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Meeting Minutes

March 2024

CALIFORNIA HEALTH WORKFORCE EDUCATION AND TRAINING COUNCIL (Council)

Members of the Council

Abby Snay, M.Ed.
Catherine Kennedy, RN
Cedric Rutland, MD (Absent)
Deena McRae, MD
Elizabeth Landsberg
Judith Liu, RN MSN
Katherine Flores, MD
Kevin Grumbach, MD
Nader Nadershahi, DDS, MBA, EdD
Raul Ramirez
Rehman Attar, MPH
Roger Liu, PhD
Van Ton-Quinlivan, MBA
Vernita Todd, MBA (Absent)
Rebecca Ruan-O'Shaughnessy

HCAI Director

Elizabeth Landsberg

HCAI Staff

Jean-Paul Buchanan
Jalaunda Granville
Hovik Khosrovian
Libby Abbott

**March 2024
Meeting Minutes Day 1**

Day 1 Meeting Minutes Wednesday, March 13, 2024

AGENDA ITEM 1 - Call to Order

Facilitator: Van Ton-Quinlivan, Chair

The meeting was officially called to order by Chair Van Ton-Quinlivan

AGENDA ITEM 2 - Swearing in and Introduction of New Council Member

Facilitator: Elizabeth Landsberg, Director, HCAI

Rebecca Ruan-O'Shaughnessy was sworn in.

AGENDA ITEM 3 - Roll Call

Facilitator: Charise Frisch, HCAI Staff

Charise Frisch conducted the roll call.

AGENDA ITEM 4 - Approval of December Meeting Minutes– Vote to approve the December Meeting Minutes.

Facilitator: Van Ton-Quinlivan, Council Chair

The December meeting minutes were approved, with a motion to be adopted by Roger Liu and seconded by Catherine Kennedy, after a refinement to clarify that Dr. Katherine Flores and Catherine Kennedy were not present in the mentioned meetings. A roll call vote to approve the December meeting minutes as amended was conducted by Charise Frisch.

AGENDA ITEM 5 - HCAI Director Remarks

Presenter: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg expressed gratitude towards outgoing council members Kathryn Dresslar and Audrey Dow for their service. She provided a budget update, highlighting Governor Newsom's proposed budget for the 24-25 fiscal year, which anticipates significant deficits impacting HCAI's health workforce programs. Key updates included progress on the Healthcare Payments Data Program, focusing on prescription drug transparency, hospital costs, and social drivers of health for 2024, and developments in the Office of Healthcare Affordability, particularly regarding workforce stability standards and the proposed 3% spending growth target.

AGENDA ITEM 6 - HCAI Workforce Program and Recommendations Update

Presenter: Libby Abbott, Deputy Director, Health Workforce Development, HCAI

Libby Abbott provided updates on HCAI's Health Workforce Development programs, structured around four key areas: behavioral health, nursing, primary care, and oral

health. Highlights included the launch of the Certified Wellness Coach Employer Support grant program and the Wellness Coach Scholarship program to support new wellness coach roles. In nursing, significant investments are being made in education, diversity, and retention, including the 21st Century Nursing Initiative and various scholarship programs. Primary care updates featured awards in scholarship programs and residency slots. Libby Abbott emphasized efforts to diversify the health workforce and explore new models for financial support to students. A discussion of the impact of budget deferrals on future program funding concluded the presentation.

Council Comment

- **Deena McRae:** Asked about \$2 million funding for midwifery programs. Libby Abbott explained the funds are for expanding certified nurse midwifery programs, aiming to increase training slots. McRae appreciated the clarification and inquired about the application timeline.
- **Rehman Attar:** Inquired about considerations for future faculty training in education capacity challenges. Abbott mentioned a mentorship program including faculty and preceptors and noted strategic planning for nursing workforce to guide future investments. Attar valued the strategic approach to address faculty development.
- **Katherine Flores:** Questioned if residency programs could be considered employers for the Certified Wellness Coach program and suggested potential synergy with psychiatry residents. Abbott clarified the program's focus is on community settings like schools, suggesting community health workers are a better fit for Flores' scenario. Flores appreciated the response and highlighted the need for a more unified approach to nursing education funding.
- **Rebecca Ruan-O'Shaughnessy:** Expressed interest in integrating wellness coaches into school-based services and raised questions about scholarship structures. Abbott acknowledged the value of upstream interventions to enhance the educational pipeline and expressed interest in community college initiatives for Associates Degree in Nursing (ADN) programs. Ruan-O'Shaughnessy advocated for structural changes to benefit a broader range of students and emphasized the importance of addressing upstream barriers.
- **Abby Snay:** Echoed Rebecca's points and added considerations for overcoming regulatory and practical barriers to nursing program expansion. Mentioned the potential for apprenticeship programs to support ADN students. Abbott briefly responded to Deena McRae's earlier question, specifying that the midwifery program applications open in the fall.

Public comments.

- **Public Member:** Highlighted the importance of addressing upstream factors that discourage individuals from entering the behavioral health field and suggested considering the transition of individuals working in peer roles to wellness coach positions as part of changes to the behavioral health system. Libby Abbott acknowledged the potential impact of Proposition 1 and emphasized the importance of career progression and planning for service delivery changes in behavioral health.

- **Public Member:** Expressed gratitude for the Wellness Coach program and emphasized the significant gap in school nursing, suggesting an apprenticeship model as a successful approach to increasing school nurses. Libby Abbott mentioned HCAI is exploring including school nurses in eligible categories for funding and will include school nurses in the supply and demand modeling work being done as part of OHWD's strategic planning.
- **Public Member:** Expressed excitement about the Wellness Coach initiatives and the focus on behavioral health, mentioning the recruitment and retention challenges for nurses in community health centers and looking forward to hearing more about oral health strategies.

AGENDA ITEM 7 - Health Workforce Research Data Center Update

Eric Neuhauser, Research and Evaluation Section Chief, Health Workforce Development, HCAI and Phil Morris, Research Scientist, Healthcare Analytics Branch, HCAI

Eric Neuhauser presented data dashboards focused on the education pipeline and health workforce practice metrics, highlighting the importance of feedback for future improvements. The dashboards aim to inform supply, demand modeling, and provide insights into the primary areas of practice, practice settings, and average hours spent on direct patient care across various health professions.

Council Comments

- **Nader Nadershahi:** Inquired about breaking down data by practitioners based on time in practice to identify generational trends in practice hours. Eric Neuhauser confirmed the possibility of using license issue dates and expressed enthusiasm for the suggestion. Nader suggested mapping investments across the state to prioritize communities and disciplines and recommended periodic events or webinars to connect organizations and elevate awareness of available data.
- **Deena McRae:** Questioned the feasibility of analyzing data by gender, specifically regarding the hours spent providing direct patient care, and mentioned concerns about the drop-in hours or workforce exit among women physicians post-residency. Neuhauser explained the challenges related to gender data due to identification guidelines but expressed willingness to include such analyses where possible. McRae also raised concerns about the behavioral health workforce's distribution, especially in underserved areas, and inquired about making the NPI number a mandatory field for better tracking. Neuhauser discussed the challenges with NPI data collection and the potential for system-wide changes to improve data quality.
- **Roger Liu:** Suggested collaboration with the National Committee for Quality Assurance (NCQA) on best practices for health equity with databases. Neuhauser agreed on the importance of equity focus and showed interest in the collaboration.
- **Rebecca Ruan-O'Shaughnessy:** Highlighted the importance of understanding labor mobility in practice areas and specialties for better programming and labor market data analytics. Neuhauser appreciated the suggestion and made a note of it.

- **Katherine Flores:** Asked about breaking down data by race, ethnicity, and regionalization, and how to access and disseminate the information efficiently. Neuhauser explained the limitations due to data granularity and privacy but confirmed the availability of regional data and discussed dissemination plans, including a press release.
- **Kevin Grumbach:** Emphasized the potential for integrating licensing data with claims data for a more accurate representation of healthcare practice, suggesting collaboration between HCAI and healthcare analytics branches. Neuhauser acknowledged the potential and mentioned ongoing efforts in this direction.

Phil Morris discussed the iterative process of data analysis and visualization development at HCAI, emphasizing the importance of feedback for refinement. He presented three use cases leveraging patient discharge data and the new Healthcare Payments Data (HPD) to analyze healthcare provider distribution, language preferences in healthcare settings, and prevalence of health conditions like diabetes across different counties. Morris's presentation illustrated how these data visualizations could inform health workforce planning and allocation, particularly in underserved areas and among populations with specific health needs.

Council Comments.

- **Katherine Flores:** Expressed amazement at the data visualization tools and their potential but wondered about the feasibility of requiring healthcare professionals to serve in underserved areas as a state policy. Phil Morris acknowledged the complexity of incentivizing or mandating service locations for healthcare professionals.
- **Deena McRae:** Praised the data's utility for identifying where Graduate Medical Education (GME) programs might be established or expanded, suggesting financial incentives to encourage healthcare professionals to serve in areas of great need.
- **Roger Liu:** Expressed interest in how the data might inform preparations for the shift toward value-based care, particularly in terms of workforce readiness to address unnecessary emergency department visits and other metrics relevant to value-based outcomes. Phil Morris responded with the potential for using the data to support such analysis but highlighted challenges in identifying unnecessary visits.
- **Nader Nadershahi:** Highlighted the potential of the data to identify unnecessary emergency department visits for oral health emergencies as an example of how specific data points can inform targeted interventions.
- **Catherine Kennedy:** Appreciated the data's ability to highlight disparities and the need for continued efforts in workforce development, expressing interest in more accessible data for non-technical users.
- **Rehman Attar:** Suggested making the data more accessible and translational for laypersons and academia, to help grassroots initiatives make informed decisions. He emphasized the importance of translating technical terms and data into more user-friendly formats to broaden the impact of the data.

Lunch Break

AGENDA ITEM 8 - Oral Health Recommendations

Presenters: Hovik Khosrovian, Senior Policy Advisor, Health Workforce Development, HCAI and Nader Nadershahi, Dean, Arthur A. Dugoni School of Dentistry

Hovik Khosrovian focused on the dental hygienist and dental assistant sectors within the oral health workforce, emphasizing the need for affordable education and incentivizing career mobility. He highlighted consistent themes across health professions, including the importance of interprofessional collaboration and the unique aspects of oral health. Discussed specific barriers and solutions to enhance workforce development in these areas.

Nader Nadershahi emphasized the significance of oral health in overall health and the need for systemic support to expand educational capacity, especially in underserved areas. Highlighted the diversity in dental assistants and the need for loan repayment and scholarship opportunities to reduce barriers for students. Urged for the establishment of partnerships and regional consortia to facilitate clinical training and career progression from dental assistants to hygienists.

Council Comments

- **Van Ton-Quinlivan** asked about the applicability of the work experience path, and Hovik Khosrovian clarified it is only applicable to dental assistants, emphasizing the role's specific pathways.
- **Roger Liu** emphasized the importance of exposing students to oral health careers, highlighting the need for representation and the potential for internal growth within community health settings. Liu advocated for inclusive curriculum requirements in health programs to incorporate various disciplines, emphasizing the importance of family and parental understanding of oral health careers.
- **Catherine Kennedy** shared personal experiences related to the dental field, stressing the importance of access to dental programs, and advocating for the inclusion of dental pathways in education.
- **Katherine Flores** discussed the importance of inclusive wraparound services in Health Professions Pathways Programs (HPPP), suggesting that funding should ensure comprehensive services across all health professions. Flores also highlighted the need for scholarships to target individuals committed to serving in underserved areas.
- **Kevin Grumbach** suggested explicitly supporting dental occupations in pathway programs and discussed supporting community practices as training sites, particularly focusing on the challenges faced by Federally Qualified Health Centers (FQHCs) in balancing clinic finances with the desire to provide learning opportunities.
- **Raul Ramirez** questioned capacity issues in dental assistant programs and the outcomes of different pathways to licensure, suggesting a potential emphasis on blended education and work experience.
- **Deena McRae** expressed concerns about sustainable funding models for training

in Federally Qualified Health Centers, FQHCs and the implications of individual stipends on sustainability, advocating for lump sum grants to support FQHCs instead.

- **Nader Nadershahi** commented on the potential for oral healthcare investments to lead to significant savings in healthcare expenditures overall, suggesting a self-sustainable approach to funding and increasing programs that include oral health.
- **Libby Abbott** mentioned the Governor's Master Plan for Career Education as a potential avenue to address oral health funding gaps, encouraging engagement with the master plan process to lift up gaps related to oral health funding.

Public Comments

- **Public Member**, representing the California Primary Care Association (CPCA), highlighted the prolonged timeframe to fill dental assistant positions at Community Health Centers and acknowledged the capacity challenges faced by Federally Qualified Health Centers (FQHCs). The speaker appreciated the collaborative efforts with CDA and expressed eagerness for future partnerships to enhance the oral health workforce. No direct response from presenters or council members was recorded.
- **Public Member**, the Executive Officer of the Dental Hygiene Board, clarified the functions and operational frameworks of Registered Dental Hygienists in Alternative Practice (RDHAPs) and discussed efforts to enhance licensure categories and mobile dental clinics. The diversity in dental hygiene programs and expansions were also highlighted. No direct response from presenters or council members was recorded.
- **Public Member** expressed enthusiasm for the collaboration with the California Dental Association (CDA) and shared insights on improving pathways to dental assistant licensure and addressing challenges in dental hygiene programs. No direct response from presenters or council members was recorded.

AGENDA ITEM 9 - Allied Health Recommendations

Facilitator: Jalaunda Granville, Policy Section Chief, Health Workforce Development, HCAI and Chris Perry, State Policy Unit Manager, Health Workforce Development, HCAI

Jalaunda Granville, Policy Section Chief at Health Workforce Development, HCAI, shared insights from the December 2023 council meeting regarding Allied Health. Highlighting the diversity and crucial roles within the Allied Health workforce, Granville noted the challenges in acquiring workforce data and identified key recommendations for growth. These include standardizing training requirements, developing stackable credentials for career advancement, and exploring earn-and-learn programs to address critical shortages in professions like clinical laboratory science.

Chris Perry, State Policy Unit Manager at Health Workforce Development, HCAI, provided a recap of the December 2023 meeting, where Dr. Susan Chapman's presentation emphasized the significance of expanding programs at public educational institutions and supporting internships for Allied Health professionals. Perry outlined

HCAI's current initiatives addressing Allied Health workforce development, including scholarship programs for behavioral health, wellness coaches, and allied health professionals, as well as efforts to support new training sites and explore alternative payment models that bolster the Allied Health workforce.

Council Comments

- **Abby Snay:** Raised the importance of viewing allied health training within a broader ecosystem and suggested adding a landscape analysis of allied health training in California to the recommendations. Highlighted the necessity of understanding the vast landscape of allied health training for better integration and support.
- **Rehman Attar:** Praised the concise yet broad recommendations and emphasized the need to explicitly support Allied Health career lattices or pathways. Urged for more actionable items in the recommendations to ensure alignment and spectrum of opportunities for stakeholders.
- **Raul Ramirez:** Questioned whether HCAI has sufficient resources to address the extensive scope of work and suggested prioritization. Libby Abbott provided context on prioritization within HCAI's strategy process, explaining Allied Health cuts across several main buckets of focus.
- **Deena McRae:** Questioned why developing non-traditional pathways for students was considered outside of HCAI's scope and how HCAI could participate in this work. Jalaunda Granville explained that while the goal aligns with HCAI's mission, executing such pathways requires collaboration with educational institutions.
- **Judith Liu:** Expressed support for the Certified Wellness Coach program and the broad yet concise recommendations. Appreciated the structured approach to the expansive allied health program recommendations.
- **Katherine Flores:** Stressed the importance of advising and guiding students through educational pathways that lead to in-demand jobs, and suggested convening educational institutions for better credit transferability. Urged for a landscape analysis of allied health needs and improvements in educational pathway efficiency.
- **Roger Liu:** Highlighted the need for training that leads to sustainable job roles and praised the peer training grant model for utilizing lived experience as credit. Emphasized training sustainability and the financial challenge of upfront funding for training programs.
- **Catherine Kennedy:** Pointed out the necessity to prioritize within the broad scope of allied health and address the transferability of credits among educational institutions. Called for prioritization based on critical needs and seamless educational pathways for students.
- **Rebecca Ruan-O'Shaughnessy:** Advocated for a collaborative approach to allied health education and emphasized the importance of social and economic mobility for students. Suggested specific collaborations with organizations and highlighted the need for accessible and equitable training pathways.
- **Nader Nadershahi:** Suggested adding intent statements to the recommendations to outline the complexity and breadth of the work. Proposed clarifying the

recommendations with intent statements to convey the depth of council discussions.

- **Kevin Grumbach:** Noted the variation in formal training among allied health professionals and the need for ongoing educational development. Suggested keeping in mind the educational development needs of allied health professionals for team-based practice.

AGENDA ITEM 10 - Allied Health Professions Spotlight: Wellness Coach

Presenters: Christian Jones, State Policy Analyst, Healthcare Policy Analyst, Health Workforce Development, HCAI and Ben Gamache, Healthcare Policy Analyst, Health Workforce Development, HCAI

Ben Gamache introduced the Certified Wellness Coach profession, a component of California's Children and Youth Behavioral Health Initiative aiming to address mental health and wellbeing through a whole child approach. He highlighted the investment of \$340 million to develop this new profession, emphasizing the goal to improve access to behavioral health care, particularly in underserved communities. Gamache also discussed the focus on creating a diverse workforce and ensuring stackability and upward mobility for those entering the wellness coaching field.

Christian Jones outlined the core activities of a wellness coach, emphasizing their role in wellness promotion, behavioral health screenings, and care coordination among other duties. He detailed the certification pathways for wellness coaches, highlighting the educational and field experience requirements for different levels of certification. Jones also addressed feedback regarding field experience hours and explained modifications to make the certification more accessible. Lastly, he discussed the envisioned career lattices within the behavioral health field, aiming to provide entry-level opportunities and career advancement for individuals with associate and bachelor's degrees.

Council Comments

- **Deena McRae:** Inquired about the absence of emergency rooms from the list of sites for wellness coach services and suggested the importance of having wellness coaches in emergency departments to assist children and adolescents during vulnerable times, emphasizing the need for individual support and care coordination following ED discharge. Ben Gamache acknowledged the value of the suggestion, explaining the current focus on school settings due to resource limitations but expressing openness to expanding settings in the future. Deena highlighted the critical role of follow-up and connection to resources post-ED discharge.
- **Katherine Flores:** Questioned the career lattice for wellness coaches, specifically why students would choose this path over pursuing a psychologist, social worker, or psychiatrist role after obtaining their BA, and sought clarification on the pay difference between wellness coaches and other professionals. Christian Jones explained the wellness coach role offers an entry point into the behavioral health field for those unable to commit to longer educational paths immediately, allowing for gradual career progression. Ben Gamache added that the role is designed to

be appealing as both a standalone profession and a steppingstone, with specified salary ranges to make it competitive.

- **Rebecca Ruan-O’Shaughnessy:** Asked if the list of majors for the wellness coach workforce pathway was exhaustive or if there could be flexibility for emerging areas of learning. Ben Gamache addressed the need for a balance between stakeholder-driven competencies and broadening the eligibility criteria for the wellness coach certification, indicating openness to expanding the list based on incoming data and stakeholder feedback.
- **Roger Liu:** Offered several recommendations and thoughts, highlighting the importance of considering the wellness coaches' personal experiences and the need for training in adverse childhood experiences, ensuring they practice at the top of their scope, and addressing the expected pay difference for sustainability. Christian Jones and Ben Gamache responded by acknowledging the importance of community connection, training, and ensuring a sustainable funding model through Medi-Cal billing capability requirements for employers receiving grants.
- **Abby Snay:** Commended the comprehensive approach to creating the wellness coach role and asked about union representation, the possibility of integrating registered apprenticeships, and whether there had been discussions with the Department of Education and the State Board of Education. She also suggested considering juvenile justice settings as potential sites for wellness coach services. Christian Jones and Ben Gamache acknowledged the value of these suggestions and indicated ongoing and future discussions to address these points.
- **Kevin Grumbach:** Expressed concern about relying on fee-for-service billing as a sustainable funding model for the wellness coach role, especially as the healthcare system moves towards alternative payment models. Ben Gamache and Christian Jones discussed DHCS's efforts to simplify Medi-Cal billing for wellness coach services and the inclusion of technical assistance to support billing capability as part of the employer support grant requirements.

AGENDA ITEM 11 - General Public Comment

Facilitator: Van Ton-Quinlivan, Chair

No public comment.

AGENDA ITEM 12 - Recess Day One Meeting

Facilitator: Van Ton-Quinlivan, Chair

Chair Van Ton-Quinlivan concluded the Day One meeting by thanking the presenters and acknowledging the day's productive discussions. She announced that the meeting would recess and resume the following day at 9:00 AM, with the Vice Chair Nader Nadershahi facilitating.

**Day 2 Meeting Minutes
Thursday, March 14, 2024**

AGENDA ITEM 1 - Call to Order

Facilitator: Nader Nadershahi, Vice Chair

The meeting commenced with Vice Chair Nader Nadershahi calling the session to order.

AGENDA ITEM 2 - Roll Call

Facilitator: Charise Frisch, HCAI Staff

Charise Frisch conducted the roll call.

AGENDA ITEM 3 - Office of Health Care Affordability (OHCA) and Health Workforce

Presenter: Margareta Brandt, Assistant Deputy Director, Office of Health Care Affordability, HCAI

Margareta Brandt presented on the Office of Healthcare Affordability's (OHCA) efforts to curb healthcare spending growth and proposed draft standards for healthcare workforce stability. Brandt detailed OHCA's three main activities: slowing healthcare spending growth, assessing market consolidation, and promoting high-value health system performance. The presentation highlighted OHCA's plan to establish non-enforceable standards for workforce stability, aiming to monitor workforce trends and encourage stability as spending targets are implemented. Stakeholder interviews and collaborations with various healthcare entities and labor unions informed the development of these draft standards.

Council Comments

- **Catherine Kennedy** raised a question about the enforcement of data provision by hospitals, expressing interest in the vast amount of beneficial information that could be shared but concerned about how hospitals and other entities would be encouraged to provide this data without enforceable measures. Margareta Brandt noted the approach is still being refined, with a focus on building collaborative relationships with hospitals, particularly in the context of OHCA's enforcement efforts. Elizabeth Landsberg added context, emphasizing the intention to measure the impact of cost growth targets on the workforce, utilizing data already available to HCAI, and highlighted the progressive nature of enforcement mechanisms available to OHCA.
- **Rebecca Ruan-O'Shaughnessy** inquired about the breakdown of healthcare cost increases between supervisory and non-supervisory groups. Elizabeth Landsberg clarified that the spending growth target encompasses all healthcare spending, indicating a comprehensive approach to capturing healthcare costs, including consumer copays and deductibles.
- **Katherine Flores** expressed concerns about the additional workload imposed on healthcare systems to meet new metrics and its potential impact on quality care. Elizabeth Landsberg reassured that OHCA aims to utilize existing data sources to mitigate reporting burdens and emphasized the intention of good government practices to not imposing unnecessary bureaucratic measures.
- **Roger Liu** questioned the rationale behind excluding supervisory positions from

the workforce stability standards. Margareta Brandt referred to the statutory language focusing on non-supervisory and frontline workers for the current exclusion but indicated openness to reconsidering this stance in the future, acknowledging the potential benefits of including supervisory roles in workforce assessments.

AGENDA ITEM 4 - Reflection: Past Two Years of HWET Council – To review the Council's impact from the past two years and discuss how the Council can continue to inform HCAI's workforce development strategy, while leading and influencing the vision for the future of California's health workforce.

Presenter: Hovik Khosrovian, Senior Policy Advisor, Health Workforce Development, HCAI

Facilitator: Kathryn Phillips, Associate Director, California Health Care Foundation

Hovik Khosrovian presented a comprehensive review of the Council's achievements and the impact of its work on California's health workforce development strategy during its two-year tenure. The presentation highlighted significant accomplishments, including the establishment of a behavioral health scholarship program, the advancement of discussions on GME consortiums, and the integration of Council recommendations into HCAI's nursing initiative. Khosrovian also emphasized the Council's role in influencing policy changes and strategic planning across various health workforce areas such as GME, behavioral health, nursing, DEI, and faculty recruitment. The presentation concluded with a look at ongoing challenges and the need for continued efforts in addressing faculty shortages, enhancing diversity, improving data collection, and overcoming financial barriers in health professions education.

Council Comments

- **Nader Nadershahi** expressed gratitude to Hovik Khosrovian for the comprehensive review of the Council's past two years, highlighting the remarkable work and the effective, hardworking team. He reflected on the cross-disciplinary issues discussed and how they will aid future directions.
- **Katherine Flores** echoed Nadershahi's sentiments, amazed at the progress and the positive impact on California, mentioning the need for comprehensive pathways with specific pathways outlined for different professions like nursing and dentistry. She also emphasized the importance of focusing on best practices and inquired about the future of funding previously deferred by the Governor. Elizabeth Landsberg clarified that proposed delays are likely to occur due to budget constraints, and while deferred funds move to the next budget cycle, the budget's nature remains uncertain.
- **Roger Liu**, sharing his gratitude, highlighted the importance of including precepting in discussions about faculty and stressed the significance of focusing on where people practice ensuring that newly trained individuals serve in areas most needed by California. He advocated for outcome-focused funding to maximize impact. Libby Abbott responded positively to the emphasis on outcomes, measurement, and evaluation, indicating it aligns with their agenda and

- mentioned developing a prioritized evaluation strategy for the coming months.
- **Catherine Kennedy**, from a nursing perspective, appreciated the Council's receptiveness to the complexities and different pathways in nursing and other professions. She acknowledged the substantial work done and the start it represents for further efforts.
 - **Rebecca Ruan-O'Shaughnessy** highlighted the importance of equity and flexibility in educational pathways, especially for low-income working adults, and advocated for incentive structures that meet students where they are, thus avoiding unintentional harm.
 - **Kevin Grumbach** questioned specifics about the nursing workforce, recalling discussions on standardizing prerequisites and rationalizing preceptorships and clinical placements. Hovik Khosrovian detailed efforts to expand a clinical placement system to assist in matching students with training opportunities and mentioned long-term projects to clarify educational pathways.
 - **Elizabeth Landsberg** expressed gratitude for the reflection on two years of council work, acknowledging the groundwork laid by the Future Workforce Commission report and the significant progress made with the Council's and HCAI staff's efforts. She appreciated the partnership with the California Healthcare Foundation and the collaborative effort towards advancing the state's healthcare workforce strategy.

Kathryn Phillips reflected on the past achievements of the Health Workforce Education and Training (HWET) Council, emphasizing the positive feedback received through a council survey. She highlighted the high levels of agreement among council members regarding the effectiveness and productivity of the council's process, including trust, cohesion, and respect. Phillips also pointed out areas for improvement and mixed feelings about future meeting formats. This discussion aimed to foster reflection on the council's work to date and contemplate future directions, especially considering the strategic planning insights to be shared later.

Council Comments

- **Katherine Flores** expressed gratitude for Kathryn Phillips's comprehensive summary, hinting at a potentially higher net promoter score if assessed again post-meeting due to Hovik's exceptional presentation. She voiced a preference for emphasizing representation over personal visibility.
- **Roger Liu** shared his positive council experience, valuing the opportunity to meet and learn from distinguished individuals and pondered on how their feedback might simplify or complicate the staff's tasks.
- **Nader Nadershahi** highlighted the importance of evaluating the council's influence on California's health landscape through their discussions, suggesting this additional question for future reflection.
- **Abby Snay** appreciated the balance between expert insights and the HCAI team's updates on actions and plans, enhancing the council's cohesiveness.
- **Raul Ramirez** noted the value of council members' diverse experiences and perspectives, enriching discussions, and feedback.

Kathryn Phillips acknowledged the input from the council members, emphasizing the role of lived experiences alongside expert data in informing council deliberations. These reflections underscore a collective appreciation for the council's work, with suggestions aimed at enhancing their representational effectiveness and impact on HCAI's mission.

AGENDA ITEM 5 - HCAI Strategy – To discuss HCAI's direction and strategy in working towards a unified vision of California's health workforce.

Presenter: Nicole Bennett, Managing Director & Partner, Boston Consulting Group

Nicole Bennett from Boston Consulting Group presented HCAI's strategic direction, focusing on developing a comprehensive strategy with the Office of Health Workforce Development. Key aspects include creating a data tool to guide future initiatives and addressing the complexity of California's healthcare workforce needs. The strategy aims to ensure a cohesive approach to healthcare workforce development, considering evolving care models, telehealth advancements, and the potential impacts of AI, while emphasizing the need for detailed geographical data to bridge the supply-demand gap in healthcare services.

Council Comments

- **Nader Nadershahi** emphasized the importance of integrating interprofessional practice and collaborative care into healthcare delivery models. Nicole Bennett responded by acknowledging the significance of mapping allied care and the full care team, indicating an area for future development in modeling interdependencies.
- **Abby Snay** questioned how the long-term care sector fits into the workforce strategy, highlighting its significant role in the workforce and economy. Libby Abbott clarified that the sector would be considered under primary care but also mentioned the flexibility in defining what constitutes primary care. Abby Snay further suggested including worker and student voices directly in the strategy development to gain insights from those most affected by training and workforce conditions. Nicole Bennett expressed enthusiasm for integrating user and worker perspectives throughout the program design process.
- **Rebecca Ruan-O'Shaughnessy** raised concerns about data accessibility and the potential for democratizing data to empower different users. Libby Abbott assured that there would be discussions on making models and tools accessible and user-friendly, emphasizing the goal of supporting a statewide strategy.
- **Kevin Grumbach** reflected on the challenges of supply and demand projections in workforce analysis, sharing a historical anecdote to illustrate the complexity of making precise forecasts. Nicole Bennett agreed, highlighting the goal of informing strategy rather than providing exact numbers, and stressing the importance of identifying where to ask questions based on data signals.
- **Deena McRae** advocated for including demographic data in modeling, particularly concerning the payer mix and attrition rates among clinicians, to better understand recruitment and retention in specific specialties and geographical areas. Nicole

Bennett acknowledged the importance of considering both the patient and provider journeys in the strategy.

- **Roger Liu** emphasized the importance of engaging directly with healthcare providers on the ground, especially those in community health centers, to ensure the model reflects the realities of care delivery. Nicole Bennett agreed, recognizing the critical insights community-based healthcare work can offer.

Lunch Break

AGENDA ITEM 6 - Maximizing the Council's Impact – To discuss how the Council can support HCAI as it undergoes a strategic shift over the next few years.

Facilitator: Kathryn Phillips, Associate Director, California Health Care Foundation

Kathryn Phillips facilitated a discussion on how the Council can support HCAI's strategic direction and maximize its impact in the upcoming years. The session aimed to achieve alignment between the Council's goals and those of HCAI, focusing on short-term strategies for collective and individual contributions. Key discussion points included the Council's role in supporting HCAI, how council members can leverage their positions and networks to further HCAI's objectives, and the support HCAI can provide to enhance the Council's effectiveness. Legal counsel clarified the bounds of advocacy, distinguishing between HCAI's role, the Council's collective actions, and individual member initiatives.

James Yi, serving as an attorney for HCAI, clarified the council's statutory powers concerning advocacy, particularly in relation to funding. Emphasizing collective action over individual advocacy to adhere to Bagley Keen and lobbyist regulations, Yi outlined that the council could advocate through reports and resolutions. He reassured that council members could advocate within their own organizations without concerns, underlining the importance of adhering to legal frameworks to avoid potential violations.

Council Comments

- **Rebecca Ruan-O'Shaughnessy:** Emphasized the need for specificity and clarity from HCAI to engage council members effectively. She also recommended clarity on how council recommendations translate into actionable items for HCAI is crucial for meaningful engagement.
- **Roger Liu:** Highlighted the importance of council members being included in decision-making processes and discussions for better representation. He also emphasized that council members should be present in rooms where decisions are made to ensure their perspectives are integrated.
- **Katherine Flores:** Agreed on the need for specificity and added the necessity of knowing the correct contacts within HCAI for streamlined communication. She also talked about clear communication channels and knowing who to contact within HCAI are essential for fulfilling council duties.
- **Raul Ramirez:** Mentioned the existing collaboration between his department and HCAI, suggesting the continuation of sharing data and support. He also recommended having existing collaboration and data sharing between

departments and HCAI are beneficial and should continue.

- **Rehman Attar:** Echoed the sentiments for clarity and specificity and requested recommended shared actions for the council. Attar recommended that HCAI should provide an action agenda highlighting specific, shared actions for council members.
- **Abby Snay:** Supported the idea of having an annual set of priorities for the council, with some flexibility to manage bandwidth and networks effectively. Abby recommended establishing an annual priority agenda for the council to focus their efforts and resources more efficiently.
- **Deena McRae:** Agreed with the importance of open communication and welcomed feedback from the community and between the council and HCAI. She recommended having open lines of communication and welcoming feedback are essential for the council's effectiveness.
- **Nader Nadershahi:** Stressed the need for specific follow-ups from HCAI on actions the council members should take and how they should report back. He suggested having clear follow-up action and reporting mechanisms from HCAI, that will enable council members to contribute more effectively.

Public Comment

- **Public Member** from the California Primary Care Association highlighted their appreciation for HCAI's strategic vision development and emphasized the importance of convening spaces for academic institutions and healthcare centers to collaborate on growing pathways. Kevin Grumbach acknowledged the association's engagement and suggested a statewide strategy to optimize HCAI programs and assess community health centers' capacity for various trainees, calling for a follow-up on engagement.

AGENDA ITEM 7 - General Public Comment

Facilitator: Nader Nadershahi, Vice Chair

No public comment.

AGENDA ITEM 8 - Adjourn Day Two Meeting

Facilitator: Nader Nadershahi, Vice Chair.

Hovik Khosrovian proposed adjusting the council meeting schedule to accommodate the challenges of meeting during the holiday season. The proposed change involves combining the December and September meetings into one in October, either on the 30th and 31st or the 6th and 7th and moving forward with a new schedule in 2025.

Libby Abbott suggested keeping the two-day meeting in June but preferred it to be in-person to engage more effectively in strategic discussions.

Nader Nadershahi and council members discussed the feasibility of these changes, considering personal schedules and the importance of planning meetings well in advance.

Libby Abbott concluded the meeting with thanks to Kathryn Phillips for her facilitation,

Mathematica for their support, the HCAI team for their work, and the council members for their participation and openness to new discussions.

The meeting was then adjourned by Vice Chair Nader Nadershahi.