

WORKFORCE DEVELOPMENT COMMITTEE MINUTES

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An archived recording of this Board of Behavioral Sciences meeting held on January 15, 2026, are available for viewing at the following link:

[BBS Workforce Development Committee 1.15.2026](#)

DATE January 15, 2026

TIME 9:00 a.m.

LOCATIONS

Primary Location Department of Consumer Affairs
Hearing Room
1747 North Market Blvd., #186
Sacramento, CA 95834

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations

Dr. Nicholas Boyd, Ph.D., Acting Chair, LPCC Member
Justin Huft, LMFT Member
Eleanor Uribe, LCSW Member
Dr. Annette Walker, Ed.D., Public Member

Members Absent Wendy Strack, Chair, Public Member

Staff Present at Primary Location

Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Shelley Ganaway, Legal Counsel
Rosanne Helms, Legislative Manager
Christina Kitamura, Administrative Analyst
Julie Weddle, Enforcement Analyst

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 9:08 a.m. Roll was called, and a quorum was
5 established.

6
7 **2. Introductions**

8
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 October 24, 2025**
13 **Workforce Development Committee Meeting Minutes**

14
15 Motion: Approve the October 24, 2025 Workforce Development Committee
16 meeting minutes.

17
18 M/S: Walker/Uribe

19
20 Public Comment: None

21
22 Vote: 3 yea, 0 nay, 1 absent, 1 abstention. Motion carried.

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

23
24 **4. Discussion and Possible Action to Make Recommendations Regarding**
25 **Education Requirements for Licensed Marriage and Family Therapists**
26 **(Business and Professions Code (BPC) §§4980.36, 4980.37, 4980.74,**
27 **4980.78, 4980.81)**

28
29 In July 2025, the Committee began an effort to streamline and modernize
30 education requirements for LMFT licensure. The goal is to consolidate multiple
31 licensure pathways into a single streamlined pathway and update outdated
32 educational standards. After LMFT requirements are completed, similar updates
33 will be made for LPCC and LCSW licensure.

34
35 Because LMFT education requirements are complex, the Committee divided the
36 project into seven steps:

- 37 1. Qualifying degree accreditation, core content, and practicum requirements
- 38 2. Graduate-level course content and remediation
- 39 3. Supplemental coursework requirements

- 1 4. National attainability and unintended consequences
- 2 5. Pre-degree hours
- 3 6. Provisional associate registration concept
- 4 7. Formal approval of school programs
- 5

6 Two major reforms under consideration include:

- 7 • Requiring all remedial coursework to be completed before associate
- 8 registration.
- 9 • Eliminating separate requirements for in-state vs. out-of-state schools.

10
11 A team of three subject matter experts is advising the Committee throughout the
12 process:

- 13 • Dr. Leah Brew, PhD, LPCC, Professor in the Department of Counseling at
- 14 California State University, Fullerton.
- 15 • Dr. Benjamin Caldwell, PsyD, LMFT, adjunct faculty in the MFT program
- 16 at California State University Northridge.
- 17 • Dr. Diana Herweck, PsyD, LMFT, LPCC, LPC (CT), NCC, ACS; Director
- 18 of Clinical Training, Palo Alto University.
- 19

20 **Proposed Amendments: Step 1 – Qualifying Degree Accreditation, Core**
21 **Content, and Practicum Requirements**

22
23 Proposed language provided in the meeting materials as Attachment A focused
24 on Step 1, – amending BPC section 4980.36 to define the core features a
25 qualifying degree for LMFT licensure must have, including accreditation, core
26 content, and practicum requirements.

27
28 This proposal defines a qualifying degree as a master’s or doctorate in MFT or a
29 related mental health field with at least 60 semester (90 quarter) units.

30
31 The qualifying degree must be from an educational institution that is accredited
32 by a regional or national institutional accrediting agency recognized by the US
33 Department of Education (USDE) or approved by the Bureau for Private
34 Postsecondary Education (BPPE).

35
36 Programs accredited by the Commission on Accreditation for Marriage and
37 Family Education (COAMFTE) or by the Council for Accreditation of Counseling
38 and Related Educational Programs (CACREP) with the specialization in
39 Marriage, Couple, and Family Counseling may be exempt from Board review of
40 certain educational requirements. The exempt requirements are to be
41 determined.

42
43 The proposal requires the qualifying degree be single, integrated program that
44 meets certain core requirements. The degree program must:

- 1 • Be a planned course of study grounded in systemic theory and
2 approaches designed to train a person to provide direct therapeutic
3 services within the context of marriage and family systems.
- 4 • Specify in its catalogues or program materials that the intent of the
5 program is to educate and train marriage and family therapists.
- 6 • Integrate marriage and family therapy principles throughout its curriculum.
- 7 • Develop its students' abilities to explore and apply culturally responsive
8 skills and interventions.

9
10 The qualifying degree must have a practicum component. The practicum
11 requirement now emphasizes providing supervised fieldwork that builds
12 psychotherapeutic skills, rather than prescribing specific course content, and the
13 qualifying degree must include this practicum component.

14
15 The SMEs recommend requiring at least 240 face-to-face counseling hours in
16 practicum for students beginning programs on or after January 1, 2030, giving
17 schools time to adjust without impacting current students. The revised practicum
18 standards shift away from prescribed course content and instead emphasize
19 quality control measures, including qualified supervisors, faculty oversight,
20 mechanisms to verify required hours, written agreements outlining learning
21 objectives, and systems for evaluating practicum placements.

22
23 The proposal keeps current practicum rules in place for applicants with older
24 degrees, meaning anyone who began their program before January 1, 2030—or
25 those who started before August 1, 2012 and finished before December 31,
26 2018—would not be subject to the new requirements.

27 28 Discussion

29 Walker: Asked what potential issues will arise, other than those the issues that
30 may affect those already grandfathered in.

31
32 Helms: Noted that future changes to education requirements, including core
33 units, will also need deferred start dates to avoid negatively impacting individuals
34 who have already earned their degrees. Because of the complexity involved, staff
35 anticipates revisiting proposed language throughout the process to ensure
36 smooth implementation and avoid unintended consequences. This aligns with
37 Step 4, which calls for reviewing the full set of new requirements holistically once
38 the core educational framework is developed.

39
40 Helms: Emphasized that revising education requirements will be a lengthy,
41 detailed process due to the many nuances involved, even within individual
42 course requirements. Noted that ongoing refinement will be necessary as the
43 work progresses, and expectations should be managed accordingly.

1 Huft: Asked about potential concerns raised by staff and the subject matter
2 experts regarding adding CACREP-accredited MFT specialty programs to the list
3 of automatically accepted degree programs.
4

5 Helms: Explained that the main concern with automatically accepting
6 CACREP-accredited MFT specialty programs is ensuring they truly align with
7 LMFT degree standards. Because the Board has not previously recognized
8 CACREP's MFT specialty, the SMEs and staff want to carefully review the core
9 functional areas and confirm there are no gaps that would make the programs
10 more counseling-focused than MFT-focused. Attachments were provided to
11 compare requirements, and additional discussion is expected as the review
12 continues.
13

14 Huft: Asked whether the only concern identified so far is the proposed 240-hour
15 practicum minimum, and whether any additional concerns in the document may
16 have been overlooked.
17

18 Helms: Staff explained that no additional major concerns have been identified at
19 this stage. The main shift is moving away from highly prescriptive coursework
20 requirements toward defining core principles and focusing on whether programs
21 effectively train students. Some questions have arisen about what responsibilities
22 programs should have or whether more guidance is needed.
23

24 Huft: Expressed concern about how the shift toward less prescriptive coursework
25 and the addition of CACREP programs might reduce accountability in ensuring
26 high-quality training and supervision. While the new approach emphasizes
27 overall training quality rather than specific content requirements, the member
28 noted uncertainty about how the Board will verify that high-quality training is
29 actually occurring, especially given CACREP's fewer therapy-focused classes.
30

31 Boyd: Expressed significant concerns about CACREP standards, noting that they
32 do not require university practicum supervisors to be licensed, which he views as
33 a major limitation and inconsistent with the level of supervision expected for
34 LMFT training. Emphasized that while MFT trainees receive stronger oversight
35 during fieldwork under Board requirements, this accountability does not extend to
36 university-based supervision. Stated that relying on universities to do the right
37 thing is not happening across the board and suggested this reform effort is an
38 opportunity to be specific about this approach and close these gaps.
39

40 Public Comments

41 Shanti Ezrine, California Association of Marriage and Family Therapists
42 (CAMFT): CAMFT has no concerns at this time regarding the proposed core
43 content or practicum changes, though they are interested in hearing educator
44 feedback on whether any language might create barriers. CAMFT requested
45 clarification on the reasoning behind restructuring the accreditation language,
46 noting that it appears to remove COAMFTE as a recognized accreditor and

1 asked how this might impact students currently enrolled in COAMFTE-accredited
2 programs. CAMFT also shared feedback from educators expressing mixed views
3 and some confusion about the potential acceptance of CACREP programs. Key
4 concerns raised include whether accepting CACREP or COAMFTE coursework
5 without review could create inequities among degree programs or dilute the MFT
6 systemic model. CAMFT acknowledged that some proposed language helps
7 address these issues and supports diverse education pathways while
8 streamlining Board review, and they encouraged continued stakeholder input.
9

10 In response to Mr. Ezrine’s comment, staff noted that, based on their review, all
11 COAMFTE- and CACREP-accredited programs appear to already hold
12 USDE-recognized institutional accreditation. While they cannot confirm this with
13 complete certainty, they were unable to find any examples to the contrary.
14 Because USDE recognition appears to be the standard, the proposed language
15 was structured accordingly. Staff invited stakeholders to share any examples of
16 programs that do not meet this standard.
17

18 Sara Carrasco, William Jessup University: Expressed appreciation for the clarity
19 of the proposed revisions, noting that the streamlined language will help students
20 better understand statutes and regulations. Supported removing the in-state
21 versus out-of-state distinction and stated they have no concerns with raising
22 practicum hours, viewing the increase to 240 hours positively. Requested future
23 clarification on whether practicum hours may continue to be obtained via
24 telehealth and suggested considering a 280-hour requirement to align with LPCC
25 standards, noting their dual-track program already requires 280 hours. Also
26 asked for more detail on practicum quality-control language in Attachment A,
27 specifically faculty monitoring provisions and written learning-objective
28 agreements. Voiced support for future steps involving a provisional 90-day
29 associate registration and the development of an approved-programs process.
30

31 In response, to Ms. Carrasco’s comment, staff acknowledged the concern raised
32 about practicum quality and explained that the proposed language shifts toward
33 defining general program responsibilities—such as faculty monitoring and
34 mechanisms to verify hours—rather than prescribing detailed coursework. This
35 approach aims to promote quality while avoiding overly specific requirements that
36 could unintentionally exclude nationwide programs not designed specifically for
37 California licensure. Staff noted that additional practicum-related sections will be
38 addressed later in the project, which may provide opportunities to add more
39 specific requirements for trainees seeing clients in California. Staff emphasized
40 that this balance would continue to be refined as the broader reform effort moves
41 forward.
42

43 Brandi Juarez, William Jessup University: Asked for clarification on what is meant
44 by “faculty supervision” in the proposed practicum requirements and requested
45 more detail about what that supervision is intended to include.
46

1 In response to Ms. Juarez’s question, staff explained that the proposed
2 requirement for faculty monitoring was adapted from another state and is
3 intended as a general expectation that faculty oversee practicum site operations.
4 Staff clarified that the language is intentionally broad to avoid being overly
5 prescriptive or disqualifying programs that meet the intent in different ways. While
6 additional guidance may be possible, staff emphasized the need to balance
7 ensuring quality with not creating rigid requirements that could inadvertently
8 exclude otherwise qualified programs.
9

10 Dr. Leah Brew, PhD, LPCC, BBS subject matter expert (SME): Explained that
11 integrating family systems content across all courses is often the most
12 challenging part of evaluating MFT programs, though many programs they have
13 reviewed already align well with CACREP standards. Noted that including
14 CACREP programs could improve Board efficiency without giving applicants an
15 unfair advantage. Agreed that supervisors should be licensed and said this may
16 need to be strengthened in supervision requirements. Also clarified that all
17 CACREP programs are USDE-approved and require 280 client contact hours.
18 Addressed concerns about systemic training, noting that while CACREP
19 programs include 48 core units plus 12 specialty units, family systems concepts
20 may naturally appear across courses even if not required in every single one.
21

22 Dr. Anthony Rivas, EdD: Emphasized agreement that practicum supervisors
23 should be licensed and clarified that CACREP requires 280 direct client hours,
24 divided between practicum and internship. Expressed concern that California
25 allows graduates of unaccredited programs, noting that accreditation is an
26 important safeguard in other professions. Highlighted that CACREP standards do
27 require supervisors to hold a license, though expressed generally; states then set
28 the specific legal requirements. Urged the committee to define what constitutes
29 clinical experience, cautioning that school-based settings used as clinical sites in
30 California may not provide appropriate therapeutic environments. Encouraged
31 the committee to closely review CACREP’s 2024 standards and strengthen
32 requirements to ensure supervisors are licensed.
33

34 Dr. Bitia Ashouri Rivas, EdD, former CACREP board member: Expressed support
35 for the Board’s consideration of accrediting bodies such as CACREP and
36 COAMFTE, noting these organizations have rigorous standards for program
37 evaluation, educational requirements, and practicum and internship expectations.
38 Explained that many states require graduation from accredited programs, and
39 aligning with accrediting standards would allow the Board to focus more clearly
40 on defining clinical experience, supervision, and training requirements. Observed
41 that California’s current standards are less clearly defined compared to other
42 states, partly because the Board oversees both education and training.
43 Emphasized the importance of accreditation as a safeguard and noted
44 inconsistencies between some programs’ catalogs and the materials submitted to
45 the Board, resulting in students being licensed despite programs not fully
46 meeting intended requirements.

1 Kyle Horst, Program Coordinator - MFT Program, CSU Chico: Expressed strong
2 support for the overall direction of the proposal, emphasizing that clearer
3 expectations benefit both educators and students. Noted, however, that
4 California law has historically distinguished between practicum hours required for
5 graduation and supervised clinical hours counted toward licensure, and the new
6 language may unintentionally widen that gap. Cautioned that students could
7 complete significant client contact hours under less-defined practicum standards
8 and then immediately transition to the more specific supervision requirements for
9 MFT trainees. To promote consistency and protect students and clients, he
10 recommended aligning baseline supervision standards across all stages of
11 training and ensuring practicum supervision expectations are at least consistent
12 with existing trainee supervision requirements.

13
14 Gina Mertz, LMFT, William Jessup University: Emphasized the importance of
15 defining high-quality, competent clinical practice to support consumer protection.
16 Noted that educators are seeking clearer guidance on practicum standards to
17 ensure alignment with the Board's expectations. Raised concerns that requiring
18 programs to obtain CACREP or COAMFTE accreditation could disadvantage
19 smaller or more affordable institutions, as the cost and faculty requirements
20 associated with these accreditations may limit access for students.

21
22 Further Committee Discussion:

23 Boyd: Suggested a nuance for further discussion with the SMEs, noting that
24 while practicum supervisors should be licensed, institutions outside California
25 may have faculty licensed in other states. Recommended considering whether a
26 licensed supervisor from any state should qualify for educational purposes, while
27 California-specific requirements would still apply to clinical supervision of trainees
28 seeing clients in California.

29
30 Staff will continue working on the proposed language for Step 1 and bring it back
31 to the next meeting.

32
33 **5. Summary and Discussion of Demographic Data from the Health Care**
34 **Access and Information (HCAI) License Renewal Survey Responses**

35
36 In April 2025, the California Department of Health Care Access and Information
37 (HCAI) released its Annual Health Workforce Research Data Center Report to
38 the Legislature, based on mandatory online workforce surveys completed by
39 Board registrants and licensees at renewal. The report identifies ongoing
40 shortages in the behavioral health workforce and highlights demographic and
41 geographic trends affecting workforce sustainability, equity, and access to care.
42 The report was provided as Attachment A in the meeting materials.

43
44 Key findings include high workforce participation among licensees, significant
45 retirement projections, younger age distribution among associate-level
46 registrants, and continued underrepresentation of several racial/ethnic groups

1 and language capacities compared to the state population. Regional disparities
2 persist, with Los Angeles County having the highest concentration of behavioral
3 health providers. LMFTs and LCSWs represent over half of the active workforce,
4 while AMFTs and ACSWs account for the majority of new licenses issued.
5

6 In August, Board staff requested a Board-specific data report from HCAI, which
7 was provided in September. The report includes weighted tables showing in-state
8 and out-of-state percentages for each data point, excluding “Decline to State”
9 responses. This report was provided as Attachment B in the meeting materials.
10

11 Discussion

12 Boyd: Noted that HCAI administers a substantial number of loan repayment and
13 scholarship programs and raised concerns about how upcoming federal student
14 loan changes, effective July 2025, may impact the behavioral health workforce.
15 Asked whether HCAI or the state has considered expanding or increasing
16 educational loan repayment or scholarship programs in light of current federal
17 loan caps for both undergraduate and graduate education.
18

19 Sodergren: Acknowledged the concern regarding upcoming student loan
20 changes and noted that HCAI holds ongoing workforce-focused meetings.
21 Indicated they have been participating in these discussions and will monitor
22 whether the potential impacts on the workforce and related loan repayment or
23 scholarship issues are addressed in future committee meetings.
24

25 Uribe: Highlighted the significant need for practitioners who speak Southeast
26 Asian and Pacific Islander languages, noting that in regions like Fresno—with
27 large Southeast Asian communities—there are substantial gaps in access to
28 linguistically appropriate behavioral health services. Emphasized that relying on
29 interpreters remains challenging and underscored the importance of addressing
30 these underrepresented language needs in workforce planning.
31

32 Public Comments

33 Shanti Ezrine, CAMFT: Agreed that the potential impact of upcoming loan
34 changes is an important consideration. Noted that they remain actively engaged
35 with HCAI on workforce initiatives and upcoming funding opportunities and that
36 the newly released data will be useful in those discussions. Shared that CAMFT
37 participates on HCAI’s steering committee for the development of its five-year
38 Workforce Education and Training (WET) plan and expressed appreciation for
39 the data as a resource for ongoing collaboration.
40

41 Sara Carrasco: expressed appreciation for the data provided and noted its value
42 in informing program efforts. Shared that Jessup University’s SYNC program,
43 which focuses on serving underserved and rural communities, actively tracks
44 demographic representation, including Hispanic and Asian participation.
45 Emphasized that the report’s insights—particularly regarding underrepresented

1 groups and emerging workforce needs—are highly useful and have already been
2 closely reviewed and highlighted to support ongoing statewide service efforts.

3
4 **6. Summary and Discussion of the American Association for Marriage and**
5 **Family Therapy (AAMFT) “A Systemic Workforce for a Complex World”**
6 **Report**

7
8 The American Association for Marriage and Family Therapy (AAMFT) conducted
9 a national survey in May 2025 with over 2,000 MFTs, associates, and students to
10 assess workforce trends. The resulting report highlights a growing and diverse
11 MFT workforce, with widespread use of telehealth and increasing integration of
12 technology. Key findings include high adoption of telehealth, growth in fully online
13 practices, and continued preference for in-person care for relational work. The
14 report also notes expanding use of AI for administrative tasks, with most
15 respondents expecting further integration of AI tools in the next five years.

16
17 AAMFT report, “A Systemic Workforce for a Complex World: Strategic Insight
18 from the 2025 Marriage and Family Workforce Study” was provided in the
19 meeting materials

20
21 Discussion/Public Comment: None

22
23 **7. Update Regarding the Workforce Development Action Plan**

24
25 Steve Sodergren provided a brief update, noting that 5 of the 10 task items are
26 currently in process. An outline of the action plan was provided in the meeting
27 materials.

28
29 Discussion/Public Comment: None

30
31 **8. Suggestions for Future Agenda items**

32
33 Dr. Anthony Rivas: Suggested that the Board consider a future agenda item to
34 clearly define “clinical experience” for practicum and internship, particularly what
35 constitutes face-to-face work with couples, individuals, and families for LMFT
36 licensure. Noted that current interpretations vary widely among supervisors and
37 programs and encouraged the Board to narrow and clarify these definitions.

38
39 **9. Public Comment for Items not on the Agenda**

40
41 None

42
43 **10. Adjournment**

44
45 The Committee adjourned at 10:58 a.m.