



Agenda Item 3:

Approval of February 2025 Meeting Minutes

Facilitator: Van Ton-Quinlivan, Council Chair



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Meeting Minutes

February 26 & 27, 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
Judith Liu, RN, MSN
Katherine Flores, MD
Kevin Grumbach, MD
Kimberly Perris, DNP, RN, CNL, PHN
Kristina Lawson, JD
Michael Freeman, MBA
Nader Nadershahi, DDS, MBA, EdD
Patrick Brennan, MBA
Rehman Attar, MPH
Roger Liu, PhD
Van Ton-Quinlivan, MBA
Vernita Todd, MBA

HCAI Director

Elizabeth Landsberg

HCAI Staff

Libby Abbott, Deputy
Director
Lemeneh Tefera, Chief
Medical Officer and Deputy
Director for Clinical Innovation
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

Day 1 Meeting Minutes February 26, 2025



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1. Agenda Item 1 - Call to Order

Facilitator: Van Ton-Quinlivan, Chair

Chairperson Van Ton-Quinlivan called the meeting to order, welcoming attendees both in-person and on Teams.

2. Agenda Item 2 - Swearing in of New Council Members

Facilitator: Elizabeth Landsberg, HCAI Director

Elizabeth Landsberg formally welcomed Anthony Cordova as a new member of the Council.

Elizabeth Landsberg administered the oath of office to Anthony Cordova, affirming his commitment to the responsibilities and principles of the California Health Workforce Education and Training Council.

During the swearing-in, Anthony Cordova expressed his enthusiasm for supporting the Council's mission.

3. Agenda Item 3 - Roll Call

Facilitator: Naomi Kozak, HCAI Staff

Naomi Kozak conducted the roll call, confirming the presence of council members. Quorum was confirmed.

Remote Members: Kristina Lawson.

Absent Members: Cedric Rutland, Katherine Flores, Patrick Brennan, and Vernita Todd.

4. Agenda Item 4 - Black Liberation Statement

Presenter: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg presented HCAI's Black Liberation Statement, affirming the department's commitment to addressing health disparities, amplifying Black voices, and ensuring equitable distribution of state resources.

5. Agenda Item 5 - Approval of September 2024 and November 2024 Meeting Minutes

Facilitator: Van Ton-Quinlivan, Chair



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The September 2024 and November 2024 meeting minutes were approved without further discussion.

Motion: Kevin Grumbach moved to approve the minutes; Kimberly Perris seconded.

Abstention: Anthony Cordova and Michael Freeman abstained from voting.

6. Agenda Item 6 - Amendment of June 2024 Meeting Minutes

Facilitator: Van Ton-Quinlivan, Chair

The June 2024 meeting minutes were amended to include previously omitted public comments.

Motion: Elizabeth Landsberg moved to approve the amended minutes; Roger Liu seconded.

Abstention: Anthony Cordova and Michael Freeman abstained from voting.

7. Agenda Item 7 - HCAI Director Remarks

Presenter: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg provided updates on HCAI, including the Governor's balanced budget proposal with no cuts to HCAI, progress on the Health Care Payments Database, and new data access applications. Elizabeth Landsberg also discussed the Office of Health Care Affordability's recent decision to set separate targets for high-cost hospitals. Additionally, Elizabeth Landsberg acknowledged the impact of the recent Southern California wildfires on healthcare facilities and emphasized the need for support in recovery efforts.

Council Comments

- **Catherine Kennedy** shared her experience providing medical support for wildfire survivors and stressed the need for a strong behavioral health workforce to help with ongoing challenges.
- **Anthony Cordova** highlighted the California Community Colleges' efforts to support wildfire survivors and mentioned a new regional collaboration to address these challenges.

8. Agenda Item 8 - HCAI Workforce Program Update



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Presenter: Libby Abbott, Deputy Director, HCAI

Libby Abbott provided updates on HCAI's Workforce Programs, which focus on Behavioral Health, Nursing and Midwifery, Primary Care, and Oral Health. Libby Abbott announced CMS approval of BH-CONNECT and discussed the Office Health Workforce Development's support for workforce efforts in wildfire-affected areas. Libby Abbott introduced the Office of Health Workforce Development's new Assistant Deputy Director, Marissa Enos. Libby Abbott also reviewed the Governor's proposed budget and fiscal picture, noting the state's improved financial outlook, no reductions to Health Workforce Programs, and significant investments in the behavioral health workforce through BH-CONNECT using federal and Behavioral Health Services Act funds.

Council Comments

- **Kevin Grumbach** asked whether recent Song-Brown funding for midwifery programs supports additional slots. Libby Abbott clarified that the funding maintains existing slots and adds one new slot.
- **Van Ton-Quinlivan** asked about outreach strategies for attracting Behavioral Health and Certified Wellness Coach scholarship applicants from certain communities. Libby Abbott explained that they have achieved broad reach through an outreach vendor and aim to continue this under BH-CONNECT.
- **Roger Liu** asked how HCAI ensures professionals stay in underserved communities after completing their service commitment. Libby Abbott said they prioritize applicants with strong community ties and are refining their approach, considering other factors like past participation in social service programs, languages spoken, and underserved backgrounds.
- **Nader Nadershahi** inquired about the long-term impact of federal policy changes on providers supported by HCAI. Elizabeth Landsberg noted that federal changes could reduce Medi-Cal funding, significantly affecting California.
- **Abby Snay** asked whether Medi-Cal benefits for undocumented immigrants receive federal funding. Elizabeth Landsberg confirmed that California funds full coverage, with federal support for emergency and pregnancy care.
- **Kimberly Perris** highlighted the importance of the Certified Wellness Coach profession but questioned the high scholarships funding allocation. Libby Abbott clarified that the Behavioral Health and Wellness Coach scholarship programs



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share a funding pool but acknowledged the need to support the growth of Wellness Coaching as a formal profession.

Public Comment

- **Wanda Rogers (Care Service Workforce Apprenticeship Program)** asked how Proposition 35 funding will support apprenticeship programs and employer retention. Hovik Khosrovian said a key part of the program is gathering stakeholder input to develop funding requirements for apprenticeship and workforce upskilling programs, with details forthcoming.

LUNCH BREAK

9. Agenda Item 9 - Behavioral Health Workforce Funding Opportunities and BH-CONNECT Workforce Initiative Deep Dive

a. Overview of Behavioral Health Services Act and BH-CONNECT

Presenter: Paula Wilhelm, Deputy Director for Behavioral Health, Department of Health Care Services (DHCS)

Paula Wilhelm provided an update on workforce development initiatives, highlighting the Centers for Medicare and Medicaid Services' (CMS) approval of BH-CONNECT through a new Section 1115 demonstration in December 2024 and the Behavioral Health Services Act (BHSA). Paula Wilhelm explained that BH-CONNECT aims to transform California's behavioral health system by expanding access to community-based services, strengthening the workforce, and ensuring Medi-Cal members receive high-quality care.

Paula Wilhelm detailed how BH-CONNECT investments will strengthen the continuum of care by building on existing behavioral health initiatives in California. Paula Wilhelm also outlined the five-year CMS approval for BH-CONNECT, noting that implementation will be phased in over the first couple of years. The initiative will take a multi-pronged approach to addressing workforce needs, with various programs launching at different stages.

Paula Wilhelm also discussed BHSA workforce investments, explaining that when the Act takes effect on July 1, 2026, 10% of total BHSA funding will be allocated to statewide initiatives. Of that, a minimum of 3% will be available to HCAI on an ongoing basis to support behavioral health workforce development, including the non-federal share of BH-CONNECT workforce funding. Additionally, there will be county-directed investments through Behavioral Health Services and Supports, allowing counties to use their funds for workforce education and training activities, including



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recruitment, development, training, and retention.

Council Comments

- **Nader Nadershahi** asked about the stability of BH-CONNECT's federal funding over the five-year period and whether BHSA funding has restrictions on delivery sites at the state or county level. Paula Wilhelm stated that while services under BHSA are flexible, some will be mandated by July 2026. Paula Wilhelm also noted that while it is uncertain how federal funding may change, waivers can be revoked if the state does not comply with federal requirements.
- **Rehman Attar** inquired about differences in BHSA funding allocations between the state and counties, noting past duplication of services. Paula Wilhelm stated that counties will receive guidance to prevent duplication and must submit workforce funding plans for state review and potential policy recommendations.
- **Anthony Cordova** inquired about BHSA training funds for counties, Community-Based Organization (CBO) funding, and support for professionals working with individuals with autism. Paula Wilhelm confirmed counties could allocate funds to CBOs and noted overlap in workforce funding for those populations.
- **Roger Liu** asked about the transition between health facilities and community-based care for behavioral health needs, noting the limitations on physicians' time with these individuals. Paula Wilhelm explained that funding primarily supports those with significant needs, though BH-CONNECT may create opportunities for providers to focus more specifically on other populations.
- **Deena McRae** sought information on funding mechanisms for pathway programs in behavioral health and whether funding would be available for supervision. Libby Abbott clarified that while BH-CONNECT does not include pathway programs, they are being considered under BHSA funding.
- **Van Ton-Quinlivan** explored counties' capacity to develop their workforce, including their ability to manage technical assistance and workforce development given varying expertise levels. Paula Wilhelm noted that counties have raised similar concerns as they navigate administrative decisions and may require technical assistance or creative solutions, such as contracting with third-party administrators or participating in multi-county initiatives.
- **Abby Snay** asked whether HCAI will provide counties with guidance on funding



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allocation and whether counties could collaborate with colleges or labor organizations on spending. Paula Wilhelm confirmed that DHCS will issue guidance on spending parameters and workforce allocations and noted that such entities could be considered for technical assistance.

b. BH-CONNECT Workforce Initiative

Presenter: Sharmil Shah, Branch Chief, Behavioral Health and Policy, HCAI

Sharmil Shah provided an overview of BH-CONNECT's workforce initiatives, explaining that in partnership with DHCS, HCAI will invest up to \$1.9 billion in five programs aimed at addressing the needs of Medi-Cal members with significant behavioral health needs. These workforce programs include scholarships, loan repayment, recruitment and retention, community-based provider training, and residency training.

Sharmil Shah outlined each program, detailing eligible professions, including licensed providers with prescribing privileges, non-prescribing pre-licensure practitioners, non-prescribing licensed practitioners, and non-prescribing certified behavioral health providers, among others. Eligible service sites include Federally Qualified Health Centers, Community Mental Health Centers, Rural Health Clinics, and settings with specific payer mixes that prioritize Medi-Cal and uninsured populations. Sharmil Shah also described potential award amounts tied to specified service commitments.

Sharmil Shah also shared the budget and timeline for each program, noting that the student loan repayment program is expected to launch first in July 2025, followed by a phased rollout of the remaining programs.

Lastly, Sharmil Shah described BH-CONNECT's stakeholder engagement plan, including completed and upcoming engagements, and requested the Council's input on additional opportunities for engagement.

Council Comments

- **Deena McRae** raised concerns about the four-year service commitment required for the loan repayment program, noting that certain professionals like Psychiatric Mental Health Nurse Practitioners have only one-year training programs yet face a four-year service obligation. Sharmil Shah acknowledged the challenges in recruiting these professionals to high-need settings and explained that service commitment was a contentious issue during negotiations between DHCS and CMS.



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- **Roger Liu** emphasized the need to fund professionals who can teach and serve as preceptors, noting that precepting is time-consuming and a barrier for FQHCs. Libby Abbott responded that recruitment and retention funding will include support for preceptors to help supervise students.
- **Kimberly Perris** highlighted efforts in Northern California to assess workforce needs, including a workforce task force at Cal Poly Humboldt and regional workforce summits, and offered to connect HCAI to local groups for collaboration.
- **Anthony Cordova** asked if there were any opportunities for faculty retention or development, citing difficulties in finding qualified educators. Sharmil Shah clarified that BH-CONNECT does not currently include specific funding for faculty retention or development.
- **Kevin Grumbach** inquired whether individuals in the behavioral health residency program would automatically qualify for loan repayment, noting that it could be problematic to expect all residents to commit to repayment obligations. Libby Abbott explained that since the residency program does not require a service obligation, recipients must qualify for loan repayment, which requires one, as mandated by CMS for funding tied to Medicaid patient care.
- **Catherine Kennedy** emphasized the need to increase reimbursement rates to retain providers in high-need areas, as current rates are too low and contribute to pay disparities.
- **Van Ton-Quinlivan** raised concerns about the capacity of institutions in underserved communities to access funding, noting that application processes might favor better-resourced organizations. Van Ton-Quinlivan suggested reconsidering processes to ensure equitable access.

Public Comment

- **Abby Alvarez (County Behavioral Health Directors Association)** emphasized counties' interest in partnering with schools and workforce development boards for behavioral health workforce initiatives. Abby Alvarez also noted confusion around state and county-level BHSA funding, which could disrupt counties' ability to innovate and address workforce needs through established initiatives due to



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potential new spending requirements.

- **Lynn Rivas (California Association of Mental Health Peer Run Organizations)** highlighted the value of the peer workforce while noting that individuals with lived experience may struggle to work full-time due to their own mental health conditions. Lynn Rivas also suggested reconsidering loan repayment requirements, as some peers may be unable to fulfill them and risk owing back the award.
- **Hellan Dowden (Teachers for Healthy Kids)** asked if school districts serving 40% or more Medi-Cal or uninsured populations would qualify as eligible sites for BH-CONNECT funding. Paula Wilhelm confirmed that they could, as long as they verify that the Medi-Cal percentage meets the required threshold.

c. 2026-2030 Five-Year Behavioral Health Services Act Workforce Education and Training (WET) Plan Update

Presenter: Sharmil Shah, Branch Chief, Behavioral Health and Policy, HCAI

Sharmil Shah provided an overview of the Workforce Education and Training (WET) plan, explaining that state law requires HCAI to develop a plan every five years to address workforce needs for individuals with chronic behavioral health conditions. The WET Plan was initially part of the Mental Health Services Act (MHSA) under Proposition 63 and now continues under BHSA, approved as Proposition 1 in March 2024. Sharmil Shah noted that BHSA funding could support the 2026-2030 WET Plan activities after meeting the state matching requirements for BH-CONNECT.

Sharmil Shah outlined the timeline for developing the 2026-2030 WET Plan, which includes a stakeholder process, drafting the plan, gathering feedback, and publishing the final version.

Sharmil Shah described the stakeholder engagement process, emphasizing input from community members, consumers, statewide and local public agencies, and nongovernmental organizations. Engagement methods include focus groups, individual interviews, and other convenings to gather perspectives on topics impacting workforce development.

Council Comments

- **Rehman Attar** asked how HCAI plans to ensure equitable distribution of pipeline programs and work-based learning to reach areas of unmet need. Sharmil Shah



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noted that this consideration will be included in the diversity and equity topic of the WET Plan stakeholder engagement process.

- **Kimberly Perris** asked if funding is available for facilities. Paula Wilhelm confirmed that funds for new behavioral health facility capacity are available through Proposition 1, but these are separate from workforce funding. Paula Wilhelm noted that a recent RFA was released for this funding, and another cycle is expected later this year.
- **Van Ton-Quinlivan** inquired whether the review process for the 2026-2030 WET Plan allows time for stakeholder recommendations to inform program development. Sharmil Shah indicated that since funds are not yet tied to specific programs, there should be time to integrate recommendations from the review process.

Public Comment

- **Abby Alvarez (County Behavioral Health Directors Association)** appreciated the inclusion of mental health and substance use disorder services in the WET Plan stakeholder list and highlighted differences in funding for specialty versus mild-to-moderate populations and various payer types.

10. Agenda Item 10 - General Public Comment

Facilitator: Van Ton-Quinlivan, Chair

- **Lynn Rivas (California Association of Mental Health Peer Run Organizations)** emphasized the valuable role of peer support specialists, noting the profession is largely unfunded. Lynn Rivas cited evidence showing that peer support workers help individuals through shared experiences, fostering a sense of belonging that can stabilize communities.
- **Ronnie Swartz (Cal Poly Humboldt)** recommended investing in educational institutions to retain professionals rather than just offering individual scholarships. Ronnie Swartz added that programs providing mentorship during internships or practicums can lead to longer retention in the field.
- **Stephanie Ramos (Cal Voices)** expressed appreciation for funding opportunities but raised concerns about the three-year service commitment required for peer support training and placement programs. Stephanie Ramos noted that other



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scholarships with only a 12-month obligation offer significantly larger awards.

11. Agenda Item 11 - Recess Day 1 Meeting

Facilitator: Van Ton-Quinlivan, Chair

Van Ton-Quinlivan thanked the Council members and HCAI staff for their efforts and adjourned the meeting.

Day 2 Meeting Minutes February 27, 2025

12. Agenda Item 12 - Call to Order

Facilitator: Van Ton-Quinlivan, Chair

Chairperson Van Ton-Quinlivan called the meeting to order at 9:00 AM, welcoming attendees both in-person and on Teams.

13. Agenda Item 13 - Roll Call

Facilitator: Naomi Kozak, HCAI Staff

Naomi Kozak conducted the roll call, confirming the presence of council members. Quorum was confirmed.

Remote Members: Judith Liu, Kristina Lawson, and Vernita Todd.

Absent Members: Catherine Kennedy, Cedric Rutland, and Patrick Brennan.

14. Agenda Item 14 - Behavioral Health Pathway Programs Project

Presenter: Meg Ziemann, MPH, Research Scientist, Fitzhugh Mullan for Health Workforce Equity, Department of Health Policy & Management, Milken Institute



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School of Public Health, The George Washington University

Meg Ziemann provided context on the challenges facing California's behavioral health workforce and HCAI's role in addressing structural barriers to behavioral health careers. Meg Ziemann highlighted HCAI's data on Health Professional Shortage Areas and noted the underrepresentation of Asian and Hispanic behavioral health workers relative to their populations in the State.

Meg Ziemann identified key factors contributing to workforce shortages, including structural barriers faced by individuals of color, those from economically disadvantaged backgrounds, rural populations, and first-generation students. Meg Ziemann described different workforce investment models, such as pipelines, pathways, bridges, and ladders, and their role in expanding access to behavioral health careers.

Meg Ziemann introduced a new project between HCAI and the Mullen Institute, funded through BHSA (approved as Proposition 1 in March 2024), to advise HCAI on investment priorities for pathway programs. The project aims to diversify and expand California's behavioral health workforce to ensure high-quality, holistic services.

Meg Ziemann outlined the four phases of the project: a pathways program landscape assessment, baseline evaluation, recommendation development, and dissemination. The project will run from February 2025 to December 2026, culminating in a public-facing report. Meg Ziemann stated that the project will provide evidence-based guidance for targeted funding, inform state efforts to expand access, and support equity-driven workforce development initiatives.

Council Comments

- **Abby Snay** referenced the upcoming release of the Governor's Master Plan for Career Education and provided information on a new demonstration project involving the Labor and Workforce Development Agency, the California Community Colleges, and HCAI. Abby Snay mentioned that the project will introduce registered apprenticeships for Certified Wellness Coaches at three community colleges, allowing students to earn while they learn and convert clinical requirements into paid apprenticeships.



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- **Katherine Flores** inquired about the term “minority tax” as a structural barrier in healthcare. Meg Ziemann explained that minoritized professionals, including faculty, are often disproportionately expected to lead DEI initiatives, mentor others, and address systemic issues they did not create, leading to increased workload and burnout.
- **Roger Liu** emphasized that frontline programs often hold solutions to structural barriers but lack effective dissemination. Roger Liu recommended convening organizations beyond individual interviews and including students in discussions to gain valuable insights.
- **Deena McRae** mentioned the UC system’s Health Pathways Innovation Council (HPIC), a system-wide group representing seven professions across 21 healthcare schools. Deena McRae noted that HPIC could serve as a resource and provide data to support this project.
- **Van Ton-Quinlivan** highlighted the importance of financial support for behavioral health students and emphasized that the timing of education payments is critical for students pursuing nontraditional pathways.

Public Comment

- **Hellan Dowden (Teachers for Healthy Kids)** referenced a Department of Consumer Affairs report showing that Psychology degrees are the most common among Hispanic and Black students. Hellan noted that many of these students do not become licensed practitioners due to extensive, often unpaid, training requirements and suggested exploring solutions to address this barrier.

15. Agenda Item 15 - Role of Allied Health Professionals in Behavioral Health Transformation

a. Recap of previous Council discussions on the role of allied health professionals and capacity to develop the workforce in behavioral health

Presenter: Hovik Khosrovian, Senior Policy Advisor, HCAI

Hovik Khosrovian recapped previous Council discussions on the role of allied health professionals in developing the behavioral health workforce. Hovik Khosrovian noted that these discussions included a panel where participants shared their experiences with recruitment, retention, and training, as well as public comments that helped



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identify strategies and recommendations for supporting these roles in behavioral health strategies.

Hovik Khosrovian highlighted a partnership between HCAI and DHCS to develop a supplemental tool to expand workforce modeling. Hovik Khosrovian referenced HCAI's supply and demand model for the state's behavioral health workforce but noted its limitations, including its focus on licensed roles with sufficient high-quality data, which does not fully capture the broader ecosystem of behavioral health providers.

Hovik Khosrovian explained that the supplemental tool will establish an expanded understanding of California's behavioral health workforce, assess the potential impact of behavioral health initiatives on workforce needs, and inform decisions on program development and workforce funding allocations to support behavioral health transformation. Additionally, Hovik Khosrovian outlined the roles currently addressed in HCAI's workforce supply and demand model and identified the roles that will be the focus of the supplemental tool., including Substance Use Disorder Counselors, Peer Personnel, Pharmacists, and Community Health Workers.

Council Comments

- **Van Ton-Quinlivan** asked about the BHCIP acronym in Hovik Khosrovian's presentation. Hovik Khosrovian clarified that BHCIP stands for the Behavioral Health Continuum Infrastructure Program, which funded the expansion or creation of behavioral health facilities.
- **Roger Liu** asked whether License Professional Clinical Counselors (LPCC) are included in HCAI's supply and demand model. Hovik Khosrovian explained that LPCCs are included and noted their similarities to Marriage and Family Therapists and Licensed Clinical Social Workers, while also recognizing key differences.
- **Deena McRae** suggested expanding recruitment for behavioral health roles to non-traditional professions, such as sports coaches, referencing Hovik Khosrovian's mention of recruiting bartenders, baristas, and barbers.
- **Elizabeth Landsberg** supported the previous comment, emphasizing the value of recruiting individuals with strong social and emotional intelligence.

b. Behavioral Health Transformation and evidence-based strategies for team-based approaches for workforce development



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Presenters: Uzma Rahman, Branch Chief, Special Medi-Cal Projects Branch, Medi-Cal Behavioral Health—Policy Division, DHCS

Uzma Rahman provided an overview of team-based, evidence-based care for Californians with significant behavioral health needs, highlighting initiatives such as BH-CONNECT and BHSA that expand access to care. Uzma Rahman outlined the programs supported under these initiatives, including Enhanced Community Health Worker Services, Clubhouse Services, Assertive Community Treatment, Coordinated Specialty Care for First Episode Psychosis, Supported Employment, and High Fidelity Wraparound.

Uzma Rahman emphasized the role of allied health professionals in delivering evidence-based care and provided examples of multidisciplinary behavioral health teams. Uzma Rahman noted that DHCS plans to expand the delivery of these services at the county level under BH-CONNECT and BHSA.

Uzma Rahman reviewed the implementation timeline and key milestones, explaining a phased approach where counties may begin offering services in March 2025, with all counties required to implement programs under BHSA by December 2029.

Council Comments

- **Katherine Flores** emphasized the value of evidence-based practices, particularly in rural areas, and asked these services could be more widely accessed outside of county systems. Uzma Rahman stated that DHCS will first assess county needs and readiness before deploying a third-party administrator to provide training and technical assistance.
- **Van Ton-Quinlivan** asked about the difference between standard CHW services and the Enhanced CHW program. Uzma Rahman explained that Enhanced CHW services are provided by the same qualified practitioners but allow counties to reimburse CHWs serving individuals with significant behavioral health needs through their behavioral health plans.
- **Anthony Cordova** asked how school systems can help increase the supply of professionals for interdisciplinary teams. Uzma Rahman explained that educational institutions support workforce development by operating certification programs for allied health professionals, which are already in place, but the team structures she referenced must be established at the provider's site.



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c. Panel discussion on the role of Allied Health Professionals in Behavioral Health

Panelists: Oscar Axume Cortez, Certified Alcohol and Drug Counselor, Level 1, Tarzana Treatment Centers; Jason Robison, Board Member, California Association of Mental Health Peer-Run Organizations; Diana White, PhD, LMFT, LPCC, Chief Executive Officer, Turning Point Community Programs

Each panelist introduced their work, organization, and role in supporting allied health professionals, including those with lived experience, in behavioral health.

Jason Robison highlighted challenges in funding peer services, noting that these roles require significant skill but are often treated as entry-level. Jason Robison emphasized issues with reimbursement rates and the need for funding mechanisms beyond clinical funds to sustain peer support specialists.

Diana White discussed the post-pandemic decline in the behavioral health workforce and the lack of training and experience among new professionals. Diana White outlined her organization's strategies to build workforce confidence and support, which improve retention. Diana White stressed the need for fair compensation, proper training, and oversight.

Oscar Axume Cortez shared his experience hiring peer support specialists, observing high turnover due to burnout. Oscar Axume Cortez noted that while these individuals have lived experience, they are expected to bill for services quickly without sufficient training or support.

The panel agreed that statewide funding for paid internships and side-by-side mentorship is critical to workforce retention and skill development.

Council Comment

- **Roger Liu** shared that his organization has tried developing its own programs but faced challenges with reimbursement, as individuals still need training and education. He proposed bringing in faculty from educational institutions to train students on-site, allowing the facility to bill while only providing the space.
- **Anthony Cordova** asked how to proactively address behavioral health crises, such as the impact of wildfires, and how to include justice-involved individuals in these initiatives. Anthony Cordova also emphasized the need



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for sustainable support by integrating it into the education model. Panelists agreed and discussed structural barriers to recruiting and retaining these individuals.

Public Comment

- **Chad Costello (California Association of Social Rehabilitation Agencies)** discussed a model that partners with community colleges and shares faculty to support workforce training. Chad Costello also shared his experience with internship models as an investment in students.
- **Libby Hartigan** asked about CHW certification and whether HCAI has a plan for implementation in California. Libby Abbott clarified that due to last year's budget reductions, HCAI will not develop a Community Health Worker, Promotores, and Representatives (CHW/P/R) certification platform but is collaborating with DHCS, the California Health Care Foundation, and an advisory stakeholder group to create a roadmap for CHW/P/R certification.

LUNCH BREAK

16. Agenda Item 16 - BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program Deep Dive

a. Program overview including terms and conditions

Presenter: Sharmil Shah, Branch Chief, Behavioral Health and Policy, HCAI

Sharmil Shah provided an overview of the Medi-Cal Behavioral Health Recruitment and Retention program, one of the five BH-CONNECT workforce initiatives. Sharmil Shah added that this program will award grants to organizations serving Medi-Cal populations to support stipends, recruitment and retention bonuses, supervision, licensure fees, and backfill costs. Sharmil Shah noted that all behavioral health professionals within the Medi-Cal system would be eligible, with \$966 million available over four years.

Sharmil Shah reviewed the program's funding structure, explaining that award amounts vary based on the length of the service obligation. Sharmil Shah emphasized that individuals could fulfill their commitment in different safety net settings, particularly those serving Medi-Cal or uninsured patients.

Sharmil Shah provided a detailed breakdown of all allowable activities under the program, highlighting variations in funding amounts based on activity, and sought



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the Council's feedback.

Sharmil Shah also revisited the Community-Based Organization Behavioral Health Workforce Grant program and compared it to the Behavioral Health Medi-Cal Recruitment and Retention program, noting key differences in funding availability, program duration, eligibility criteria, and covered activities.

Council Comments

- **Kevin Grumbach** pointed out that recruitment and retention funding does not align with the length of the service obligation. Sharmil Shah clarified that funding decisions were made during the BH-CONNECT negotiation process.
- **Van Ton-Quinlivan** echoed concerns that limited funding, combined with service obligations, may create challenges for behavioral health practitioners who seek support from their organization but feel restricted by the commitment.
- **Roger Liu** appreciated any funding that supports professionals at his organizations but emphasized that individuals who move to other safety-net settings should not be penalized. Sharmil Shah confirmed that participants are not required to stay at a specific organization, as long as they remain in a qualifying setting.
- **Katherine Flores** asked whether the funding is awarded to individuals or organizations and raised concerns about funds being depleted from one program if recipients later move to another organization. Hovik Khosrovian clarified that funding is not currently tied to a specific site, but discussions are ongoing regarding terms and conditions for organizational participation.

b. Panel discussion on insights and learnings from HCAI's Community-Based Organization Behavioral Health Workforce Grant Program

Panelists: Joe Hallett, LCSW, Behavioral Health Director for Glenn County and California Behavioral Health Directors Association Secretary-Treasurer; Beverly Johnson, LCSW, Chief Operating Officer, Alternative Family Services, Inc.; Teddie Valenzuela, LCSW, Vice President, Amanecer Community Counseling Service

Each panelist introduced their work and organizations. Sharmil Shah noted that two panelists, Beverly Johnson and Teddie Valenzuela, represented organizations that



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received funding through the Community-Based Organization Behavioral Health Workforce Grant program.

Teddie Valenzuela highlighted her organization's retention strategies, including recruitment and retention bonuses, as well as creative wellness programs to support employees.

Beverly Johnson shared her organization's success in using recruitment and retention bonuses and loan repayment, noting that all recipients remained with the organization. Beverly Johnson also emphasized the critical role of peer support specialists and individuals with lived experience.

Joe Hallet discussed similar efforts at the County Behavioral Health level, describing loan repayment as a successful recruitment tool. Joe Hallet also highlighted additional strategies, such as mileage reimbursement and recruiting interns from nearby universities.

Panelists discussed features of new programs that could benefit their organizations, emphasizing the need to attract employees and provide sufficient support to ensure long-term retention, such as clinical supervision and loan repayment.

Council Comments

- **Rehman Attar** acknowledged the perspectives shared by the panelists and inquired on how their organizations plan for sustainability after receiving and spending funding, particularly balancing one-time investments with ongoing support.
- **Roger Liu** emphasized the importance of recognizing employees through bonuses and suggested exploring additional incentive programs beyond individual awards.
- **Katherine Flores** raised concerns about behavioral health pathway programs, noting the challenge of securing placements for high school students to shadow professionals due to HIPAA concerns.
- **Kimberly Perris** recognized the critical role these organizations play in recruiting and retaining the behavioral health workforce.

Public Comment



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- **Nisha Elliott** asked if HCAI had considered using future funding through regional partnerships, citing her experience with the Southern California Regional Partnership, which pools county funding for shared services like training. Nisha Elliott also inquired whether loan repayment programs, typically focused on direct service staff, could be expanded to include manager and supervisors to support retention.

c. Council discussion on program considerations to maximize reach and impact
Facilitator: Sharmil Shah, Branch Chief, Behavioral Health and Policy, HCAI

17. Agenda Item 17 - Leveraging the Council to Impact Health Workforce Development in California

Presenter: Libby Abbott, Deputy Director, HCAI

Libby Abbott revisited past discussions on how the Council can support HCAI through actionable strategies, using a three-pronged approach: “Inform, Lead, Influence.” Libby Abbott reiterated the Council’s legal ability to advocate for additional funding to expand graduate medical education and health professions training in California.

Libby Abbott provided examples of how the Council can shape workforce policy, including panel discussions, leveraging individual networks and positions, and collective efforts such as drafting an annual letter to the legislature. She cited other committees that have successfully influenced federal and private sector initiatives by focusing on workforce trends, training needs, and financing policies.

Libby Abbott outlined how this approach could align with California’s legislative and budget timelines, detailing when and how the Council’s letter could have the most impact. Libby Abbott suggested potential focus areas, including expanding midwifery education, strengthening career pathways, and increasing funding for nursing recruitment and retention.

Libby Abbott invited Council members to discuss their interest in developing the letter and to provide feedback on key priorities they would like to address. Libby Abbott emphasized that this would be part of a larger, ongoing conversation to be revisited in future meetings.

Council Comments

- **Deena McRae** emphasized the value of the Council in shaping health policy



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and asked whether they would be setting legislative priorities or influencing existing bills.

- **Nader Nadershahi** echoed the previous comment and suggested that the Council consider how to align its priorities with the state budget progress, particularly in anticipation of the May budget revision.
- **Katherine Flores** supported drafting a letter to the legislature but raised concerns based on past efforts to protect certain programs, which still faced funding cuts despite being considered safe.
- **Anthony Cordova** noted that many Council members are part of agencies with legislative teams monitoring bills and questions their role in shaping recommendations.
- **Abby Snay** suggested looking beyond just the letter and considering other ways the Council could influence health workforce policy, including more opportunities for collaboration.
- **Vernita Todd** asked about the intended audience for the letter and supported a coordinated effort to influence a specific issue.
- **Kristina Lawson** agreed on the value of writing a letter and shared an example from her experience with the Medical Board, which wrote its own letter to the legislature to push for change.
- **Kevin Grumbach** supported the letter but stressed the importance of choosing a specific focus and making strategic recommendations.

18. Agenda Item 18 - General Public Comment

Facilitator: Van Ton-Quinlivan, Chair

There were no public comments.

19. Agenda Item 19 - Adjourn Day 2 Meeting

Facilitator: Van Ton-Quinlivan, Chair

The meeting was adjourned at 3:00 PM.