Department of Health Care Access and Information
2020 West El Camino Avenue, Suite 800
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Meeting Minutes
July 22 and 23, 2026
CALIFORNIA HEALTH WORKFORCE EDUCATION AND TRAINING COUNCIL (Council)

Members of the Council
Abby Snay, M.Ed.
Anthony Cordova, MBA
Arrickia McDaniel, EdD
Catherine Kennedy, RN
Cedric Rutland, MD
Deena McRae, MD
Erica Holmes, JD
Judith Liu, RN, MSN
Katherine Flores, MD
Kevin Grumbach, MD
Kimberly Perris, DNP, RN, CNL, PHN
Kristina Lawson, JD
Libby Abbott, MPH, MIA
Nader Nadershahi, DDS, MBA, EdD
Rehman Attar, MPH
Sushant Bandarpalle, DO
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
Janis Herbstman, Legal
Nancy Samra, Health Program Specialist II
Andres Gonzalez, Health Program Specialist I

Meeting Minutes
Day One
July 22, 2026

Agenda Item 1 - Call to Order

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Facilitator: Nader Nadershahi, Chair

Chairperson Nader Nadershahi 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 and confirmed the presence of Council members. Quorum was confirmed.

Virtual Attendee(s): Erica Holmes and Nader Nadershahi.

Absent Member(s): Arrickia McDaniel, Catherine Kennedy, Cedric Rutland, Katherine Flores, and Kevin Grumbach.

Agenda Item 3 - Approval of March 2026 Meeting Minutes
Facilitator: Nader Nadershahi, Chair

The Council unanimously approved the March 2026 meeting minutes without further discussion.

Motion: Van Ton-Quinlivan moved to approve the minutes; Kimberly Perris seconded.

Abstention: None.

Public Comment:

- There were no public comments.

Agenda Item 4 - HCAI Director Remarks
Presenter: Scott Christman, Chief Deputy Director, HCAI

Scott Christman provided an overview of the Governor's 2026-27 Budget and highlighted new investments affecting HCAI. The budget includes $90 million for the Distressed Hospital Grant Program and $10 million to establish the Health Care Access Stability Unit. Scott Christman also highlighted continued investments in reproductive health, gender affirming care, and behavioral health workforce development. Additional investments include $750,000 for a study of midwifery

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education, $5 million for physician workforce initiatives in the Central Coast, and continued implementation of the California Rural Health Transformation Program (CalRHT), including upcoming workforce funding for recruitment, retention, and relocation in rural communities.

Scott Christman provided updates on HCAI's data and affordability work, including the Healthcare Payments Data Program, Data Exchange Framework, and the Office of Health Care Affordability. Scott Christman noted the release of new data briefs on GLP-1 prescriptions, insulin, metformin, as well as upcoming stakeholder engagement on Pharmacy Benefit Manager data collection. Scott Chirstman also highlighted continued development of the Data Exchange Framework and the Hospital Fair Billing Program's work to address patient complaints and hospital financial assistance policies.

Scott Christman discussed HCAI's rural health and primary care work, including development of the State Office of Rural Health's first five-year plan since transitioning to HCAI and continued efforts to maintain California's Health Professional Shortage Area (HPSA) designations. The State Office of Rural Health plan will include annual needs assessments, a 10-year rural health report, rural site visits, and expanded population health initiatives. Scott Christman noted that the Primary Care Office secured an extension of the HPSA designation review deadline from July 2026 to July 2027, allowing additional time to maintain and restore critical designations.

Council Comments

- **Nader Nadershahi** recognized HCAI's work to address distressed hospitals and maintain access to care, particularly given recent federal developments.

- **Vernita Todd** asked about the Distressed Hospital Grant Program, including the rationale for providing funding as grants rather than loans. Scott Christman explained the Governor and Legislature's rational for structuring the funding as grants that do not requirement repayment.

- **Van Ton-Quinlivan** inquired about the Rural Health Policy Council, including its meeting frequency and staffing. Scott Christman explained that the initiative originated within HCAI's Health Workforce Development and encompasses transformative care models, data, and technology.

Public Comment

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- There were no public comments.

Agenda Item 5 - HCAI Workforce Program Update
Presenter: Libby Abbott, Deputy Director, HCAI

Libby Abbott highlighted 2026-27 Budget Act investments in reproductive health, gender-affirming care, and behavioral health workforce initiatives. Libby Abbott also shared staffing updates and an update on Proposition 35, including a $150 million Labor Management Cooperation Committee (LMCC) grant program supporting select LMCCs serving Medi-Cal communities from July 2026 through June 2030.

Libby Abbott provided an overview of the Behavioral Health Services Act (BHSA) Workforce Education and Training (WET) Plan, which allocates three percent of BHSA funds to behavioral health workforce initiatives. The plan focuses on expanding workforce skills, preparing future licensed professionals, strengthening non-licensed workforce roles, enhancing career pathways, and recruiting and retaining workers in county and county-contracted behavioral health systems. Libby Abbott noted that the final WET Plan launched July 1, 2026, following a public comment process that incorporated community engagement, and outlined plans for program implementation and ongoing partnerships.

Libby Abbott discussed HCAI's broader workforce strategy, including priorities in primary care, maternal health, behavioral health, nursing, and oral health. Libby Abbott highlighted current and upcoming investments in scholarships, loan repayment, and organizational grants. Libby Abbott highlighted the Social Work Education Capacity Expansion program as a workforce success story, including a grant to Chico State University's School of Social Work.

Council Comments

- **Van Ton-Quinlivan** noted limited county behavioral health capacity to implement WET Plan investments and asked about opportunities to reduce administrative burden. Libby Abbott explained that each objective will include a mix of grants, contracts, and other investments, with eligibility varying by program.

- **Anthony Cordova** asked about alignment between the WET Plan, regional planning, and LMCCs. Libby Abbott noted that HCAI is moving away from regional workforce planning partnerships but will continue to consider regional approaches to training and placement and reassess funded professions to better align with regional needs.

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- **Deena McRae** recommended expanding behavioral health fellowship opportunities and compensating clinical supervision, as well as strengthening the child and adolescent psychiatry and nursing workforces. Libby Abbott noted Centers for Medicare and Medicaid Services (CMS) restrictions on fellowship funding, potential BHSA funding opportunities, and planned support for supervision through BH-CONNECT. Libby Abbott also highlighted Song-Brown and scholarship and loan repayment programs for nursing.

- **Abby Snay** noted that nurses support multiple workforce areas. Libby Abbott highlighted nurses' eligibility for BH-CONNECT and BHSA programs serving behavioral health settings, as well as Song-Brown.

Public Comment

- **Jennifer Tannehill (California Dental Hygienists Association)** asked about the status of the Health Workforce Pilot Program allowing dental assistants to provide oral anesthesia. Janis Herbstman noted the question would need to be addressed separately from the agenda item.

- **Asaiah Harville** asked about workforce and education funding for lactation consultants. Libby Abbott noted that lactation consultants will be eligible for California Rural Health Transformation funding and be included in the maternal health supply and demand model.

- **Christina Oldini (California Maternal Quality Care Collaborative)** encouraged longer-term partnership with the California Department of Public Health to assess connections between workforce investments and maternal health outcomes. Christina Oldini also highlighted the role of community health workers in hospitals and patient experience.

- **Ethan Evans (California State University, Sacramento's School of Social Work)** expressed interest in partnering with HCAI on education and training opportunities for veterans to strengthen the workforce serving veterans.

- **Arrickia McDaniel** asked about the behavioral health funding for Chico State University's School of Social Work and scholarship eligibility for the physician assistants and occupational therapists. Libby Abbott clarified the funding sources for Chico State and noted physician assistant and occupational therapist programs are included in the WET Plan, with program design and eligibility still under development.

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- **Arianna Morales (California Medicine Coalition)** asked about increasing loan repayment or grants for medical students given changes in federal financial support. Libby Abbott noted that HCAI is maximizing available funds through loan repayment, while scholarships are more difficult to administer and monitor given the lengthy period between awarding a scholarship and completion of the service obligation.

Agenda Item 6 - HCAI Workforce Programs Evaluation Update
Presenters: Meyhar Mohammed, Research Data Specialist II, Health Workforce Development, HCAI; Eric Neuhauser, Research and Evaluation Branch Chief, Health Workforce Development, HCAI

Eric Neuhauser introduced the ongoing workforce program monitoring and evaluation effort and passed the presentation to Meyhar Mohammed. Meyhar Mohammed presented outcome data for the Medi-Cal Behavioral Health Student Loan Repayment Program, including awardee demographics, professions, geographic distribution, and the share of awardees working in shortage areas.

Meyhar Mohammed also provided an overview of the Peer Personnel Program, which funds organizations to recruit, train, and place peer personnel. Of 21 applications received, 9 were awarded, supporting 452 training sites across 45 counties and an expected 2,311 participants. Of the training sites, 233 are located in Mental Health Professional Shortage Areas.

Eric Neuhauser outlined HCAI's approach to program monitoring and evaluation, including developing a theory of change, establishing measurable indicators, and coordinating monitoring. Eric Neuhauser highlighted questions related to awardee composition, education and credential attainment, workforce supply and retention, and financial strain. Eric Neuhauser concluded with next steps for data collection, analysis, reporting, and program evaluation to inform future workforce investments.

Council Comments

- **Deena McRae** raised the potential impact of federal funding changes on physician specialty and geographic choices and emphasized the importance of understanding these factors for recruitment and retention. Eric Neuhauser noted that these factors could be examined through evaluation.

- **Van Ton-Quinlivan** inquired about changes to outreach in future funding cycles. Meyhar Mohammed explained that HCAI is reviewing prior cohorts to identify gaps by county and profession, while Eric Neuhauser noted that this is the first

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opportunity to use program data to improve outreach and uptake.

- **Vernita Todd** emphasized the need to more intentionally reach individuals and communities with the greatest workforce needs. Eric Neuhauser pointed to the supply and demand model as a tool for informing program design and targeting areas with workforce gaps.

- **Rehman Attar** highlighted the value of examining awardees' education pathways to inform pipeline programs and support workforce growth.

Public Comment

- **Arianna Morales (California Medicine Coalition)** followed up on Deena McRae's comment and raised the potential value of National Resident Matching Program data to track physician specialty preferences. Hovik Khosrovian said HCAI has previously used data from the program and expressed interest in exploring additional available datasets.

Agenda Item 7 - Maternal Health Workforce Planning Project Update
Presenter: Lekisha Daniel-Robinson, Senior Researcher, Mathematica

Lekisha Daniel-Robinson provided an update on the Maternal Health Workforce Planning Project, including the project timeline, development of model assumptions, key informant interviews (KIIs), and Strategic Advisory Group (SAG) meetings. Lekisha Daniel-Robinson reviewed the literature and data informing the model, including the current maternal health workforce and findings from the Listening to Mothers in California survey on preferred providers and care settings.

Lekisha Daniel-Robinson presented findings from the KIIs. Key findings included regional variation in workforce supply and demand, differences in the applicability of staffing requirements, the need to account for provider full-time equivalent (FTE) differences, and varying perspectives on grouping provider types. Community partners also identified low reimbursement, birth center closures, burnout, and unsustainable care models as key workforce challenges.

Lekisha Daniel-Robinson outlined next steps to develop assumptions that reflect the maternal health care continuum and distinguish between rural and urban settings. The model will assess current provider supply and patient demand, and project workforce needs 5 to 10 years into the future.

Council Comments

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- There were no comments.

Public Comment

- **Christina Oldini (California Maternal Quality Care Collaborative)** emphasized the role of family medicine physicians in supporting labor and births and encouraged HCAI to quantify this workforce statewide. Christina Oldini also clarified CMQCC is California's perinatal quality collaborative, not an advocacy organization, and highlighted its hospital data collection on doula involvement in births.

- **Arrickia McDaniel** asked about approaches to better quantify the doula workforce and identify doula involvement in births. Lekisha Daniel-Robinson noted an estimated 1,800 doulas in the Medi-Cal Provider Directory but acknowledged challenges in measuring the workforce.

Agenda Item 8 - California's Rural Health Transformation Program Update
Presenter: Hovik Khosrovian, Senior Policy Advisor, Health Workforce Development, HCAI

Hovik Khosrovian reviewed the California's Rural Health Transformation (CalRHT) Program's vision and goals for a connected, resilient rural health system supported by a sustainable workforce, modern technology, and data infrastructure. Hovik Khosrovian highlighted California's first-year award of $233.3 million and reviewed the program timeline, including applications, selection, Centers for Medicare and Medicaid Services (CMS) review, and grant funding, noting that awardees must expend funds by September 30, 2027.

Hovik Khosrovian outlined CalRHT's workforce development priorities, including provider recruitment and retention, a statewide clinical placement tool, train-the-trainer programs, rural health career pathways, and workforce mapping. Hovik Khosrovian highlighted the first workforce program, Rural Provider Recruitment and Retention, which will provide recruitment and retention incentives with a five-year service obligation and include a Tribal set-aside.

Hovik Khosrovian reviewed the anticipated Request for Applications, targeted for release in late July 2026, and quarterly and annual reporting requirements. Hovik Khosrovian highlighted the Rural Health Policy Council, which will convene its first meeting on July 28, 2026, to bring together community partners and subject matter experts. Hovik Khosrovian concluded by seeking Council input on expanding clinical

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training capacity, supporting workforce growth beyond education and scholarships, and identifying metrics to assess pathway program outcomes.

Council Comments

- **Rehman Attar** asked about eligibility criteria for faculty and whether public and private institutions would be treated differently. Hovik Khosrovian explained that eligible applicants must have facilities in rural areas and may apply as consortia or collaboratives. Rehman Attar also emphasized the importance of incorporating regulatory bodies into the clinical placement tool and highlighted earn-and-learn models as a strategy for recruiting and retaining local professionals.

- **Anthony Cordova** asked about the use of grant funds. Hovik Khosrovian clarified that funds cannot replace wages but may support relocation costs and recommended payments in arrears to mitigate repayment risk.

- **Abby Snay** asked whether allied health and emergency services could be included in team-based care models. Hovik Khosrovian confirmed that medical assistants are part of the core primary and maternal health workforce and that HCAI is exploring emergency services roles and upskilling opportunities.

- **Van Ton-Quinlivan** asked about the timing of funding. Hovik Khosrovian explained that funds must be obligated within 12 months, but organizations may determine how and when to distribute funds within the program period.

- **Nader Nadershahi** expressed support for the program and asked why loan repayment was excluded. Hovik Khosrovian explained that CMS excluded loan repayment from allowable uses. Nader Nadershahi also suggested measuring workforce stability through licensing data and assessing technology adoption in rural areas.

- **Anthony Cordova** emphasized rural health as an access issue and the need to better understand rural workforce needs. Anthony Cordova also raised the potential use of artificial intelligence (AI) to streamline processes. Hovik Khosrovian noted opportunities through CalRHT technology investments to use AI in patient tools, including e-consults and telehealth, while supporting rather than replacing the workforce.

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Public Comment

- **Tina Tvedt Schaible** noted that the presentation did not reference the California Department of Public Health or its Comprehensive Perinatal Services Program.

Agenda Item 9 - Day One Meeting Reflections
Facilitators: Nader Nadershahi, Chair; Vernita Todd, Vice Chair

Chair Nader Nadershahi and Vice Chair Vernita Todd invited Council members to reflect on the day's presentations.

- **Kimberly Perris** reflected on team-based care and the need to create opportunities for rural health providers to gain immersive experience in effective care models, such as federally qualified health centers, and support professionals in improving access.

- **Anthony Cordova** expressed appreciation for the information and resources available on HCAI's website.

- **Deena McRae** highlighted the potential to expand interprofessional care models and appreciated the discussion of disparities across professions and opportunities to elevate those workforce needs.

- **Sushant Bandarpalle** echoed the importance of establishing a framework for team-based care and expressed support for gender affirming care investments.

- **Abby Snay** encouraged applying a population-focused lens to workforce development, including tailoring training to populations such as refugees and English language learners.

- **Kristina Lawson** reflected on the breadth and complexity of HCAI's work and highlighted opportunities to coordinate workforce efforts with new medical education programs focused on primary care and rural investments.

- **Erica Holmes** expressed appreciation for the breadth of the information presented and highlighted the maternal health discussion, particularly the potential impact of investments in the doula workforce.

- **Nader Nadershahi** emphasized the opportunity to use growing workforce data to make more informed funding decisions and improve access and equity.

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- **Vernita Todd** praised the work presented and encouraged the Council to celebrate California's progress and vision for the future.

Public Comments

- There were no public comments.

Agenda Item 10 - General Public Comment
Facilitator: Nader Nadershahi, Chair

Public Comment

- There were no public comments.

Agenda Item 11 - Recess Day One Meeting
Facilitator: Nader Nadershahi, Chair

The meeting was adjourned at 3:13 p.m.

Day Two
July 23, 2026

Agenda Item 12 - Call to Order
Facilitator: Nader Nadershahi, Chair

Chairperson Nader Nadershahi 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 13 - Roll Call
Facilitator: Dawn Snodgrass, HCAI Staff

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

Virtual Attendee(s): Nader Nadershahi.

Absent Member(s): Anthony Cordova, Catherine Kennedy, Cedric Rutland, Deena McRae, Erica Holmes, Katherine Flores, Kevin Grumbach, and Kristina Lawson.

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Agenda Item 14 - Overview of Federal Student Loan Cap Changes
Presenter: Sunita Mutha, MD, FACP, Director, University of California San Francisco Healthforce Center

Sunita Mutha provided an overview of federal student loan cap changes, including new annual and lifetime borrowing limits. Sunita Mutha highlighted the potential impact on physicians and dentists, whose average education costs exceed the new federal limits, creating estimated funding gaps of approximately $100,000 for physicians and $144,000 for dentists.

Sunita Mutha discussed the disproportionate impact on students from low-income and underrepresented backgrounds who may lack family wealth or access to private funding. Sunita Mutha raised concerns that these changes could create a two-tiered system, increase reliance on private loans, potentially affect eligibility for Public Service Loan Forgiveness, and contribute to attrition from health professions training.

Sunita Mutha reviewed existing California policy levers, including CalHealthCares, Song-Brown, and CalMedForce, as well as potential public-private partnerships to provide scholarships with service requirements. Sunita Mutha also highlighted approaches used by other states, including state-backed loans with reduced interest rates tied to service commitments, and opportunities to share best practices among Western states.

Council Comments

- **Nader Nadershahi** raised concern that the workforce effects of federal loan changes may not be evident for two to three years, when fewer individuals may choose certain health professions, making the impacts more difficult to address.

- **Libby Abbott** asked about potential differences in impact across professions. Sunita Mutha recommended using historical data on education debt and career choices, noting particular concern for primary care and the potential impact on geographic distribution.

- **Van Ton-Quinlivan** asked whether medical and dental schools could reduce education costs to help close the projected gaps.

- **Deena McRae** noted that University of California (UC) campuses have worked to improve affordability and limit student debt and that UC data show graduates' debt remains below the new federal cap.

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Public Comment

- **Anthony Cordova** asked whether data are available on veterans' use of the GI Bill and other financial support, as well as the financial impact for California Community College students transferring through associate degree for Transfer (ADT) into four-year programs.

- **Arianna Morales (California Medicine Coalition)** highlighted the relevance to the primary care workforce and asked about differences in debt between Doctor of Medine (MD) and Doctor of Osteopathic (DO) students. Sunita Mutha said she did not have disaggregated data available but noted that private institutions generally have higher costs.

- **Janet Coffman (University of California San Francisco)** clarified that available data distinguish between public and private institutions and noted that all DO programs are private, with DO students generally carrying higher debt than graduates of public MD programs.

- **Lucas Evanson (California Medical Association)** emphasized the financial challenges facing medical students and the disproportionate impact of private loans on underserved populations. Lucas Evanson also highlighted CalMedForce as an existing state policy lever to address these challenges.

Agenda Item 15 - Health of Primary Care in California Annual Snapshot
Presenter: Margareta Brandt, MPH, Assistant Deputy Director for Health System Performance, Health Care Affordability, HCAI

Margareta Brandt introduced HCAI's Primary Care Snapshot, a statewide effort to assess the health of California's primary care sector and track progress over time. The Primary Care Snapshot builds on a 2021 recommendation for a primary care scorecard and brings together HCAI data on workforce, spending, access, quality, and equity.

Margareta Brandt reviewed the phased development of the Primary Care Snapshot, including a static report in 2026, an interactive tool in 2027, and annual static and interactive releases beginning in 2028. Margareta Brandt also discussed HCAI's community engagement process, including workgroups, meetings with partners, and key informant interviews. Feedback emphasized including non-physician providers in workforce measures and stratifying data by geography and rural status.

Margareta Brandt outlined HCAI's approach to develop indicators using existing

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California data and new analyses, with consistent methodologies across measures. Margareta Brandt discussed criteria for selecting indicators, including relevance to the primary care sector, data availability, ability to track changes over time, and potential to inform action. For the 2026 Primary Care Snapshot, HCAI is considering measures of primary care clinician supply, new primary care residency position, and the share of primary care residents trained in community-based settings.

Council Comments

- **Deena McRae** highlighted the importance of tracking residency outcomes to better understand which graduates enter primary care. Deena McRae also highlighted UC Davis's accelerated programs for students interested in primary care, which began in 2025 and provide focused primary care experience and a pathway to graduate medical education programs, including in rural counties.

- **Van Ton-Quinlivan** asked which measures would be included in the Primary Care Snapshot given the state's significant investments in primary care. Margareta Brandt highlighted access measures that will capture differences in rural areas, as well as quality measures tied to longer-term health outcomes.

- **Kimberly Perris** asked how nursing fits into team-based primary care. Margareta Brandt noted that nurses are included in the Primary Care Snapshot and emphasized the role of nursing and other professions in primary care delivery.

Public Comment

- There were no comments.

Agenda Item 16 - Strengthening California's Primary Care Team Workforce
Presenters: Diane Rittenhouse, MD, MPH, Senior Fellow, Mathematica; Janet Coffman, PhD, MPP, MA, UCSF Institute for Health Policy Studies; Gerilyn Walcott, Policy Section Manager, Health Workforce Development, HCAI; Chipo Maringa, Research Data Supervisor II, Health Workforce Development, HCAI

Diane Rittenhouse and Janet Coffman presented findings from the California Health Care Foundation (CHCF) report on strengthening California's interprofessional primary care workforce. They described persistent workforce shortages and inequities, gaps in workforce data, siloed education and training, and limited mechanisms for sharing and scaling effective team-based care models. The report identified six policy recommendations focused on workforce data, payment, supply, education and training, technical assistance, and retention, with four areas

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particularly relevant to HCAI: workforce data, adequate supply, education and training, and retention.

Diane Rittenhouse and Janet Coffman discussed opportunities to strengthen workforce data and improve the supply, distribution, and diversity of primary care team members. They highlighted data gaps for medical assistants and community health workers and noted that existing data often cannot identify whether providers practice in primary care settings. Recommendations included improving licensure surveys and linking workforce data with claims and clinic data. They also recommended expanding primary care placements, supporting faculty and preceptors, integrating primary care across training programs, and developing career pathways and upskilling opportunities. For retention, the report emphasized reducing administrative burden, improving technology and data interoperability, and supporting career ladders and practice models with strong retention.

Gerilyn Walcott and Chipo Maringa discussed how current and planned Health Workforce Development activities align with the report's recommendations and where implementation limitations remain. Chipo Maringa highlighted improvements to licensure surveys, development of the primary care supply and demand model, and planned updates to workforce reporting and public data tools. Gerilyn Walcott discussed HCAI's use of shortage designations, rural workforce incentives, and equity-focused scholarship scoring, along with planned work to better target workforce investments, track outcomes, and align primary care pathways. Gerilyn Walcott also highlighted the California Rural Health Transformation program's investments to expand clinical placements and support rural preceptors, as well as planned interprofessional training, primary care curriculum expectations, and workforce placement tracking.

Council Comments

- **Vernita Todd** emphasized that team-based primary care can improve outcomes and reduce health care costs but noted that current payment models often reward productivity rather than interdisciplinary care. Vernita Todd highlighted the need to better align payment with team-based, value-based care and to strengthen training across professions, so providers understand their respective roles. Diane Rittenhouse noted that the report's payment recommendations address these barriers.

- **Van Ton-Quinlivan** asked about pathways from medical assisting (MA) to nursing. Diane Rittenhouse noted that MA education is often siloed and highlighted employer-based pathways that could help incumbent MAs advance

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into nursing and other higher-wage professions.

- **Kimberly Perris** emphasized the need to shift the culture of primary care toward interdisciplinary care. Kimberly Perris highlighted the importance of nurses, social workers, and other team members understanding their roles and the value each brings to patient care.

Public Comment

- There were no comments.

Agenda Item 17 - Panel Discussion on Primary Care Team Workforce
Facilitator: Diane Rittenhouse, MD, MPH, Senior Fellow, Mathematica

Panelists: Deb Bakerjian PhD, APRN, FAANP, FGSA, FAAN, Associate Dean for Practice and Professor of Clinical Nursing, Betty Irene Moore School of Nursing at UC Davis; Charlotte Carlson, MD, MPH, Medical Director at Grove by Sutter Health, Santa Rosa, CA; Steven Chen, Pharm.D., FASHP, FCSHP, FNAP, Associate Dean for Clinical Affairs, USC Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences

Diane Rittenhouse facilitated a discussion with primary care practitioners and educators on the implementation of team-based care, building on the earlier discussion of the CHCF report. Panelists shared examples of team-based models, workforce training approaches, and opportunities to strengthen and expand interdisciplinary primary care.

Deb Bakerjian discussed her work advancing interprofessional workforce development through the Health Resources and Services Administration (HRSA) funded System-transforming, Patient centered Longitudinal Interprofessional Community-based Education (SPLICE) Initiative, which trained physicians, nurses, social workers, nurse practitioners, community health workers, and other professionals to work collaboratively. Deb Bakerjian highlighted the importance of building trust across professions, developing shared skills, and using simulation to help practitioners understand each team member's role. Deb Bakerjian also discussed transition-to-practice programs for nurse practitioners and physician assistants serving federally qualified health centers (FQHC) and recommended that HCAI prioritize team-based care in Song-Brown funding and expand support for fellowships, apprenticeships, and other transition-to-practice programs.

Steven Chen discussed efforts to integrate pharmacists into FQHCs and expand

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team-based care in rural communities. Steven Chen highlighted pharmacists' role in supporting high-risk patients through longer initial visits and ongoing follow-up, while noting that patients and other providers may not fully understand the pharmacist's role. Steven Chen emphasized the need to build trust across professions, establish infrastructure to sustain team-based models, and leverage value-based payment to encourage adoption. He encouraged HCAI to continue promoting team-based care statewide and consider adding a pharmacist to the Council.

Charlotte Carlson discussed her experience developing a team-based primary care model focused on patients with complex and chronic conditions. Charlotte Carlson highlighted longer visits, regular team meetings, reduced hierarchy, and longitudinal care as key elements of the model, which has reduced hospitalizations and strengthened patient relationships with care teams. Charlotte Carlson emphasized that physicians and other health professionals are often underprepared for team-based care because it is not consistently integrated into medical education and residency training. Charlotte Carlson also highlighted the importance of cultural competency among the broader care team, including in-home support services (IHSS) workers, and encouraged HCAI to support training models that expose the next generation of providers to team-based, longitudinal, and innovative care.

Council Comments

- **Abby Snay** highlighted the importance of including IHSS workers and community health workers in team-based care and asked about training needed to strengthen their roles. Abby Snay also raised the need to better prepare medical assistants (MAs) for team-based care. Deb Bakerjian drew on her experience as an MA and nurse, emphasizing that MA education should move beyond task-based training to include communication, clinical context, and understanding the purpose behind their work. She also noted opportunities for nursing schools to develop pathways for MAs.

- **Van Ton-Quinlivan** asked whether California faces shortages of geriatric providers and whether team-based care could help address the needs of an aging population. Charlotte Carlson confirmed the shortage and suggested exploring models that better support patients with multiple chronic conditions.

- **Libby Abbott** connected the discussion to HCAI's work, including opportunities to strengthen interprofessional education through Song-Brown and incorporate team-based workforce needs into the primary care supply and demand model. Libby Abbott noted that effective team models may vary by patient population, including children and older adults. Steven Chen emphasized the role of

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pharmacists in medication management for older adults, including both deprescribing and addressing underuse of medications, and noted persistent gaps in behavioral health across care settings.

Public Comment

- There were no comments.

Agenda Item 18 - Introduction to Primary Care Workforce Supply and Demand
Presenters: Eric Neuhauser, Research and Evaluation Branch Chief, Health Workforce Development, HCAI; Chipo Maringa, Research Data Supervisor II, Health Workforce Development, HCAI

Eric Neuhauser introduced HCAI's primary care workforce supply and demand model, building on earlier Council discussions and HCAI's partnership with Mathematica. Eric Neuhauser provided an overview of the project and its purpose in strengthening understanding of primary care workforce needs.

Chipo Maringa described the model's goals, approach, and intended outputs, emphasizing granular forecasts of workforce gaps using a team-based approach to inform policy and resource allocation. Chipo Maringa highlighted the model's strategic vision, including sub-county-level estimates, multiple measures of access, and the composition of primary care teams. Chipo Maringa also described HCAI's partnership with Mathematica, which combines subject matter expertise with workforce modeling to develop the model's assumptions and methodology.

Chipo Maringa reviewed the project timeline and noted that final model delivery is expected in December 2026.

Council Comments

- **Abby Snay** expressed support for the model and asked about expanding it to include allied health professions. Eric Neuhauser said the goal is to capture the full primary care team, while noting that data limitations may prevent inclusion of some professions.

Public Comment

- There were no comments.

Agenda Item 19 - Song-Brown: Program Review and Strategic Realignment

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Presenters: Gerilyn Walcott, Policy Section Manager, Health Workforce Development, HCAI; Tiffany Hong, Research Data Specialist I, Health Workforce Development, HCAI

Gerilyn Walcott provided an overview of Song-Brown's evolution over more than 50 years and HCAI's ongoing strategic realignment of the program. Gerilyn Walcott explained that while the program's statutory mission remains relevant, changes in workforce needs and program structure have created opportunities to improve how HCAI assesses applications and evaluates outcomes. The review examines how to apply objective, sustainable approaches that advance workforce distribution and access within Proposition 209 requirements, while creating greater consistency across Song-Brown pathways.

Gerilyn Walcott described the registered nurse (RN) pathway as the starting point for this work because of near-term program needs and research on the relationship between where nurses train and where they practice. Gerilyn Walcott outlined potential approaches to better incorporate community context and recruitment pathways into program assessment, while emphasizing that new measures will initially be unscored and evaluated before consideration for future scoring. Tiffany Hong described the planned RN assessment framework, including use of the Area Deprivation Index and other community and trainee indicators. Gerilyn Walcott concluded that lessons from the RN redesign will inform broader realignment efforts and solicited Council feedback on location-based approaches, geographic student profiles, and community recruitment strategies.

Council Comments

- **Libby Abbott** asked the Council to consider whether interprofessional education should be incorporated into Song-Brown scoring, noting the day's discussion about team-based care and the potential for funding to incentivize this approach.

- **Deena McRae** supported considering interprofessional education but noted that newer programs may lack the infrastructure to implement it. Deena McRae also recommended considering graduate outcomes, including whether graduates remain in California and practice in rural areas.

- **Vernita Todd** raised concerns about relying on applicants' self-reported use of team-based care and the difficulty of verifying implementation. Vernita Todd supported a learning collaborative as a potential approach.

- **Nader Nadershahi** supported interprofessional education and suggested using

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established competencies from the Interprofessional Education Collaborative to assess whether programs are preparing students for team-based care.

- **Abby Snay** asked whether HCAI could assess how team-based care competencies are incorporated into nursing curricula and whether programs with established clinical placement partnerships could receive additional consideration.

- **Van Ton-Quinlivan** expressed interest in aligning pathways across Song-Brown and proposed intentionally coordinating training across multiple professions within the same communities, so graduates return with a cohort of professionals equipped to implement team-based care, rather than relying on individual trainees to introduce the model.

- **Kimberly Perris** asked whether preceptor support could be incorporated and encouraged HCAI to consider broader approaches to helping students obtain needed training, including simulation and clinical placements.

Public Comment

- There were no comments.

Agenda Item 20 - Day Two Meeting Reflections
Facilitators: Nader Nadershahi, Chair; Vernita Todd, Vice Chair

Chair Nader Nadershahi and Vice Chair Vernita Todd invited Council members to reflect on the day's presentations.

- **Sushant Bandarpalle** highlighted upskilling as a common theme across the two-day meeting, particularly its role in building effective care teams, and expressed enthusiasm for the work ahead.

- **Kimberly Perris** emphasized the opportunity to strengthen team-based care through nursing education, simulation, and residency programs. Kimberly Perris also highlighted the importance of enabling all members of the workforce to practice at the top of their license to expand access and capacity.

- **Judith Liu** noted the potential for further reductions in access to care and emphasized the urgency of addressing workforce shortages. Judith Liu viewed team-based care as a promising strategy for improving access and outcomes.

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- **Van Ton-Quinlivan** highlighted the opportunity for HCAI's investments to reshape the workforce rather than simply rebuild existing systems. Van Ton-Quinlivan also raised the need to consider providers' capacity to absorb new programs and changes and suggested that the Council examine the implications of California's aging population for the health workforce.

- **Arrickia McDaniel** emphasized the role of social workers and other behavioral health professionals on interdisciplinary teams and expressed interest in how their expertise could inform HCAI's broader workforce realignment.

- **Nader Nadershahi** emphasized the importance of defining the primary care team and ensuring that oral health providers are included in workforce planning. Nader Nadershahi noted that dental care can serve as an entry point to the broader health care system for individuals who may not otherwise access care.

- **Libby Abbott** highlighted the value of monitoring emerging effects of changing to federal graduate financing and considering implications for HCAI's scholarship and loan repayment programs. Libby Abbott also emphasized the importance of interprofessional education, non-licensed and allied health roles, and planning for the health care needs of California's growing older adult population.

- **Vernita Todd** emphasized the importance of establishing a shared understanding of what constitutes effective team-based care and incentivizing the competencies and behaviors that make teams function effectively. Vernita Todd also raised the need to make primary care more appealing to both providers and patients.

Agenda Item 21 - General Public Comment
Facilitator: Nader Nadershahi, Chair

- There were no comments.

Agenda Item 22 - Adjourn Meeting
Facilitator: Nader Nadershahi, Chair

Meeting adjourned at 3:18 PM.