TO: **CCoA Legislative Advocacy Committee**

FROM: **CCoA Staff**

SUBJECT: **California Aging Services Workforce Education Grant Program**

Background

California is aging faster than its aging services workforce is growing, and the professional and paraprofessional pipeline is critically underdeveloped.

- **Workforce shortage.** The Master Plan for Aging projects a shortage of up to 3.2 million paid direct care workers in the coming years, and notes that only about 5 percent of health providers have geriatric training despite most older adults needing providers with geriatric expertise.[1]
- **Licensed professional gap.** HCAI's Health Workforce Research Data Center reports that all nine California regions face shortages of behavioral health professionals, with a statewide gap of more than 55,000 non-prescribing licensed clinicians (a category that includes clinical social workers) projected to grow to nearly 73,000 by 2033.[2]
- **Pipeline failure into aging specializations.** Nationally, fewer than 3 percent of MSW students enroll in an aging concentration, compared to roughly 19 percent in child and youth concentrations, even though gerontological social work positions are projected to grow far faster than the field overall.[3]
- **Geographic inequity.** Rural counties, including tribal communities, face the most severe access gaps in aging services, yet have the fewest local training pathways and the least ability for working residents to relocate for education.

Existing Program

The Aging and Adult Services (AAS) MSW Training Program, funded by the California Department of Social Services and administered in partnership with San Jose State University, provides $25,000 annual stipends to MSW students who complete aging-focused coursework and field training in county and Tribal aging and adult services programs.

The AAS MSW Program Remains Narrow. The program only serves MSW students, at a limited number of participating campuses, with a limited number of slots. It does not reach certificate students, undergraduate gerontology and degree completion students, or MPA and MPH students preparing for aging services administration and public health roles.

By comparison, California has made far larger workforce investments in behavioral health and children and youth services (the $4.7 billion Children and Youth Behavioral Health Initiative, the Behavioral Health Scholarship Program, Title IV-E child welfare stipends). The aging services pipeline has a proven but under-scaled foundation, and no funding stream that spans the full range of credentials the field requires.

The Bill

The California Aging Services Workforce Education Grant Program. The program would expand the state's existing investment in the aging services pipeline, taking the AAS MSW Training Program as its proven foundation and extending the stipend-for-service model across the full range of credentials that aging services careers require.

The program would expand the AAS Program with more slots, more participating campuses, and companion tracks for credential levels the current program cannot reach. Program administration would build on the existing CDSS and campus partnership structure, with scholarship components modeled on the HCAI Behavioral Health Scholarship Program.[4]

Eligible programs would include:

- Certificate programs in gerontology and aging services, including stackable, online, and accelerated formats designed for working adults.
- Undergraduate degrees in gerontology, social work, human services, and related aging-focused fields.
- Graduate degrees preparing aging services professionals and administrators, including Master of Social Work, Master of Public Administration, and Master of Public Health programs with aging-relevant coursework or field placements.

Key design features:

- Awards up to $25,000 for certificate and graduate students and up to $35,000 for undergraduate students in exchange for a 12-month service commitment in California aging services (AAAs, tribal elder services, senior centers, long-term care, hospice and palliative care, adult day programs, county aging and adult services, or aging-focused public administration).
- Priority scoring for applicants from or committed to serving rural and tribal communities, applicants who speak Medi-Cal threshold languages, and applicants with lived experience as caregivers or older adults.
- Explicit eligibility for part-time enrollment and Credit for Prior Learning pathways, so working caregivers and midcareer professionals are not excluded.
- All students in eligible programs qualify on the same terms, whether they are traditional-age undergraduates, working adults, or adults over 60 pursuing encore careers. Affirmative outreach would target populations underrepresented in the pipeline, including older adults seeking career transitions into aging services.

Additional Considerations

Costs

Annual Estimated Cost of $25 million to $40 million. This investment would support roughly 1,000 to 1,500 awards per year, inclusive of expanded Aging and Adult Services MSW Training Program slots at the current $25,000 stipend level.

For scale, HCAI's 2025 scholarship cycle issued 491 Behavioral Health Scholarship awards totaling approximately $12.7 million, and the state awarded $33.7 million in a single cycle for social work stipends and fellowships through the California Social Work Education Center (CalSWEC).

Potential funding sources include the state General Fund through the annual Budget Act, alignment with Workforce for a Healthy California interagency investments, or a dedicated allocation within future aging services or long-term care financing measures. Federal matching opportunities may exist through Geriatrics Workforce Enhancement Program partnerships and USDA rural development programs for rural cohorts.

Arguments in Support

1. **The Master Plan for Aging requires a workforce.** The state has documented shortages across direct care, licensed clinical, and aging services administration roles, and only about 5 percent of providers have geriatric training. This proposal builds the professional pipeline the Master Plan assumes but does not fund.
2. **The typical student in these programs is a working adult, and funding them is workforce policy that pays twice.** Adult learners aged 25 and older make up roughly a third of all postsecondary students nationally, and about 69 percent of adult learners work while enrolled – nearly half have dependent children. These are the students entering gerontology certificates, MSW, MPA, and MPH programs, and precisely the students for whom modest scholarships and stipends determine whether they can complete. The program doubles as economic mobility policy for working Californians, disproportionately women and students of color.
3. **This is also older adult policy: it funds encore careers after 60.** Adults aged 50 and older are increasingly returning to higher education for career transitions. Aging services is a natural encore field: older students bring lived experience, cultural knowledge, and community trust that the field urgently needs. Supporting their retraining keeps experienced workers economically active longer. A program funding students who serve older adults that also funds older adults as students is a uniquely coherent use of state dollars.

Arguments in Opposition

1. **Cost.** The state faces structural deficits, and a new $25 million to $40 million annual commitment competes with existing obligations.
2. **Duplication.** Opponents may argue HCAI scholarship programs and other existing stipend programs could simply be expanded to cover aging-focused students rather than creating a new categorical program.

   > **Rebuttal:** This proposal is explicitly an expansion of the existing Aging and Adult Services MSW Training Program, not a duplicate of it; the AAS program demonstrates the model works but reaches only MSW students at a limited number of campuses, while the workforce need spans certificates, undergraduate degrees, and MPA and MPH preparation. Other existing programs are oriented toward behavioral health and children and youth, and aging-focused students are structurally deprioritized within them.

3. **Retention risk.** Critics may argue that scholarships do not address the underlying problem of low wages in aging services, and that graduates will exit the field after their service commitment ends.

   > **Rebuttal:** Service commitments paired with career ladders (certificate to bachelor's to graduate degree) are the established mechanism for retention, and wage policy and pipeline policy are complements, not substitutes.

[1] Master Plan for Aging, January 2021
[2] HCAI Annual Report to the Legislature, January 2026
[3] Innovation in Aging, 2023; CSWE data
[4] Authorized under the Budget Act and Welfare and Institutions Code section 5820 et seq. framework for workforce education and training.