



Board of Behavioral Sciences

Memo

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To: Workforce Development Committee **Date:** July 25, 2025

From: Steve Sodergren, Executive Officer

Subject: **Update on the California Department of Health Care Services “Building a Thriving Behavioral Health Workforce: A Collaborative Forum for California” Report**

In September 2024, the forum “Building a Thriving Behavioral Workforce: A Collaborative Forum for California” was convened to identify challenges and identify coordinated solutions to support California’s behavioral health workforce. The forum brought together educators, employers, and other stakeholders to explore strategies for strengthening recruitment, preparation, licensure, and retention of behavioral health professionals. Board staff were in attendance.

This report (Attachment A) highlights key challenges regarding licensing and identifies some solutions to these challenges. Those highlights related to the board’s role are as follows:

1. Credentialing and Licensure

Licensing processes are often complex, costly, and time-consuming, with limited interstate reciprocity and disparities in exam outcomes among underrepresented groups. Solutions included simplifying requirements, exploring alternatives assessments, addressing cultural bias in exams, and supporting a clear pathway to licensure for substance use disorder (SUD) counselors.

2. Education and Training

A disconnect remains between academic programs and real-world practice, compounded by a shortage of diverse faculty and clinical supervisors. Solutions included aligning licensure with practical training needs, expanding supervision models, and encouraging diversity in educator development.

3. Work-Based Learning and Supervision

Many trainees struggle to access paid internships and quality supervision. Solutions included the board clarifying supervision requirements to expand opportunities.

4. Use of Technology and Telehealth

There is a need for clear standards around telehealth and emerging technologies like AI. Solutions included the board providing updated guidance, supporting ethical standards development, and promoting digital literacy among licensees.

5. Stakeholder Coordination and Policy Advocacy

Efforts to improve the workforce are often fragmented. Solutions included increased sharing of data, and support legislative proposals related to training, supervision, and funding.

6. Workplace Well-Being

Burnout and turnover remain high in the field. Solutions included encouraging licensees to engage in wellness and peer support programs.

Board staff will continue to engage in statewide workforce efforts in the areas outlined above through data sharing, stakeholder collaboration, and policy discussions.

Attachments

Attachment A: Building a Thriving Behavioral Workforce: A Collaborative Forum for California Report

Building a Thriving Behavioral Health Workforce: A Collaborative Forum for California

A Summary of Ideas for Expanding, Supporting, and
Sustaining California's Behavioral Health Workforce



Building a Thriving Behavioral Health Workforce: A Collaborative Forum for California



Executive Summary

In September 2024, the California Departments of Health Care Services (DHCS) and Health Care Assess and Information (HCAI) convened a wide-ranging group of stakeholders to address the urgent need to expand, support, and sustain California's behavioral health workforce. The goal of the *Building a Thriving Behavioral Health Workforce* forum was to identify behavioral health workforce policies and practices associated with closing the treatment gap related to workforce issues. This report summarizes key challenges and potential solutions identified during the forum by the participants, organized around eight topics:

- **Pipelines and Pathways:** Challenges include limited awareness of behavioral health careers, lack of work-based learning opportunities, and stigma. Solutions should focus on outreach, apprenticeship programs, and strengthening partnerships between education and service providers.
- **Education and Training:** Barriers include cost, lack of diversity, and a disconnect between academic training and community-based practice. Solutions should emphasize increasing funding, diversifying faculty, expanding clinical supervision, and aligning curricula with community needs. Targeted funding for scholarships and loan repayment programs that prioritize individuals from underrepresented communities and those committed to working in high-need areas should be key strategies.
- **Workplace Well-Being:** High burnout and turnover rates necessitate trauma-informed care, workplace well-being assessments, and resources for individual well-being and resilience.
- **Diversity and Equity:** Lack of workforce diversity and systemic inequities require targeted recruitment, removal of barriers, cultural competency training, and community involvement.
- **Work-Based Learning:** Expanding paid internships and apprenticeships, increasing employer capacity, and aligning academic requirements with practical needs are crucial.
- **Credentialing and Licensing:** Solutions should address interstate reciprocity, streamlining processes, inequities in exam passage rates, and establishing a standardized substance use disorder (SUD) counselor license. Addressing inequities requires research into cultural and linguistic biases in exam content and administration, and exploring alternative assessment methods.
- **Reimbursement, Sustainability, and Funding:** Inadequate reimbursement rates, unsustainable funding models, and complex billing processes require advocacy, alternative payment models, and alignment of funding with community needs.
- **Impact of Technology and Telehealth:** Bridging the digital divide, addressing privacy concerns, providing training, and developing best practices are essential for leveraging technology and telehealth.

This report provides suggestions for stakeholders to address these challenges, both individually and collectively, and build a thriving behavioral health workforce in California. The next steps are outlined at the end of the report. Information about the forum, including contributors, appears in the appendix. By taking collective action, California can build a robust behavioral health workforce that meets the needs of all its residents.

Introduction

The Building a Thriving Behavioral Health Workforce forum, held in Sacramento on September 17–18, 2024, brought together a diverse group of stakeholders to address the urgent need to expand, support, and sustain California’s behavioral health workforce. Attendees included representatives from state agencies, county behavioral health departments, community-based organizations, educational institutions, labor unions, and other key stakeholders. The forum provided a platform for in-depth discussions on the challenges and opportunities facing the workforce, with a focus on identifying actionable solutions to address the growing need for behavioral health services in California.

Solutions to Address Workforce Challenges

This report summarizes the ideas generated during the forum, organized around eight topics: Pipelines and Pathways; Education and Training; Workplace Well-Being; Diversity and Equity; Work-Based Learning; Credentialing and Licensing; Reimbursement, Sustainability, and Funding; and Impact of Technology and Telehealth. The report concludes with a set of potential next steps to advance these ideas and ensure the continued development of a thriving behavioral health workforce in California.



1. Pipelines and Pathways

The behavioral health field faces significant challenges in attracting and retaining qualified professionals. A lack of awareness about behavioral health careers among youth and young adults, coupled with limited work-based learning opportunities such as apprenticeships and internships, creates a barrier to entry. Furthermore, a disconnect between educational institutions and service providers, along with lengthy and costly educational pathways, discourages potential behavioral health professionals. Finally, the stigma associated with behavioral health careers further diminishes the pool of interested individuals.

Potential solutions include the following:

- **Increase outreach and community engagement to reach people entering (or reentering) the workforce:**
 - Develop targeted campaigns to raise awareness of behavioral health careers among youth and young adults, including social media campaigns, school presentations, and community events.
 - Partner with community organizations, schools, and youth groups to provide information and resources on behavioral health careers.
 - Create mentorship programs connecting youth and young adults with behavioral health professionals.
 - Reach out to incarcerated populations to promote online learning opportunities to join the workforce after reentry.
 - Establish mentorship programs that pair high school students with college or graduate students pursuing behavioral health careers for mentorship and shadowing opportunities.
 - Host career fairs and shadowing opportunities specifically focused on behavioral health professions for young people and individuals reentering the workforce after a gap in their career trajectory (e.g. parenthood, incarceration, health issues).
 - Incorporate behavioral health career awareness into school curricula: Collaborate with high schools to integrate behavioral health career awareness into the curriculum through guest speakers, electives, and modules that augment other health care tracks.
- **Develop and expand behavioral health apprenticeship programs:**
 - Create structured apprenticeship programs that provide on-the-job training and mentorship for individuals interested in behavioral health careers.
 - Partner with employers to develop and implement apprenticeship programs that meet industry standards and provide clear career pathways.
 - Secure funding to support apprenticeship programs and provide stipends to apprentices.
 - Convene stakeholders to identify entry-level jobs in the California workforce suitable for apprenticeships. Bring together educators, employers, workforce boards, and agencies serving various target audiences to identify entry-level jobs in which an apprenticeship can lead to earning a credential and full-time employment.
 - Design and conduct an expansive outreach campaign, tailoring outreach strategies to engage different target audiences, including community college and university students, newcomers, returning citizens, and career changers.
 - Focus on building pilot programs in smaller regions, conduct thorough assessments with all stakeholders, establish a community of practice for program expansion, and incorporate community-informed practices into this work.
 - Seek to establish Registered Apprenticeship Programs by coordinating with the California Labor and Workforce Development Agency and other relevant agencies to establish successful programs as registered apprenticeships.

- **Strengthen partnerships between educational institutions, service providers, and community organizations:**
 - Establish formal partnerships to facilitate collaboration on curriculum development, work-based learning opportunities, and student support services.
 - Create joint training programs that combine academic coursework with practical experience in community settings.
 - Develop pathways for students to transition seamlessly from education to employment in the behavioral health field.
 - Establish partnerships with universities to offer specialized tracks or minors in behavioral health.
- **Create a centralized resource hub for the behavioral health workforce in California:**
 - Develop a user-friendly website or online platform that provides comprehensive information on behavioral health careers, educational pathways, and training opportunities. Help Californians connect the dots about their options for exploring this diverse and exciting career field.
 - Include interactive tools, such as career assessments and pathway maps, to help individuals explore different career options.
 - Regularly update the resource hub with the latest information and resources, including available scholarships, financial assistance, and free or low-cost training programs to stay current on skills.
 - Ensure the hub is accessible to individuals with diverse linguistic and cultural backgrounds.
- **Provide financial incentives:**
 - Expand scholarship and loan forgiveness programs for students pursuing behavioral health careers. Prioritize individuals from underrepresented communities and those committed to working in high-need areas.
 - Offer tuition reimbursement and other financial incentives to support continuing education and professional development.
 - Explore innovative funding models, such as income-share agreements, to reduce financial barriers to entering the behavioral health field.

2. Education and Training

Accessing high-quality education and training in behavioral health is often hindered by cost and time barriers. The field also needs increased diversity and cultural competency among faculty and within training programs to better serve diverse communities. A persistent shortage of clinical supervisors and preceptors further strains the system, and a disconnect between academic curricula and the realities of community-based practice leaves graduates underprepared.

Potential solutions include the following:

- **Increase funding for behavioral health education and training programs:**
 - Advocate for increased state and federal funding for behavioral health education and training programs. Emphasize funding tied to specific outcomes, such as increased service in underserved communities.
 - Provide financial support for students, including scholarships, grants, and loan forgiveness programs. Target financial aid to students committed to serving in high-need areas.

- **Expand faculty and training programs:**
 - Implement targeted recruitment strategies to attract and retain faculty from backgrounds that reflect California's populations. Create pipeline programs from undergraduate levels to encourage diverse faculty recruitment.
 - Incorporate cultural competency and anti-bias training into faculty development programs. Ensure training includes practical application and ongoing evaluation.
 - Review and revise curricula to ensure they reflect the variety of the communities served in California. Include community-based participatory research and lived experience in curriculum development.
 - Partner with community organizations and cultural brokers to provide training and consultation on cultural competency.

- **Expand the pool of clinical supervisors and preceptors:**
 - Provide financial incentives and training programs to encourage experienced professionals to serve as clinical supervisors and preceptors. Develop tiered supervision models to create a sustainable pipeline.
 - Explore alternative models to provide robust supervision and guidance to employees, such as group supervision and peer mentorship. Consider creating a statewide network for peer support and shared resources.
 - Partner with professional organizations to develop and implement supervisor training programs. Establish continuing education programs to support supervisor training and development in these programs.
 - Use technology to facilitate remote supervision and expand access to supervision opportunities.

- **Align academic curricula with the needs of community-based practice:**
 - Increase emphasis on interprofessional collaboration, whole-person care, and trauma-informed approaches in academic curricula. Integrate simulation-based and community-led training to replicate real-world community practice.
 - Incorporate field placements and internships for education and professional development in community-based settings. Prioritize placements that offer diverse experiences to sample the career ladder and mentorship to support student journeys.
 - Partner with community-based organizations to develop and implement training programs that meet the specific needs of their communities. Use data-driven methods to adapt curricula to evolving community needs.
 - Encourage faculty to engage in community-based research and practice to stay current with the evolving needs of the field. Support faculty development in community-based participatory research.
 - Implement paid internships. Convene a working group of organizations successfully running paid internship programs to provide guidance and mentorship. Explore and document best practices for paid internships to expand learning opportunities and ensure adequate reimbursement to sustain paid internship programs.
 - Offer loan forgiveness, tuition reimbursement, and other incentives by using programs such as HCAI's California State Loan Repayment Program and Behavioral Health Scholarship Program to support current and future behavioral health providers working in underserved areas.

3. Workplace Well-Being

High rates of burnout and turnover plague the behavioral health workforce, impacting service delivery and continuity of care. A limited show of leadership support for workplace well-being initiatives contributes to this problem, often exacerbated by toxic work environments and a lack of organizational support. Secondary trauma and compassion fatigue take a significant toll on professionals, further highlighting the need for improved workplace well-being.

Potential solutions include the following:

- **Implement trauma-informed systems of care within organizations:**
 - Provide training and resources on trauma-informed care principles and practices to all staff.
 - Create a culture of safety, trust, and collaboration within the workplace. Implement regular feedback mechanisms to assess and improve workplace culture.
 - Implement policies and procedures that promote staff well-being and reduce stress, as informed by staff. Ensure policies are regularly reviewed and updated to reflect current best practices.
 - Offer opportunities for staff to process and debrief after challenging experiences. Consider providing access to confidential debriefing sessions with trained professionals.
- **Require workplace well-being assessments and plans:**
 - Mandate that organizations receiving state funding conduct regular workplace well-being assessments and develop action plans to address identified needs.
 - Advocate for standardized assessment tools to ensure comparability across organizations and funding to support the specific needs of different organizations and communities.
 - Provide technical assistance and resources to organizations to support the implementation of workplace well-being initiatives.
 - Monitor and evaluate the effectiveness of workplace well-being programs. Establish clear metrics for evaluating program success and impact.
- **Provide training and resources on self-care, stress management, and resilience-building:**
 - Offer workshops, seminars, and online resources on wellness strategies, stress management techniques, and resilience-building practices.
 - Encourage staff to prioritize the general well-being of each individual, and provide time and resources to support activities that reinforce this. Consider integrating well-being activities into the regular workday.
 - Create peer support groups and mentorship programs to foster connection and support among staff. Provide training for peer support facilitators to ensure effective support.
- **Foster a culture of support and appreciation:**
 - Encourage open communication and feedback between staff and leadership. Implement a regular feedback structure to assess needs and achievements.
 - Recognize and appreciate staff contributions and achievements. Consider developing a system for both formal and informal recognition.
 - Create opportunities for staff to connect and build relationships outside of work, based on staff feedback. Organize team-building activities and social events as advised by staff.
 - Promote a culture of respect, inclusivity, and collaboration. Implement anti-discrimination and -harassment policies and training.

4. Diversity and Equity

The behavioral health workforce struggles with a lack of diversity, hindering its ability to effectively serve California's most diverse communities. Systemic inequities and barriers to accessing education and employment opportunities perpetuate this disparity. Stigma and discrimination faced by individuals from marginalized communities create additional obstacles. Consequently, a lack of culturally and linguistically competent services persists.

Potential solutions include the following:

- **Increase efforts to embrace a wide range of experiences:**

Develop targeted recruitment strategies to attract and retain individuals from underrepresented groups in the behavioral health workforce. This includes actively recruiting and supporting individuals with lived experience of behavioral health challenges, including peer support specialists and recovery coaches.

- Partner with community organizations and educational institutions to create pipelines for candidates with a variety of backgrounds and experiences.
- Offer scholarships, stipends, and other financial incentives to support students from underrepresented groups in local workforces.
- Implement mentorship and leadership development programs to support the advancement of diverse professionals.
- Educate and train employers in inclusive practices by providing training on evidence-based strategies for creating a workplace that is more aware, flexible, and supportive of people with disabilities, older workers, people with justice involvement, and other underrepresented groups.
- Conduct targeted outreach to underrepresented communities. Use demographic data to identify and engage with communities that are underrepresented in the behavioral health field.

- **Address systemic inequities:**

- Identify and address systemic barriers that prevent individuals from marginalized communities from accessing education and employment opportunities in the behavioral health field.
- Advocate for policies that promote including individuals from all backgrounds in the workforce.
- Provide training and resources on implicit bias, microaggressions, social justice, and cultural humility.
- Create a culture of accountability and transparency around initiatives that distinguish the differences that make every community and culture unique.

- **Provide training and resources:**

- Offer mandatory anti-bias and cultural competency training for workforce members.
- Develop and disseminate resources on culturally and linguistically competent service delivery, tailored to local communities.
- Partner with community organizations and cultural brokers to provide training and consultation on cultural competency (e.g., training led by Tribal medicine providers or Eastern medicine practitioners).
- Create opportunities for staff to engage in self-reflection and learning around diversity and equity issues.

- **Increase community involvement:**

- Engage community members in participatory research and program evaluation to ensure services are responsive to the needs of diverse communities.
- Partner with community-based organizations to provide culturally and linguistically appropriate recruitment and hiring services.
- Ensure training and exams for workforce participants continue to be adapted and offered in multiple languages.
- Create advisory boards and community councils to provide input on program development and implementation.
- Use data to identify gaps in service and providers for underserved populations. Build on the work started by HCAI by gathering and reporting behavioral health workforce data across stakeholders, including community leaders and members. Engage these stakeholders in strategic planning to fill gaps.
- Match services and staffing to the community by surveying and engaging communities to learn how to best meet their cultural needs. Document and share successful initiatives to impact workforce development strategies and promote broader community engagement.

5. Work-Based Learning

Work-based learning experiences, crucial for professional development, are often limited by a lack of paid internships and apprenticeships. Employer capacity to host and supervise interns and apprentices is also a concern. Furthermore, a disconnect between academic requirements and the practical needs of work-based learning experiences creates inefficiencies and limits the value of these opportunities.

Potential solutions include the following:

- **Expand funding for paid internships and apprenticeships:**

- Advocate for increased state and federal funding for paid internships, apprenticeships, and other potential work-based learning models in the behavioral health field.
- Explore alternative funding models, such as public-private partnerships and philanthropic investments.
- Provide financial incentives to employers to host and supervise interns and apprentices. Tailor incentives based on the size and type of employer and the complexity of the work-based learning experience.

- **Increase employer capacity:**

- Provide training and resources to employers on how to effectively host and supervise interns and apprentices. Implement feedback loops to monitor the support offered and received with any work-based learning program.
- Offer financial incentives and support to employers to build their capacity to provide work-based learning experiences. Provide grant opportunities that support infrastructure development and technology upgrades.
- Develop mentorship programs that connect experienced professionals with interns and apprentices.
- Use technology to facilitate remote supervision and expand access to supervision opportunities.
- Implement strategies to lessen the administrative burden on clinical staff to free up time for learning and development.

- **Align academic requirements with the needs of work-based learning experiences:**
 - Collaborate with educational institutions to ensure that academic requirements are aligned with the needs of work-based learning experiences. Establish regular meetings between educators and employers to review and update curricula.
 - Encourage the development of interprofessional training programs that provide students with experience working in teams.
 - Incorporate feedback from employers and community partners into the design and implementation of work-based learning programs.
 - Promote the use of competency-based assessments to evaluate student learning and progress in work-based learning settings. Develop standardized competency frameworks for different behavioral health roles.

6. Credentialing and Licensing

The behavioral health workforce faces credentialing and licensing challenges across all career levels, hindering expansion and diversification. Complex and lengthy processes create barriers for qualified professionals. Disparities in exam passage rates, particularly among diverse populations, raise concerns about equity and access to training and testing. Ambiguous requirements create confusion and impede workforce mobility. Additionally, the lack of cohesive marketing for behavioral health career paths diminishes the field's competitive edge in the broader job market.

- **Simplify and Standardize Licensing and Certification:**
 - Consistently review and revise licensing and certification processes to reduce unnecessary barriers, costs, and complexities across all behavioral health professions.
 - Explore alternative pathways to licensure and certification, such as competency-based assessments and work-based experience, to increase accessibility and flexibility. Develop pilot programs to test these alternatives.
 - Provide clear, accessible, and standardized information on licensing and certification requirements, using simplified language and eliminating jargon to improve understanding and integration.
 - Offer financial assistance and support for individuals navigating the licensing process, including scholarships, grants for exam fees and study materials, and exploring employer-provided coverage.
- **Address Equity and Access in Examinations:**
 - Invest in targeted test preparation programs and resources designed to meet the needs of diverse learners and reduce disparities in exam passage rates.
 - Explore and validate alternative testing methods, such as oral exams or performance-based assessments, to ensure cultural responsiveness and fairness.
 - Conduct research to identify and address factors contributing to disparities in exam passage rates, including cultural and linguistic biases in exam content and administration.
- **Enhance Career Path Clarity and Competitiveness:**
 - Develop and implement cohesive marketing strategies to promote behavioral health careers and highlight clear career pathways, increasing the field's visibility and attractiveness.
 - Standardize core competencies and requirements across various behavioral health roles to improve workforce mobility and create clear career ladders.
 - Advocate for the inclusion of peer support specialists and recovery coaches in all credentialing and licensing improvements.

- **Establish a Standardized SUD Counselor License:**

- Create a new licensing pathway for SUD counselors in California, building upon existing certification models. This pathway should include defined educational requirements, supervised clinical hours, a licensing exam, and ongoing professional development, while also advocating for appropriate reimbursement rates and providing necessary training and support.

7. Reimbursement, Sustainability, and Funding

Inadequate reimbursement rates for behavioral health services create financial strain on providers and limit access to care. A lack of sustainable funding for community-based organizations and peer-run programs threatens their ability to provide consistent essential services. Complex and burdensome billing and credentialing processes add administrative overhead and complexity. A disconnect between funding priorities and the actual needs of communities further exacerbates these challenges.

Potential solutions include the following:

- **Advocate for increased reimbursement rates:**

- Work with state and national organizations to advocate for increased reimbursement rates for behavioral health services. Demonstrate the cost-effectiveness of preventive behavioral health services.
- Conduct cost studies and analyses to demonstrate the value of behavioral health services and justify increased reimbursement rates. Incorporate long-term cost savings associated with improved behavioral health outcomes.

- **Develop sustainable funding models:**

- Explore alternative funding models, such as social impact bonds and pay-for-success contracts, that create incentives for innovation and outcomes. Develop clear metrics for evaluating the success of alternative funding models.
- Diversify funding streams to reduce reliance on any single source of funding.
- Build capacity within community-based organizations to manage finances and secure funding. Provide training on grant writing and financial management.
- Advocate for policies that support the financial sustainability of community-based organizations and peer-run programs that provide prevention services in behavioral health or physical health.

- **Simplify billing and credentialing processes:**

- Streamline billing and credentialing processes to reduce the administrative burden on providers.
- Provide technical assistance and training to providers on billing and credentialing procedures.
- Develop standardized forms and processes to facilitate billing and credentialing. Create user-friendly templates and checklists. Consider building a website with resources that train toward billing best practices.
- Use technology to automate billing and credentialing tasks.

- **Align funding priorities with the needs of communities:**

- Engage community members in the planning and allocation of funding for behavioral health services. Establish community advisory boards to provide input on funding decisions.
- Prioritize funding for services that address social determinants of health and promote whole-person care. Recognize the interconnectedness of behavioral health with factors such as housing, employment, and food security, including collaborative models that integrate behavioral health services with other social services. Develop cross-sector funding initiatives that address social determinants of health.
- Encourage collaboration and integration between different service providers to maximize the impact of funding.
- Maximize payment based on person-level outcomes. Promote and support value-based payment models (e.g., California Advancing and Innovating Medi-Cal [CalAIM]) that reward providers based on outcomes, not volume.
- Subsidize reimbursement for behavioral health workers through stipends, pay differentials, and grant-funded programs.
- Clarify Medi-Cal billing requirements by providing enhanced educational programming, guidance, and support to providers, regularly refreshing their knowledge on billing best practices to maximize their effectiveness of billing appropriate reimbursement rates for services provided. Develop a comprehensive online resource center for Medi-Cal billing.
- Advocate for county governments to work with community providers who have Certified Medi-Cal Peer Support Specialists on staff, to better integrate peer support opportunities into their communities.

8. Impact of Technology and Telehealth

While technology and telehealth offer promising solutions for expanding access to behavioral health services, several challenges must be addressed. The digital divide and lack of access to technology among many underserved and rural communities limit the reach of telehealth. Privacy and security concerns related to telehealth services require careful consideration. Providers and clients alike need training and support on the effective use of technology. Finally, a lack of clarity on best practices for telehealth service delivery hinders its optimal implementation.

Potential solutions include the following:

- **Increase access to technology:**

- Partner with community organizations, libraries, and schools to provide access to computers, tablets, and internet services for communities lacking sufficient behavioral health support. Ensure these resources are accessible in confidential, private settings.
- Ensure technology for patients or clients is available in mobile phone–friendly formats (e.g., accessible websites, videoconferencing software), so the use of a computer is not required.
- Advocate for policies that expand broadband internet access in rural and underserved areas and boost cell phone service. Support public–private partnerships to expand broadband infrastructure.
- Provide training and support to individuals on how to use technology to access telehealth services. Develop training materials and personalized support in multiple languages.
- Explore innovative approaches, such as mobile health units, to reach individuals in remote or underserved areas. Equip mobile health units with telehealth technology.
- Increase telehealth access and availability by identifying underserved areas and engaging the community and providers to strategize how telehealth can help address local needs.

- **Address privacy and security concerns:**
 - Provide training and resources to providers on Health Insurance Portability and Accountability Act (HIPAA) compliance and best practices for protecting client privacy in telehealth settings, including alternative community settings, that may align with federal and state HIPAA minimums, drug- and alcohol-related requirements, and other privacy and confidentiality requirements.
 - Use telehealth platforms that comply with HIPAA, offer robust security features, and are accessible by various modes of technology (e.g. mobile phones, tablets).
 - Develop clear guidelines and protocols for addressing privacy and security breaches. Establish a rapid response team for security incidents.
 - Educate clients on their rights and responsibilities regarding privacy and security in telehealth services. Provide clear and concise privacy notices to those engaged with telehealth platforms.
- **Provide training and support:**
 - Offer training and support to providers on how to effectively deliver telehealth services, including the use of technology to engage clients, assess needs, and provide interventions.
 - Develop and disseminate resources on best practices for telehealth service delivery.
 - Create peer support groups and mentorship programs to connect providers and share strategies for adopting telehealth best practices in culturally competent ways.
 - Provide training and support to clients on how to access and use telehealth services, especially for those in rural areas or who do not speak English as their first language.
- **Develop and disseminate best practices:**
 - Conduct research and evaluation to identify best practices for telehealth service delivery for different populations and service types.
 - Develop and disseminate guidelines and protocols for telehealth service delivery.
 - Create a centralized resource hub for information on telehealth best practices and resources for communities, in necessary languages and accessible formats.
 - Encourage collaboration and knowledge-sharing among providers and organizations delivering telehealth services.
- **Clarify/revise standards and/or best practices for telehealth and the use of artificial intelligence (AI):**
 - Create a set of standards for the use of telehealth and AI tools in behavioral health, potentially reviewing recommendations from sources like the [*Bipartisan House Taskforce Report on Artificial Intelligence*](#) and [*Health Equity and Ethical Considerations in Using Artificial Intelligence in Public Health and Medicine*](#).
- **Create statewide telehealth facilitation training opportunities:**
 - Provide, via appropriate organizations (e.g., the [*California Telehealth Policy Coalition*](#)), training and technical assistance to behavioral health organizations statewide on best practices in telehealth.

Conclusion

The Building a Thriving Behavioral Health Workforce forum provided a valuable opportunity for stakeholders to come together and identify key challenges and opportunities facing the behavioral health workforce in California. The ideas generated during the forum offer a comprehensive roadmap for expanding, supporting, and sustaining the workforce, with a focus on increasing access to care, improving the quality of services, and promoting equity and well-being. By embracing a data-driven approach, prioritizing workforce equity, and fostering cross-sector collaboration, California can build a robust and responsive behavioral health system that meets the diverse needs of its residents.

Next Steps

The ideas highlighted from the forum can be worked on and or achieved at different levels. State and local stakeholders could start to work on some ideas immediately, while other strategies will require thoughtful collaboration and coordination with multiple state and local partners in the behavioral health community. To advance these ideas and continue facilitating necessary discussion to support the behavioral health workforce, these next steps are proposed:

- **Share this document with partners:** Disseminate this forum summary to boards and committees composed of representatives from state agencies, county behavioral health departments, community-based organizations, educational institutions, labor unions, and other key stakeholders who can act on this information.
- **Conduct further research and data analysis:** Find new opportunities to collect data on the behavioral health workforce at the organization and local levels—including demographics, educational pathways, employment trends, and service utilization patterns—to inform policy and program development, and share the findings with behavioral health partners and state departments.
- **Use publicly reported data to inform workforce policy and funding decisions:** Data should specifically track the effectiveness of diversity initiatives and report on disparities in workforce program participation and outcomes.
- **Develop and implement pilot workforce programs:** Pilot innovative solutions to address workforce challenges, such as apprenticeship programs, interprofessional training initiatives, and telehealth service delivery models, and evaluate their effectiveness.
- **Disseminate best practices:** Share best practices and lessons learned from successful programs and initiatives to promote wider adoption and replication.
- **Advocate for policy, systems, and environmental changes to support expanding and sustaining the behavioral health workforce:** Where appropriate, advocate for policy changes at the state and federal level to support the behavioral health workforce, such as increased funding for education and training programs, improved reimbursement rates, and streamlined licensing and certification processes.
- **Develop a data-driven framework for evaluating implemented strategies:** Establish clear metrics for success and continuous quality improvement to maximize outcomes in every behavioral health setting.
- **Prioritize workforce equity:** Actively and continually reduce disparities and revise systems that create barriers to ensure equitable opportunities for all members of the behavioral health workforce.
- **Foster cross-sector coordination and collaboration:** Establish a working group or committee at the organizational, local, or regional levels to identify shared goals and priorities, facilitate implementation, and foster regional partnerships and shared training opportunities.
- **Participate in statewide open meetings and opportunities to contribute feedback:** Bring local data, research, and best practices to open-meeting opportunities (e.g., [Commission for Behavioral Health, California Behavioral Health Planning Council's Workforce and Employment Committee](#)). Subscribe to [HCAI mailing lists](#) to seek out additional opportunities to contribute, such as public feedback opportunities to weigh in on the Workforce Education and Training Five-Year Plan.

By working together and taking collective action, we can build a thriving behavioral health workforce that meets the needs of all Californians.

Appendix

Participant List

DHCS and HCAI extend our gratitude to the professionals who graciously took time out of their lives to share insights and experiences to improve the behavioral health workforce in California.

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