

## **CHA WORKFORCE COMMITTEE**

**Thursday, December 7, 2017**

**10:00 - 11:30 a.m.**

**Via Conference Call:**

**800-882-3610**

**Passcode: 6506506#**

## **AGENDA**

<b><u>ITEM</u></b>	<b><u>TIME</u></b>	<b><u>SUBJECT</u></b>	<b><u>REPORTING</u></b>	<b><u>PAGE</u></b>
<b>I.</b>	10:00 - 10:10 a.m.	<b>Welcome and Introductions</b> A. Chair Announcement B. Vice Chair Announcement C. Welcome New Members: Nick Burr, David Cohen, Bryan Hickey, Michelle Miller, Scott Mumbert (Returning), Enza Sanchez, Genil Washington	Moses Aguirre	2
<b>II.</b>	10:10 - 10:15 a.m.	<b>Minutes from September 7, 2017 meeting</b> A. Approval of minutes from joint CHA Workforce & HR Committee meeting on September 7, 2017	Moses Aguirre	6
<b>III.</b>	10:15 - 10:45 a.m.	<b>Landscape Update</b> A. All members report on emerging trends and issues	All	
<b>IV.</b>	10:45 - 11:05 a.m.	<b>Physical Therapy Recruitment Strategy Discussion</b>	Jennifer Rangle	10
<b>V.</b>	11:05 - 11:15 a.m.	<b>California Future Health Workforce Commission</b> A. Update on sub-committees	Cathy Martin	11
<b>VI.</b>	11:15 - 11:25	<b>Legislative Update</b> A. 2018 Workforce Priorities	Cathy Martin	14
<b>VII.</b>	11:25 - 11:30 a.m.	<b>Other Business</b> A. Next meeting is in person, Thursday, March 1, 2018 in Sacramento	All	15
<b>VIII.</b>	11:30 a.m.	<b>Adjourn</b>	Moses Aguirre	



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

December 7, 2017

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Welcome and Introductions  
CHA Workforce Committee Roster

**I. ACTION REQUESTED**

Review contact information and titles contained in the roster on the following pages.

**II. SUMMARY AND BACKGROUND**

Attached please find the most recent CHA Workforce Committee Roster. Please review your contact information for accuracy. Forward all corrections to Michele Coughlin at [mcoughlin@calhospital.org](mailto:mcoughlin@calhospital.org).

Please welcome new members:

**NICK BURR**  
*Senior Talent Strategy Consultant*  
Sutter Health

**ENZA SANCHEZ**  
*Human Resources Generalist*  
Montage Health

**DAVID COHEN**  
*Director, Talent Acquisition*  
Providence St. Joseph Health

**GENIL WASHINGTON**  
*Director, Talent Acquisition*  
Dignity Health

**BRYAN HICKEY**  
*Director of Talent Acquisition*  
Cedars-Sinai Health System

**MICHELLE MILLER, MHA**  
*Chief Human Resources Officer*  
Placentia-Linda Hospital

**SCOTT MUMBERT (RETURNING)**  
*Manager, Recruitment*  
Cottage Health



## **CHA Workforce Committee ROSTER**

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### **CHAIR**

**MOSES AGUIRRE**

*Regional Director, Talent Acquisition*  
Adventist Health, Southern California Region  
Glendale  
[aguirm@ah.org](mailto:aguirm@ah.org)

### **MEMBERS**

**KIM BAKKEN**

*Manager of Volunteer Services*  
Kaiser Roseville  
Roseville  
Office: 916-784-5952  
[Kim.Bakken@kp.org](mailto:Kim.Bakken@kp.org)

**DAVID COHEN**

*Director, Talent Acquisition*  
Providence St. Joseph Health  
Office: 310-793-8175 Ext. 38175  
Los Angeles  
[david.cohen2@providence.org](mailto:david.cohen2@providence.org)

**WANDA COLE-FRIEMAN**

*Vice President, Talent Acquisition*  
Dignity Health  
San Francisco  
Office: 415-438-5635  
[Wanda.Cole-Frieman@DignityHealth.org](mailto:Wanda.Cole-Frieman@DignityHealth.org)

**NICOLE GREEN**

*Workforce Planning Consultant*  
Kaiser Permanente  
Oakland  
[Nicole.E.Green@kp.org](mailto:Nicole.E.Green@kp.org)

**KRISTIE GRIFFIN**

*Director, Talent Acquisition*  
Dignity Health  
Rancho Cordova  
Office: 916-851-2657  
[Kristie.Griffin@Dignityhealth.org](mailto:Kristie.Griffin@Dignityhealth.org)

**BRYAN HICKEY**

*Director of Talent Acquisition*  
Cedars-Sinai Health System  
Los Angeles  
Office: 310-423-4014  
[bryan.hickey@cshs.org](mailto:bryan.hickey@cshs.org)

**HEATHER KENWARD**

*Workforce Development*  
John Muir Health  
Concord  
Office: 925-674-2348  
[heather.kenward@johnmuirhealth.com](mailto:heather.kenward@johnmuirhealth.com)

**STEPHANIE LAYHE**

*Director of Rehab Services*  
Community Hospital of the Monterey Peninsula  
Monterey  
Office: 831- 625-4730  
[stephanie.layhe@chomp.org](mailto:stephanie.layhe@chomp.org)

**DOUG LEVINE**

*Talent Acquisition Manager*  
University of California, San Diego  
San Diego  
Office: (619) 543-7465  
[a6levine@ucsd.edu](mailto:a6levine@ucsd.edu)

**MICHELLE MILLER**

*Chief Human Resources Officer*  
Placentia-Linda Hospital  
Placentia  
Office: 714-993-2000  
[michelle.miller@tenethealth.com](mailto:michelle.miller@tenethealth.com)

**MONICA MORRIS**

*Director, National Workforce Planning & Development*  
Kaiser Permanente  
Oakland  
Office: 510-625-5886  
[monica.n.morris@kp.org](mailto:monica.n.morris@kp.org)

**SCOTT MUMBERT**

*Manager, Recruitment*  
Cottage Health  
Santa Barbara  
Office: 805- 879-8787  
[smumbert@sbch.org](mailto:smumbert@sbch.org)

**ANDREW ORTIZ**

*Senior Vice President, Human Resources and Organization Development*  
Cedars-Sinai Health System  
Los Angeles  
Office: 310-423-6214  
[andy.ortiz@cshs.org](mailto:andy.ortiz@cshs.org)

## ***CHA Workforce Committee Roster***

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### **ANDREA PERRY**

*Program Administrator, Organization  
Development and Learning  
Cedars-Sinai Health System  
Los Angeles  
Office: 310-423-5533  
[andrea.perry@cshs.org](mailto:andrea.perry@cshs.org)*

### **JENNIFER RANGEL**

*Senior Talent Advisor, HR Talent Acquisition  
Lodi Memorial Hospital  
Lodi  
Office: 209-339-7879  
[rangelj01@ah.org](mailto:rangelj01@ah.org)*

### **TANYA ROBINSON-TAYLOR**

*Sr. Legislative Representative, Gov't Relations  
Kaiser Permanente  
Sacramento 95814  
Office: 916-491-2023  
[tanya.robinson-taylor@kp.org](mailto:tanya.robinson-taylor@kp.org)*

### **ENZA SANCHEZ**

*Human Resources Generalist  
Montage Health  
Monterey  
Office: 831-622-2805  
[Enza.Sanchez@montagehealth.org](mailto:Enza.Sanchez@montagehealth.org)*

### **ELMERISSA SHEETS**

*Director, Workforce Dev. & Recruiting Strategies  
Sharp HealthCare  
San Diego  
Office: (858) 499-5267  
[Elmerissa.Sheets@sharp.com](mailto:Elmerissa.Sheets@sharp.com)*

### **ANETTE SMITH-DOHRING**

*Workforce Development Manager  
Sutter Health  
Sacramento  
Office: 916-887-7644  
[smitham@sutterhealth.org](mailto:smitham@sutterhealth.org)*

### **LAURA NIZNIK WILLIAMS**

*Assistant Director, Gov't & Community Rel.  
UC Davis Health  
Sacramento  
Office: 916-734-5441  
[lniznik@ucdavis.edu](mailto:lniznik@ucdavis.edu)*

### **LINDA VAN FULPEN**

*Manager, Volunteer Services  
Sharp Grossmont Hospital  
La Mesa  
Office: 619-740-4059  
[Linda.vanfulpen@sharp.com](mailto:Linda.vanfulpen@sharp.com)*

### **GENIL WASHINGTON**

*Director, Talent Acquisition  
Dignity Health  
San Francisco  
[Genil.Washington@DignityHealth.org](mailto:Genil.Washington@DignityHealth.org)*

### **DENNIS YEE**

*Recruitment Consultant  
Children's Hospital Central California  
Madera  
Office: 559-353-7058  
[dyee@childrenscentralcal.org](mailto:dyee@childrenscentralcal.org)*

### **ELLEN ZAMAN**

*Associate Vice President,  
Government and Industry Relations  
Children's Hospital Los Angeles  
Los Angeles  
Office: 323-361-2591  
[ezaman@chla.usc.edu](mailto:ezaman@chla.usc.edu)*

### **JOHN ZUBIENA**

*Interim Vice President, Human Resources  
Palomar Health  
Escondido  
Office: 760-740-6335  
[John.zubiena@palomarhealth.org](mailto:John.zubiena@palomarhealth.org)*

## **REGIONAL ASSOCIATION REPRESENTATIVES:**

### **T ABRAHAM**

*Vice President, Human Resources  
Hospital Council  
Sacramento  
Office: 916-552-7534  
[tabraham@hospitalcouncil.org](mailto:tabraham@hospitalcouncil.org)*

### **TERI HOLLINGSWORTH**

*Vice President, Human Resources  
Hospital Association of Southern California  
Los Angeles  
Office: 213-538-0763  
[thollingsworth@hasc.org](mailto:thollingsworth@hasc.org)*

### **REBECCA ROZEN**

*Regional Vice President  
Hospital Council, East Bay Section  
Pleasant Hill  
Office: 925-746-1550  
[rrozen@hospitalcouncil.org](mailto:rrozen@hospitalcouncil.org)*

### **JUDITH YATES**

*Senior Vice President/COO  
Hospital Association of San Diego &  
Imperial Counties  
San Diego  
Office: 858-614-1557  
[jyates@hasdic.org](mailto:jyates@hasdic.org)*

**CHA STAFF:**

**CATHY MARTIN**

*Vice President, Workforce Policy*

California Hospital Association

Sacramento

Office: 916-552-7511

[camartin@calhospital.org](mailto:camartin@calhospital.org)

**MICHELE COUGHLIN**

*Administrative Assistant*

California Hospital Association

Sacramento

Office: 916-552-7672

[mcoughlin@calhospital.org](mailto:mcoughlin@calhospital.org)



**CALIFORNIA  
HOSPITAL  
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*Providing Leadership in  
Health Policy and Advocacy*

December 7, 2017

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Draft September 7, 2017 Joint HR/Workforce Committee Meeting Minutes

**I. ACTION REQUESTED**

Review and approve minutes of the September 7, 2017 joint CHA Workforce & HR Committee meeting that took place in Santa Barbara.

## **JOINT CHA HUMAN RESOURCES/ WORKFORCE COMMITTEE MEETING**

**Thursday, September 7, 2017**

**10:00 am - 2:30 pm**

**Cottage Health - Burtness Auditorium**

400 West Pueblo Street, Santa Barbara, CA 93105

### **DRAFT MEETING MINUTES**

**Members Participating:** Moses Aguirre, Kim Bakken, Michelle Childs, Paul Celuch, Nicole Green, Kristie Griffin, Ashleigh Hammam, Denise Harding, Paul Herrera, Linda Irvin, Heather Kenward, Ky Lewis, Natasha Milatovich, Monica Morris, Timothy Olaore, Mark Puleo, Samuel Romano, Patrice Ryan, Judy Saito, Elmerissa Sheets, Gregory Smorzewski, Pam Stahl, Linda Van Fulpen, Rachelle Wenger, Laura Niznik Williams, Robert Wosniak, John Zubiena

**CHA Staff Participating:** Gail Blanchard-Saiger, Cathy Martin

**Regional Staff Participating:** Terri Hollingsworth, Kevin Porter, Rebecca Rozen, Judith Yates

**Guests Participating:** Gerry Balcazara, Miriam Hernandez, Diana Lovan

#### **I. Welcome and Introductions**

Moses Aguirre and Patrice Ryan welcomed members and the meeting began at 10:07 a.m. Attendance was taken, followed by individual introductions of meeting participants. Members new to the committee(s) were welcomed to the groups.

#### **II. Minutes from Previous Meeting**

Moses Aguirre directed attendees to the May 25, 2017 meeting minutes and requested attendees bring forth any changes. No changes were requested.

- It was moved and seconded and the minutes from the May 25, 2017 meeting were unanimously approved.

Patrice Ryan directed attendees to the May 30 and July 25, 2017 meeting minutes and requested attendees bring forth any changes. No changes were requested.

- It was moved and seconded and the minutes from the May 30 and July 25, 2017 meetings were unanimously approved.

#### **III. Landscape Update**

Gail Blanchard-Saiger kicked off the landscape discussion with a recent topic of interest to hospitals related to the Deferred Action for Childhood Arrivals (DACA) decision. Gail asked members what type of resources or information do they need on this topic? Do they anticipate the decision impacting their current workforce? If so, how? Rachelle Wagner stated that Dignity Health co-signed a letter regarding the DACA phase out and stated that her system could use legal information on the topic. Patrice Ryan asked committee members if they were hearing from their employees and no members of the committee seemed to be hearing anything as of yet. However, Teri Hollingsworth stated that nursing students in Monterey County are expressing concerns.

- Gail Blanchard-Saiger verified with members that the action needed from CHA would be information and referrals to resources regarding the decision and the impact on employees. She asked if a white paper with both a workforce and labor and employment focus would be of value and members agreed that it would be. Gail agreed to work on such a document.

Patrice Ryan asked members if they are incorporating the role of Community Health Worker (CHW) into their organizations. Do members utilize this role and if so how and how is it supported? Natasha Milatovich responded that Adventist Health does utilize these workers in their new mother education programs which are supported with grant funding. Monica Morris stated that Kaiser Permanente also has used CHWs in various regions. Mark Puleo responded that Henry Mayo has a physical education, health and wellness center where he could see these workers being of value. Ky Lewis shared that Sharp uses “community nurses” for home visits for transitions of care. The group agreed that they looked forward to learning more about the role of this worker from presenters later in the day.

Teri Hollingsworth queried the committee members regarding issues with span of control related to nursing. She reported that she is hearing this is an issue with members due to nurses having an excessive number of employees reporting to them. She cited literature that indicates that for every 10+ reports a nurse has, turnover goes up 1.6% and there is a correlation with adverse outcomes. Teri asked if span of control should be a concern at the C-suite level. Providence, Palomar, and Dignity all agreed that, yes, this should be a concern of the C-suite and should be elevated. Teri also reported that HASC has commissioned a white paper on the issue.

Gail Blanchard-Saiger informed the committees that the CHA Board has identified a successor to the association’s current CEO, Duane Dauner, who is retiring. Carmela Coyle, from the Maryland Hospital Association, will become the next President and CEO of CHA beginning in October.

Cathy Martin updated the group on the recently established California’s Future Health Workforce Commission. She stated that the commission is the result of a co-investment from four large health foundations in California, the Blue Shield Foundation, The California Endowment, The Wellness Foundation, and the California Health Care Foundation. The commission will help the state close the gap between the health workforce we have and the workforce we need. The commission is composed of recognized top health care leaders who bring expertise from health, education, employment, labor, and government sectors. Commissioners will work together in 2017 and 2018 to develop a strategic plan for building the health workforce to meet California’s future needs. This plan will include a set of practical short, medium, and longer-term solutions that, if adopted and implemented by the state, would address current and future gaps in the health workforce. Co-chairs of the commission are President Janet Napolitano of the University of California and Lloyd Dean, President and CEO of Dignity Health. Cathy Martin serves on the technical advisory committee along with other hospitals and health systems.

- Cathy Martin will send link to the commission out with the minutes from this meeting.

Cathy Martin also updated the committees on CHA’s joint effort with the National Alliance for the Mentally Ill (NAMI) titled, Leading the Way, which is a strategic initiative to address California’s behavioral health crises. The initiative has identified workforce shortages as a major concern related to improving behavioral health services. Cathy Martin will staff a committee dedicated to this issue. The committee will be sending a letter to the California’s Future Health Workforce Commission urging the commission not to overlook behavioral health workforce and to emphasize integration of physical and behavioral health.

#### **IV. Legislative and Regulatory Updates**

Gail Blanchard-Saiger provided the committee members with a comprehensive update of current labor and employment related bills and regulations.

- Members are concerned about issues with CNA re-certification delays. Gail agreed to bring this back to CHA staff, Debby Rogers and Pat Blaisdell, who may be helpful with this issue.

Cathy Martin updated members on the status of AB 387, a bill that would require minimum wage be paid to students participating in clinical training as part of their allied health training program. Cathy informed the members that this is now a 2-year bill but that SEUI-UHW has stated their intent to bring the bill back in January.

- CHA will monitor closely.

#### **V. Leaves of Absence Discussion**

Diana Lovan of Cottage Health presented regarding Cottage's struggles and strategies related to leaves of absence. Members of both committees were very interested and concerned about this topic. Some members are developing strategies as well. Members expressed interest in continuing this dialogue.

- Gail and Cathy will send Diana's presentation to both committees.
- Leave of absence workgroup will be formed for the purpose of continuing the dialogue and developing strategies. Interested members of the workforce committee who would like to participate on the workgroup should contact Gail.

#### **VI. Vision y Compromiso Presentation**

Gerry Balcazara and Miriam Hernandez provided members with an overview of the role of community health worker, how CHWs are valued by patients, and how Vision y Compromiso has created a network of these individuals that could be of value to hospitals in various regions. Presenters also answered questions of the committee members.

- Providence Health has a community health worker program. CHA suggests that Pam Stahl and others from Providence give a presentation at an upcoming meeting so that the other members can see how these partnerships work in the field and hear from a hospital that is using these workers.

#### **VII. Honoring Patrice Ryan**

CHA and the committee members took a brief break to honor Patrice Ryan, Vice President of Human Resources, Cottage Health, for her continued service and support of the CHA HR and Workforce Committees. Patrice has been a founding member of both committees and a very engaged and instrumental member of both. Her contributions will live on and her service is greatly appreciated by association staff. Patrice will be retiring in late 2017 or early 2018.

#### **VIII. The Millennial Workforce**

An informal dialogue ensued regarding the Millennial and Generation Z (or iGeneration) workforce. Members shared practices and strategies for recruiting and retaining these generations of workers. The most challenging aspects of dealing with millennials is how to retain them when they want to move up the career ladder so quickly without the requisite experience. Mentor and reverse mentoring programs seemed to be very effective and popular among employees. Connecting millennials to purpose is also important.

#### **IX. Adjourn**

The meeting adjourned at 2:50 pm after a photo session.

December 7, 2017

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Physical Therapy Recruitment and Retention Discussion

## **I. ACTION REQUESTED**

None, discussion item.

## **II. SUMMARY AND BACKGROUND**

A. Jennifer Rangel of Adventist Health requested a discussion by the committee regarding Physical Therapist recruitment and retention. CHA has heard that PT, along with the other therapies, are very difficult to fill positions. During this agenda item, we will be sharing best practices in this area. Questions to consider include the following:

- Supply and demand data and sources
- Regional, national and international strategies
- Grow your own strategies
- Other?

B. Labor Market Information Projections (For reference purposes)

### Annual Job Openings

In California, an average of 530 new job openings per year is expected for Physical Therapists, plus an additional 520 job openings due to net replacement needs, resulting in a total of 1040 job openings.

<b>Estimated Average Annual Job Openings Physical Therapists</b>			
<b>Geographic Area (Estimated Year- Projected Year)</b>	<b>Jobs From Growth</b>	<b>Jobs Due to Net Replacements</b>	<b>Total Annual Job Openings</b>
California (2014-2024)	530	520	1,040

Source: EDD/LMID [Projections of Employment by Occupation](#)

December 7, 2017

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: California Future Health Workforce Commission Update

**I. ACTION REQUESTED**

Update on the work of the California Future Health Workforce Commission.  
<https://futurehealthworkforce.org/>

**II. SUMMARY AND BACKGROUND**

The California Future Health Workforce Commission, established through a co-investment of four large health philanthropies, continues to meet to develop a roadmap for addressing California's future health workforce needs. The areas of priority focus for the commission include primary care workforce, behavioral health workforce and a workforce to serve an aging population.

CHA staff is working closely with commission staff to ensure that efforts are aligned, especially in the behavioral health arena where CHA has partnered the National Alliance for the Mentally Ill and other statewide organizations to address this need. On November 8, CHA's Leading the Way (LTW) Coalition presented at the commission meeting sharing the LTW workforce recommendations and encouraging the commission to consider the LTW as a resource moving forward. Attached on the following pages is a letter from the LTW to the commission highlighting those recommendations.

The commission has also established sub-committees corresponding with their priority areas. CHA will serve on the behavioral health workforce sub-committee. Much of the work will take place in these sub-committees in the coming months.

September 26, 2017

Janet Napolitano, JD  
President, University of California  
Co-Chair, California Future Health Workforce Commission

Lloyd Dean, MA  
President/CEO, Dignity Health  
Co-Chair, California Future Health Workforce Commission

**Subject: Addressing California's Behavioral Health Workforce Needs**

Dear Chairpersons Napolitano and Dean:

As co-chairs of the Leading the Way (LTW) Coalition, a coalition jointly established by the California Hospital Association (CHA) and the California chapter of the National Alliance on Mental Illness (NAMI), we commend the California Health Care Foundation, The California Endowment, The California Wellness Foundation, the Blue Shield Foundation and the commission co-chairs and members for their investment in and support of the California Future Health Workforce Commission.

The LTW Coalition was created earlier this year to address the behavioral health crisis in California. Coalition members include representatives from corrections agencies, first responders, faith-based groups, emergency services, law enforcement agencies, patients' rights organizations, courts, schools, community services providers, health care providers, medical professionals, counties, cities and advocacy organizations. The coalition focuses on four distinct areas that need improvement in order to address the ever-increasing behavioral health care needs of patients: legal and regulatory barriers, delivery system issues, financial resources and, of course, workforce.

Creating a strategic plan to develop California's health workforce of the future is more critical now than ever. Along with the need for a primary care workforce that meets the growing demand for services, California must also improve its behavioral health system, which also suffers from workforce shortages, a fragmented delivery system and a legacy of scarce resources. It is vital for behavioral health to be viewed by the public and private sectors with the same urgency as physical health issues. Today, one in six Californians suffers from behavioral health issues, and nearly one in 20 has a serious mental illness that impedes daily activities. Unfortunately, there is an inadequate supply of behavioral health professionals to meet the unrelenting demand for services.

The LTW Coalition urges the commission to prioritize behavioral health workforce as it develops a strategic roadmap for California's future health workforce. The LTW Workforce Committee (a subcommittee of the larger LTW Coalition) has developed strategies over the past several months that improve and enhance patient services through the workforce lens. The following are among the subcommittee's top recommendations:

- Create a funding source specific to psychiatric residencies in the state through new or existing funding sources. In general, graduate medical education is significantly underfunded in California. The support for psychiatric residencies is even more scarce. California ranks second in the nation for the retention of its residence, yet the state general fund has historically provided no support for graduate medical education residencies. With so few resources for training primary care and high-demand specialty physicians, California will continue to be an "exporter" of

medical school graduates, including those who wish to specialize in psychiatry. Students seeking psychiatric residencies will leave the state for training, and studies show that residents tend to practice where their residency took place.

- Introduce legislation to create a standardized peer counselor certification process in California. Unlike 31 other states and the Veterans Administration, California has yet to establish and utilize a standardized curriculum and certification protocol for peer specialists' services. Certification will professionalize the role of peer specialist, a proven strategy for improving outcomes with patients in crisis. It will also allow for billing of these services. The LTW Coalition strongly believes that this is a necessary step in improving the supply and skill set of peer specialists who have proven to be tremendously valuable in meeting the needs of behavioral health patients.
- Incorporate the Certified Psychiatric Rehabilitation Practitioner (CPRP) certification into the reimbursement structure of California's 1915(b) Medicaid waiver (or a replacement waiver) through legislative or departmental action. The CPRP is a national overlay credential currently recognized by several states, but California has yet to recognize it in a meaningful way. Formal recognition of the CPRP would benefit those in the behavioral health workforce who possess a B.A./B.S., A.A. or high school diploma by professionalizing their role and elevating their reimbursement status. For those with less than a master's degree, the most prevalent role for CPRPs would be that of care coordinator/case manager within the public behavioral health system, although there could be additional roles in that system, as well as outside of the public behavioral health system.

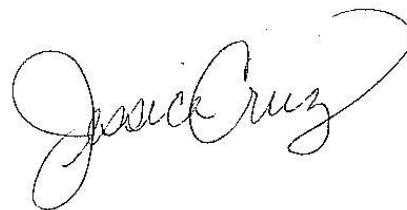
Thank you, Chairpersons Napolitano and Dean, for allowing the Leading the Way Coalition to provide you with some background and information on the work we have been leading in California related to behavioral health. We believe that in order to comprehensively address California's need for primary care and other health professionals — as well as to ensure access to timely, appropriate care — we must align and integrate physical and behavioral health workforce strategies.

Please consider the LTW Coalition as a resource to the California Future Health Workforce Commission and do not hesitate to contact either of us if we can be of value in the effort to create an overarching master plan for a high-performing health workforce in California.

Sincerely,



C. Duane Dauner, President/CEO  
California Hospital Association  
Co-Chair, Leading the Way Coalition



Jessica Cruz, Executive Director  
NAMI, California  
Co-Chair, Leading the Way Coalition

CDD/JC:mc



**CALIFORNIA  
HOSPITAL  
ASSOCIATION**

*Providing Leadership in  
Health Policy and Advocacy*

December 7, 2017

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Legislative Update – Workforce and Education Bills

**I. ACTION REQUESTED**

None. Discussion Item.

**II. SUMMARY AND BACKGROUND**

The California State Legislature is currently in recess. CHA is still closely monitoring AB 387 which would require students completing clinical hours in an allied health occupation, as defined, be paid minimum wage for those hours. AB 387 is a two-year bill, which means it could come back for a vote in January.

Other 2018 legislative priorities and proposals are under consideration as the CHA board is not scheduled to meet until November 15.

## **CHA Workforce Committee**

### **2018 Meeting Dates**

***IN PERSON MEETING***

**THURSDAY, MARCH 1, 2018**

**10 AM - 2:30 PM**

California Hospital Association  
Board Room  
1215 K Street, Suite 800  
Sacramento, CA 95814  
800-882-3610 PIN: 6506506#

***VIA CONFERENCE CALL***

**THURSDAY, APRIL 27, 2018**

**10:00 am - 11:30 am**

800-882-3610 PIN: 6506506#

***IN PERSON MEETING - JOINT MEETING OF THE WORKFORCE & HR COMMITTEES***

**THURSDAY, MAY 17, 2018**

**10 AM - 2:30 PM**

Shriners Hospital for Children  
2425 Stockton Blvd, 7th floor Board Room  
Sacramento  
800-882-3610 PIN: 6506506#

***IN PERSON MEETING***

**THURSDAY, SEPTEMBER 6, 2018**

**10 AM - 2:30 PM**

California Hospital Association  
Board Room  
1215 K Street, Suite 800  
Sacramento, CA 95814  
800-882-3610 PIN: 6506506#

***VIA CONFERENCE CALL***

**THURSDAY, DECEMBER 6, 2018**

**10 am - 11:30 am**

800-882-3610 PIN: 6506506#