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

An archived recording of this meeting held on January 15, 2026, is available for viewing at the following link:
BBS Workforce Development Committee 6.16.2026

DATE June 16, 2026

TIME 1:00 p.m.

LOCATIONS

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

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations
Nicholas Boyd, Ph.D., Acting Chair LPCC Member
Justin Huft, LMFT Member
Annette Walker, Ed.D., Public Member

Members Absent Wendy Strack, Chair, Public Member
Eleanor Uribe, LCSW Member

Staff Present at Primary Location
Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Christy Berger, Regulations Manager
Shelley Ganaway, Legal Counsel
Rosanne Helms, Legislative Manager
Christina Kitamura, Administrative Analyst
Syreeta Risso, Research Analyst

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

1. Call to Order and Establishment of Quorum

Dr. Nicholas Boyd, Acting Chair of the Workforce Development Committee (Committee), called the meeting to order at 1:02 p.m. Roll was called, and a quorum was established.

2. Introductions

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

3. Consent Calendar: Discussion and Possible Action to Approve of April 17, 2026 Workforce Development Committee Meeting Minutes

The date on this agenda item was incorrect. It referenced April 17, 2026, but the correct date was April 16, 2026.

Correction noted on page 1, line 4 to correct the date from January 15th to April 16th.

Motion: Approve the April 16, 2026 Workforce Development Committee meeting minutes as amended.

M/S: Walker/Huft

Public Comment: None

Vote: 3 yea, 0 nay, 2 absent. Motion carried.

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

4. Discussion and Possible Action to Make Recommendations to the Board Regarding Education Requirements for Licensed Marriage and Family Therapists: Defining an Integrated Degree Program and Allowing Transfer Units. (BPC §4980.36)

California law requires that qualifying master's or doctoral degrees for LMFT licensure be a single, integrated program, meaning core coursework must be completed within the qualifying degree. Non-core coursework (e.g., suicide risk assessment, telehealth training) may be transferred or taken through continuing education.

The intent of the “single, integrated program” requirement is to ensure candidates complete a cohesive program specifically designed for LMFT preparation, rather than assembling coursework from unrelated degrees or institutions. However, evolving academic structures have raised questions about what qualifies as “integrated,” especially in cases involving:

- School closures requiring student transfer
- Combined master’s/doctoral programs
- Transfer credit from other graduate programs
- Graduate-level courses taken during undergraduate study

These situations demonstrate ambiguity in how schools and applicants interpret the law.

Because the statute does not define “single, integrated program,” schools apply inconsistent standards when evaluating transcripts and degree structures. This results in:

- Confusion for institutions and applicants
- Delayed license applications
- Risk of denying otherwise qualified candidates

The Board needs clearer statutory guidance to ensure consistent, fair application of the law and allow limited, appropriate flexibility without undermining the law’s intent.

The Committee reviewed the proposed language at its meeting in April 2026 and instructed staff to clarify portions of the text — specifically improving how references to the degree-granting institution were described.

Staff updated and presented the proposed language provided as Attachment A in the meeting materials.

Discussion

Dr. Walker noted that the language looks good and asked if this is the final draft.

Ms. Helms explained that the proposed language is not a final draft. If the Committee is satisfied with this section, it will be incorporated into a larger set of sections being developed for the MFT education projects. The full draft will be reviewed again after additional topics — such as practicum, core degree requirements, and CE courses — are completed, to check for consistency and unintended consequences. She noted that the language may change once all sections are seen together, including discussions on remediation.

Motion: Direct staff to make any discussed changes, and any non-substantive changes, and to incorporate the language into the proposed MFT education amendments that the Committee is working on.

M/S: Boyd/Walker

Public Comments

Sara Carrasco, William Jessup University, asked for clarification on the proposed requirement that official transcripts list each transferred course by number and title. She explained that schools currently provide this information in a separate letter rather than on transcripts and noted that their transcripts do not include transferred course details. She requested guidance on whether this process would need to change under the proposed language.

Ms. Helms confirmed that this requirement would represent a change. The registration unit wants transferred courses to appear directly on the qualifying transcript because current documentation can be unclear. They need the transferred units included in the total number of degree units to ensure compliance with the 60-unit requirement. She added that schools should provide feedback if adding transferred courses to transcripts is not feasible.

Ms. Carrasco asked whether schools would no longer need to provide letters of explanation. Ms. Helms clarified that while transcripts will need to include transferred course details, the Board will still request a letter of explanation if any information is unclear.

Shanti Ezrine, California Association of Marriage and Family Therapists (CAMFT) raised three areas for feedback. First, he asked whether there is any time limit on the exceptions described in subdivision A and how far back course acceptance can go. Second, he noted that CAMFT is not opposed to prohibiting the transfer of practicum courses but questioned whether this might be unnecessarily burdensome, given that practicum competency is verified by the site and supervisor; he wondered whether there is a meaningful difference in practical experience that would justify restricting transfers. Third, he pointed out an inconsistency in terminology, noting that subdivision (b) uses “related areas” while subdivision (a) uses “related mental health field,” and emphasized the importance of aligning the language both within this section and with section 4980.36(b). He added that “related mental health field” is broader and may create questions about what qualifies but suggested this could be addressed further when section 4980.36 is discussed.

Ms. Helms stated that staff will review CAMFT’s feedback and work with them offline to refine the language. She noted that updated wording will be presented again as part of the broader, consolidated draft, giving the group another opportunity to address any remaining issues.

Vote: 3 yea, 0 nay, 2 absent. Motion carried.

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

5. Discussion and Possible Action to Make Recommendations to the Board Regarding Education Requirements for Licensed Marriage and Family Therapists: Graduate-Level Course Content Requirements and Supplemental Coursework Requirements (BPC §§4980.36, 4980.37, 4980.41, 4980.78, and 4980.81)

The next step of the MFT education review will define required graduate-level course content for licensure, using existing requirements and expert input to outline core content areas. The coursework will focus on broad MFT foundations, while California-specific or narrower topics can be handled through supplemental or post-degree remediation.

Staff created an outline of proposed graduate-level content areas and course requirements and presented it as Chart 1 in the meeting materials.

Accrediting agencies COAMFTE and CACREP (with an MFT specialty) each define foundational coursework requirements for their programs. Those summaries were presented and provided in the meeting materials as Attachment A.

Discussion: None

Motion: Direct staff to continue working with the subject matter experts and incorporate feedback brought to the Committee.

M/S: Huft/Walker

Public Comments

Mr. Ezrine asked for clarification on how unit values were determined for each content area, noting that most areas — aside from one — appear to have identical unit requirements. He requested an explanation of how those unit decisions were made. He also stated that more detailed, substantive feedback will be provided once his team has had additional time to review the material.

Ms. Helms explained that the unit values were based on a mix of factors, including past requirements in section 4980.37, practices in other states, and typical three-unit standards used in prior LPCC and some MFT regulations.

Psychopharmacology was set lower due to having less content in current law. She emphasized that these values are only a starting point and can be adjusted if stakeholders have concerns, noting that none of the proposed unit amounts are final and remain open for discussion.

Ms. Carrasco expressed appreciation for the chart, noting that the detailed descriptions of each requirement are especially helpful. She then asked how fixed the content area titles are and whether they are simply suggestions or expected to remain as the primary titles, explaining that this impacts future curriculum or course updates.

Ms. Helms explained that content area titles are flexible and the focus is on ensuring the required content is included, regardless of the specific course title. While titles can differ, it should be clear from the syllabus that the necessary content is covered. She noted that this topic may need further discussion but emphasized that content, not naming, is the primary concern.

Elyse Springer, California Chapter of Postpartum Support International (PSI California): Ms. Springer thanked the Board and subject matter experts for recognizing perinatal mental health as an important practice area and urged the committee to continue considering it in broader discussions on education and workforce development. She highlighted data showing perinatal mental health concerns are common and noted that most clinicians receive little formal training despite statewide efforts to operationalize screening. She asked that perinatal mental health remain part of ongoing curriculum and competency discussions and expressed appreciation for the committee's continued attention to the issue.

Additional Committee Discussion

Mr. Boyd asked for clarification on the rationale behind proposing two units of psychopharmacology instead of three, noting current variations and expressing that three units may be more appropriate given the importance of psychopharmacology in integrated care. Ms. Helms responded that current requirements are likely one unit, and she will confirm with subject matter experts and provide more detailed rationale at the next meeting. She added that the next draft will be formatted in legislative language and will include additional information on psychopharmacology as part of the upcoming discussion on remediation.

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

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

6. Discussion and Possible Action to Make Recommendations to the Board Regarding Requiring Coursework in Alzheimer's, Dementia, and Caregiving)

The Board is reviewing a stakeholder request to add coursework on Alzheimer's, dementia, and caregiving for LMFT, LCSW, and LPCC license types, noting the growing need for specialized training as the state's population ages. If the Committee proceeds with the Alzheimer's/dementia/caregiving proposal, it will need to determine required hours and specific content areas. The anticipated approach would allow applicants to complete the coursework either in graduate school or through approved continuing education. The requirement would apply to degrees begun on or after January 1, 2030.

Barbra McLendon, MSW, Associate Vice President of Public Policy with Alzheimer's Los Angeles, provided an overview of the importance of this training and presented the organization's request.

Discussion

Dr. Walker stated that this request is worthy of consideration.

Motion by Dr. Walker: Direct staff to consult with subject matter experts on the role of the Alzheimer's and the Perinatal Mental Health coursework in CE requirements, and invite both stakeholder groups back to the Workforce Development Committee meeting in September to make a recommendation on specific course content and the Board's CE requirements.

No second to the motion. Motion failed.

Additional Discussion

Mr. Huft thanked Ms. McLendon for her presentation. He asked whether any states currently require Alzheimer's or dementia-related coursework for licensed mental health professionals.

Ms. McLendon stated that she is only aware of one state — Illinois — that requires Alzheimer's and dementia coursework, specifically a one-hour continuing education requirement.

Mr. Huft asked whether the stakeholder group is advocating for required coursework or required continuing education related to Alzheimer's and dementia.

Ms. McLendon explained that the group initially focused on continuing education but realized the need for broader reach, as many individuals connected to someone with dementia may not become licensed practitioners. She stated that making this information widely available would be ideal and noted that if the Board proceeds, it could help establish a best practice that may be adopted nationally, given the widespread need for dementia-related support.

Mr. Huft recommended to Ms. McLendon that, before presenting to the full Board, she provides clear evidence demonstrating why an Alzheimer's/dementia CE or coursework requirement is necessary. He noted that the Board frequently receives similar requests, must balance how specific requirements should be, and faces concerns about cost and burden on licensees. He emphasized that a compelling justification will be important at the next meeting.

Dr. Boyd agreed with Mr. Huft's points and emphasized that Alzheimer's/dementia and perinatal mental health are both important, widely impactful issues. He noted, however, that the Board must balance these requests with many other groups seeking additional requirements and remain mindful of creating burdens for associates and licensees. He asked for more clarity on how the proposal would be presented, including whether the request is for coursework or continuing education.

Ms. McLendon clarified that their focus has been on degree requirements, as that is the area the Committee is reviewing. She said their preference would be to include Alzheimer's/dementia content within the existing 10 hours of required aging and long-term care education, though she understands the Committee may also consider addressing the topic through continuing education. She expressed willingness to discuss which approach would be most appropriate.

Ms. Helms explained that proposals like this can be addressed in different ways, one being a flexible approach for future applicants: requiring a set number of hours on these topics for degrees beginning on or after January 1, 2030, with the option to complete the content either through graduate coursework or approved continuing education. She noted this model, similar to the existing suicide risk assessment requirement, would avoid placing new burdens on current licensees while ensuring the content is covered moving forward.

Dr. Boyd asked whether there is any indication that Alzheimer's or dementia-related content is not already being covered in required lifespan or human development coursework.

Ms. McLendon said that, based on anecdotal reports from clinicians working in aging services, Alzheimer's and dementia content is generally not covered in required lifespan or human development courses. When it is included, it is minimal — often only about half an hour — and does not address the unique, long-term, and complex challenges faced by individuals with dementia and their families. She emphasized the need for clinicians to have a stronger understanding of dementia-specific issues, including role changes, family system impacts, and sensitive topics like intimacy, to better support affected families.

Dr. Walker emphasized the importance and value of the committee's discussion, noting the benefit of having diverse perspectives at the table. She suggested bringing a similar presentation to the full Board and highlighted that all participants share a focus on consumer protection. She underscored that issues like dementia can involve life-and-death situations for families and stressed the need to continue these conversations with an eye toward their impact on consumers.

Amended Motion by Dr. Walker: Direct staff to consult with subject matter experts on content of the Alzheimer's/dementia coursework and invite the Alzheimer's LA group back to the Workforce Development Committee meeting in September to consult regarding hours and possible content recommendations for new degrees begun on or after January 1, 2030.

No second to the motion. Motion failed.

Motion by Mr. Huft: Invite both Alzheimer's stakeholders group and Perinatal Mental Health stakeholders group to the full board meeting.

A discussion took place about how perinatal mental health and Alzheimer's/dementia topics should be handled in upcoming meetings. After clarifying that perinatal mental health had already been slated for future discussion based on previous committee decisions, staff explained that both topics are scheduled to be addressed at the September workforce meeting as part of the broader review of continuing education requirements. Participants acknowledged earlier outreach efforts and confirmed that these discussions are part of ongoing, separate projects now reaching the stage for committee consideration. Following this discussion, Mr. Huft withdrew his motion.

Motion: Direct staff to consult with subject matter experts on the role of the Alzheimer's and the Perinatal Mental Health coursework in CE requirements, and invite both stakeholder groups back to the Workforce Development Committee meeting in September to make a recommendation on specific course content and the Board's CE requirements.

M/S: Walker/Huft

Public Comments

Mr. Ezrine cautioned against adding new standalone required content areas, whether for graduate coursework or continuing education. He suggested that some proposed topics — such as Alzheimer's/dementia — might instead be incorporated into existing areas like human development across the lifespan. He noted that unit values in those sections are still flexible and could be adjusted if additional subject matter is integrated into the descriptions.

Ms. Carrasco echoed concerns about adding new required content areas, noting that her university's courses are already very full. She explained that incorporating additional topics could force an increase in degree units and urged caution when considering any additions or removals.

Kristen Romea, Alzheimer's San Diego, expressed strong support for enhancing education on dementia, noting that throughout her career she and many MFT and MSW colleagues felt underprepared to work with individuals living with dementia and their caregivers. She described how dementia caregiving presents complex, long-term challenges that are not adequately addressed in current training, leaving new clinicians to learn on the job in high-risk situations. As a field instructor, she continues to see interns lacking foundational knowledge and emphasized that students themselves are asking for earlier access to dementia-related education.

Emma Hernandez, a practicing clinician and supervisor working with older adults, noted that many MFT graduates are not adequately trained to meet the complex needs of individuals living with dementia and their families. She emphasized that dementia is a family-systems issue requiring specialized preparation, yet most clinicians must learn on the job due to limited formal training. She stated that earlier education on dementia would better equip future clinicians to support both patients and caregivers and appreciates the committee's consideration of this advocacy effort.

Vote: 3 yea, 0 nay, 2 absent. Motion carried.

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

7. Workforce Development Action Plan Update

The draft strategic plan that outlines goals and objectives related to licensing and examination oversight was presented to the Committee. The licensing goals focus on protecting consumers while improving access to the profession,

including enhancing applicant resources, reducing processing times, assessing fees for equity, and streamlining licensure requirements. Examination goals emphasize ensuring fair, valid, culturally responsive exams, improving eligibility timelines, expanding the diversity of subject matter experts, strengthening exam guidance for applicants, and considering adoption of the AMFTRB national exam. These goals and objectives remain preliminary until the Board formally adopts the strategic plan in August 2026, after which staff will develop supporting tasks. A draft Workforce Committee Goals Status Report was provided as Attachment A

Discussion

Dr. Walker expressed appreciation for the action plan chart.

Public Comment: None

8. Suggestions for Future Agenda items

None

9. Public Comment for Items not on the Agenda

None

10. Adjournment

The Committee adjourned at 2:41 p.m.