



# Workforce Commission Impact Report

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# Looking Back on Three Years of Progress

- The [California Future Health Workforce Commission](#) (the Commission), launched December 2017, was charged with developing a strategic plan for building the future health workforce of California and identifying practical solutions for education, employers, and the state to address both immediate and longer-term workforce gaps.
- In February 2019, the Commission issued its [final report](#) endorsing 37 recommendations, including 10 priorities for immediate action and implementation.
- To mark the three-year anniversary of the Commission's report, CHCF commissioned an [assessment](#) (PDF) of the state budget and policy actions that have been enacted to advance the Commission's 10 priority recommendations since the report was published.



## Key Findings

- The state has invested over a quarter of the nearly \$3 billion of investments recommended by the Commission for its 10 highest priority recommendations. Most of the investments are occurring in the 2021–22 budget year with funds to be expended over multiple years.
- California lawmakers expanded the scope of practice for nurse practitioners and created several new reimbursable provider types, such as community health workers, that will have significant long-term effects on strengthening the community-connected workforce. California has also invested heavily in the mental health workforce, including creating new types of behavioral health positions to serve children and youth.
- California also made substantial investments in physician residencies, with an emphasis on psychiatry. This recommendation constituted approximately half of the estimated Commission costs for needed investments by 2030.
- The budget also invested in elevating locus of management and oversight for state-supported health workforce programs from the Office of Statewide Health Planning and Development to a newly established Department of Health Care Access and Information.
- If similar levels of state investment in the health workforce are made through 2030, the Commission’s priority goals could be met. However, investments to date across the Commission’s 10 priority recommendations have been uneven, and some recent state investments advance other Commission recommendations.

# Assessing Progress On Each Recommendation

Recommendation	Status
<b>Strategy 1: Increase opportunity for all Californians to advance in the health professions.</b>	
Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.	Substantial progress
Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers.	Substantial progress
Provide scholarships for qualified students who pursue priority health professions and serve in underserved communities.	Some progress
<b>Strategy 2: Align and expand education and training to prepare health workers to meet California's health needs.</b>	
Sustain and expand the PRIME program across UC campuses.	Some progress
Recruit and train students from rural areas and other underresourced communities to practice in community health centers in their home regions.	Little or no progress
Expand the number of primary care physician and psychiatry residency positions.	Substantial progress
<b>Strategy 3: Strengthen the capacity, effectiveness, well-being, and retention of the health workforce.</b>	
Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care.	Goal met or nearly met
Establish and scale a universal home care worker family of jobs with career ladders and associated training.	Little or no progress
Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.	Some progress
Scale the engagement of community health workers, <i>promotores</i> , and peer providers through certification, training, and reimbursement.	Goal met or nearly met

## Strategy 1: Increase opportunity for all Californians to advance in the health professions.

Recommendation	State Actions
Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers. Estimated 10-year cost: \$60.2 million Status: Substantial progress	<b>\$10.5 million</b> in one-time support to pilot the <a href="#">California Medicine Scholars Program</a> , providing resources for a regional pipeline to prepare community college students for careers as primary care physicians in underserved communities; passed in budget year 2021–22. With state funding, each of four Regional Hubs of Healthcare Opportunity are expected to recruit and select 50 California Medicine Scholars each year for three years.
Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers. Estimated 10-year cost: \$159 million Status: Substantial progress	<b>\$16 million</b> in general fund support passed in the FY 2021–22 budget for the Health Career Opportunity Program (HCOP), with ongoing support through an excise tax on electronic cigarettes ( <a href="#">SB 395</a> ). Five percent of the tax revenues dedicated for this program will generate an estimated \$1.5 million annually. HCOP will be administered by HCAI and implemented at colleges and universities, with priority given to campuses in medically underserved areas or with students from groups underrepresented in medicine, demonstrated commitment to diversity and associated institutional change, a track record of providing tailored student support, and strong health professions school partnerships.
Support scholarships for qualified students who pursue priority health professions and serve in underserved communities. Estimated 10-year cost: \$479.8 million Status: Some progress	<b>\$47 million</b> for state scholarship and student loan repayment programs for state mental health workforce programs; passed in budget year 2019–20 2019–20: approximately 730 awards, \$11.8 million awarded 2020–21: approximately 460 awards, \$9.5 million awarded 2021–22: application cycles still in progress  <b>\$2.7 million</b> for psychiatry fellowships for primary care and emergency clinicians who provide care to underserved populations; passed in budget year 2019–20. Awarded 163 psychiatric fellowship scholarships.

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## Other Notable State Workforce Investments

California has made numerous other investments to expand and strengthen the state's health care workforce. Among them:

- The Office of Statewide Planning and Development (OSHPD) is being elevated and reorganized into the Department of Health Care Access and Information (HCAI). Funds for reorganization included \$574,000 (\$6.3 million total funds) in 2021–22 and \$486,000 (\$3.9 million total) beginning in 2022–23. In addition to administering some of the programs mentioned previously (e.g., CMSP), HCAI's responsibilities include these:
  - **California Health Workforce Research and Data Center** — to serve as the state's central source of health care workforce and education data and to inform state policy regarding health care workforce issues. Establishes uniform requirements for the reporting and collection of workforce data from health care-related licensing boards to the data center and makes related conforming changes. Requires the department to maintain the confidentiality of licensee information collected pursuant to these provisions and would only authorize the department to release the information in aggregate form.
  - **California Health Workforce Education and Training Council** — to plan and coordinate California's approach to health workforce education and training. Responsibilities include advocating for additional funds and additional sources of funds to stimulate graduate medical education expansion in California.
  - **Behavioral health workforce for children and youth:** \$25 million in 2021–22 and \$6.3 million in 2022–23 for operations associated with the initiative. Total costs projected at \$35 million across the initiative's five years.
- \$50 million one-time funding for the Charles R. Drew University medical education program\*
- \$50 million one-time funding for UC Riverside School of Medicine facilities†
- \$45.5 million one-time support for certified nursing assistant training
- \$8 million one-time support for geriatricians practicing in underserved areas to access existing loan repayment programs, including primary care physicians

State policymakers also included several *general* workforce investments (not specific to health) in the 2021–22 budget. These range from certain programs to a Community Economic Resilience Fund to provide support for the state's Employment Training Panel.

\* Develop a four-year medical education program at Charles R. Drew University of Medicine and Science was a Commission recommendation, #2.5.  
† Expand medical school enrollment at public institutions for the benefit of medically underserved areas was a Commission recommendation, #2.4. A [June 2020 UCR news release](#) noted that the budget allocation from that year will help the school double its enrollment over several years from 250 to 500 medical doctors in training. (Presumably, that figure would approximately double with the second budget allocation in 2021–22.)



## Looking Ahead

- In his proposed budget for FY 2022–23, Governor Newsom would build on the investments described in this report with an additional \$1.7 billion for health and human services workforce efforts, including many that would advance the Commission’s priority recommendations.
- We continue to lean-in in areas aligned with our priorities: scaling the engagement of community health workers, *promotores*, and peer providers; maximizing the role of nurse practitioners; increasing the supply of psychiatric nurse practitioners; and establishing a state “spine” on health care workforce (today’s consent item).
- We are launching new work to address diversity in the workforce pipeline. This includes start-up funding to build organizational capacity of the California Medicine Scholars Program, which seeks to support as many as 5,700 students from communities underrepresented in medicine to join the California health workforce during a ten-year period.