



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



Meeting Minutes
September 16, 2024
9:00 a.m. - 1:00 p.m.

CALIFORNIA HEALTH WORKFORCE
EDUCATION AND TRAINING COUNCIL
(Council)

Special Virtual Meeting

Members of the Council

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

HCAI Director
Elizabeth Landsberg

HCAI Staff
Libby Abbott, Deputy Director
Hovik Khosrovian, Senior Policy Advisor
Jalaunda Granville, Policy Section Chief
Janis Herbstman, Legal

1. Call to Order

Facilitator: Nader Nadershahi, Co-Chair

Co-Chair Nader Nadershahi called the meeting to order at 9:00 a.m., welcoming attendees on Teams.

2. Introduction of New Council Members

Facilitator: Elizabeth Landsberg, Director, HCAI

Elizabeth Landsberg introduced the newly appointed Council members.

- Governor Newsom appointed Patrick Brennan and Kristina Lawson.
- Patrick Brennan, Director of Policy and Programs at UCLA's School of Education and Information Studies, was unable to attend, but a brief biography was provided.
- Kristina Lawson, Managing Partner at Hanson Bridgett and President of the Medical Board of California, introduced herself, highlighting her experience and expressed her enthusiasm for joining the Council.

3. Roll Call

Facilitator: Naomi Kozak, HCAI Staff

Naomi Kozak conducted the roll call, confirming the presence of council members. A quorum was established.

- Absent Members: Patrick Brennan, Catherine Kennedy, Judith Liu, Cedric Rutland, Raul Ramirez, Van Ton-Quinlivan

4. HCAI Workforce Program Updates

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

Libby Abbott provided an update on the HCAI's Workforce Programs, highlighting recent budget changes and current initiatives under the Behavioral Health, Nursing, Primary Care, and Oral Health portfolios. Libby Abbott highlighted HCAI's strategic response to a \$926 million budget cut, which included reallocating resources to maintain continuity in essential high-need areas. Libby Abbott discussed organizational grants, scholarship and loan repayment programs with attention to funding allocations, program modifications, and specific impacts of recent budget constraints.

Council Comments:

- **Katherine Flores** inquired about the term "socialization support" used during the budget discussion, clarifying it as outreach to stakeholders for feedback on the strategy.
- **Kevin Grumbach** raised concerns about the disparity between the budget cuts and HCAI's allocated \$88 million, asking for clarification on the baseline comparison to the previous fiscal year.
- **Roger Liu** questioned the long-term retention impact of loan forgiveness programs and suggested a more robust evaluation to ensure their effectiveness in underserved areas.

Public Comments:

- **Rosanna Davis (California Association of Licensed Midwives)** expressed that there are not any California-based licensed midwife schools, and that licensed midwives play a unique and important role in addressing maternity care. She asked how the Council and HCAI can support licensed midwifery education programs.
- **Randall Hagar (Psychiatric Physicians Alliance of California)** asked about the investment in training up the primary care workforce in the essentials of primary care psychiatry.
- **Garrett Chan (President & CEO of HealthImpact)** brought attention to the need for clear financial support for DACA recipients pursuing nursing and healthcare careers, as they are ineligible for federal financial aid. He requested clarification and promotion of state-level financial aid opportunities for DACA students to help diversify California's healthcare workforce.
- **Kris Himmerick (University of the Pacific)** highlighted an issue with scholarship recipients and federal financial aid conflicts. Some students who received HCAI scholarships were unaware of the impact on their federal financial aid, resulting in financial penalties. Kris Himmerick suggested better communication between HCAI and educational institutions to inform students and avoid such complications.
- **Barry Kurland (Easter Seals Southern California)** emphasized the need for workforce training in managing the co-occurrence of behavioral health disorders and intellectual and developmental disabilities (IDD), including autism. He noted that this area of training is underrepresented in workforce development strategies and requested more focus on it, as up to 78% of individuals with IDD may experience behavioral health issues.
- **Kim Dau (California Nurse-Midwives Association)** requested clarification on whether the current public comment period would be the only opportunity for feedback or if there would be a separate session later in the meeting. Chair Nadershahi confirmed that there would be another opportunity for public comments later.

5. Summary of Supply / Demand Model and Detailed Review of Behavioral Health Workforce Strategy

Presenters: Libby Abbott, Deputy Director, Health Workforce Development, HCAI, Sharmil Shah, Assistant Deputy Director, Health Workforce Development, HCAI, Eric Neuhauser, Research and Evaluation Section Chief, Health Workforce Development, HCAI

Libby Abbott, Sharmil Shah, and Eric Neuhauser presented HCAI's Supply and Demand Model, focusing on current behavioral health workforce shortages, regional gaps, and role-specific needs.

- **Supply and Demand Model Overview:** The model's methodology, which assesses workforce needs across California and projects demand trends

for high-need roles, was explained. The model highlighted shortages in non-prescribing licensed clinicians, substance use disorder counselors, and associate-level clinicians, especially in underserved areas such as Northern and Sierra regions and the San Joaquin Valley.

- **Equity Focus:** There was an emphasis on the need to address racial and linguistic disparities within the behavioral health workforce. The findings showed that Latinx and Asian communities are underrepresented across behavioral health roles and Spanish-speaking professionals are disproportionately scarce.
- **Targeted Interventions:** Specific strategies to address behavioral health workforce shortages:
 - **Expanding Educational Capacity:** Libby Abbott outlined discussions around increasing clinical training sites, particularly for behavioral health roles requiring extensive supervised hours. She also discussed targeted interventions for underrepresented groups, especially in regions like the San Joaquin Valley.
 - **Reducing Barriers to Licensure:** The Council discussed methods to alleviate challenges faced by non-prescribing clinicians in completing their clinical hours. Suggestions included providing financial support for clinical supervision to expedite licensure for these professionals, enabling them to fill workforce gaps more rapidly.

Council Comments:

- **Katherine Flores** supported the need for scholarships and mentorship programs to increase workforce diversity and reduce the financial burden on students from underrepresented groups.
- **Kevin Grumbach** raised concerns about the cash-pay model for many behavioral health providers, which limits access for low-income populations. He suggested linking training programs to service in underserved areas to prevent professionals from moving into private practice.
- **Roger Liu** highlighted the need for systemic changes to support knowledge transfer and organizational change in clinics that receive HCAI-trained primary care providers with enhanced behavioral health skills.
- **Elizabeth Landsberg** highlighted the distinction between HCAI's workforce efforts and systemic changes requiring collaboration with partners.
- **Abby Snay** identified compensation as essential to building, supporting, and retaining the behavioral health workforce.
- **Rebecca Ruan O'Shaughnessy** recommended addressing transportation, textbooks, and supplies in discussions on the total cost of education.
- **Nader Nadershahi** proposed establishing a permanent fund to provide upfront scholarships for health workforce training in shortage areas.

- **Vernita Todd** urged the group to consider how changes to compensation, ratios, and flexible schedules might unintentionally affect organizations hiring entry-level behavioral health workers.
- **Rehman Attar** emphasized statewide and regional partnerships as key to advancing interventions like tuition support or reimbursement.
- **Kristina Lawson** reiterated that enhanced collaboration across agencies and within government is essential for better coordination.
- **Kim Perris** inquired about any research on healthcare organizations' efforts to address burnout among behavioral health professionals.
- **Deena McRae** highlighted a recent report on the key factors driving career dissatisfaction and moral injury in behavioral health professions. She also proposed strategies to incentivize nursing faculty to stay as educators.

Public Comments:

- **Garrett Chen (President & CEO of HealthImpact)** emphasized creating healthy work environments to foster belonging and address moral injury in the nursing workforce, citing violence as a retention barrier, and stressed the importance of post-licensure education.

6. Detailed Review of Nursing Workforce Strategy

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

Hovik Khosrovian presented HCAI's Nursing Workforce Strategy, focusing on addressing statewide nursing shortages, educational constraints, and retention challenges.

- **Shortage Areas:** Hovik Khosrovian explained that nursing shortages are particularly severe in rural regions and within specific specialties. He identified educational bottlenecks and faculty shortages as major barriers to expanding nursing capacity statewide.
- **Educational Capacity Expansion:** Hovik Khosrovian outlined HCAI's plan to increase nursing program seats, with a focus on public institutions, which are generally more accessible for a diverse student base. He discussed the need for faculty recruitment and support, including incentives for advanced training in underserved regions.
- **Retention and Recruitment Initiatives:** Hovik Khosrovian detailed HCAI's retention-focused initiatives, including loan repayment programs tied to service obligations in rural areas and retention bonuses for newly licensed nurses. These programs aim to sustain nursing workforce levels in high-need areas.

Council Comments:

- **Katherine Flores** supported expanding NP programs and addressing faculty shortages, particularly in rural regions, recommending increased funding for faculty recruitment and training to boost program capacity.
- **Kevin Grumbach** emphasized the critical role of nurse-midwives in reducing maternal mortality and morbidity, urging the Council to focus on expanding the midwifery workforce in underserved areas.
- **Roger Liu** highlighted the importance of loan forgiveness and retention bonuses to keep nurses in rural hospitals and advocated for career pathways to help medical assistants transition into nursing roles.
- **Rebecca Ruan-O'Shaughnessy** endorsed community college partnerships, noting their key role in workforce development in underserved communities, and encouraged HCAI to expand allied health and wellness coaching programs to strengthen the healthcare pipeline.
- **Elizabeth Landsberg** clarified that HCAI is conducting a holistic review of their applications and has asked medical schools and training programs to detail their efforts to recruit and support diverse individuals.
- **Kim Perris** proposed leveraging wellness coaches as an entry-level pathway to engage students in healthcare, noting it could serve as a steppingstone for those pursuing nursing.
- **Abby Snay** recommended apprenticeship models as a strategy to upskill the nursing workforce.
- **Deena McRae** suggested prioritizing public institutions, emphasizing that their graduates tend to have less debt and are more likely to remain in California.
- **Rehman Attar** echoed Deena McRae's comments, adding that clinical coordination between public institutions could create more sustainable clinical placements.

7. General Public Comment

Facilitator: Nader Nadershahi, Co-Chair

Nader Nadershahi opened the floor for general public comment.

Public Comments:

- **Kim Dau (California Nurse-Midwives Association)** highlighted midwifery as a strategy to address maternal mortality and disparities, stressing the need for cost-effective, evidence-based nurse-midwife training.
- **Rosanna Davis (California Association of Licensed Midwives)** differentiated licensed midwives from nurse-midwives in education and regulation and proposed using community colleges to boost workforce diversity and midwifery access.
- **Ariel Hernandez (California Nurses Association)** pointed out discrepancies between HCAI's and UCSF's nursing workforce forecasts and requested details on HCAI's supply and demand model inputs and assumptions.

8. **Adjournment**

Facilitator: Nader Nadershahi, Co-Chair

Nader Nadershahi formally adjourned the meeting at 1:00 p.m.