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Meeting Minutes

May 29, 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
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
Elizabeth Ballart, Legal

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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 Teams, and reminding Council members about the expectations for virtual attendance.

Agenda Item 2 - Roll Call

Facilitator: Naomi Kozak, HCAI Staff

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

Absent Members: Kevin Grumbach, Catherine Kennedy, Deena McRae, and Vernita Todd.

Agenda Item 3 - Approval of February 2025 Meeting Minutes

Facilitator: Van Ton-Quinlivan, Chair

The February 2025 meeting minutes were approved without further discussion.

Motion: Anthony Cordova moved to approve the minutes; Nader Nadershahi seconded.

Abstention: Katherine Flores abstained from voting.

Agenda Item 4 - HCAI Director Remarks

Presenter: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg announced that Patrick Brennan had stepped down from the Council and thanked him for his service.

Elizabeth Landsberg discussed the release of the Governor's May Budget Revision, noting a shift from the stable Governor's Proposed Budget to a projected \$12 billion shortfall. Elizabeth Landsberg explained the change was due to growing economic uncertainty, driven in part by federal policy changes and proposals. Elizabeth Landsberg stated that she and Libby Abbott testified before Senate and Assembly budget subcommittees on HCAI's budget proposals. Elizabeth Landsberg mentioned that workforce-related budget changes would be covered in the next agenda item, but she flagged a budget proposal on Pharmacy Benefit Managers, aimed at lowering prescription drug costs.

Elizabeth Landsberg also provided updates on the Health Care Payments Data (HPD) Program, which continues to release public reports and recently launched a



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data access process for external researchers. Elizabeth Landsberg noted that about 16 applications have been submitted and are under review, often requiring coordination with other agencies to access medical data.

Elizabeth Landsberg concluded with an update on the Office of Health Care Affordability's (OHCA) spending growth targets. Elizabeth Landsberg shared that OHCA's Health Care Affordability Board has begun setting lower targets for high-cost sectors, including seven hospitals. Elizabeth Landsberg added that to maintain care quality, OHCA also adopted equity and quality measures to monitor and improve health outcomes. In addition, she mentioned that OHCA is exploring benchmarks for incentivizing investment in the behavioral health workforce, specifically on prevention and early intervention.

Council Comments

- **Katherine Flores** asked about potential Medi-Cal cuts for immigrants in the May Budget Revision and whether any alternatives were being considered for those who may lose access. Elizabeth Landsberg confirmed the May Budget Revision includes steep proposed cuts, including impacts on undocumented immigrants, and noted HCAI was not involved in those decisions.
- **Van Ton-Quinlivan** questioned whether OHCA's behavioral health spending benchmark would apply to health plans. Elizabeth Landsberg confirmed it would.

Agenda Item 5 - HCAI Workforce Program Update

Presenter: Libby Abbott, Deputy Director, HCAI

Libby Abbott shared that she would be on leave beginning in June and expects to return by the end of the year. Libby Abbott confirmed that Assistant Deputy Director Marissa Enos will serve in her place.

Libby Abbott gave an update on key workforce-related changes in the May Revision of the 2025-26 California State Budget. These include \$1.9 billion to launch the Behavioral Health Workforce Initiative in January 2026 and \$90 million in reproductive health funding for loan repayments, scholarships, and expanding training programs.

Libby also provided an update on the Council Influence Model introduced at the February meeting. Libby Abbott noted that HCAI is continuing to develop a plan to help the Council shape policy, with a more detailed update expected in October.



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Libby Abbott then shared updates on several programs in Behavioral Health, Nursing and Midwifery, Primary Care, and Oral Health. These included current and past funding for scholarships, loan repayment, and organizational grants. Libby also reviewed where awardees are located across the state and presented demographic data comparing recipients to California's overall population.

Council Comments

- **Van Ton-Quinlivan** observed that some programs had broader geographic reach and asked about strategies to address disparities. Libby Abbott pointed to the Wellness Coach Scholarship Program's use of outreach partners and said a similar approach is planned for BH-CONNECT.
- **Katherine Flores** praised the data presentation and encouraged collaboration with health pathway programs to recruit more diverse students. Katherine Flores also recommended targeted outreach to addiction medicine programs. Libby Abbott agreed to take these suggestions back.
- **Abby Snay** asked about application acceptance rates. Libby Abbott responded that rates vary by program and cycle but said they are exploring ways to share this information, supported by supply and demand data.
- **Anthony Cordova** asked about tracking long-term outcomes for awardees. Libby Abbott said HCAI currently tracks 12-month service obligations but has limited follow-up beyond that. Libby Abbott noted that HCAI is exploring ways to improve long-term tracking.
- **Nader Nadershahi** noted the broader impact of workforce investments and suggested mapping awards against shortages areas. Libby Abbott supported the idea and said it was possible for some professions using current modeling.
- **Cedric Rutland** asked whether programs track how applicants learn about them and whether funding has been exhausted. Libby Abbott stated that while HCAI does not collect this data directly, some outreach vendors may. Libby Abbott added that while funding has been allocated for some programs, others are still open with multiple application cycles.
- **Kimberly Perris** inquired whether reproductive health funding supports sexual health and STI testing. Libby Abbott confirmed that funding is broad and could support those services. Kimberly Perris also asked about the significant reduction in nursing funding. Libby Abbott explained that funding was previously available



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but was reverted in the last budget cycle. Libby Abbott reiterated her interest in leveraging the Council Influence model to guide recommendations that strengthen nursing workforce support.

Public Comment

- **Kris Himmerick (University of the Pacific)** commended the awardee data presented and shared that their institution actively supports students in applying for scholarships. Kris Himmerick suggested tracking awardee data by institution type and considering how partner organizations can help students meet their service obligations.
- **Sheri Coburn (California School Nurses Organization)** advocated for recognizing nurses as mental health providers, noting it falls within their scope and that they play a key role in listening to and supporting patients. Sheri Coburn also raised concerns about limited funding for nurses amid workforce shortages.
- **Danny Marquez** asked whether HCAI is coordinating funding efforts with the California Workforce Development Board and its Workforce Innovation and Opportunity Act funds. Libby Abbott acknowledged the opportunity for stronger collaboration and said efforts are underway.
- **Hellan Roth Dowden (Teachers for Healthy Kids)** asked whether individuals pursuing a school nurse credential could be made eligible for loan repayment and scholarship programs.

Agenda Item 6 - HCAI Community Health Workers/Promotores/Representatives (CHW/P/Rs) Update

Presenter: Libby Abbott, Deputy Director, HCAI

Libby Abbott provided updates on CHW/P/R efforts, describing the profession's broad scope. Libby Abbott emphasized the importance of this workforce in reaching marginalized communities. Libby Abbott noted that HCAI was tasked with developing a statewide certification program in 2022 while the Department of Health Care Services (DHCS) made CHW/P/R services billable through Medi-Cal. Libby Abbott added that HCAI paused the process after initial stakeholder concerns and launched a second round of community engagement along with an advisory workgroup.

Libby Abbott summarized key feedback from the second round of community engagement sessions and advisory workgroup discussions. Libby Abbott noted that stakeholders expressed mixed views on statewide certification, and shared that many



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supported community-based, peer-led, and multilingual models that value lived experience. Libby Abbott added that participants preferred prioritizing accreditation of training programs over certifying individuals.

Libby Abbott stated that the Budget Act of 2024 significantly reduced funding for the CHW/P/R workforce, leaving only \$13 million in one-time funds. Libby Abbott explained that this remaining funding will be used strategically based on a framework developed in December 2024. Libby Abbott outlined the framework's four pillars: Immigrant Community Health and Resilience, CHW/P/R Organization and Workforce Investment Grants, CHW/P/R Training Program Resources, and CHW/P/R Training Programs. Libby Abbott clarified that due to budget limitations, HCAI will not move forward with statewide certification but will aim to operationalize the pillars, beginning with funding for Pillars 1 and 2.

Council Comments

- **Abby Snay** acknowledged HCAI's sensitivity to stakeholder input and asked where workforce investment and training will take place, mentioning community colleges' CHW certificates and concerns about job quality and livable wages. Libby Abbott said Pillar 1 aims to fund CBOs to support and scale their work, including community training and services, and noted career advancement is a strong theme but limited by funding.
- **Anthony Cordova** noted that community colleges have a CHW accreditation program and encouraged expanding the relationship between CBOs and community colleges, as they provide a roadmap for advancing CHW roles. Libby Abbott confirmed that community college members were included in workgroups and appreciated their input.
- **Katherine Flores** expressed appreciation to HCAI for pivoting quickly to Pillar 1 following budget cuts and acknowledged the long-standing role of CHW/P/Rs.

Public Comment

- **Carli Stelzer (California Behavioral Health Association)** acknowledged HCAI for its stakeholder engagement and emphasized the importance of collaboration between community colleges, CBOs, and peer-support organizations.
- **Meron** asked whether CHW/P/Rs would be required to complete structured training or certification for those serving Enhanced Care Management populations. Libby Abbott clarified that there will be no statewide certification and



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noted that DHCS has its own process.

Agenda Item 7 – HCAI’s Nursing Funding Portfolio and Nursing Strategies

Presenter: Hovik Khosrovian, Senior Policy Advisor, HCAI

Hovik Khosrovian presented an update on HCAI’s nursing funding portfolio, which includes Song-Brown program funding, scholarships, and loan repayment programs. Hovik Khosrovian outlined four strategic interventions to strengthen the nursing workforce: advancing career pathways, supporting education partners, expanding and optimizing clinical placements, and standardizing prerequisites.

Hovik Khosrovian walked through each strategy, highlighting examples such as California Community Colleges’ Rebuilding Nursing Infrastructure Grant Program, which aims to expand nursing degree pathways through competitive grants. Hovik Khosrovian provided data showing awarded colleges alongside nursing shortage tiers, as well as comparing award distribution across tiers. Anthony Cordova offered additional context on award data.

Hovik Khosrovian concluded by inviting Council feedback on Strategies 1 and 2, asking whether there are additional actions that should be considered in these focus areas.

Council Comments

- **Kimberly Perris** highlighted the diverse perspectives of students she has encountered and emphasized the wide range of career pathways available within the nursing profession.
- **Roger Liu** discussed the importance of upskilling employees but noted the distinct challenges involved in helping them transition into nursing careers.

Public Comment

- **Garrett Chan (HealthImpact)** echoed Kimberly Perris’ point about the multiple pathways into nursing, highlighting accelerated BSN and MSN programs. Garrett Chan also noted that HealthImpact reviewed prerequisites at California nursing schools and found no standardization, making it challenging for applicants to apply to multiple programs.
- **Arielle Hernandez (California Nurses Association)** appreciated the investment in California Community Colleges but pointed out that limited funding reached



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areas with high provider shortages. Arielle Hernandez asked whether barriers to applications in those regions had been explored. Anthony Cordova explained that many of these areas are “education deserts” without a nearby college, though they do have associated service areas. Anthony Cordova added that all applicants scoring 75 points or higher on the application were awarded, and funding amounts were prorated to ensure all qualifying applicants received support.

Agenda Item 8 – Implementation of AB 1577: Annual Nursing Clinical Placement Reporting to HCAI

Presenter: Chris Perry, Policy Manager, HCAI

Chris Perry presented on the implementation of AB 1577, which establishes a statewide requirement for certain facilities and clinics to submit written justifications when they are unable to accommodate clinical placement requests from California Community College or California State University (CSU) nursing programs. Chris Perry noted that these justifications aim to improve transparency and identify barriers in clinical training opportunities, a key issue impacting nursing workforce development.

Chris Perry outlined the program’s core requirements, including submission deadlines, the five-year public posting period on HCAI’s website, and the imposition of administrative fees for noncompliance.

Chris Perry also described the stakeholder engagement efforts underway, including outreach to nursing education programs, health care facilities, and system partners. Chris Perry concluded by previewing next steps, including the development of reporting forms, program guidance, and a stakeholder-informed implementation timeline aligned with statutory requirements.

Council Comments

- **Roger Liu** shared the perspective of Federally Qualified Health Centers (FQHC) and acknowledged the need to support clinical placement accommodations. Roger Liu emphasized the importance of placing students who understand the communities served by FQHCs and asked whether the focus could shift from penalizing facilities to better supporting nurse recruitment and retention in these settings.

Public Comment



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- **Kris Himmerick (University of the Pacific)** asked why private schools were excluded from the process. Chris Perry explained the bill's intent was to support public institutions and their target populations. Elizabeth Landsberg added that HCAI is implementing the bill as written, without authority to modify its scope.
- **Mechelle Perea-Ryan** noted clinical placement is the most difficult part of nursing education and pointed out that public institutions cannot pay for placements like private programs, limiting the number of students they can accept.
- **Dale Mueller** asked whether Department of Corrections facilities would be included in the reporting requirement. Chris Perry confirmed they would.
- **Garrett Chan (HealthImpact)** clarified that under AB 2684, prelicensure nursing programs are not allowed to pay for clinical placements.

Agenda Item 9 – Constraints and Potential Solutions for Nursing Clinical Placements

Facilitator: Presenter: Anthony Cordova, Vice Chancellor Workforce and Economic Development, California Community Colleges Chancellor's Office; Rehman Attar, Director of Healthcare Workforce Development, The California State University Office of the Chancellor

Rehman Attar provided an overview of clinical placement requirements for nursing students, which include 500 hours of direct patient care and at least 30 hours of supervised experience in areas such as medical-surgical, obstetrics, pediatrics, mental health, and geriatrics. Rehman Attar outlined key challenges affecting clinical placements, including limited site capacity, preceptor and staffing shortages, administrative hurdles, and inequitable geographic access.

Anthony Cordova presented potential solutions to address clinical placement shortages. Anthony Cordova highlighted current efforts such as employer engagement, strategic partnerships, and expansion of AB 1577. Anthony Cordova also outlined opportunities under consideration, including funding a statewide Centralized Clinical Placement System (CCPS), enhancing regional collaboration, and ongoing legislative advocacy.

Anthony Cordova emphasized the value of a statewide CCPS, noting its potential to support public nursing programs through improved data sharing, interoperability, and



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coordinated decision-making. He advocated for statewide implementation, particularly in large clinical hubs.

Council Comments

- **Kimberly Perris** emphasized the value of concurrent enrollment programs and highlighted the partnership between CSU Humboldt and College of the Redwoods as a strong example of leveraging collaboration to avoid working in silos or duplicating work.
- **Roger Liu** underscored the role of Federally Qualified Health Centers in supporting nurses and clinical placements and encouraged actively engaging them as partners to identify areas where support is needed.

Public Comment

- **Garrett Chan (HealthImpact)** thanked the presenters and supported continued research to expand collaboration among HCAI, California State University (CSU), and California Community College systems.
- **Arielle Hernandez (California Nurses Association)** acknowledged progress on clinical placements and emphasized the importance of simulation as a supplement, not a replacement. Arielle Hernandez also urged increased faculty capacity and equitable access across CSU and California Community College programs.

Agenda Item 10 – Nurse Practitioners in California

Presenter: Dr. Joanne Spetz, PhD; Director, Philip R. Lee Institute for Health Policy Studies; University of California, San Francisco

Joanne Spetz presented an overview of nurse practitioners (NPs) in California, covering their education and training, the size of the workforce, and their evolving scope of practice. Joanne Spetz explained Full Practice Authority, which allows NPs to practice independently without physician oversight, and noted that while many national and state organizations support this authority, institutional restrictions can still limit NP practice even when state law allows it.

Joanne Spetz discussed the impact of AB 890, which was passed in 2020 and created two NP categories: Option 103, which requires NPs to complete a transition-to-practice period for three years before becoming eligible for Option 104; and Option 104, which allows for independent practice ownership.



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Joanne Spetz also shared results from a statewide survey of California NPs conducted between July 2022 and March 2023, which examined provider demographics, clinical settings, insurance coverage, and scope of care. Additional findings highlighted factors contributing to NP burnout, including lack of role visibility and limited support for independent practice. Joanne Spetz concluded with data on post-AB 890 intentions for NPs, including interest in independent primary care and serving more Medi-Cal patients, with certain demographic and professional characteristics predicting these interests.

Council Comments

- **Katherine Flores** asked how NP payment compares to physicians, noting Medicare reimburses at 85%, and whether California differs. Joanne Spetz confirmed California pays at parity, but noted lower NP compensation overall is due to factors like educational debt and limited union representation.
- **Kimberly Perris** asked about the implementation of practice tiers, particularly Option 104, and whether any data or findings are available. Joanne Spetz noted that she does not expect any Option 104 NPs yet, as completing the required three years of practice under Option 103 will take a few more months.

Public Comment

- **Garrett Chan (HealthImpact)** clarified that NPs and Physician Assistants (PAs) are eligible to receive 100% of the Medi-Cal pay rate.
- **Dale Mueller (California Behavioral Health Planning Council)** asked whether there is any data on NPs affiliating with community-based organizations instead of primary care outpatient clinics. Joanne Spetz responded that this question was included in their survey of NPs, and while there was no specific dataset, some respondents mentioned operating their own specialty practices in open-ended responses.

Agenda Item 11 – Nurse Practitioners: Barriers and Opportunities for Practice

Presenter: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FNAP, FCNS, FAANP, FAAN, President & CEO, *HealthImpact*; Surani Kwan, DNP, MBA, FNP-BC, FACHE, FAANP, California Association for Nurse Practitioners

Surani Kwan provided historical context on the education and training of Advanced Practice Registered Nurses (APRNs), emphasizing how their evolving scope of



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practice has played a critical role in expanding access to care. Surani Kwan highlighted the importance of transition-to-practice programs as foundational for nurse practitioners (NPs) to successfully manage patient panels, lead practices, and maintain professional standards.

Surani Kwan also outlined persistent challenges in strengthening the NP workforce, including limitations in the pipeline, workforce vacancies, and geographic disparities. Surani Kwan explored potential causes behind the broader shortage of primary care providers, citing factors such as declining numbers of physicians entering primary care, emotional and moral distress, high administrative burdens, politicization of science, and lower income levels associated with the field.

Garrett Chan addressed federal policy developments, specifically referencing the Centers for Medicare and Medicaid Services (CMS) decision to end the Primary Care First Model options on December 31, 2025, as an example of funding volatility. Garrett Chan raised concerns about these shifts may impact services provided through Federally Qualified Health Centers (FQHCs). Garrett Chan presented several recommendations for the Council to consider, including supporting policies that expand the role of NPs and CNMs, funding business development programs that incorporate transition-to-practice content, and expanding Song-Brown investments. Garrett Chan also recommended conducting cross-sector research to better understand workforce trends and employer needs.

Council Comments

- **Roger Liu** acknowledged the value of the presentation and expressed support for fellowships, especially considering existing uncertainty and pay disparities. Roger Liu also suggested reframing the primary care shortage as a recruitment issue, emphasizing the importance of attracting the right individuals into the field.
- **Katherine Flores** asked how the Council could help advance the recommendations, especially with limited funding. Garrett Chan emphasized the value of leveraging data to understand where the workforce is located and how it is being utilized.
- **Van Ton-Quinlivan** reiterated the importance of using data to guide decisions.
- **Abby Snay** acknowledged that workforce data can be difficult to access and collect but expressed interest in connecting the group with the Employment Development Department (EDD) as a potential resource.



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Public Comment

- **Hector Flores** recommended that the Council invite organizations working with community colleges to support nursing students and improve workforce diversity. Hector Flores also shared insights from his work on burnout, noting its connection to the corporatization of healthcare and the resulting barriers providers face in meeting their patients' needs.
- **Mechelle Perea-Ryan** suggested examining academic fellowship models and recommended engaging academic partners to gather data on where students choose to practice and their reasons for leaving primary care.

Agenda Item 12 - RN Transition-to-Practice Programs

Presenter: Garrett Chan, PhD, RN, APRN, FAEN, FPCN, FNAP, FCNS, FAANP, FAAN, President & CEO, *HealthImpact*

Garrett Chan presented on behalf of HealthImpact, outlining the organization's mission and their comprehensive workforce strategy, which includes K-12 pipeline development, pre-licensure education, workforce upskilling, and retention and well-being. Garrett Chan described the various entry points into a nursing career, emphasizing how complex the path can be. Garrett Chan noted that although RNs are trained as generalists, they must specialize quickly on the job. Garrett Chan raised concerns about why nurses leave the profession, citing factors like cognitive overload, poor management, staffing shortages, and pay.

Garrett Chan introduced HealthImpact's Transition-to-Practice program as a solution to help new nurses move successfully from school to the workforce. Garrett Chan shared research showing a gap between academic preparation and real-world practice, then described how the program works, what it measures, and who it serves. Garrett Chan concluded by encouraging support for transition-to-practice programs to help nurses deliver high-quality, safe care.

Council Comments

- **Katherine Flores** asked whether nursing could adopt a required transition-to-practice model similar to medical residencies. Garrett Chan responded that such a shift is unlikely without a stable funding source.
- **Abby Snay** proposed adapting the program into an apprenticeship model and asked how that could be pursued. Garrett Chan clarified that the program is already approved as an apprenticeship.



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- **Kimberly Perris** stressed the importance of this work and asked whether it would be implemented in hospital settings, such as acute care. Garrett Chan explained that acute care settings are not a focus, as many already have transition programs in place.

Public Comment

- **Arielle Hernandez (California Nurses Association)** emphasized that employers should not require nurses to pay for transition programs and cautioned that some may feel trapped in unsafe work environments due to program commitments.

Agenda Item 13 - 1440 Foundation: Healing Our Healthcare Heroes

Presenter: Katey Kennedy, 1440 Foundation, Executive Director; Julie McKay, 1440 Foundation, Director of Philanthropic Programs and Partnerships

The 1440 Foundation presented on their program, 1440 Multiversity, which offers immersive, on-site initiatives aimed at supporting mental health and well-being, including for healthcare professionals. Their curriculum addresses challenges such as burnout, moral injury, and emotional exhaustion. They provided an overview of the courses offered, including Moral Injury Recognition and Care, Grief and Healing, Community as Medicine, and Hope: Journey to Joy and Growth, and shared that these have been made available to healthcare professionals, particularly nurses, with multiple cohorts from rural health systems participating in the program.

The 1440 Foundation also shared results from a quantitative study demonstrating improvements in participants' attitudes and overall well-being. They noted that staff are increasingly identifying and acknowledging the impact of moral injury. Several testimonials were provided to highlight the program's effectiveness, with many health systems continuing to send additional cohorts as a result. The presentation emphasized the importance of supporting nurses through services that proactively address mental health and emotional well-being.

Council Comments

- **Nader Nadershahi** noted that burnout is widespread across the healthcare system and asked whether services like this could be integrated into medical education or made available to students during their training. Katey Kennedy confirmed that they could partner with academic institutions to offer the program.



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- **Anthony Cordova** commented that the program seems highly beneficial and encouraged efforts to embed it within academic institutions, particularly community colleges, to sustain and expand its reach. Anthony Cordova suggested that the 1440 Foundation reach out to him to explore partnership opportunities.
- **Kimberly Perris** shared that she could see this fitting within her organization's curriculum and believes many of her students would be interested in exploring these topics further.

Agenda Item 14 - General Public Comment

Facilitator: Van Ton-Quinlivan, Chair

There were no public comments.

Agenda Item 15 - Adjourn Meeting

Facilitator: Van Ton-Quinlivan, Chair

The meeting was adjourned at 3:45 PM.