



**Douglas Sale**  
Acting Executive Director



**Edmund G. Brown Jr.**  
Governor



**Stephanie Clendenin**  
Acting Director

**CALIFORNIA WORKFORCE INVESTMENT BOARD  
HEALTH WORKFORCE DEVELOPMENT COUNCIL**

**October 25, 2011  
10:00 a.m. – 3:00 p.m.**

**Double Tree Hotel  
2001 Point West Way  
Sacramento, CA**

**MEETING SUMMARY**

**I. Introduction and Opening Remarks**

Acting Chair Cathy Martin opened the meeting and welcomed everybody. Ms. Martin asked that the Health Workforce Development Council (Council) members introduce themselves. Council members/designees who were in attendance are listed below:

Kevin Barnet	Cathy Martin
Steve Barrow	Jeff Oxendine
John Blossom	David Quackenbush
Saba Brelvi	Tanya Robinson-Taylor
Peter Cooper	Brian Stiger
Diane Factor	Sheila Thomas
Gary Gugelchuk	Kathleen Velazquez
Brian Keefer	Linda Zorn

**II. Chair/Director/Agency Updates**

Ms. Martin explained that, with the help of the facilitators from Unleashing Leaders, the Council will continue the process of prioritizing the numerous recommendations received throughout the planning grant process.

Ms. Martin introduced Doug Sale, Acting Executive Director, California Workforce Investment Board (State Board) who gave a brief update on the reduction of federal Workforce Investment Act (WIA) discretionary funding from 15% to 5% in the continuing resolution legislation House Joint Resolution 79. He explained that the reduction to only 5% WIA discretionary would only cover the costs of administering the program by

multiple agencies. This would mean the State and Governor would not have any funds for any discretionary projects.

Mr. Sale also mentioned that the appointment of a new Executive Director for the State Board was still forthcoming.

Ms. Martin introduced Stephanie Clendenin, Acting Director, Office of Statewide Health Planning and Development (OSHPD). Ms. Clendenin introduced Jim Suennen, Associate Secretary for External Affairs at California Health and Human Services Agency and gave an update on OSHPD's activities:

- National Health Service Corps, Corps Community Day – Healthcare Workforce Development Division of OSHPD participated in National Health Service Corps, Corps Community Day. Staff conducted an informational webinar in partnership with Health Resources and Services Administration (HRSA), Region IX and the California Primary Care Association to discuss the National Health Service Scholar (Scholar) and Loan Repayment Programs (LRP) and the State Loan Repayment Program (SLRP). Corps Community Day was an event celebrated throughout the nation. California and other state activities can be found on the NHSC website:  
<http://nhsc.hrsa.gov/corpscommunityday/default.htm>
- Negotiated Rulemaking (NRM) – OSHPD staff continue to work with California members of the Negotiated Rulemaking Committee (NRMC) to monitor the impact of the proposed rule changes for designation of Health Professions Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) on California. A preliminary impact testing was performed for states that have Pre-defined Rational Service Areas (RSAs) including California and that information should be available soon. California will also have an opportunity to perform our own impact analysis. Timelines for state analyses will be discussed at the October NRMC meeting.

Ms. Clendenin stated that the NRM process is important to California because a recent analysis identified over \$1.4B local/state/federal funds leveraged to programs in HPSAs and MUAs/Medically Underserved Populations (MUPs) from the period July 1, 2010 through June 30, 2011.

- HRSA Bureau of Health Professions, Office of Shortage Designation has awarded the OSHPD California Primary Care Office (CA-PCO) a \$625,000 grant over a 2-year period to coordinate and conduct activities in California related to the retention of primary care providers as a result of the NHSC initiative (Scholar, LRP, and SLRP) under the American Recovery and Reinvestment Act. The CA-PCO will collaborate with the California Area Health Education Center and HRSA Region IX to conduct the grant activities.

Ms. Clendenin reiterated the commitment of OSHPD and the Health and Human Services Agency to support health workforce development efforts that increase accessibility of

health services, particularly in areas of unmet need and for underserved populations throughout California.

She asked that Council members and stakeholders continue to “trust the process,” that we are engaging in to identify priorities and action steps to be taken over the short and long-term and know that we are committed to a transparent process where all stakeholder feedback will be heard, listened to/considered and shared within our Agencies and within the Brown Administration.

### **III. Action Item: Approval of September 25, 2011, Meeting Minutes**

The September 25<sup>th</sup> meeting minutes were approved.

### **IV. Large Group Discussion: Review Accomplishments from Last Meeting**

Keirsten Quest and Shawn Murphy of Unleashing Leaders opened the session by reviewing the work from the last meeting and showcasing the top 10 recommendations derived from the raw scores. There was discussion regarding the validity of averaging the scores based on the group sizes. The concern was that groups with more people would have larger scores and the results were skewed in favor of the larger groups. The averaging of the scores instead negates the difference in group sizes bringing them all to a comparable scale.

Ms. Quest briefly introduced the work to be completed today. The Council will be looking through new lenses to further evaluate the current ranks. The two lenses are: prerequisites needed and the time it will take to implement the recommendations. This process will allow people to discuss and move the raw scored recommendations up or down on the prioritization scale.

Ms. Quest then reviewed the day’s objective: Refine prioritization to get a coarse grain, and the Ground Rules for small group discussion.

### **V. Individual Reflection**

Ms. Quest introduced the handouts provided to each table for reference, Ranked Raw Scores, and Ranked Raw Scores with Criteria. The individual worksheet was also discussed to instruct the council members on how to start the next step of the process and provide a base to start the discussions. Instructions for individual work: identify any prerequisites for implementing the recommendations, and indicate the length of time it would take to implement the recommendations.

### **VI. Working Lunch – Small Group Discussion**

Mr. Murphy took over leading the session by instructing the council how to transition into small group discussion. Using the thoughts organized in the individual reflection, groups were asked to discuss prerequisites and timelines for the recommendations, and whether based on these new points, if the priority should be changed. Groups were asked to select a

spokes person to capture talking points and report out to the large group, also to use the posters provided to capture the group consensus of the new prioritized ranks. New data was provided for the group; ranked recommendations with the scores from criteria one removed. The new data provided a new view of the recommendations without a previous bias of the criteria of immediate impact to the state.

A concern was raised that group members were not in groups that would utilize their specialties (e.g. finance people should be working in the group with the finance category). Unleashing Leaders explained the tables were broken up to provide a wide range of views on each set of topics, and the larger group would shake out the same conclusions as the experts. Mr. Murphy also explained that the council is looking at details right now. The high level view is to provide a wide look at ways these recommendations can help the State as an interconnected system, not just as specialists in a certain field. There will be a chance for more special refinement in the third meeting.

The Council was dismissed for lunch and a quick break before returning to start their group discussions.

## **VII. Small Group Discussion (Continued)**

The Council continued discussing in small groups and adjusting their set of recommendations.

## **VIII. Large Group Reporting and Review Day's Work/Discuss Next Steps**

Group 1 Debrief – Some recommendations are outcome statements, some are strategies and tactics (prioritizing these didn't make much sense). Many were the same concepts pitched to a different audience; group members discussed putting these together and prioritize as one.

Group 2 Debrief – Many of the recommendations require funding, policy & legislation. These seem to be prerequisites to everything else. Some of the recommendations seem beyond the scope of this Council such as hiring and orientation, those are issues for private organizations. Funding recommendations were changed to #1 because they were the prerequisite to most other recommendations. The group suggested reworking some recommendations so the State can control or influence the outcome (video conferencing with specialists that don't normally go to underserved areas), it will provide access without influencing competitive salaries.

Group 3 Debrief – Finance and policy was agreed to be the main prerequisite for all other recommendations. Many recommendations have to start now, but the results will be seen long term. This group had issues prioritizing the recommendations because of the need to implement now without short-term results. Some agencies are already doing/funding some of these recommendations; resources need to be realigned to implement them statewide. Group 3 tried to balance things that would take time to accomplish with others that had a more immediate impact.

Group 4 Debrief – Discussion centered on the idea that infrastructure coordination could start many of the other recommendations going. Coordinating infrastructure with the right partnerships will push most of the recommendations along. It was hard to determine short term vs. long term impacts.

Large group questions and discussion:

- Following the small group report-outs was difficult when the information wasn't directly in front of us.
- Recommendations couldn't be eliminated; Council members didn't want to lose any idea or suggestion. Protocol was discussed for handling recommendations. Recommendations could be consolidated or eliminated to make them more actionable; however all recommendations will be submitted to the administration in their original form. Changes/wordsmithing to the recommendations could be made when moving forward. It could be that under the top recommendations, there is a list of strategies for each recommendation, when they are submitted to the Administration. Content experts should be the ones to wordsmith or adapt the recommendations before moving forward. Some ideas are very abstract; they may need to be drilled down for clarity.
- Competitive and alignment of salaries is different than enhanced reimbursement issue; the Council can't influence salaries, but can touch on reimbursement. Group 2's Question #8 should be sent to an ad hoc committee for further discussion and clarification of the nuances.
- The Council has not looked at administrative, private, legislative, budget, and regulatory issues when considering next steps.
- The meetings are getting more and more important as we go on. Will there be an opportunity to provide feedback via email if we can't be there for the third meeting? Every attempt to will be made to accommodate those who can't be in attendance.

## **IX. Public Comment**

Annie Lam, Governmental Affairs Director, California Chiropractor Association, stated that the Chiropractor Association will be submitting a career pathway for chiropractors to be considered by the Council and its Career Pathways Sub-Committee.

The members asked staff about when the Sub-Committee will be reconvened. Ms. Clendenin stated that OSHPD and State Board staff will be meeting regarding the Sub-Committee.

Ms. Lilly Spitz, Legal Counsel, Planned Parenthood Affiliation of California, brought to the attention of the Council that they are currently examining the issue of reimbursement

and the impact of the reimbursement rates on state-funded health care services. She explained that this has resulted in longer waiting lists at their clinics and workforce shortages (e.g., 27 Nurse Practitioners vacancies in the Central Valley). Ms. Spitz requested that this issue be included in the Council's recommendations. Council agreed that this issue and additional recommendations that come from their public meetings should be placed in a "parking-lot" to ensure they are not lost.

#### **X. Council Member Updates**

Council members gave updates on various activities undertaken by their organizations.

#### **XI. Next Steps**

The third prioritization meeting will be held in mid-December.

#### **XII. Adjournment**

The meeting was adjourned at approximately 3:00 p.m.