



Board of Behavioral Sciences



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Gavin Newsom, Governor
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

WORKFORCE DEVELOPMENT COMMITTEE MINUTES

A recorded webcast is available at: [Workforce Development Com Meeting 7/31/25](#)

DATE July 31, 2025

TIME 1:00 p.m.

LOCATIONS

Primary Location Department of Consumer Affairs
1747 North Market Blvd., #182
Sacramento, CA 95834

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations

Wendy Strack, Chair, Public Member
Dr. Nicholas Boyd, LPCC Member
Justin Huft, LMFT Member
Eleanor Uribe, LCSW Member
Dr. Annette Walker, Public Member

Staff Present at Primary Location

Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Rosanne Helms, Legislative Manager
Christy Berger, Regulation Manager
Christina Kitamura, Administrative Analyst
Syreeta Risso, Special Projects and Research Analyst

Staff Present at Remote Locations

Sabina Knight, Legal Counsel

Other Attendees Public participation via WebEx video conference/phone conference
and in-person at Department of Consumer Affairs

1 **1. Call to Order and Establishment of Quorum**

2
3 Wendy Strack, Chair of the Workforce Development Committee (Committee),
4 called the meeting to order at 1:05 p.m. Roll was called, and a quorum was
5 established.

6
7 **2. Introductions**

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9 Committee members introduced themselves during role call; staff and public
10 attendees introduced themselves.

11
12 **3. Consent Calendar: Discussion and Possible Approval of April 4, 2025**
13 **Workforce Development Committee Meeting Minutes**

14
15 Motion: Approve the April 4, 2025 Workforce Development Committee meeting
16 minutes.

17
18 M/S: Huft/Uribe

19
20 Public Comment: None

21
22 Vote: 4 yea, 0 nay, 1 abstention. Motion carried.

Member	Vote
Dr. Nicholas Boyd	Abstain
Justin Huft	Yes
Wendy Strack	Yes
Eleanor Uribe	Yes
Dr. Annette Walker	Yes

23
24 **4. Discussion Regarding Education Survey for Educators and Associates**
25 **Results**

26
27 At the April 2025 Committee meeting, staff proposed anonymous surveys to
28 gather feedback from educators, students, and registrants on LMFT and LPCC
29 education and practicum requirements. The Committee approved the proposal
30 with revisions. Surveys were distributed in May 2025.

31
32 **Educator Education Requirements Survey**

33 Survey consisted of 27 questions focused on education requirements, practicum
34 experience, student preparation, and barriers to practicum. As of June 3rd, 35
35 responses were received. Notable survey results were provided as Attachment A
36 in the meeting materials. Ms. Risso briefly summarized results regarding student
37 preparation for clinical practice and student preparation to serve diverse
38 populations.
39

Student and Registrant Education Requirements Survey

Survey consisted of 14 questions on licensure preparation, practicum access, and coursework. As of June 3rd, 214 responses were received. Notable survey results were provided at Attachment B in the meeting materials. Ms. Risso briefly summarized results regarding student preparation for clinical practice and recommendations to improve LMFT/LPCC education and training.

Recommendations to improve LMFT/LPCC education and training

Analysis of the survey responses found students and registrants' commonly stated recommendations to improve LMFT/LPCC education and training overall in the following areas:

- **Compensation and financial support:** Need for paid practicum and better postgrad placements.
- **Supervision and training:** Improve quality and consistency, and better training on clinical documentation and treatment planning.
- **Training and education:** More hands-on and modality-specific instruction.
- **Support and resources:** Better postgrad support and practicum coordination and help with licensing process, and better communication and coordination between schools and practicum sites.
- **Equity and accessibility:** Address issues of equity and disparities in practicum sites and ensuring culturally congruent trainers, teachers and supervisors.
- **Professional skills and etiquette:** Emphasize basic professional skills and more training on case management and working in multidisciplinary settings.
- **Specialized training:** More education on topics to develop clinical knowledge and skills, substance abuse, trauma informed care, couples counseling, sex therapy, and working with diverse populations.

Survey Responses Among Educators and Students/Registrants

Course Content

The majority of surveyed LMFT educators and students/registrants state more focus and additional content should be devoted to the following topics:

- **Treatment Planning and Treatment Interventions:** LMFT Educators 72%, Students/Registrants 53%
- **Trauma Informed Care:** LMFT Educators 56%, Students/Registrants 52%
- **Assessment, Diagnosis, and Prognosis:** LMFT Educators 44%, Students/Registrants 42%

About 48% of LPCC educators and 40% of students/registrants surveyed indicated a need for more focus on substance use and co-occurring disorders.

Practicum barriers and challenges

Both educators and students/registrants identified unpaid or low-paying practicum placements as a primary barrier to securing a practicum. Participants also noted that improving supervision quality and offering paid placements would enhance the practicum experience.

Educators reported:

- 74% – Unpaid/low-paying placements
- 68% – Inconsistent supervision quality
- 59% – Limited practicum site availability
- 45% – Lack of supervisors
- 35% – Geographic limitations
- 27% – Paying for practicum

Students/Registrants reported:

- 81% – Unpaid/low-paying placements
- 35% – Paying for practicum
- 34% – Limited practicum site availability
- 28% – Geographic limitations
- 26% – Inconsistent supervision quality
- 19% – Lack of supervisors

Student and registrant participants noted the need for improvements in assistance with finding a site and a need for more training in different modalities, theories, and specific techniques, as well as more hands-on training and preparation for clinical practice. Educator participants noted the need for clearer guidelines on training opportunities and experience that practicum sites should provide to trainees.

Discussion

Uribe: The number of public university participants was most likely lower than the private university participants because the survey was distributed over the summer. Noted the need for increased support in rural areas.

Strack: Stated that the survey results reflect common themes already heard at board meetings. Financial challenges, difficulty securing quality supervision, and lack of preparedness to serve rural communities may be linked to the lack of providers in rural communities.

Huft: Noted that the survey had a very small sample size — approximately 30 responses — which represents a negligible portion of the licensee population. Board members were encouraged to interpret the results cautiously and recognize the limited representativeness of the data. Acknowledged that the survey was a good starting point and recommended the Board to pursue more robust and comprehensive data collection moving forward.

Walker: Noted the percentages of participants and data collected was disappointing, but the data provided a small glimpse of some important issues.

Uribe: Would like to see more financial support for students, such as paid internships.

Strack: Expressed the Board's ongoing frustration about identifying needs for resources and support that fall outside its direct authority. Despite these limitations, the Board could continue finding creative ways to make progress in areas where issues are evident.

Public Comment

Shanti Ezrine, California Association of Marriage and Family Therapists (CAMFT): CAMFT reviewed the data and noted it reflects common challenges reported by its members. A key point highlighted was the feedback from educators and students regarding course content. Areas identified as needing more focus include treatment planning and interventions, trauma-informed care, assessment, diagnosis and prognosis, and substance use disorders. Staff are encouraged to share these findings with schools. CAMFT is reviewing the results to identify opportunities for providing trainings, articles, and resources to support its members.

Dr. Ben Caldwell: While the survey offers useful insights from those with direct experience, the low response rate is a concern and emphasized the need to interpret the data with caution. The findings are consistent with what students have shared, particularly regarding difficulties with practical placements. Supports sharing the results with universities.

Sodergren: Agrees with sharing the results with universities. This aligns with ongoing workforce development efforts and the need for clearer communication about the skills and knowledge expected of graduates entering licensure. More collaboration with schools is expected as this work continues.

5. Discussion and Possible Recommendations Regarding Education Requirements for Licensed Marriage and Family Therapists (Business and Professions Code (BPC) §§4980.36, 4980.37, 4980.74, 4980.78, 4980.81)

During its last meeting, the committee discussed conducting a comprehensive review of the education requirements for LMFTs. The goal of this review is to identify ways to eliminate any confusion and inequalities resulting from the current multi-pathway structure of LMFT education requirements.

In 2010, LMFT education requirements were updated to align with the Mental Health Services Act, shifting from content-based to competency-based education. In 2014, a pathway was added for out-of-state degrees. Currently, there are three education pathways for LMFT applicants: Pre-2012 in-state, Post-

2012 in-state, and out-of-state degrees. Pre-2012 and out-of-state requirements seek to ensure that an applicant's education is comparable to Post-2012 requirements and allows for the remediation of any gaps that may exist.

Comparison of Key Educational Components

Staff reviewed and compared each pathway to identify existing standards and potential differences that could create barriers or confusion. Provided as Attachment A in the meeting materials are the key components guiding future discussions, which include:

1. Accreditation
2. Degree Title
3. Degree Units
4. Remediations
5. Practicum
6. Core Content and Competencies

Suggested Approach

Staff proposed creating a single, consistent education pathway for LMFT applicants based on the comprehensive Post-2012 requirements. This model reflects current standards and includes key competencies such as trauma-informed care, cultural responsiveness, public mental health principles, and evidence-based practice.

To support potential changes to LMFT education requirements, the committee was asked to consider the following actions:

- Identify the core content areas and required coursework, including unit totals.
- Define the core competencies essential for safe and competent service delivery and ensure consistent terminology across laws and regulations.
- Determine whether qualifying degrees must be integrated degree programs.
- Clarify which content areas may be remediated, when remediation must occur, and acceptable methods (e.g., continuing education or graduate-level coursework.)
- Ensure practicum requirements are clearly defined, aligned with national standards, and provide adequate clinical experience.

Discussion

Strack: More research is needed, including looking at other states and gathering information on where the current requirements are falling short.

1 Public Comments

2 Shanti Ezrine, CAMFT: CAMFT is supportive of the single pathway for LMFT
3 education requirements. More review is needed before developing any specific
4 language or proposals. Emphasized the importance of balancing oversight with
5 reducing systemic and unnecessary barriers for students. CAMFT will evaluate
6 this and bring back ideas and areas of concern for the committee to consider.
7

8 Dr. Ben Caldwell: 1) Asked for definition of “competencies” for the purposes of
9 this discussion. Explained that competency - or outcome-based education - takes
10 on a specific and different meaning in the educational accreditation processes.
11 Noted appreciation for the Board’s efforts to give programs flexibility to assign
12 content to different courses as programs see fit. Suggested using the term
13 “content” instead of “competencies” in reference to degree requirements that are
14 in statute. 2) Urged board members and stakeholders to resist focusing only on
15 content or competency areas that could be added. Noted that LMFT degree
16 requirements have increased over time – from 36 units to the current 60 units,
17 and there is no evidence showing these increases have improved practitioner
18 safety or effectiveness. Instead, the added requirements created a financial
19 barrier for licensure candidates.
20

21 Further Discussion

22 Boyd: Asked what the next steps will be.
23

24 Sodergren: Outlined the next steps in reviewing LMFT education requirements,
25 which include: (1) conducting a comparison with other states, (2) evaluating the
26 three current pathways to develop a single, standardized education requirement,
27 (3) considering the inclusion of content-based education in statute, and (4)
28 reviewing accreditation standards.
29

30 Boyd: Asked how California’s transition from its LMFT exam to the AMFTRB
31 exam may impact the ability to effectively measure or assess competency.
32

33 Sodergren: Shared that, in discussions with AMFTRB, the content of the
34 AMFTRB exam is expected to evolve based on identified competencies.
35 AMFTRB recently completed an occupational analysis to ensure the exam
36 content aligns with current practice standards in the field.
37

38 Helms: Added that candidates would still be required to take and pass the
39 California law and ethics exam.
40

41 Walker: Asked about the anticipated timeframe for implementing any proposed
42 changes.
43

44 Sodergren: Responded that it will depend on the ongoing discussions and
45 concerns raised. The process will be approached methodically and thoughtfully.
46

Helms: Noted that even an early draft of proposed changes could help identify areas of concern for Board members and stakeholders. However, the volume and complexity of the material—particularly for MFT—can be overwhelming, which is why the process is starting with this license type.

Staff will proceed with further review and research.

6. Update on the Department of Health Care Services “Building a Thriving Behavioral Health Workforce” Forum

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

Key highlights relevant to the Board was provided as Attachment A in the meeting materials:

1. Credentialing and licensure
2. Education and training
3. Work-based learning and supervision
4. Use of technology and telehealth
5. Stakeholder coordination and policy advocacy
6. Workplace well-being

Public Comment

Shanti Ezrine, CAMFT: CAMFT is also engaging on statewide workforce efforts with HCAI and DHCS.

7. Update Regarding the Workforce Development Action Plan

The Workforce Development Goals Status Report was provided as Attachment A in the meeting materials.

Sodergren provided a brief update:

- Task items 5, 6, 7, and 9 were added to the action plan.
- Suggested that tasks 5, 6, 7, 9 be moved to the Outreach and Education Committee.
- Requested to table discussions on exam modifications due to the ongoing fee reduction process and recommended revisiting this topic in one to two years.
- Suggested that tasks 11-14 be moved up for discussion at the October meeting.

1 Committee Comment

2 Walker: Expressed no concerns about moving items to the Outreach and
3 Education Committee.

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5 Public Comment: None

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7 **8. Suggestions for Future Agenda items**

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9 No suggestions were presented.

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11 **9. Public Comment for Items not on the Agenda**

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13 No comments were presented.

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15 **10. Adjournment**

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17 The Committee adjourned at 2:15 p.m.