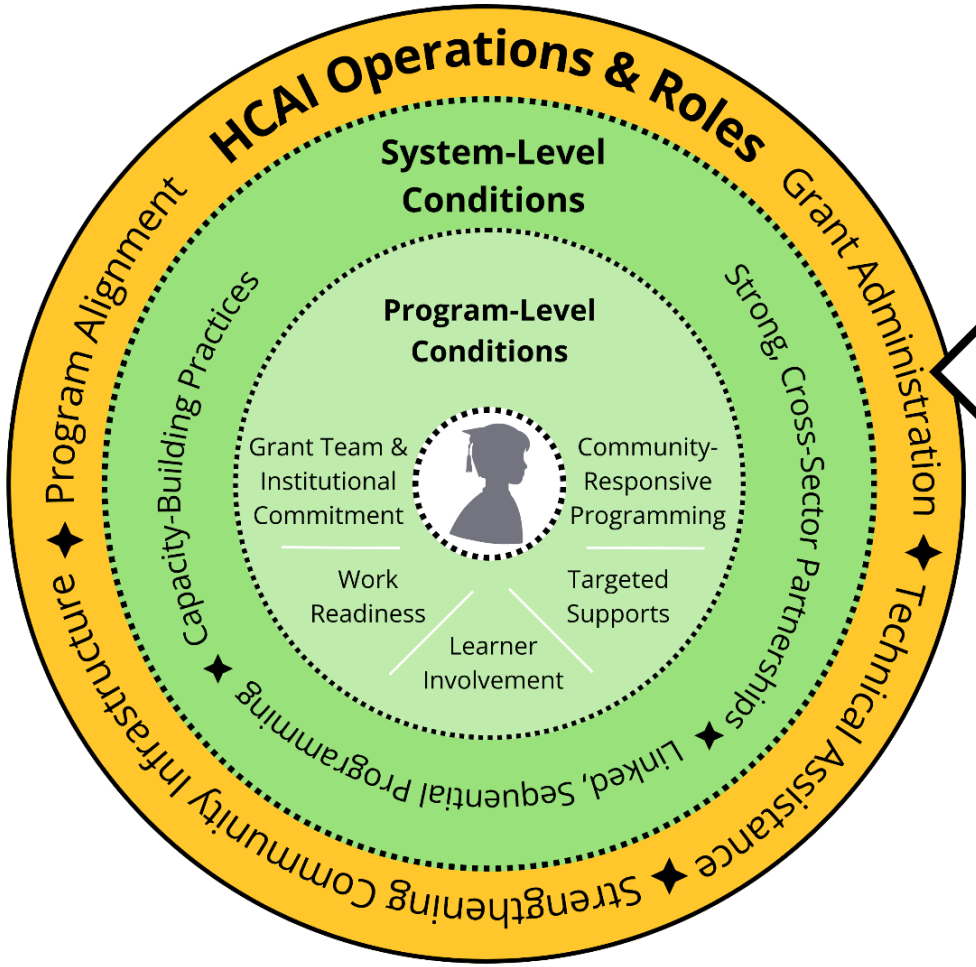
Evidence sources

- Phase 1
  - Literature review and expert interviews
- Phase 2
  - Grant guide and application review
  - Administrative and annual report data
  - Interviews with 10 grantees

Four funding opportunities evaluated

- Health Careers Exploration Program (HCEP)
- Health Professions Pathway Program (HPPP)
- Justice System Involved Youth (JSIY)
- Youth Mental Health Academy (YMHA)

A Funder's Framework for Best Practices in Pathway Programming



- Awareness & Outreach
- Program Requirements
- Eligibility Criteria & Application Review
- Evaluation & Reporting

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THE EVALUATION

Evaluation Overview: What We Did

Objectives	Methods
1. Assess current pathway programs alignment with best practices	Document review and content analysis of grant guides and related materials
2. Describe aggregate awardee characteristics, program outputs, and outcomes	Descriptive analysis of grantee administrative data of HCAI grantees
3. Understand the experiences and perceptions of current and former HCAI pathway program grantees	Semi-structured interviews with a sample of grantees; review of reporting narratives

HCAI Pathway Programs

Health Careers Exploration Program

Provides direct and indirect program support for underrepresented and/or disadvantaged individuals interested in pursuing healthcare careers. HCEP supports conferences, workshops, or career exploration activities, exposing students to health careers.

1-YR Grants | 83 Awards | $1.5 million investment | ~$18k avg.

Health Professions Pathway Program

Recruit and support students from underrepresented regions and backgrounds to pursue health careers. HPPP is a competitive grant opportunity to award organizations that will develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post undergraduate fellowships.

~4-YR Grants | 31 Awards | ~$54 million investment | ~$1.7m avg.

Justice-System Involvement Youth: BH Pipeline

Supports and encourages underrepresented and disadvantaged individuals to pursue behavioral health careers to develop a more culturally and linguistically competent behavioral healthcare workforce, including providing comprehensive wrap-around supports to support currently or recently system-involved students in attaining behavioral health careers.

~3-YR Grants | 5 Awards | $6.5 million investment | $1.3m avg.

Youth Mental Health Academy

A community-based career development program for California students, with a particular focus on those from structurally marginalized communities. YMHA provides hands-on learning in mental health science, practice, and communications through: project-based learning, mentoring, and integrated support.

~4-YR Grant | 1 Award | $25 million investment | 2500 students

OBJECTIVE 1.

Assess current pathway programs' alignment with best practices

Opportunities for HCAI's Current Programs

- **HCAI's pathway program grants already reflect many program-level best practices**
  - Comprehensive, culturally responsive supports, educational and community partnerships, community need consideration, demonstrated commitment to program goals
- **Community need is considered, but not consistently or comprehensively assessed**
- **Application scoring emphasizes the presence of required components more than their quality, rationale, or likely contribution to outcomes**
- **Work readiness and learner involvement requirements are underdeveloped**
  - No required learner employer engagement strategy or resources for work host sites
  - Less attention paid to stackable credentials
- **Systems-level best practices are much less prominent than program-level practices**
  - No mechanism for building core infrastructure, coordinated BH pathway ecosystem

OBJECTIVE 2.

Describe aggregate awardee characteristics, program outputs, and outcomes

Reach of Existing Investments

Table 4. HCAI Pathway Program Grantee Characteristics, AR22-23 through AR 24-25

Program Name	Funding & Duration	Average Award	Number of Cumulative Awards	Awardee Type		BH Participant Reach*	Median Number of Partners/ Sites Per Awardee
HCEP	$1.5 M 1 YR	~$18,000	41 (27 include BH)	• Community college: 2 • CBO/CHC: 22 • High school/ school district: 3	• Health care or other: 6 • Private, non-profit 4-year: 4 Public 4-year: 4	6,851	5 partners; 160 sites (64 MHSA)
HPPP	~$54 M ~4 YRS	~$1.7 M	21 (all but 2 include BH)	• Community college: 1 • CBO: 4 • High school/ school district: 1	• Health care or other: 6 • Private, non-profit 4-year: 3 • Public 4-year: 6	39,945	14 partners
YMHA	$25 M ~4 YRS	$25 M	1	• CBO		2,500	50 sites (11 HPSA)
JSIY	$6.5 M ~3 YRS	$1.3 M	5	• Health care or other: 1 • Private, non-profit 4-year: 1	• Public 4-year: 2 • Community college: 1	146	94 sites (50 MHSA)

Potential maximum reach across BH-inclusive programs. Participant counts do not isolate BH activities or workforce entry.

Distribution of Grants

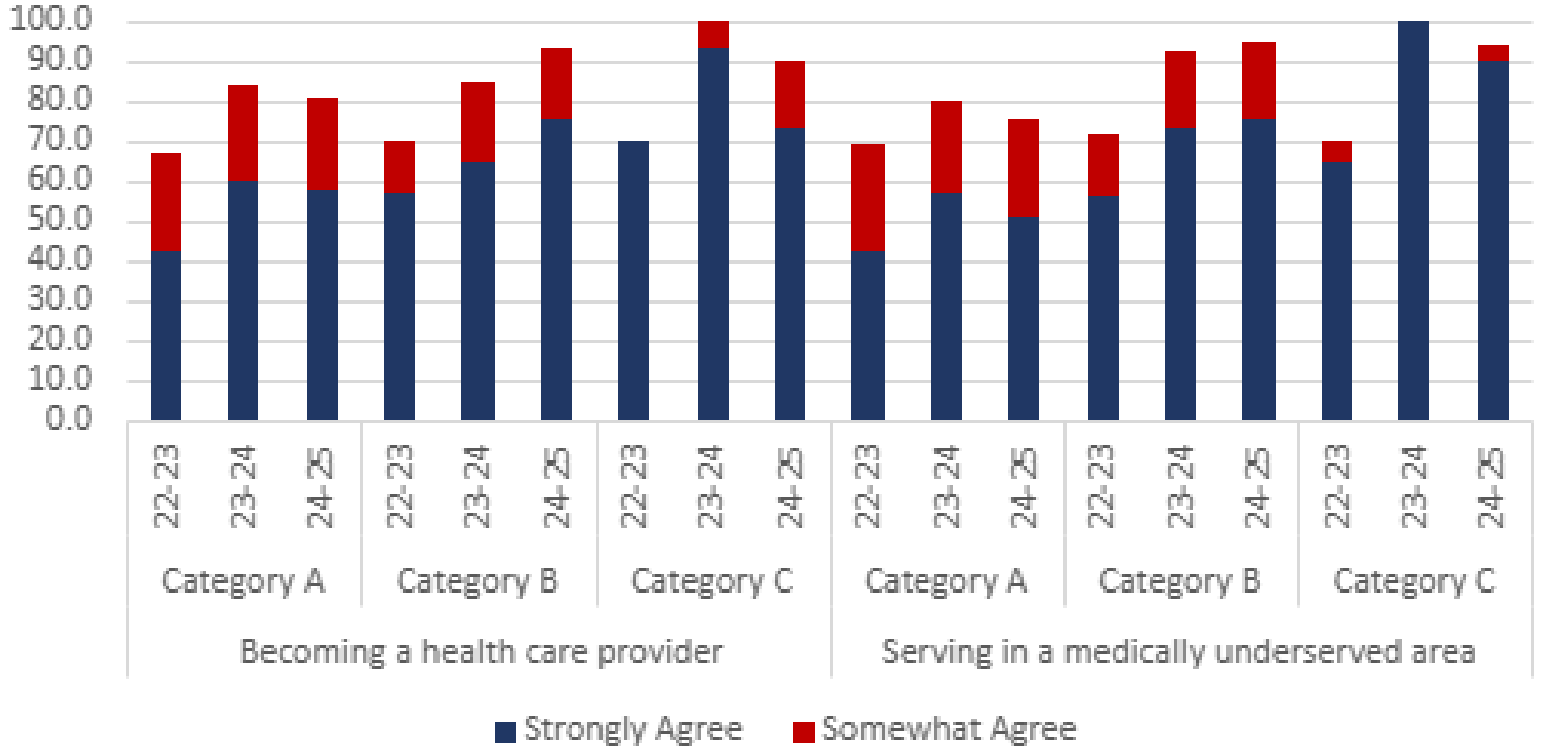
Table 5. Geographic Distribution of HCAI Pathway Program Awards with a BH Focus					
CHIS Region	**2033 BH Workforce Gap (%)***	**HPPP, JSIY, YMHA Grantees**	**HCEP Grantees**	**Total**	**Counties Represented (combined counts)**
Los Angeles County	-28.7	8	11	**19**	Los Angeles (19)
Greater Bay Area	-36.2	7	5	**12**	Alameda (5), Santa Clara (4), San Francisco (2), Contra Costa (1)
San Joaquin Valley	-51.3	6a	4	**10**	San Joaquin (4), Fresno (1), Kern (3), Merced (1)
San Diego Area	-34.5	4	3	**7**	San Diego (7)
Orange County	-45.3	5	1	**6**	Orange (6)
Northern and Sierra	-31.2	4	2	**6**	Butte (3), Humboldt (2), Sutter (1)
Inland Empire	-50.7	1	2	**3**	Riverside (2), San Bernardino (1)
Central Coast	-30.8	2	1	**3**	Ventura (2), Santa Barbara (1)

**2033 BH Workforce Gap = Projected percentage gap by 2033 between demand and supply of psychiatrists, Associate's level, and non-prescribing licensed BH clinicians, with a negative value indicating a potential shortfall of that provider type in that region. Data obtained from https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-behavioral-health-workforce/*

HCAI's Pathway Program Impact

- **Racial/ethnic representation > pop. parity** for Black/AA and Hispanic participants across programs
- Participants in HPPP grant programs **spoke 40+ languages**.
- 51-85% of grant participants were **first-generation**.
- 73-94% of grant participants were from **disadvantaged backgrounds.**
- Every category of HPPP grantees over the 3 grant years had **>65% interest in becoming an HCP or serving in a MUA**.

Percent of Participants Interested in Becoming a Health Care Provider and Serving in a MUA in HPPP Programs with a BH Focus



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OBJECTIVE 3.

Understand the experiences and perceptions of current and former HCAI pathway program grantees

Qualitative Findings from Grantee Interviews and Narrative Reports

1. Impact: Increased awareness of health and BH occupations and confidence in ability to pursue BH careers, a stronger sense of belonging in educational and professional settings, and connecting career aspirations to serving their own communities	*"With the abundance of support from the team…I have been able to* ***proudly become the first generation Hmong-American in my family to pursue college****. This program is giving me the opportunity to* ***pursue a career where I would be able to serve the Hmong community****, break generational trauma and poverty, and* ***educate them on the importance of treating mental health****." – JSIY Participant*
2. Grantees implemented strong, innovative programs with high grantee buy-in and alignment with best practices	**Bilingual staff** I **"You are not alone" workshops** I **Emergency financial aid** I **Certified Wellness Coach training** I **Internship faculty stipends** I **Peer mentors** I **Universal MOUs** I **Braided funding** I **Alignment of curricular requirements**
3. Grantees are hitting peak stride a couple of years or more into their grant period, but sustainability and structural constraints are a risk	*"I think my concern now is* ***I don't want to lose the momentum*** *of what we've been working so hard to build in the last three years. And as I think about future funding, where's that going to come from to be able to continue?" – HPPP Grantee*

Qualitative Findings from Grantee Interviews and Narrative Reports

4. Opportunity and infrastructure gaps point to the need for systems-level approaches that connect pathway training to workforce opportunities	*"We've had a couple **regional collaboratives**, bringing together employers and colleges for conversations…I think that would be kind of a **more systems thing that [funders] could support** is regional convenings, bringing those folks together…"*
5. Community-responsive design was a consistent strength, but equitable access requires continued adaptation	*"The **virtual format** previously yielded significantly higher success rates…[allowing] participants throughout the Bay Area…to participate consistently without the logistical burdens of transportation and travel time." – HCEP Grantee*
6. Data and reporting requirements do not consistently fit program models or capture their impact	*"**There is no narrative** [in the reports.] I'm actually a little shocked when I complete the report. I'm like, huh, that's interesting. It didn't ask about this, or it didn't ask about that. It does say, you know, tell us about a success story, right? Or tell us about, like, one thing." – HPPP Grantee*

RECOMMENDATIONS

Expanding California's BH workforce through targeted pathway investments

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Objective 4: Enhance Career Pathways & Advancement

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.

Source: Behavioral Health Services Act (BHSA) 2026-2030 Workforce Education Training (WET) Plan (PPT). https://hcai.ca.gov/wp-content/uploads/2026/05/ADA-Version-2026-2030-WET-Plan-Slide-Deck_-Public-Webinar-May-2026-1.pdf

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Recommendations

1. Design and fund a coordinated portfolio of evidence-informed pathway programs targeted to BH workforce development
2. Target pathway program investments to regional BH workforce and community needs
3. Enhance pathway program grant application and review process to promote program quality and accountability
4. Modify the grant administration process to facilitate implementation
5. Create system-level grant mechanisms to support BH pathway program infrastructure development

Recommendation 1. Design and fund a coordinated portfolio of evidence-informed pathway programs targeted to BH workforce development

Establish a BH Careers Exploration Program (BHCEP)	Establish a BH Professions Pathway Program (BHPPP)	Connect and coordinate pathway investments to support progression across the BH career continuum
Broad exposure to the range of BH careers Primary emphasis on K–12 and community college learners Accessible entry points and opportunities for advancement	Sustained supports through education, credentials, and employment Planning and development grants of 1–2 years Continuation and expansion grants for established programs	Incentivize formal partnerships Prioritize recipients of planning and development grants Conduct targeted outreach to current grantees Coordinate BH pathway investments with other HCAI workforce programs

Connections across programs: referrals, shared advising, transferable credit, and links to HCAI scholarships and workforce-entry supports

Recommendation 2. Target pathway program investments to regional BH workforce and community needs

Workforce and population need

BH outcomes and shortages by region and occupation

Employer and community demand

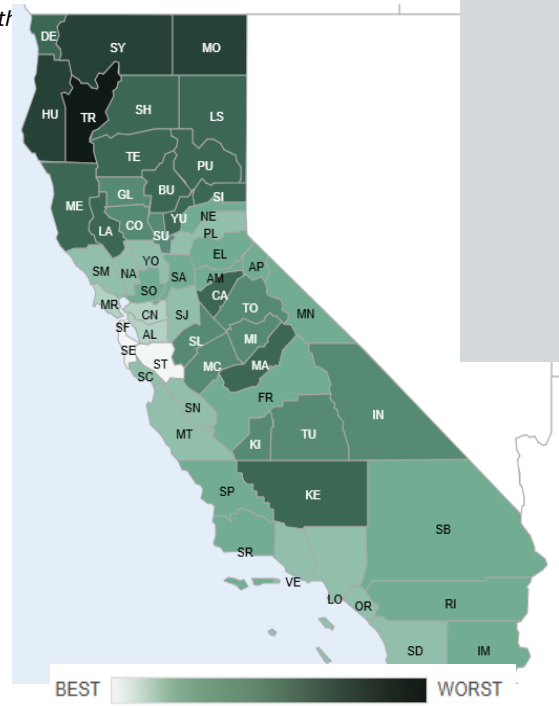
Input from employers, county BH agencies, community organizations, and people with lived experience

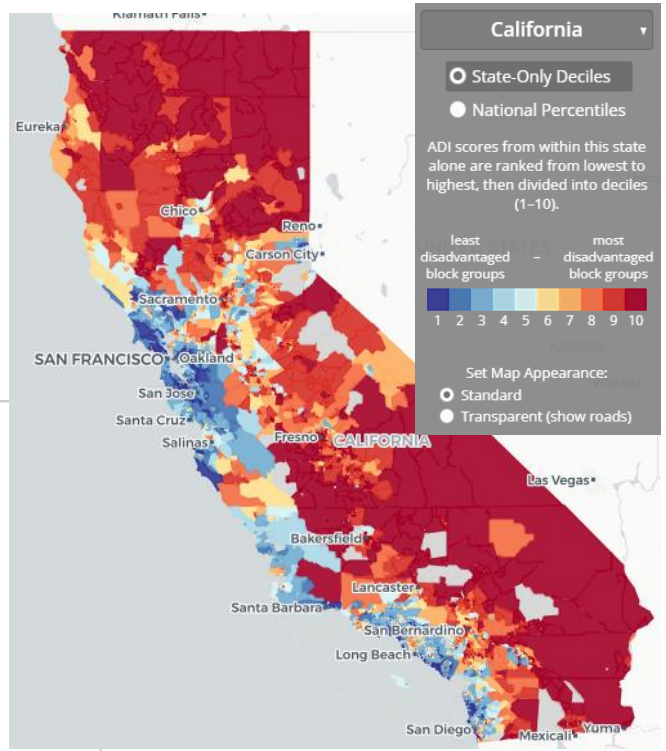
Historical investment and local capacity

Prior funding, education and employment infrastructure, and organizational commitment to equity

Frequent Mental Distress, 2025

Data Source: County Health Rankings & Roadmaps, University of Wisconsin Population Health





California Area Deprivation Index, 2024

ata Source: Neighborhood Atlas, University of Wisconsin School of Medicine and Public Health

High-need communities with limited infrastructure may require planning support, technical assistance, and implementation flexibility.

Recommendation 3. Enhance pathway program grant application and review process to promote program quality and accountability

More informative applications

- Evidence of community and employer need
- Program rationale and implementation plan
- Partner roles and institutional readiness
- Participant supports and intended outcomes

More substantive review

- BH-specific criteria grounded in the framework
- Assessment of quality and feasibility
- Independent content expertise & clear rubric
- Expectations proportionate to grant scope

The evaluation assessed grant structures and funded programs. It did not compare funded and unfunded proposals.

Recommendation 4. Modify the grant administration process to facilitate implementation

Staffing flexibility

Allow funding for justified shares of full-time staff effort

Timing aligned with program operations

Match grant and reporting cycles to academic calendars and development stages

Clear data and reporting requirements and usable tools

Specify data elements at the outset and reduce redundant entry

Measures aligned with program goals

- Reach and career interest
- Persistence and completion
- Transitions to education, credentials, or BH employment
- Alumni progression over time

Data that support learning

- Shared definitions, clear denominators
- Reporting suited to program model
- Qualitative & quantitative evidence
- Results shared with grantees and the public

Recommendation 5. Create system-level grant mechanisms to support BH pathway program infrastructure development

Planning grants
Program design, partnership development, and expansion into communities with limited infrastructure

Communities of practice
Peer learning and joint problem solving across programs and employers

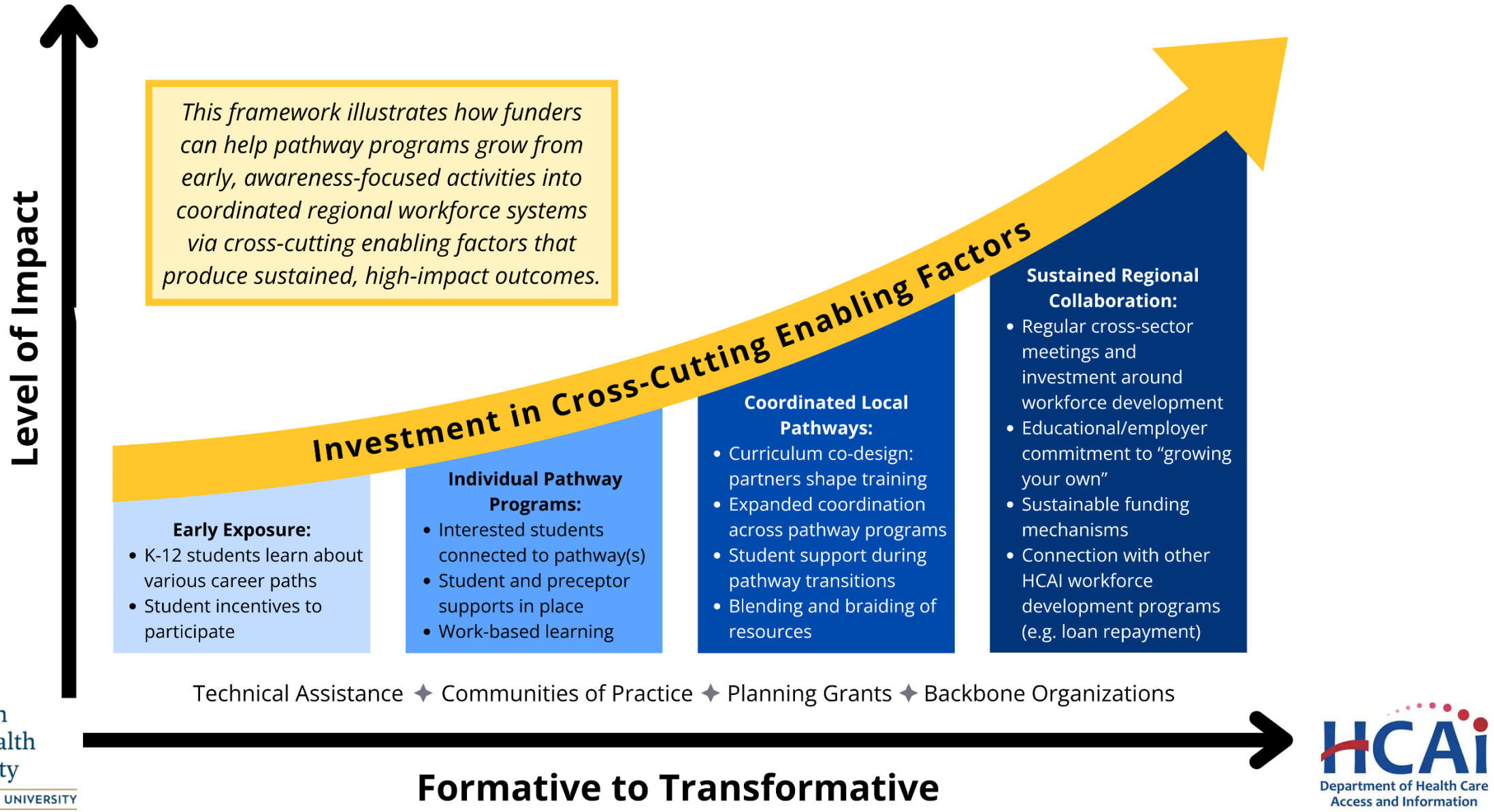
Technical assistance centers
External expertise for implementation, tracking, and program improvement

Regional backbone organizations
Sustained coordination of education, employers, placements, and workforce needs

Shared infrastructure can address placement, supervision, employment readiness, and transitions that individual grants cannot resolve alone.

Moving Toward Transformative Pathway Programs:

How Programs Evolve to Achieve System-Level Workplace Impact

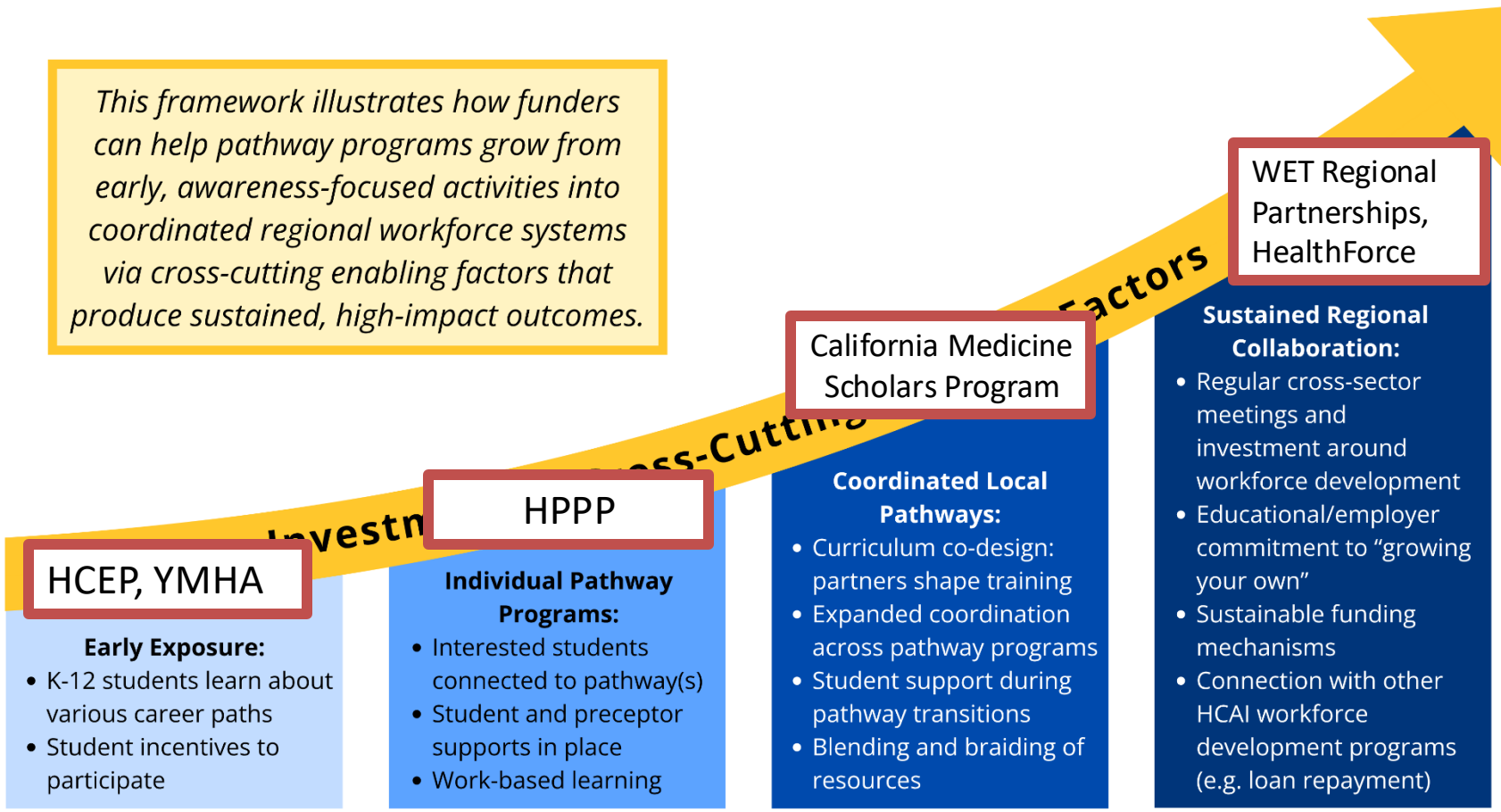


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Pathway Programs to Build on: HCAI Examples

This framework illustrates how funders can help pathway programs grow from early, awareness-focused activities into coordinated regional workforce systems via cross-cutting enabling factors that produce sustained, high-impact outcomes.



Technical Assistance ✦ Communities of Practice ✦ Planning Grants ✦ Backbone Organizations

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Thank you!

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