California Rural Health Transformation (CalRHT) Program
Rural Health Policy Council (RHPC) Meeting #1

July 28, 2026
Meeting Minutes

RHPC Members Attending Virtually: Jennifer Hernandez, California Rural Health Transformation (CalRHT) Program Director, HCAI (Chair); Dr. Raul Ayala, Central California Network; Joy Dockter, Western Center on Law and Poverty; Kirk Fermin, Inland Empire Health Plan; Orvin Hanson, Indian Health Council, Inc.; Virginia Q. Hedrick, California Rural Indian Health Board; Haady Lashkari, Community Memorial Hospital, Ojai Valley; Lori Link, Plumas District Hospital; Dr. Julia Logan, CA Public Employees' Retirement System; Alma Martinez, Center on Race Poverty & the Environment; Dr. Rita Nguyen, California Department of Public Health; Dr. Jeffrey Norris, Department of Health Care Services; Tim Rine, North Coast Clinics; Dr. James Schlund, Tahoe Forest Hospital; Dr. Monica Soni, Covered California; Dan Southard, Department of Managed Health Care; Sarah Steenhausen, CA Department of Aging; Dr. Colleen Townsend, Partnership Health Plan; Ryan Witz, District Hospital Leadership Forum

RHPC Members Not in Attendance: Dr. Hernando Garzon, Emergency Medical Service Authority; Colleen Rodriguez, Calaveras County Health and Human Services Agency

Presenters: Elizabeth Landsberg, Director, California Department of Health Care Access and Information (HCAI); Jennifer Hernandez, California Rural Health Transformation (CalRHT) Program Director, HCAI and Rural Health Policy Council Chair; Dr. Lemeneh Tefera, Chief Medical Officer and Deputy Director for Clinical Innovation, HCAI; Athena Chapman, President, Chapman Consulting

Public Attendance: A total of 230 public attendees

Agenda Item #1: Welcome and Introductions

Athena Chapman, Consultant
Elizabeth Landsberg, HCAI Director
Jennifer Hernandez, CalRHT Program Director & RHPC Chair

- Athena Chapman opened the meeting, reviewed the agenda, and provided Zoom meeting logistics, procedures for public comment, and the availability of meeting minutes and materials on the Rural Health Policy Council (RHPC) website. She also noted that all Council meetings will be open to the public.

The CalRHT program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $233,639,308.46 with 100 percent funded by CMS/HHS. The contents are those of CalRHT and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

- Director Landsberg welcomed Council members and participants, acknowledging that the HCAI offices are situated on land taken from the Miwok, Nisenan, Chumash and Gabrielino-Tongva peoples. She emphasized HCAI's longstanding commitment to strengthening California's rural health workforce, expanding access to care, and improving healthcare affordability. She also recognized the partner engagement that informed development of the CalRHT Program and thanked Council members, HCAI staff, and partners for supporting the launch of the Council.
- Jennifer Hernandez, Director, CalRHT and the RHPC Chair, welcomed Council members and expressed appreciation for their willingness to serve. She highlighted Council members' diverse expertise and emphasized the Council's role in providing practical, community-informed input to support the CalRHT Program implementation. She noted that the inaugural meeting is an opportunity to build a shared understanding of the CalRHT Program, get to know one another, and establish a strong foundation for the Council's work together.
- Council members introduced themselves and shared their motivation for joining the Council and how they can best support the CalRHT Program. Members emphasized their motivation to strengthen access, sustainability, and outcomes for rural communities, drawing on both professional and personal experiences. Council members expressed a desire to help ensure CalRHT Program investments are practical, equitable, and successful. Introductions reflected a focus on collaboration and systems change.

Agenda Item #2: CalRHT Program Overview

Jennifer Hernandez, CalRHT Program Director and RHPC Chair
Dr. Lemeneh Tefera, Chief Medical Officer and Deputy Director for Clinical Innovation

- RHPC Chair explained that the presentation was intended to establish a shared understanding of the program and provide implementation updates to support the Council's work. She introduced key HCAI team members participating in the CalRHT Program and reviewed the program's purpose, federal strategic goals, and funding requirements that it be used to strengthen and transform rural healthcare systems rather than replace existing funding.
- RHPC Chair noted that California received the third-largest award nationally, exceeding the $200 million funding level states were asked to request. However, California's award remains comparatively low when considered on a per-capita and rural population basis. She attributed the award to the strength of California's application and the contributions of partners during program development. California received funding in March 2026. The Centers for Medicare & Medicaid Services (CMS) will have ongoing oversight responsibilities, including approval of

grant awards and monitoring the requirement that states obligate all Year 1 funds by October 30, 2026.

- RHPC Chair reviewed the partner engagement conducted during the development of California's CalRHT Program proposal, noting that more than 1,600 individuals contributed input that helped shape the state's application. She emphasized that, while the CMS-approved proposal establishes the framework for program implementation, partner engagement will continue throughout the initiative to inform program design, implementation, and funding decisions.
- Dr. Tefera reviewed the vision of the CalRHT Program and the major initiatives related to the transformative care model, transformative payments, technology & tools, and workforce development. The description highlighted the context and goals of each initiative and an overview of how activities will be implemented.
- RHPC Chair reviewed key dates for CalRHT Program grant opportunities, including release dates, application deadlines, and the requirement that grantees use funds by September 2027. She also summarized the purpose, available funding, and eligibility requirements of the Accelerator Partners, EHR Modernization, and Workforce Development Recruitment and Retention grant opportunities.
- RHPC Chair reviewed key upcoming CalRHT Program milestones including submitting the Budget Year 1 report and Budget Year 2 application to CMS by August 31, 2026.

Agenda Item #3: Council Orientation

Jennifer Hernandez, CalRHT Program Director and RHPC Chair

- RHPC Chair reviewed the purpose of the RHPC as a public advisory forum where members provide subject matter expertise, share perspectives from the communities and organizations they represent, identify emerging issues, and offer recommendations to help inform the CalRHT Program implementation and broader rural health policy.
- RHPC Chair noted that the RHPC is an advisory body to HCAI, while final program and policy decisions remain the responsibility of HCAI. HCAI reaffirmed its commitment to meaningfully consider Council input, communicate how member feedback informs the initiative, and maintain an open dialogue throughout implementation.
- RHPC Chair also asked Council members to serve as ambassadors for the CalRHT Program by sharing information within their communities and networks and bringing back what they are hearing more broadly across the organizations, sectors, and communities they represent. She reviewed attendance expectations, the anticipated meeting schedule and format, public meeting procedures, and conflict of interest expectations.

Agenda Item #4: Council Perspectives

Jennifer Hernandez, CalRHT Program Director and RHPC Chair

- RHPC Chair presented a draft set of proposed Council roles and identified priority topics where member input would be especially valuable. HCAI emphasized that these draft roles and priority topics were intended as a starting point and invited ongoing feedback from Council members.
- Council members offered the following feedback:
    - **Provide clear, concise, and timely communication.** Council members recommended that HCAI continue providing updates to frequently asked questions (FAQs) and guidance documents, particularly during active application periods, to answer questions from rural providers. Clearer guidance and examples are needed to help partners understand funding eligibility requirements, funding categories, application expectations, and timelines. It was suggested that HCAI develop concise summary documents, quick-reference materials, and digestible communications to supplement longer resources and webinar recordings. Council members expressed appreciation for HCAI's strong practice of engaging directly with partners through meetings and technical assistance.
    - **Reduce barriers for smaller and rural organizations.** Members noted that many rural organizations have limited administrative capacity, including few or no grant writers, grant manager, or IT staff. Members encouraged HCAI to continue considering ways to reduce administrative burden and support participation by smaller and more isolated rural providers and organizations.
    - **Support collaboration and partnership.** Council members offered ideas for how HCAI can encourage partnerships among applicants and provide opportunities for organizations to identify potential collaborators. They recognized that meaningful collaboration takes time and should be encouraged without unintentionally disadvantaging organizations facing compressed application timelines.
    - **Align the CalRHT Program with broader statewide strategies.** Council members recommended continuing to communicate how the CalRHT Program complements other state initiatives, including primary care investment and the benchmark goal to increase spending on primary care to 15% by 2034. They also encouraged proposals that align with statewide priorities and promote long-term sustainability.
    - **Support knowledge sharing.** Council members suggested leveraging Council members as trusted messengers to share information within their networks and developing a statewide "playbook" model to support replication of successful approaches.

- **Address population-specific needs.** Council members emphasized that evidence-based practices should account for the needs of diverse populations, including older adults.

Agenda Item #5: Public Comment

Jennifer Hernandez, CalRHT Program Director and RHPC Chair

- RHPC Chair opened the public comment period.
- Public comments emphasized:
  - The importance of supporting maternal mental health in rural communities, including the role of community health workers, doulas, and midwives.
  - The impact of rural pharmacy closures and the need to address pharmacy access in rural communities, including support for expanding the role of pharmacy technicians in care delivery.
  - Given the challenges posed by compressed application timelines and limited grant-writing capacity among rural organizations, the need for clearer and earlier communication about application expectations and proposal scope (e.g., regional versus statewide proposals, single versus multiple jurisdiction proposals).
  - The suggestion that HCAI publish information on funded organizations to facilitate collaboration and partnership-building.

Agenda Item #6: Next Steps & Adjourn

Jennifer Hernandez, CalRHT Program Director and RHPC Chair

- RHPC Chair concluded the meeting by reviewing upcoming Council meetings, available program resources, and key CalRHT Program grant timelines. She encouraged meeting participants to stay engaged by utilizing the resources available on the CalRHT Program website, signing up for program updates, and contacting HCAI about opportunities to participate in community presentations or events.
- RHPC Chair thanked Council members for their participation and partnership in advancing rural health across California.

The meeting was adjourned at 11:52 am.