



HEALTHCARE INDUSTRY DEEP DIVE REPORT



April 2nd 2026



PRESIDENT'S MESSAGE



Healthcare access and workforce readiness are foundational to a strong regional economy and a thriving community. In the Antelope Valley, rapid growth, an aging population, and geographic distance from major metropolitan centers create both unique challenges and compelling opportunities to rethink how healthcare systems, education, and public policy work together.

The AVEDGE Healthcare Industry Deep Dive reflects our organization's mission—to convene cross-sector partners, surface shared challenges, and advance regional solutions that support long-term economic vitality. Through candid dialogue with healthcare providers, educators, public agencies, and workforce leaders, this effort highlights where meaningful progress is being made and where critical gaps remain.

Participants identified significant momentum, including new investments in mental and behavioral health facilities, expanded residency programs, and substantial public funding commitments. At the same time, the discussions underscored pressing needs in primary and specialty care access, skilled nursing and post-acute facilities, workforce training pathways, and regional coordination. These issues are deeply interconnected and directly impact both healthcare outcomes and the region's ability to attract and retain talent.

This report is intended to serve as a shared foundation for continued collaboration. It captures key insights from the convening and translates them into priorities, action items, and open questions that require sustained, multi-partner engagement. True to AV EDGE's role, the focus is not on advocating for a single solution, but on aligning stakeholders around data, dialogue, and practical next steps.

AV EDGE is grateful to the many partners who contributed their expertise and candor to this process. Their participation reflects a shared commitment to strengthening healthcare infrastructure, expanding opportunity, and ensuring the Antelope Valley remains a place where individuals, families, and employers can thrive.

We look forward to continuing this work—facilitating collaboration, advancing implementation, and supporting solutions that strengthen both our healthcare system and our regional economy.



**AV EDGE
President**

*Suzy
Ghazarossian*



EXECUTIVE DIRECTOR'S MESSAGE

As Executive Director of AV EDGE, I am proud to present the findings of our Healthcare Industry Deep Dive held on April 2, 2026. This effort brought together healthcare providers, educators, public agencies, and industry leaders to take an honest, data-driven look at the current state of healthcare in the Antelope Valley—and more importantly, to define a path forward.

What emerged is both encouraging and urgent. We are seeing meaningful investment and progress, including new behavioral health facilities, expanded residency programs, and significant public funding commitments. At the same time, critical gaps persist in primary care access, skilled nursing capacity, specialty services, and workforce development. These challenges are not unique to our region, but their impact here is particularly acute given our rapid growth and geographic scale.

This report is not simply a summary of discussion—it is a call to action. It reflects a shared commitment among stakeholders to move beyond identifying problems and toward implementing solutions. Through coordinated efforts across our committees, public partners, and private sector leaders, we are focused on strengthening healthcare access, building a sustainable workforce pipeline, and supporting the infrastructure necessary for long-term regional health and economic vitality.

AV EDGE remains committed to leading this work in partnership with our community.



AV EDGE
Executive Director

Drew Mercy

Healthcare Industry Deep Dive Report

April 2nd, 2026

Key Outcomes

AV EDGE convened regional healthcare leaders, educators, and government representatives to assess workforce gaps, infrastructure needs, and access to care challenges in the Antelope Valley. Major wins identified: **96-bed mental health hospital** approved for construction next to Kaiser, **residency programs** producing 24 family practice and 12 internal medicine residents annually at Palmdale Regional (with 3 staying locally), and **county-funded behavioral health facilities** totaling over \$100M in grants. Critical gaps remain in **primary care** (60+ physicians short), **skilled nursing facilities** (only 4 in Lancaster, none in Palmdale), **medical office space** (priced at San Fernando Valley rates despite lower demand), and **specialty care access** including OB/GYN and oncology services.

Decisions Made

- **Adopt Chatham House rules** for the meeting to encourage open discussion—content shareable but not attributed to specific speakers
- **Prioritize skilled nursing facility recruitment** through AV EDGE's Business Attraction Task Force, coordinating with both cities on incentive packages
- **Focus CNA workforce development** as concrete starting point—target loan forgiveness and advancement pathways for CNAs from private colleges into LVN/RN roles
- **Coordinate AV EDGE Committees** for ongoing collaboration (Ben Gocke chairs Healthcare, Van Rider co-chairs Workforce with Teresa Howard, other committees as needed.)

Critical Infrastructure Gaps

Mental Health & Behavioral Service:

- Raise awareness of positive advances:
 - 96-bed mental health hospital (adolescent + adult) approved with UHS operating under hospital license, targeting VA partnership
 - Tarzana Treatment Center awarded \$63M for addiction infrastructure
 - County completed Children's Behavioral Health Urgent Care Center in Lancaster
- Major bottleneck: **lack of clinical supervision funding** for MSW/MFT trainees prevents pathway completion

Skilled Nursing & Post-Acute Care:

- Only 4 skilled nursing facilities total, all in Lancaster—none in Palmdale
- Patients frequently discharged to San Fernando Valley due to bed shortages
- Long-term acute care (LTAC) with dialysis unavailable locally—nearest is Kindred in Westlake Village
- Need identified for **100+ bed facility** in Palmdale with land/incentive support

Medical Office Space:

- Severe undersupply driving rental costs to **San Fernando Valley levels** despite lower market demand
 - Not easy for residents to start their own practices because of prices

- 4-month permitting/construction delays deterring new physician practices
 - Example: Cardiologist (3rd highest need specialty) facing 4-month setup timeline before seeing first patient

Primary Care & Specialty Services:

- **60+ primary care physicians short** in primary/secondary zip codes
- Contributing to 600-700 daily ER visits across Palmdale Regional and AV Medical Center
- OB/GYN critical shortage: only 6 active providers despite high birth volume and young population
- Ridgecrest lost OB services entirely—patients delivering at AV hospitals or traveling to Riverside
- Oncology program exhausts \$3K-\$6K annual transportation grants within 6 months due to patients traveling from Ridgecrest, Mammoth, northern Kern County

Workforce Development Challenges

Training & Pipeline Gaps:

- **No funding for post-graduation clinical training**—hospitals bear full cost of 6-month to 1-year preceptor programs for new nurses, OR staff, behavioral health workers
 - No incentives for employers to do it
- Fresh graduates cannot practice independently; require dedicated educators and multi-year onboarding programs
- **Behavioral health supervision crisis:** No financial incentives for LCSWs to supervise MSW/MFT candidates, blocking licensure pathway
- Technical certification programs (substance abuse counselor, case manager, outreach worker) identified for aged-out foster youth but lack funding for housing, transportation, stipends during 1-year training
- Practitioners that are about to retire do not take the time to train successors and just close up shop when retiring

Retention & Brain Drain:

- Employees train locally then leave for higher pay, clinical ladder programs, university hospitals in LA/San Fernando Valley
- **No clinical ladder programs** at local hospitals to incentivize expertise development and retention
- Quality of schools, spouse employment opportunities, housing costs, and commute tolerance drive relocation decisions
- Residents completing training at Palmdale Regional face 4-month delays and high costs to establish practices, reducing local retention
- Community safety is a huge factor in employee retention
 - Especially with regards to the homeless issue
- Need to educate community that there are ways to transport them to appointments (AVTA, AVTS)
 - There are unused grants that can help with providing more funding to these programs

Education-to-Employment Disconnect:

- Over 600 student interns/job shadows through AVUHSD biotechnology pathways at Palmdale Regional, Kaiser, AV Medical Center
 - Community needs to be educated about what options their children have available to them
- Rotations limited: Palmdale family practice residents rotate to Glendale/Pasadena for pediatrics, Inland Empire for additional specialties—not staying local
- Another barrier for those still in school is that the whole process of gaining clinical hours takes a lot of time and they aren't getting compensated financially for it.
- **Hospitals not collaborating on resident rotations**—OB residents cannot train at AV Medical Center, forcing them to Huntington Hospital and reducing local retention

Miscellaneous

- **H-1B visa program status** for physician recruitment—Palmdale designated medically underserved, Lancaster is not (immigration policy discrepancy). Confirm status with assistance from Congressman Whitesides.
- **Song Brown grant continuation** and **CalMed Force funding** for residency program sustainability
- **ETP (Employment Training Panel) grant eligibility** for nurse training programs—used successfully at San Fernando Valley hospitals but not locally. State grants.
- **AVTA non-emergency medical transportation grant utilization**—funding available but underused due to lack of awareness among case managers and patients.
- **Loan forgiveness program applicability** for for-profit hospitals (Palmdale Regional) vs. non-profit (AV Medical Center)—federal programs typically require non-profit or Title I designation

Regional Coordination Needs

- **Behavioral health continuum:** New facilities (96-bed hospital, Tarzana addiction center, children's urgent care) require coordinated care pathways—UHS behavioral health team to lead cross-provider collaboration
- **Mini-med school expansion:** Palmdale Regional's residency-staffed program for 4th graders needs broader community education on healthcare career accessibility for parents, teachers, counselors
- **Job board consolidation:** Multiple platforms (Facebook groups with 2K-34K members, Handshake, city boards, Job Speaker) need unified healthcare-specific portal
- **Transportation across county lines:** Access services cannot cross LA/Kern border despite identical populations—advocate for regional healthcare compact similar to multi-state nursing licensure

ACTION ITEMS

AV EDGE

- Compile meeting notes and generate comprehensive report with deliverables by next week, circulate for input before finalizing
 - *Assigned to AV EDGE Staff.*
- Coordinate skilled nursing facility recruitment with private investors and both cities (Lancaster/Palmdale) to identify land and incentive packages
 - *Current project: Assigned to Business Attraction Task Force.*
- Facilitate discussions between Palmdale Regional, Kaiser, AV Medical Center on **resident rotation collaboration** to improve local retention.
 - *Assigned to Healthcare Committee*
- Research federal loan forgiveness criteria and work with Congressman Whitesides' office on expanding eligibility for medically underserved areas.
 - *Assigned to Legislative Affairs Committee*
- Explore county line barriers for transportation/access and advocate for regional healthcare designation across LA/Kern counties. Include gaps in OB/GYN access in East Kern/EAFB.
 - *Assigned to Healthcare and Transportation/Infrastructure Committee. Aerospace?*
- Verify AV Partners for Health resource directory, and how we can coordinate and keep updated.
 - *Assigned to Healthcare Committee*
- Coordinate distribution of workforce needs assessments with academic institutions.
 - *Assigned to Workforce/Education Committee.*
- Raise awareness of both positive steps including new facilities and investments in mental and behavioral health as well as grants that can assist with workforce development and students.

Antelope Valley College (Van Rider, Dr. Wendy Stout):

- Distribute workforce needs assessment survey to all meeting participants
- Develop non-credit certification programs based on employer feedback—prioritize CNA advancement, respiratory, rad tech, paramedic
- Onboard Handshake platform for employer job/internship postings and coordinate with AVUHSD for pipeline alignment

AVUHSD (Teresa Howard, Chris Grado):

- Distribute workforce needs assessment survey (separate from AVC due to different grant requirements)
- Coordinate with Palmdale Regional auxiliary (Donna Gaddis) on student rotations across hospital subspecialties

Palmdale Regional (Ben Gocke, Nana Deeb):

- Work with City of Palmdale (Zach Glynn) on housing incentive programs for residents and physicians
- Explore neuroscience institute land acquisition with city—physician seeking to build multi-provider facility
- Expand dialysis and imaging services as corporation approves, coordinate with skilled nursing facility developers

Kaiser Permanente (Suzy Ghazarossian, Amy Wiese):

- Share Mental Health Scholars Academy model—financial stipends for clinical hours to address MFT/LCSW licensure barrier
- Continue youth healthcare workforce programs and grants, coordinate with Teresa Howard on alignment mapping across providers

AVTA/AVTS:

- Increase awareness of non-emergency medical transportation (NEMT) grant among hospital case managers and patients—*Drew to follow up with VP for brochure distribution*

Government Representatives (Jasmine Hernandez, Tyler Cash, Chuck Bostwick, Angela Allen):

- Congressman Whitesides' office: Explore expansion of qualified tuition program (H.R. 1151) to cover technical certifications and investigate loan forgiveness expansion for medically underserved for-profit hospitals
- Supervisor Barger's office: Research Massachusetts model of housing/childcare tax credits for first responders/teachers who live and work in same area. (See attachments)
- Assemblyman Lackey's office: Support workforce development legislation tied to apprenticeships, internships, and credit for prior learning at community college level

Open Questions

- How to structure **community-wide clinical ladder** or inter-hospital advancement pathways without creating competitive conflicts between Kaiser, Palmdale Regional, AV Medical Center?
 - *Assigned to Healthcare Committee.*
- How can we centralize or unify healthcare job postings to make things easier for job seekers?
 - *Assigned to AV EDGE Staff*
- Can cities provide land grants or property transfers for skilled nursing facilities, dialysis centers, neuroscience institute to offset construction costs?
 - *AV EDGE Staff to coordinate with cities to discuss available tools and incentives.*
- What legislative changes are needed to allow **technical certification training stipends** (housing, transportation, uniforms) for non-college pathways serving aged-out foster youth?
 - *Assigned to Legislative Affairs Committee*
- Why is Lancaster excluded from H-1B medically underserved designation when demographics identical to Palmdale?
 - *AV EDGE staff to work with Congressman Whitesides' office to verify.*
- How to consolidate multiple workforce needs assessments (AVC, AVUHSD, individual hospitals) into a single employer-friendly survey?
 - *Assigned to Workforce and Education Committee*
- How can we “break down” the county line so that it is not much of a roadblock when pertaining to getting patients access to services?
 - *Assigned to Healthcare & Transportation/Infrastructure Committees*



HEALTHCARE INDUSTRY DEEP DIVE REPORT TASK LIST



April 2nd 2026

AV EDGE

Healthcare Deep Dive

April 24, 2026

Task Assignments

AV EDGE Staff

- Raise awareness of new healthcare investments and workforce grant opportunities
 - Coordinate with cities on:
 - Skilled nursing facility incentives
 - Land availability and development tools
 - Coordinate response to:
 - Centralized healthcare job postings
 - H-1B designation verification with Congressman's office
-

Business Attraction Task Force

- Lead skilled nursing facility (SNF) recruitment efforts
 - Coordinate with Lancaster & Palmdale on:
 - Site identification
 - Incentive packages
-

Healthcare Committee

- Facilitate collaboration between:
 - Palmdale Regional
 - Kaiser Permanente
 - AV Medical Center (resident rotations)
- Verify and maintain AV healthcare resource directory
- Address:

- Clinical ladder / advancement pathway strategy
 - Regional healthcare coordination questions
 - Co-lead regional transportation/access advocacy (with Infrastructure Committee)
 - Identify OB/GYN and rural access gaps (East Kern/EAFB)
 - Clinical ladder / advancement pathway model
-

Legislative Affairs Committee

- Research federal loan forgiveness eligibility expansion
 - Coordinate with Congressman Whitesides' office
 - Lead efforts on:
 - Technical certification funding legislation
 - Workforce-related policy advocacy
 - Funding for technical certification stipends
-

Workforce / Education Committee

- Distribute workforce needs assessments to academic partners
 - Coordinate consolidation of multiple workforce surveys
 - Align education-to-employment pipeline efforts
 - Consolidation of workforce surveys
-

Healthcare + Transportation / Infrastructure Committees (Joint)

- Address cross-county healthcare access barriers (LA ↔ Kern)
 - Advocate for regional healthcare designation/compact
 - Identify OB/GYN and rural access gaps (East Kern/EAFB)
 - Overcoming county line healthcare access barriers
-

Partner Organizations

Antelope Valley College (AVC)

- Distribute workforce needs survey
 - Develop non-credit certification programs:
 - CNA advancement
 - Respiratory
 - Rad tech
 - Paramedic
 - Implement Handshake platform for jobs/internships
 - Coordinate with AVUHSD on pipeline alignment
-

AVUHSD

- Distribute separate workforce needs survey
 - Coordinate student rotations with Palmdale Regional
-

Palmdale Regional Medical Center

- Work with City of Palmdale on housing incentives
 - Explore neuroscience institute development
 - Expand dialysis and imaging services
 - Coordinate with SNF developers
-

Kaiser Permanente

- Share Mental Health Scholars Academy model
 - Continue youth workforce programs
 - Align programs with AVUHSD
-

AVTA / AVTS

- Increase awareness of non-emergency medical transportation (NEMT) grant
 - Coordinate outreach (brochures, case managers, patients)
-

Government Representatives

- **Congressman Whitesides' Office**
 - Explore expansion of tuition program eligibility (H.R. 1151)
 - Explore loan forgiveness expansion
 - **Supervisor Barger's Office**
 - Research housing/childcare tax credit models
 - **Assemblyman Lackey's Office**
 - Support workforce development legislation
 - Focus on apprenticeships, internships, prior learning credit
-



HEALTHCARE INDUSTRY
DEEP DIVE REPORT
SUPPLEMENTAL INFORMATION



April 2nd 2026



Non-Emergency Medical Transportation Program

Program Overview:

In an effort to develop strategies for sustainability in the Antelope Valley, AVTA and their healthcare industry partners have identified Non-Emergency Medical Transportation (NEMT) as a key element in reducing the number of patients readmitted to hospital or are unable to obtain follow-up care to treat or prevent chronic disease conditions. These conditions can then become permanent and costly health issues. The indicators are largely preventable/treatable, chronic disease conditions requiring regular education, treatment, and support to manage. Transportation is a key factor in assuring patients receive adequate follow-up care to mitigate more dangerous and costly conditions, and/or hospital readmission.

With that goal in mind, AVTA seeks to provide an NEMT program to our Antelope Valley communities, i.e., the City of Lancaster, the City of Palmdale, and the northern Los Angeles County communities serviced by AVTA's fixed route system and Dial-A-Ride program.

Definition of Non-Emergency Medical Transportation:

For the purpose of this program, Non-Emergency Medical Transportation (NEMT) is defined as a transportation service for individuals who are not in an emergency, but may require additional assistance than traditional Dial-A-Ride service (or an Uber or Taxi service) provides. In addition to trained personnel and vehicles that are equipped to transport riders in wheelchairs, gurneys, or with other special equipment and needs, NEMT service provides **door-to-door service** when needed where Dial-A-Ride is limited to **curb-to-curb service**.

Funding:

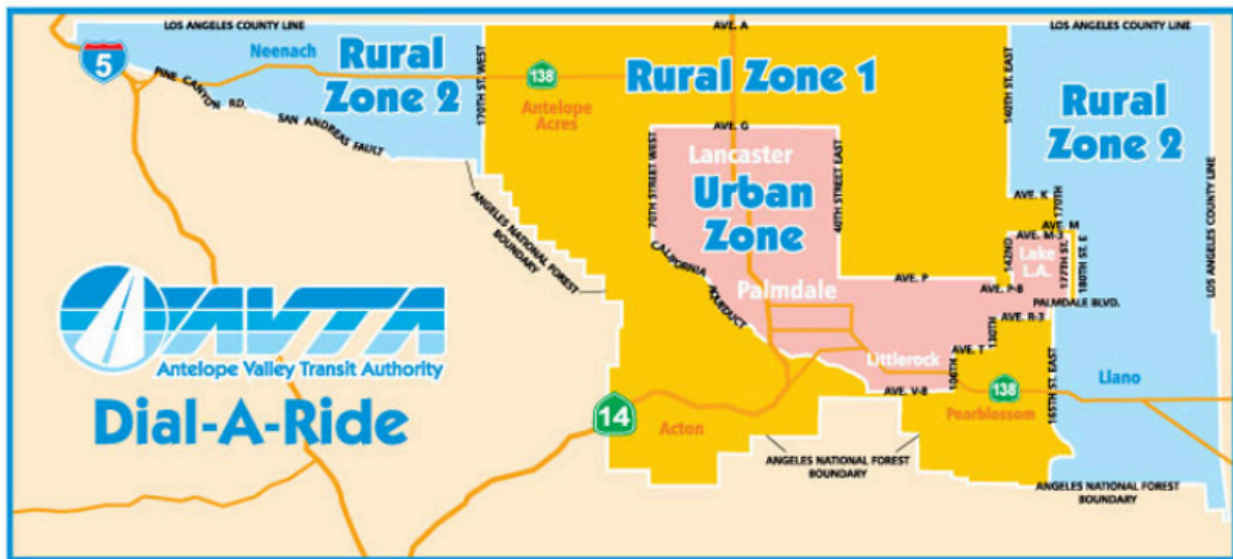
Federal Grant CA-2018-122-00 executed between AVTA, the FTA and LACMTA. All funds will be used solely toward operating costs. This will fund a per ride trip service providing approximately 4,500 rides to an estimated 6,000 passengers. Note: Grant CA-2018-122-00 will operate as a pilot program and is funded for a two (2) year period. Services beyond the pilot program period are not guaranteed. AVTA intends to apply for additional grant funding to operate beyond the two (2) year period.

Healthcare Partners/Community Advisory Group

- Antelope Valley Hospital
- Palmdale Regional Medical Center
- Kaiser Permanente
- Bartz-Altadonna
- High Desert Medical Group
- High Desert Regional Health Care (HDRHC)

Service Area:

The Antelope Valley communities, i.e., the City of Lancaster, the City of Palmdale, and the northern Los Angeles County communities serviced by AVTA's fixed routes system and Dial-A-Ride program. (See Map)



Eligibility:

AVTA's Dial-A-Ride service is designed for residents of the Antelope Valley who are at least 62 years of age, or who have a certified disability, and other rural residents that have no access to AVTA's local transit service. It is AVTA's intention to meet a greater need in our service area with the NEMT service.

AVTA's healthcare partners have expressed a need on behalf of patients that have no transportation options, no ability to pay for transportation, either through insurance or otherwise, and no support system to provide transportation assistance. Many of our more fragile populations face transportation challenges in reaching their essential medical appointments. These individuals have no ability to travel to doctors' appointments, or post hospital follow-up visits.

Healthcare professionals understand it is less expensive to provide the necessary transport to maintain a person's health than to retreat them once their medical issues have worsened. AVTA's NEMT program can help fill the gap.

Streets must be safe and drivable for service.

All passengers must adhere with AVTA Customer Code of Conduct:

<https://www.avta.com/downloads/1649.pdf>

AVTS will exhaust all efforts to locate member and/or facility contact. From the time of arrival, AVTS offers a complementary 15/20 Minute wait time. After the wait time, the driver will leave and AVTS Customer

Service Agents will place the transport to a “Will-Call” status while continuing to reach out to passenger/facility. In the event we are not able to make contact with passenger/facility, we will cancel the transportation for that day and contact facility on the following day.

Qualifying:

With a broader eligibility comes a greater challenge to qualify the rider prior to ordering the service. Whereas Dial-A-Ride requires a visit to AVTA’s office for rider registration and pre-qualification, AVTA’s NEMT will require the medical services facility to register with AVTA. Registration enables access to scheduling rides and allows the facility to administrate the scheduling. The facility will qualify the use of AVTA’s NEMT service based on the following criteria:

- Resident in the service area that meets the Dial-A-Ride requirements (at least 62 years of age, or who have a certified disability) and needs door-to-door, rather than the curb-to-curb service provided by Dial-A-Ride.
- A patient that has no transportation coverage in their insurance, or has no insurance, and has no means to pay, and no support system to provide transportation assistance.

Examples of uses by healthcare partner facilities:

- Discharge and transportation home from partner facility
- Transportation from partner facility to another facility in the AVTA service area
- Follow-up appointment after discharge from partner facility
- Transportation to or from partner facility for scheduled treatment/test

Performance Measurements (as they appear in the grant):

≥ 6,000 seniors and/or persons with disabilities afforded mobility as a result of project annually

≥ 4,500 actual/estimated rides (measured by one-way passenger trips) provided as a result of project implementation annually.

Other possible metrics:

Other metrics of interest to AVTA would be anything that allows us to document improvement in the area of missed appointments, or increased successful behaviors, or a measured health improvement due to transportation improvements. Healthcare partners should share any ideas for metrics that demonstrate the value of offering this service.

Would it be possible to measure or quantify **reduced recidivism** rates among our group of participating health providers? This solves the mobility question for individuals who do not have the means to travel to doctors’ appointments, follow-up visits, or hospital discharge follow-up.

Project Implementation:

AVTA will develop a plan in collaboration with its healthcare partners, acting as a combined community advisory group and representatives of the public, to plan for NEMT services. Using the finalized plan, AVTA will implement AVTA NEMT to participating healthcare provider partners, expanding to new partners as the program allows and participation is desired.

Feedback from Participating Health Care Providers.

Between June 17, 2020 and July 23, 2020, AVTA solicited comments on the AVTA NEMT Program Overview.

Health care provider facilities participating in the AVTA NEMT launch were invited to review the program overview and provide feedback.

The following are questions or comments that resulted.

- Our team did not have additional feedback or data points. What will the scheduling platform be? Our facility staff has experience utilizing Vector Care

The scheduling platform used by AVTA NEMT and their subcontractor, AVTS will be MediRoutes by Schedule Viewer, LLC (<http://scheduleviewer.com/>)

- Will certified disability be further defined or is that to the discretion of the provider groups?

Eligibility determination is at the discretion of the healthcare facility staff, specifically the facility's Authorized Representative(s) for the AVTA NEMT Program.

- Our staff will track and monitor relative outcomes and data for any members that avail of the NEMT program.
- We are excited for the program and I know there will be opportunities for its use as limitations increase with home health and skilled nursing facilities relative to COVID-19.
- This type of transportation will allow our teams' earlier intervention by transporting members to our urgent care or infusion center, in lieu of hospital emergency rooms.
- Our team does measure compliance with post-hospital follow-ups and can determine if this program has contributed to improvement with said adherence.
- My concern is the population that is unable to prove either the age or disability- Though they fall into qualifying guidelines, what happens if they are unable to prove eligibility due to lack of documentation.

Eligibility determination is at the discretion of the healthcare facility staff, specifically the facility's Authorized Representative(s) for the AVTA NEMT Program.

- Will AVTA NEMT be allowed for hotel and shelter picked ups?

If those are the directions from the participating healthcare facility and the pickup and drop off locations are within AVTA NEMT's service area.

- How would logs look like and how often?

To be determined. Minimal as possible and what can best be administrated within MediRoutes. AVTA does not seek to maintain or have access to logs that could create HIPAA compliance issues. Eligibility determination is at the discretion of the healthcare facility staff, specifically the facility's Authorized Representative(s) for the AVTA NEMT Program. Documentation will not be required by AVTA beyond the Authorized Representative ordering the service.