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**Meeting Minutes
October 15-16, 2025
CALIFORNIA HEALTH WORKFORCE
EDUCATION AND TRAINING COUNCIL
(Council)**

Members of the Council

Abby Snay, M.Ed.
Anthony Cordova, MBA
Catherine Kennedy, RN
Cedric Rutland, MD
Deena McRae, MD
Elizabeth Landsberg, JD
Erica Holmes, JD
Judith Liu, RN, MSN
Katherine Flores, MD
Kevin Grumbach, MD
Kimberly Perris, DNP, RN, CNL, PHN
Kristina Lawson, JD
Nader Nadershahi, DDS, MBA, EdD
Rehman Attar, MPH
Roger Liu, PhD
Van Ton-Quinlivan, MBA
Vernita Todd, MBA

HCAI Director

Elizabeth Landsberg, JD

HCAI Staff

Scott Christman, MPDS,
Chief Deputy Director
Lemeneh Tefera, MD, Chief
Medical Officer and Deputy
Director for Clinical
Innovation
Libby Abbott, Deputy Director
Marissa Enos, Assistant
Deputy Director
Sharmil Shah, Behavioral
Health and Policy Branch
Chief
Hovik Khosrovian, Senior
Policy Advisor
Jalaunda Granville, Policy
Section Chief
Janis Herbstman, Legal

**Meeting Minutes
October 15-16, 2025**

October 15, 2025

Agenda Item 1 - Call to Order

Facilitator: Van Ton-Quinlivan, Chair



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Chairperson Van Ton-Quinlivan called the meeting to order, welcoming in-person attendees and those attending virtually via Zoom, and reminding Council members about the expectations for virtual attendance.

Agenda Item 2 - Roll Call

Facilitator: Dawn Snodgrass, HCAI Staff

Dawn Snodgrass conducted the roll call, confirming the presence of Council members. Quorum was confirmed.

Absent Members: Abby Snay, Cedric Rutland, Judith Liu, and Roger Liu.

Agenda Item 3 - Approval of May 2025 Meeting Minutes

Facilitator: Van Ton-Quinlivan, Chair

Van Ton-Quinlivan requested that the minutes reflect an amendment from Katherine Flores, who was not present for this item, clarifying that her question recorded under Agenda Item 4 in the May 2025 minutes referred specifically to Medi-Cal for undocumented immigrants, not immigrants in general.

The Council unanimously approved the May 2025 meeting minutes as amended without further discussion.

Motion: Anthony Cordova moved to approve the minutes; Kimberly Perris seconded.

Abstention: Kevin Grumbach and Vernita Todd abstained from voting.

Public Comment:

- There were no public comments.

Agenda Item 4 - HCAI Director Remarks

Presenter: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg opened her remarks with HCAI's Land Acknowledgment, emphasizing the importance of collaboration with tribal partners to address historical injustices and improve healthcare for Native American communities. Elizabeth Landsberg also noted that an upcoming tribal consultation related to the Rural Health Transformation Program will help inform future efforts.



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Elizabeth Landsberg welcomed new Council member Erica Holmes, the State Appointee representing the Department of Health Care Services, who attended virtually. Elizabeth Landsberg confirmed that her formal swearing-in will take place at a future meeting.

Elizabeth Landsberg provided an overview of the recently enacted State Budget, noting that it was passed prior to federal action on H.R. 1 and does not reflect its impact. Elizabeth Landsberg shared that the state is still assessing the potential effects of H.R. 1 on Medi-Cal and Covered California and mentioned ongoing concerns about its impact on healthcare access and affordability.

Elizabeth Landsberg highlighted several HCAI-related budget items, including funding for the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Workforce Initiative. Elizabeth Landsberg also mentioned that the budget provides additional resources for the Healthcare Payments Database (HPD) and requires Pharmacy Benefit Managers (PBMs) to submit claims data to the Department of Managed Health Care for inclusion in HCAI's data systems.

Elizabeth Landsberg provided updates on HCAI's expanding responsibilities, including the addition of the Office of the Patient Advocate and implementation of the Data Exchange Framework, which began in 2024 and requires hospitals, health plans, and medical groups to participate in statewide data sharing. Elizabeth Landsberg also mentioned that the Office of Health Care Affordability released its 2025 Baseline Report with updated spending trends and continues to analyze market activity and behavioral health costs.

Council Comments

- **Vernita Todd** asked Elizabeth Landsberg if HCAI was familiar with Assembly Bill 692, which prohibits requiring work commitments for individuals receiving loan repayment. Elizabeth Landsberg said she was not familiar with the bill but would refer it to HCAI's legislative team for review.

Public Comment

- There were no public comments.

Agenda Item 5 - Chair/Vice-Chair Transition and HCAI Workforce Program Update

Presenter: Marissa Enos, Assistant Deputy Director, HCAI



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Marissa Enos provided an update on the Council's leadership transition, thanking outgoing Chair Van-Ton Quinlivan for her two years of service. Marissa Enos announced that current Vice Chair Nader Nadershahi will assume the role of Chair, and Roger Liu has been selected to serve as the next Vice Chair beginning with the March 2026 meeting.

Marissa Enos also shared an overview of the BH-CONNECT Workforce Initiative. Marissa Enos highlighted the launch of two programs in 2025, the Medi-Cal Behavioral Health Student Loan Repayment Program and the Medi-Cal Behavioral Health Residency Training Program, with three additional programs set to launch in 2026.

Marissa Enos then provided updates on HCAI's Behavioral Health, Nursing and Midwifery, Primary Care, and Cross-Cutting programs, including current and past funding for scholarships, loan repayment, and organizational grants. Marissa Enos presented data showing where awardees are located across the state and how awardee demographics compare to California's overall population. Marissa Enos also shared a video from the Youth Mental Health Academy, a 14-month program that prepares high school students from structurally marginalized communities for careers in behavioral health.

Council Comments

- **Catherine Kennedy** asked how HCAI shares information about its programs with students to ensure equitable outreach, noting that awards appear concentrated in Southern California rather than rural Northern areas. Hovik Khosrovian responded that information is shared through stakeholder email lists, which include school systems.
- **Vernita Todd** asked if there were any expected changes to employer matching for loan repayment programs. Hovik Khosrovian clarified that the California State Loan Repayment Program is the only program with a federal-state match but does not require employers to match.
- **Kevin Grumbach** commended the range of HCAI programs and asked what more could be accomplished without budget constraints. Hovik Khosrovian responded that starting July 1, HCAI will receive three percent of Behavioral Health Services Act funds for workforce initiatives, which may help sustain BH-CONNECT programs.



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- **Anthony Cordova** acknowledged that most loan repayment does not go to community college students due to financial aid received but emphasized the importance of supporting rural areas and suggested prioritizing public schools over private schools.
- **Katherine Flores** echoed Kevin Grumbach's comments and asked whether HCAI has explored partnerships with funders to revive the Health Professions Pathways Program. Hovik Khosrovian explained that BH-CONNECT funding supports only behavioral health pathway programs, but HCAI is open to collaboration to expand the effort.
- **Deena McRae** raised concerns that rising tuition and debt may prevent students from working in high-need communities and asked why the Medi-Cal Behavioral Health Residency Training Program had few awardees. Hovik Khosrovian explained that stipulations tied to BH-CONNECT funding from the Centers of Medicare and Medicaid Services (CMS), including loan repayment obligations, affected awards, but added they are satisfied with the results.
- **Van Ton-Quinlivan** asked whether progress could be tracked for recruiting students from rural communities into loan repayment programs. Eric Neuhauser confirmed HCAI aims to monitor these outcomes through ongoing evaluation.

Public Comment

- **Brian Aguilar** asked whether \$161 million was available through the Medi-Cal Behavioral Health Student Loan Repayment Program. Marissa confirmed that it was.
- An **anonymous attendee** suggested prioritizing support for public education, which is generally less expensive than private education.

Agenda Item 6 - HCAI Workforce Policy Agenda

Presenter: Hovik Khosrovian, Senior Policy Advisor, HCAI

Hovik Khosrovian presented HCAI's Workforce Policy Agenda, explaining its purpose, intended users, and priorities. Hovik Khosrovian emphasized that the agenda is designed to anticipate workforce needs, support a sustainable pipeline, and guide departmental initiatives.

Hovik Khosrovian noted that the Policy Agenda will be used by HCAI's Health



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Workforce team, the Council, and will align with a companion Research Agenda. Hovik Khosrovian explained that the agenda is organized into five areas: Behavioral Health, Primary Care, Maternal Health, Advancing Equity and Diversity, and Shortage Area Identification and Support.

Hovik Khosrovian outlined priorities for each area, including supporting behavioral health for the aging population, strengthening collaborative care models, expanding educational pathways for social work students, and developing supply and demand models for primary care and maternal health. Hovik Khosrovian also mentioned understanding the workforce needs of birthing centers to guide maternal health strategy and planning.

Hovik Khosrovian described examples of how HCAI is aligning programs and funding processes within equity objectives, including prioritizing community college and institutions serving disadvantaged communities, supporting students across health professions pathways, and using supply and demand data to target investments. Hovik Khosrovian highlighted how shortage area data will be overlaid with program outcomes to identify high-need regions and inform targeted funding and interventions.

Council Comments

- **Van Ton-Quinlivan** highlighted economic challenges for caregivers and asked how primary care workforce gaps from retirements could be anticipated. Hovik Khosrovian noted that the supply and demand model will support scenario planning to address these needs.
- **Catherine Kennedy** raised concerns about whether Song-Brown funding truly increases diversity or favors programs with strong grant writing resources, noting rural hospital closures and upcoming Medi-Cal cuts. Eric Neuhauser explained that post-cycle reviews will analyze applicants versus awardees internally.
- **Kevin Grumbach** emphasized gaps in services for people with developmental conditions and suggested further examining behavioral health and related workforce needs.
- **Rehman Attar** appreciated the comprehensive scope of the Policy Agenda, emphasizing its attention to the full spectrum of healthcare workforce entry points.
- **Nader Nadershahi** echoed support for the holistic approach to workforce planning, including aging populations and provider distribution.



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- **Deena McRae** commended the intentional policy approach and emphasized that payment and reimbursement structures affect workforce development, specialty choices, and the availability of faculty for education and supervision.

Public Comment

- **Mechelle Perea-Ryan** emphasized the importance of exposing high school and early college students to a variety of health professions.

Agenda Item 7 - Council Impact Proposal

Presenter: Hovik Khosrovian, Senior Policy Advisor, HCAI

Hovik Khosrovian presented on HCAI's Council Impact Proposal and revisited prior Council discussions about ways to strengthen the Council's role in shaping workforce policy and recommendations. Hovik Khosrovian noted that an earlier proposal focused on developing an annual letter to the Legislature highlighting a workforce priority identified by the Council.

Hovik Khosrovian explained that HCAI staff held individual meetings with Council members to gauge their capacity to advocate for priorities. However, it was later determined that holding individual discussions outside of the Council forum constituted a serial meeting, which violated the Bagley-Keene Act. Hovik Khosrovian stated that the challenges in coordinating support for a letter and the issues that arose during the process showed there was no clear path forward for implementing an annual letter strategy.

Hovik Khosrovian shared that internal research into other advisory bodies led to the development of a new approach that involves publishing an annual policy report on HCAI's website summarizing Council discussions and feedback on HCAI's workforce priorities. Hovik Khosrovian then outlined the upcoming Council meeting content calendar, previewing topics where HCAI will seek Council input to advance the Policy Agenda. Hovik Khosrovian opened the floor for feedback before proceeding with a vote on the proposed annual policy report.

Motion: Van Ton-Quinlivan moved to approve the proposal; Kristina Lawson seconded.

The Council unanimously approved the annual policy report proposal.

Abstention: N/A.



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Council Comments

- **Van Ton-Quinlivan** asked why the letter proposal findings were inconclusive and how the new approach would work. Hovik Khosrovian said there was uncertainty among members who, as representatives of their state agencies, were hesitant to sign a letter addressed to the Legislature. Hovik Khosrovian explained that the proposed report would instead summarize Council discussions and priorities from the year's presentations.
- **Kristina Lawson** noted, based on her experience with the Medical Board of California, that reports to the Legislature track activities and priorities, and supported the Council's approach to an annual policy report for similar reasons.
- **Nader Nadershahi** agreed the proposal was a strong idea and added that a public report could help individual Council members advocate for funding and broader legislative support for workforce initiatives.

Public Comment

- There were no public comments.

Agenda Item 8 - Supply & Demand Modeling for California's Health Workforce

Presenter: Eric Neuhauser, Branch Chief, Research and Evaluation, HCAI

Eric Neuhauser presented updates to HCAI's workforce supply and demand dashboards, which included an overview of the modeling framework, assumptions, and key findings from the behavioral health and nursing models.

Eric Neuhauser explained that the supply and demand models were developed to assess the current and projected supply of healthcare workers, their geographic distribution, diversity, workforce demand, and capacity of educational programs. Eric Neuhauser added that these models are intended to support the State's efforts to strengthen California's health workforce.

Eric Neuhauser noted that assumptions play a major role in modeling and emphasized that HCAI works to ensure they are data-driven, evidence-based, and supported by credible sources. Eric Neuhauser described how these models use licensing data and care delivery trends to project full-time equivalent supply, grouping roles based on similarity and scope of practice.

Eric Neuhauser then reviewed the interactive dashboards for the behavioral health



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and nursing supply and demand models, highlighting key findings. For non-prescribing licensed clinicians, the statewide shortage is expected to increase, while associate-level clinician shortages are expected to decline by about half; however, the high mix of shortage and surplus areas may lead to maldistribution of providers. The need for psychiatrists is anticipated to double by 2033. For registered nurses, shortages remain relatively low but uneven across counties, with overall shortages expected to rise by 2033. For licensed vocational nurses, projections show a small surplus and a reduction in shortages by half, though maldistribution continues to pose challenges.

Eric Neuhauser concluded by outlining next steps, including refreshing data sources, adding demographic and insurance overlays, and incorporating stakeholder feedback to refine future models.

Council Comments

- **Anthony Cordova** suggested adding overlays with hospital associations to show how hospital closures affect local workforce needs and recommended visualizing public versus private healthcare settings.
- **Kevin Grumbach** said the data was very helpful and noted that sub-county mapping can be difficult since providers may live in one county but work in another. Eric Neuhauser confirmed that licensing survey data helps capture this nuance.
- **Erica Holmes** appreciated the inclusion of surplus data and cautioned that Medi-Cal providers often serve multiple counties but may have limited capacity to provide care in each.
- **Deena McRae** asked how telework is factored into the behavioral health model. Eric Neuhauser said this is part of their future work to understand how telework affects team-based care.
- **Kimberly Perris** highlighted the licensed vocational nurse surplus in Lassen County, noting many work in correctional facilities and that a new registered nurse program was recently launched. Kimberly Perris emphasized opportunities to upskill licensed vocational nurses to registered nurses. Eric Neuhauser agreed and said these findings helped shift their focus toward upskilling rather than only expanding the registered nurse supply.



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- **Van Ton-Quinlivan** asked if the models include overlays of counties with shortages across all professions and whether those areas are aware of HCAI's loan repayment programs. Eric Neuhauser said the goal is to make the data available for planners and schools to develop programs in shortage areas.
- **Rehman Attar** suggested illustrating workforce inflow and outflow to show whether practitioners are leaving areas due to lack of job opportunities and to help identify strategies to retain them.

Public Comment

- **Tina Tvedt Schaible** asked how the supply and demand dashboards account for locum or temporary workforce data. Eric Neuhauser said they have not incorporated that data into the model and would need to review it further.
- **Hector Flores** asked about communications with Symphony, the provider directory utility managed by the Department of Managed Health Care and housed at the Integrated Healthcare Association, and added that they collect information such as practice locations, time spent at each site, payer types, and capacity for new patients. Eric Neuhauser said Symphony was part of earlier discussions but would need to revisit those conversations.

Agenda Item 9 - Rural Health Transformation

Presenter: Hovik Khosrovian, Senior Policy Advisor, HCAI; Eddie Wong, Health Program Specialist II, HCAI

Hovik Khosrovian introduced the Rural Health Transformation Program, authorized by the One Big Beautiful Bill Act, describing it as an opportunity to be transformative for rural communities. Hovik Khosrovian explained that HCAI was selected to carry out this proposal as the home of the State Office of Rural Health and noted that the program presents significant opportunities to build new initiatives.

Eddie Wong provided an overview of the program's strategic goals, which include Make Rural America Healthy Again, Sustainable Access, Workforce Development, Innovative Care, and Technology Innovation. Eddie Wong explained that the federal program totals \$50 billion, distributed over five years, with \$10 billion allocated annually and half of that amount distributed based on workload. Eddie Wong also reviewed the 11 permissible uses of the funds, outlined funding limitations, and



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discussed potential violations and consequences.

Eddie Wong presented a map highlighting California's rural context, noting that more than 2.7 million residents live in rural areas and that most counties have rural populations supported by Rural Health Clinics and Federally Qualified Health Centers. Eddie Wong shared the program timeline and emphasized the short turnaround from application release to submission. To gather stakeholder input, HCAI conducted a 27-question survey with more than 350 respondents. HCAI also hosted six community listening sessions, one for each strategic goal and one for community health workers, with more than 900 total participants and will hold an initial tribal consultation this week.

Eddie Wong concluded by noting that HCAI has three weeks to submit the proposal by November 5 and will continue to share updates through its mailing list, website, and future Council meetings.

Council Comments

- **Nader Nadershahi** commended HCAI for its work and emphasized the importance of addressing oral health needs in rural communities.
- **Catherine Kennedy** raised concerns about rural hospital closures due to mergers and acquisitions and stressed the critical role of Critical Access Hospitals in serving high-needs populations.
- **Van Ton-Quinlivan** asked how the program would be implemented amid concurrent funding cuts and how HCAI plans to coordinate the rollout to avoid fragmented efforts. Hovik Khosrovian acknowledged this as one of the most challenging aspects, explaining that while CMS asked states to apply as if eligible for \$200 million per year, the final award amount may be lower. Hovik Khosrovian added that priorities may need to be adjusted accordingly, emphasizing the importance of communities working together to strengthen connections to chronic disease prevention.

Public Comment

- **Hector Flores** acknowledged HCAI's stakeholder outreach and asked whether the proposal could create new approaches for leveraging existing funding streams. Hovik Khosrovian said the program spans all areas of HCAI's work to address rural health needs.



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- **Arielle Hernandez** urged HCAI to prioritize in-person care over remote patient monitoring in its proposal, expressing concern that reliance on unlicensed technicians and delayed responses in remote models can compromise patient safety and place undue burden on unpaid caregivers.

Agenda Item 10 - Day One Meeting Reflections

Presenter: Van Ton-Quinlivan, Chair; Nader Nadershahi, Vice-Chair

Van Ton-Quinlivan and Nader Nadershahi led a reflection on the day's discussions, inviting members to share key takeaways, insights, and ways they might apply the information and resources shared.

Council Comments

- **Deena McRae** expressed gratitude for the opportunity to collaborate with others who share similar goals and emphasized the ongoing challenges related to faculty capacity, training sites, and reimbursement to ensure facilities remain operational.
- **Erica Holmes** noted that the discussions throughout the day were helpful in shaping her approach to increasing the number of providers delivering care through Medi-Cal.
- **Catherine Kennedy** appreciated the land acknowledgment during the Director's Remarks, emphasizing the importance of remembering historical context. Catherine Kennedy also expressed gratitude for the Council's progress, recognizing the value of the PowerPoints and dashboards developed through stakeholder engagement, particularly within the nursing field.
- **Kimberly Perris** reflected on the earlier conversation around the Youth Mental Health Academy, highlighting the importance of inspiring students early to pursue health careers. Kimberly Perris also referenced the maternal health discussion, suggesting the use of frameworks such as Advanced Access to balance workforce supply and demand and support integrated team-based care. Kimberly Perris also emphasized the importance of adequate reimbursements and enabling nurses to work at the top of their profession.
- **Rehman Attar** thanked HCAI for providing data and resources that help the state respond to workforce needs and noted the value of the Policy Agenda in promoting intentional planning. Rehman Attar expressed hope that the Council's work would eventually reach a point where workforce distribution across the state is equitable.



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- **Anthony Cordova** recognized the importance of the Policy Agenda and emphasized the need to better support adult learners through outreach and pathway opportunities that promote economic mobility.
- **Kristina Lawson** appreciated the opportunity for reflection and observed that many state public bodies are addressing similar issues. Kristina Lawson described the Policy Agenda as an ambitious and valuable effort and encouraged HCAI and the Council to continue serving as a convener to bring together those working toward shared workforce goals.
- **Nader Nadershahi** highlighted the Youth Mental Health Academy for helping students envision careers in healthcare and praised the Policy Agenda for fostering proactive planning. Nader Nadershahi emphasized the importance of modeling assumptions to anticipate future care delivery and reimbursement, while keeping focus on individuals and communities.
- **Van Ton-Quinlivan** noted the value of actionable data for scenario planning and guiding resource deployment.

Public Comment

- There were no public comments.

Agenda Item 11 - Day One General Public Comment

Facilitator: Van Ton-Quinlivan, Chair

- **Alecia Sanchez** noted that discussions about H.R. 1 have not addressed federal loan caps and how these limits may affect medical students. Alecia Sanchez emphasized that this issue aligns with the Council's interest in ensuring California's future health workforce reflects the state's diversity.
- **Hector Flores** highlighted the importance of inter-agency collaboration, referring to a recent Equity Summit hosted by the California Medical Association. Hector Flores suggested that HCAI convene with other state public bodies to advance solutions around primary care, including increasing Medi-Cal reimbursements to Medicare levels to streamline funding and reduce provider taxes.
- **Mechelle Perea-Ryan** underscored the need to address the reduction of federal Title VIII funds for nurse faculty loan repayment programs, and noted that without



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sufficient faculty, it is difficult to expand the health workforce.

Agenda Item 12 - Adjourn Day One

Facilitator: Van Ton-Quinlivan, Chair

The meeting was adjourned at 2:40 PM.

October 16, 2025

Agenda Item 13 - Call to Order

Facilitator: Van Ton-Quinlivan, Chair

Chairperson Van Ton-Quinlivan called the meeting to order, welcoming in-person attendees and those attending virtually via Zoom, and reminding Council members about the expectations for virtual attendance.

Agenda Item 14 - Roll Call

Facilitator: Dawn Snodgrass, HCAI Staff

Dawn Snodgrass conducted the roll call, confirming the presence of Council members. Quorum was confirmed.

Absent Members: Anthony Cordova, Cedric Rutland, Elizabeth Landsberg, Erica Holmes, Judith Liu, and Roger Liu.

Agenda Item 15 - BH-CONNECT Cycle Review

Presenters: Chris Roina, Lead Communications Analyst, HCAI; Eric Neuhauser, Branch Chief, HCAI; Dorian Rodriguez, Section Chief, HCAI

Chris Roina highlighted the launch of the first BH-CONNECT Workforce Initiative Program, the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP), on July 1, 2025. Chris Roina emphasized the fast coordination across agencies and strong engagement from applicants, including high website traffic and application numbers. Chris Roina explained that all communications and materials were designed to be clear and accessible, and walked through how program requirements were translated into plain-language guidance for applicants.

Eric Neuhauser provided an overview of the BH-CONNECT post-cycle review, analyzing trends in applications, applicant backgrounds, experience in Medi-Cal, geographic distribution, and representation of languages spoken. Eric Neuhauser emphasized using these insights to assess whether the program is reaching the



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intended audience, set baselines, and inform targets for future cycles.

Dorian Rodriguez reviewed the scoring methodology, including language, experience in Medi-Cal safety net settings, participation in publicly funded programs, and service in shortage areas. Dorian Rodriguez discussed how these criteria inform program improvements and next steps, including evaluating whether program objectives were met and refining the next iteration of the application.

Council Comments

- **Katherine Flores** noted that none of the top ten counties by applicant distribution were from the Central Valley, despite the region's significant need, and observed that many licensed clinical social worker applicants were at least five years out of their programs and asked whether understanding their debt load could help explore ways to reduce long-term financial burdens. Dorian Rodriguez said that they plan to collect debt information during the evaluation phase.
- **Deena McRae** commented that projected shortages may not fully reflect local conditions, using Napa County as an example since the presence of a large state hospital may skew data. Dorian Rodriguez agreed and said adjustments are made in the model to account for such factors.
- **Kevin Grumbach** asked whether the MBH-SLRP is designed to recruit practitioners to areas of unmet need or to support those who are already employed in such settings. Eric Neuhauser confirmed that the program could apply to either group.
- **Van Ton-Quinlivan** asked if lessons learned from this program could inform others and encouraged HCAI to build on current momentum and strengthen capacity to support integrated collaborative care. Eric Neuhauser said evaluation efforts are still early but will help improve future programs.
- **Catherine Kennedy** commended the program and asked how obligations are enforced. Hovik Khosrovian explained that contractual safeguards ensure recipients fulfill their service commitments.
- **Nader Nadershahi** noted the strong applicant interest reflects high need and suggested analyzing professional debt levels to help the Council identify future priority areas.

Public Comment



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- **Shanti Ezrine (California Association of Marriage and Family Therapists)** expressed gratitude and shared that many members have been asking for programs like this and will continue spreading the word to members.
- An **anonymous attendee** asked whether HCAI has considered prioritizing rural Medical Service Study Areas beyond the current focus on underserved areas, noting that California's urban underserved regions often receive greater emphasis.
- **Rosalind de Lisser (University of California, San Francisco)** noted that while this program focuses on loan repayment, associate-level practitioners rely on educators for training and encouraged consideration of future funding to support educator and faculty loan repayment.

Agenda Item 16 - Behavioral Health and the Aging Population

Presenter: Rosalind de Lisser, PhD, FNP, PMHNP, Associate Clinical Professor, University of California, San Francisco

Rosalind de Lisser framed the presentation around the growing older adult population in California, highlighting how rapid demographic shifts and geographic maldistribution are creating gaps in care. Rosalind de Lisser noted disparities among older adults who belong to racial and ethnic minority groups, identify as LGBTQIA+, or experience poverty or housing instability. Rosalind de Lisser connected these social determinants to behavioral health outcomes, including depression, dementia, substance use, and trauma, and underscored that many older adults are not receiving the care they need.

Rosalind de Lisser described the geriatric behavioral health workforce, including informal caregivers, paraprofessionals, and licensed providers, emphasizing widespread shortages, uneven distribution, and limited diversity relative to community needs. Rosalind de Lisser described challenges such as burnout, low wages, lack of training pipelines, and inadequate recognition for informal and paraprofessional roles. Rosalind de Lisser stressed that workforce constraints compound barriers to care and limit the system's ability to meet demand.

Rosalind de Lisser reviewed policy levers and opportunities to strengthen behavioral health for older adults. Rosalind de Lisser highlighted programs like CalAIM, BH-CONNECT, PACE, and the CalAIM Dual Eligible Special Needs Plan, and recommended investments in training across all workforce tiers, support for caregivers, integration of behavioral health into aging services, and improved data



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sharing and care coordination. Rosalind de Lisser concluded that strategic investment and policy alignment are critical to ensuring access, quality, and equity in behavioral health care for California's aging population.

Council Comments

- **Vernita Todd** asked how to address stigma older adults face in seeking behavioral health care and the shortage of providers with geriatric experience. Rosalind de Lisser explained self-stigma is socio-culturally shaped and stressed creating inclusive options, and suggested interprofessional geriatric care fellowships to train and upskill providers quickly.
- **Katherine Flores** noted the importance of understanding how supports like In-Home Support Services (IHSS) are trained and asked about embedding behavioral health in adult day care centers. Rosalind de Lisser responded that training requirements vary by county, with optional trainings available but no formal requirements, and emphasized creating pathways to build behavioral health capacity specifically for adult day care centers.
- **Kevin Grumbach** considered HCAI's perspective on the rapidly growing older adult population and the need for more geriatric workforce, noting IHSS as a potential area for further research. Rosalind de Lisser agreed that additional data on this workforce would be valuable.
- **Deena McRae** highlighted the need to track programs to guide investment in workforce development. Rosalind de Lisser noted that the Medi-Cal BH-CONNECT Scholarship Program will address workforce gaps but lacks a specific geriatric component, and emphasized that funding should support faculty, clinicians, and students in team-based care.
- **Kimberly Perris** stressed the importance of interdisciplinary training and questioned how programs could move beyond silos to adopt team-based care. Rosalind de Lisser referenced previous federal funding for interprofessional addiction medicine training as a model for similar pathways.
- **Van Ton-Quinlivan** suggested exploring additional strategies, such as using the Service Corps, to mobilize and upskill individuals to address geriatric workforce needs.



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Public Comment

- **Carli Stelzer (California Behavioral Health Association)** stated that their organization sees firsthand the growing behavioral health and substance use disorder crisis and is ready to work with HCAI to support direct service providers.

Agenda Item 17 - Panel on Needs of Behavioral Health Workforce Caring for Older Adults

Facilitator: Hovik Khosrovian, Senior Policy Advisor, HCAI

Panelists: Anni Chung, President & CEO, Self Help for the Elderly; Sarah Steenhausen, Deputy Director of Policy, CA Department of Aging; Debbie Toth, President & CEO, Choice in Aging

Hovik Khosrovian facilitated a discussion on the behavioral health workforce needs for older adults and strategies to address service and access gaps.

Anni Chung discussed the challenges her San Francisco-based organization faces serving low-income seniors, particularly around cultural barriers and funding constraints. Anni Chung emphasized the need for culturally appropriate programs, such as meal delivery services that reflect clients' backgrounds, and noted that public funding rarely covers full costs, forcing nonprofits to fill the gap. Anni Chung added that recruiting behavioral health professionals, especially multilingual and culturally diverse practitioners, remains difficult. Anni Chung underscored the importance of partnerships between community-based organizations, educational institutions, and government agencies to strengthen the behavioral health pipeline and proposed integrating the aging network into intervention strategies to identify and support older adults with behavioral health needs.

Sarah Steenhausen highlighted the growing isolation and loneliness among older adults, compounded by cultural stigma around behavioral health and a lack of enthusiasm for working with this population. Sarah Steenhausen discussed the balance between achieving measurable state outcomes and allowing local flexibility and cited CalGrows as an example of successful community-driven programming. Sarah Steenhausen called for greater investment in culturally responsive, community-based approaches, particularly those leveraging trusted partners such as first responders and local organizations. Sarah Steenhausen also noted that conditions like dementia are often treated as neurological rather than behavioral health issues, creating service gaps. Sarah Steenhausen emphasized expanding the use of Certified Wellness Coaches and Peer Support Specialists to better serve older adults.



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Debbie Toth identified ageism, both internalized and systemic, as a central barrier to behavioral health access for older adults. Debbie Toth emphasized that the behavioral health workforce must be culturally competent and that prevention and early intervention services should be prioritized across all levels of care. Debbie Toth recommended creating early pipeline opportunities to expose new professionals to older adult care and reframing aging as a continuum of needs rather than a single category. Debbie Toth noted that many behavioral health challenges in older adults could be addressed by non-clinical staff through consistent community engagement and supportive services.

Council Comments

- **Katherine Flores** stated clinicians often avoid geriatric due to complex needs and low reimbursement. Katherine Flores also noted limited interests in geriatric psychology and supported peer support programs and suggested grant funding for youth wellness coaches for older adults.
- **Rehman Attar** suggested that healthcare workforce discussions often overlook geriatrics and recommended retraining existing professionals to include geriatric care rather than solely creating new programs.
- **Abby Snay** supported giving credit for prior learning to veterans and those with lived experience to speed up workforce entry. Abby Snay also endorsed expanding the Certified Wellness Coach model to include behavioral health for older adults and involving allied health roles in geriatric care.
- **Kristina Lawson** asked if any organizations are effectively addressing workforce gaps. Debbie Toth highlighted Empowered Aging, a nonprofit focused on workforce placement for older adults.
- **Van Ton-Quinlivan** raised the role of technology in supporting the aging population. Debbie Toth said older adults can learn technology with training but stressed it can never replace human connection. Sarah Steenhausen cautioned that overreliance on technology can worsen isolation. Anni Chung added that her organization trains older adults in digital skills to bridge the digital divide.

Public Comment



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- There were no public comments.

Agenda Item 18 - Day Two Meeting Reflections

Presenters: Van Ton-Quinlivan, Chair; Dr. Nader Nadershahi, Vice-Chair

Van Ton-Quinlivan and Nader Nadershahi led a reflection on the second day's discussions, inviting members to share key takeaways, insights, and ways they might apply the information and resources shared.

Council Comments

- **Catherine Kennedy** thanked the panel and reflected on why nurses choose the profession and noted many are driven by a genuine desire to care for people across the lifespan. Catherine Kennedy said it is important for HCAI to ensure California has a strong and sustainable workforce to meet the needs of its aging population.
- **Rehman Attar** said the day's discussions aligned with BH-CONNECT's goals and identified opportunities to adjust HCAI programs to better support geriatric-focused pathways. Rehman Attar also noted the importance of sharing more workforce data publicly to raise awareness of existing inequities.
- **Van Ton-Quinlivan** suggested leveraging the 3,000 new practitioners funded through HCAI programs by offering continuing education focused on demographic changes and the behavioral health needs of older adults.
- **Kevin Grumbach** highlighted the essential role immigrant workers play in caregiving and suggested exploring visa options to expand the trained workforce. Kristina Lawson added that research has shown mass deportations have significantly affected California's healthcare workforce, particularly in the Bay Area.
- **Deena McRae** agreed that immigrant workforce barriers should be addressed, citing restrictive work policies, and encouraged elevating these issues to inform future legislative solutions.

Public Comment

- There were no public comments.



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Agenda Item 19 - Day Two General Public Comment

Facilitator: Van Ton-Quinlivan, Chair

Public Comment

- There were no public comments.

Agenda Item 20 - Adjourn Meeting

Facilitator: Van Ton-Quinlivan, Chair

The meeting was adjourned at 2:42 PM.