



Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

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Members of the Commission

Elizabeth Dolezal, **Chair**

Andrea Renwanz-Boyle, PhD, RN

Rosslenn S. Byous, DPA, PA-C

Michael Farrell, MD

Katherine Flores, MD

William W. Henning, DO

Carol Jong, PhD, RD

Catherine Kennedy, RN

Laura Lopez

Ann MacKenzie, NP

Kathyann Marsh, RN, MSN

Angelica Millan, RN, MSN, RNP, FAAN

Cathryn Nation, MD

Joseph Provenzano, DO

V. Katherine Townsend, PhD, MSN

Meeting Minutes**CALIFORNIA HEALTHCARE WORKFORCE
POLICY COMMISSION (CHWPC)**

Holiday Inn
 2155 Convention Center Way
 Ontario, CA 91764
 April 16-17, 2014

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

*Action may be taken on any
 item listed on the agenda*

Commission Members Present:

Rosslenn Byous, DPA, PA-C
 Elizabeth Dolezal
 Michael Farrell, DO (absent 4/17/14)
 Katherine Flores, MD
 William Henning, DO
 Carol Jong, PhD, RD
 Catherine Kennedy, RN
 Laura Lopez
 Ann MacKenzie, NP
 Cathryn Nation, MD
 Joseph Provenzano, DO
 Andrea Renwanz-Boyle, PhD, RN-BC
 Katherine Townsend, EdD, MSN

Commission Members Not in Attendance:

Kathyann Marsh, RN, MSN
 Angelica Millan, RN, MSN, RNP, FAAN

Staff to Commission:

Lupe Alonzo Diaz, MPAff, Deputy Director
 Manuela Lachica, Senior Program Administrator
 Melissa Omand, Program Administrator
 Barbara Zendejas, Program Analyst
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Stephanie Clendenin, Chief Deputy Director
 (did not attend 4/17/14)
 Elizabeth Wied, Chief Legal Counsel

Call to Order:

Chair Elizabeth Dolezal called the meeting to order at 10:03 AM.

Introduction of CHWPC Members and Statements of Recusal

CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them. Each Commissioner indicated from which Family Practice Program they would recuse themselves. As new members, Commissioners MacKenzie and Provenzano did not participate in the scoring and therefore did not participate in the voting or discussion.

Recusals

Elizabeth Dolezal – None
 William Henning – None
 Ann MacKenzie – None
 Catherine Kennedy – None

Katherine Flores – UCSF-Fresno Family Medicine, Sierra Vista Family Medicine
Rosslyn Byous – Riverside County Regional Medical Center
Joseph Provenzano – Valley Family Medicine
Carol Jong – None
Andrea Renwanz-Boyle – None
Michael Farrell – None (absent 4/17/14)
Laura Lopez – None
Katherine Townsend – None
Cathryn Nation – None

Chair Remarks

Chair Dolezal noted the process for scoring applications now include staff recommendations and the Commission would have an opportunity to modify the staff scores if desired.

Oath of Office for New Commissioner

Stephanie Clendenin, OSHPD Chief Deputy Director, represented OSHPD's Director, Robert David, for the meeting. Ms. Clendenin administered the Oath of Office to Commissioner Michael Farrell, DO. Dr. Farrell was appointed by Governor Jerry Brown to represent Family Practice Residents.

Announcement of Chair and Vice-Chair Election Results

Chair Dolezal expressed her appreciation for the support and hard work over the past four years as Chair. Andrea Renwanz-Boyle, PhD was elected Chair and William Henning, DO was elected Vice-Chair for the term May 2014 through May 2016.

Approval of February 19, 2014 and March 26, 2014 Minutes

ACTION ITEMS:

- Motion to approve February 19 Task Force Meeting Minutes (Henning), Seconded (Flores). Motion Adopted.
- Motion to approve March 26 Policy Meeting Minutes with edits provided by Commissioner Nation (Henning), Seconded (Nation). Motion Adopted.

OSHPD Director's Report

Ms. Clendenin reported that the Governor's proposal requests \$2.84 million a year for three years to expand the Song-Brown Program to fund primary care residency programs (including internal medicine, obstetrics and gynecology and pediatrics). It also expands eligibility to Teaching Health Centers (THC). She also mentioned there is \$114 million in Mental Health Workforce Education and Training (WET) funding to strengthen California's public mental healthcare workforce.

Executive Secretary's Report

Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division, reported on the following items: Health Careers Training Program Mini Grant awardees; Healthcare Workforce Pilot Project Program public hearing on community paramedicine; WET rejuvenation of CalSEARCH; recommendations from the California State Innovations Model (CalSIM) Workforce Workgroup regarding community health workers/promotores; Governor's Fiscal Year 2014-15

Budget proposal for Song-Brown expansion to primary care residencies and teaching health centers; and Healthcare Workforce Development Council activities.

The Executive Secretary's Report is hereby incorporated as Attachment A

Presentation Regarding Healthcare Workforce Issues of Interest to The California Endowment (TCE)

Dr. George Flores from TCE reported on the interest and priorities of TCE. He emphasized that TCE is specifically interested in strengthening health literacy and pipeline programs to help improve the health of the populations most in need.

The 21st Century Workforce Grantmaking Strategy Memo is hereby incorporated as Attachment B

Presentation of Song-Brown Staff Scores of Capitation Applications

Manuela Lachica, Senior Program Administrator for the Song-Brown Program described the staff scoring process for statutory and TCE criteria for the capitation applications.

Family Medicine Capitation and Special Program Presentations

Representatives from the following Institutions presented information on their programs. There were 35 capitation and 16 special program funding requests (An Asterisk indicates submission of a capitation and special program application):

Kaiser Permanente – Orange, UC Davis Family Medicine*, UCLA Family Medicine, Kaiser Permanente – San Diego*, Northridge Family Medicine, O'Connor Hospital Family Medicine, Kaiser Permanente – Fontana, UCSF – Fresno Family Medicine*, UCSF – San Francisco General Hospital*, Kaiser Permanente – Los Angeles, Valley Family Medicine*, Scripps Family Medicine*, Natividad Family Medicine*, Rio Bravo Family Medicine*, Kaweah Delta Health Care District, Shasta Community Health Center*, Long Beach Memorial, UCSD Combined – Family Medicine/Psychiatry, Riverside County Regional Medical Center*, White Memorial Medical Center*, Sierra Vista Family Medicine*, Family Health Centers of San Diego, Loma Linda Inland Empire Consortium, Mercy Medical Center, Merced, Hanford Family Practice Residency, Santa Rosa Family Medicine Residency, Mercy Medical Center, Redding, San Joaquin General Hospital, Pomona Valley Family Medicine, Glendale Adventist Family Medicine*, Ventura County Medical Center*, Harbor-UCLA Medical Center*, Contra Costa Family Medicine, California Hospital Medical Center*, Presbyterian Intercommunity Hospital, UC Irvine Family Medicine** (Special Program Only)

ACTION ITEMS:

Kaiser Permanente – San Diego*: Section 1 Question 2a

Motion to amend scoring from 5 to 7 points (Flores), Seconded (Townsend). Motion Adopted.

Northridge Family Medicine: Section 1 Question 1b

Motion to amend scoring from 2.67 to 4 points (Flores), Seconded (Lopez). Motion Adopted.

UCSF – San Francisco General Hospital*: Section 1 Question 2a

Motion to amend scoring from 2 to 5 points (Flores), Seconded (Townsend). Motion Adopted.



Natividad Family Medicine*: Section 1 Question 1a

Motion to amend scoring from 4 to 6 points (Flores), Seconded (Lopez). Motion Adopted.

Rio Bravo Family Medicine*: Section 1 Question 1a

Motion to amend scoring from 4 to 6 points (Flores), Seconded (Townsend). Motion Adopted.

Shasta Community Health Center*: Section 1 Question 1a

Motion to amend scoring from 6 to 7 points (Flores), Seconded (Lopez). Motion Adopted.

UCSD Combined – Family Medicine/Psychiatry: Section 1 Question 2a

Motion to amend scoring from 2 to 5 points (Flores), Seconded (Lopez). Motion Adopted.

White Memorial Medical Center*: Section 1 Question 1a

Motion to amend scoring from 5.67 to 8 points (Flores), Seconded (Byous). Motion Adopted.

Section 1 Question 2a

Motion to amend scoring from 5 to 7 points (Flores), Seconded (Townsend). Motion Adopted.

Sierra Vista Family Medicine*: Section 1 Question 1a

Motion to amend scoring from 4.67 to 6 points (Henning), Seconded (Nation). Motion Adopted.

Family Health Centers of San Diego: Section 1 Question 1a

Motion to amend scoring from 3.33 to 6 points (Henning), Seconded (Flores). Motion Adopted.

Loma Linda Inland Empire Consortium: Section 1 Question 1a

Motion to amend scoring from 6 to 8 points (Flores), Seconded (Lopez). Motion Adopted.

Section 2 Question 2

Motion to amend scoring from 0 to 3 points (Flores), Seconded (Kennedy). Motion Adopted.

Mercy Medical Center, Merced: Section 1 Question 1a

Motion to amend scoring from 3.67 to 6 points (Flores), Seconded (Byous). Motion Adopted.

Santa Rosa Family Medicine Residency: Section 1 Question 2a

Motion to amend scoring from 4 to 6 points (Flores), Seconded (Byous). Motion Adopted.

Pomona Valley Family Medicine: Section 1 Question 2a

Motion to amend scoring from 4 to 6 points (Flores), Seconded (Townsend). Motion Adopted.

Ventura County Medical Center*: Section 1 Question 1a

Motion to amend scoring from 4 to 8 points (Flores), Seconded (Byous). Motion Adopted.

Section 1 Question 2a

Motion to amend scoring from 4 to 6 points (Flores), Seconded (Lopez). Motion Adopted.

Harbor-UCLA Medical Center*: Section 1 Question 1a

Motion to amend scoring from 5 to 8 points (Flores), Seconded (Nation). Motion Adopted.

Section 1 Question 2a

Motion to amend scoring from 5.67 to 7 points (Flores), Seconded (Lopez). Motion Adopted.

California Hospital Medical Center*: Section 1 Question 1b

Motion to amend scoring from 3 to 5 points (Flores), Seconded (Townsend). Motion Adopted.



Presbyterian Intercommunity Hospital: Section 1 Question 1a

Motion to amend scoring from 5.67 to 8 points (Flores), Seconded (Lopez). Motion Adopted.

Family Medicine Capitation Funding Decision

All 35 Family Practice Capitation proposals were funded at full or reduced levels.

ACTION ITEM:

Motion to approve funding as presented (Byous) seconded (Kennedy). Motion Adopted.

Family Practice Capitation Awards list is hereby incorporated as Attachment C

Capitation Award Public Comment

No public comment

Family Medicine Special Program Funding Decision

Thirteen proposals were fully funded and four were funded at reduced levels.

ACTION ITEM:

Motion to approve funding as presented (Townsend) seconded (Nation). Motion Adopted.

Family Practice Special Programs Awards list is hereby incorporated as Attachment D

Special Program Award Public Comment

- Partially funded grants may impair a program's project. Funding by a percentage was recommended.

Discussion and Public Comment

- THC's are just a different funding stream and therefore should not need additional legislation to become Song-Brown eligible.
- Since the Commission supports family practice residencies, the Commission should consider looking into hospitals that are closing family practice residencies due to the high costs to run them.
- The Commission should consider funding THC's especially since the Federal Health Resources and Services Administration THC Grant sunsets after five years.

Future Agenda Items

- Update of the Commission Work Plan
- Refine the scoring criteria particularly Section 1 Questions 1a, 1b, 3b and Section 2 Question 3



- Interest regarding Teaching Health Centers
- Special Program Funding Evaluations: How to emphasize new and innovative programs, so that programs do not rank low just because they are new?
- Revisit how the capitation applications are being scored
- Include Commissioners to participate in site visits as part of the evaluation process

Meeting adjourned at 3:00pm



**California Healthcare Workforce Policy Commission
Executive Secretary Report
Lupe Alonzo-Diaz
April 9, 2014**

Highlights

- Health Careers Training Program
 - Mini-Grants FY 2013-14 Cycle: awardees were announced on March 28, 2014
- Health Workforce Pilot Project
 - HWPP #173 submitted by Emergency Medical Services Authority to test, demonstrate and evaluate community paramedicine
 - Released for 45-day comment period
 - April 9 Public Meeting to present project to interested stakeholders
 - Public Hearing to be scheduled after applicant submits amended application
- Mental Health Workforce Education and Training (WET)
 - WET Five-Year Plan approved by California Mental Health Planning Council January 17, 2014
 - Creating a Consumer and Family Member Advisory Committee to advise the Office on the two-year \$10 million allocation for consumer/family member employment
 - Rejuvenation of CalSEARCH program to expose mental health practitioners to underserved communities via clinical rotations

Mental Health Workforce Education and Training (WET) Five-Year Plan Budget						
WET Funding Allocated for State Administered Programs in 2008		\$234,500,000				
WET Funding Spent via State Administered Programs in 2008-2013 WET Five-Year Plan		\$119,755,910				
WET Funding Remaining for State Administered Programs for 2014-2019 WET Five-Year Plan		\$114,744,090				
Item Number	State Administered WET Program	State WET Funding for 4 Year Budget	Fiscal Year 14/15	Fiscal Year 15/16	Fiscal Year 16/17	Fiscal Year 17/18
Total		\$114,744,090	\$31,936,023	\$31,936,023	\$26,936,023	\$23,936,023
1	Stipends	\$35,000,000	\$8,750,000	\$8,750,000	\$8,750,000	\$8,750,000
	Psych Nurse Practitioner	\$7,200,000	\$1,800,000	\$1,800,000	\$1,800,000	\$1,800,000
	Clinical Psychologist	\$1,800,000	\$450,000	\$450,000	\$450,000	\$450,000
	Marriage and Family Therapist	\$12,400,000	\$3,100,000	\$3,100,000	\$3,100,000	\$3,100,000
	Social Worker	\$13,600,000	\$3,400,000	\$3,400,000	\$3,400,000	\$3,400,000
2	Loan Assumption	\$40,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
3	Education Capacity	\$15,000,000	\$3,750,000	\$3,750,000	\$3,750,000	\$3,750,000
	Psychiatrist	\$9,000,000	\$2,250,000	\$2,250,000	\$2,250,000	\$2,250,000
	Psych Nurse Practitioner	\$6,000,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
4	Consumer and Family Member	\$10,000,000	\$5,000,000	\$5,000,000	\$0	\$0
5	Regional Partnership	\$9,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$0
6	Recruitment (Career Awareness) and Retention	\$3,000,000	\$750,000	\$750,000	\$750,000	\$750,000
	Mini-Grants	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000
	CalSEARCH	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000
	Retention	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000
7	Evaluation	\$2,744,090	\$686,023	\$686,023	\$686,023	\$686,023

- \$2M Peer Personnel Preparation RFP for FY 2014-15
- \$8.75M Stipend RFPs for FY 2014-15
 - Masters of Social Work (MSW)
 - Marriage and Family Therapist (MFT)
 - Clinical Psychologist

➤ Psychiatric Mental Health Nurse Practitioner

- CalSIM Workforce Workgroup
 - Advisory Committee created to develop recommendations regarding roles, core competencies and reimbursement for community health workers and promotores in Accountable Care Communities, health homes for complex patients and palliative care

Governor's Budget

Proposal	Description	Status
Song-Brown Expansion to Primary Care and Teaching Health Centers	<ul style="list-style-type: none"> • requests \$2.84M/year for 3 years in California Health Data Planning Fund expenditure authority to <ul style="list-style-type: none"> ○ expand the Song-Brown program to fund primary care residency programs ○ expand eligibility to teaching health centers • establishes a three-year LT position and \$106,000 in CHDPF expenditure authority to develop and implement the program 	Held Open in Senate Budget Committee
Healthcare Reform/Shortage Designation	<ul style="list-style-type: none"> • requests \$355,000 in the California Health Data and Planning Fund expenditure authority for FY 2014-15 and ongoing to make permanent <ul style="list-style-type: none"> ○ 3 LT positions responsible for proactive HPSA federal designations ○ 1 LT position responsible for continuing the implementation of the HCR work plan 	Senate Budget Committee – approved
WET Appropriation	<ul style="list-style-type: none"> • requests \$102,000 in unexpended Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) funds be appropriated through FY 2017-18 for mental health WET Programs 	Senate Budget Committee – approved
TCE Grant	<ul style="list-style-type: none"> • request to redirect \$700,000 to CalSEARCH and Mini-Grants 	Submitted to Legislature
WET Five-Year Plan	<ul style="list-style-type: none"> • appropriates \$114 million to align Five-Year Plan with budget • requests 3 LT positions to support additional responsibilities 	

Legislation/Policy

- AB 1174 – This bill expands the scope of practice for allied dental personnel, specifically registered dental assistants, registered dental assistants in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice consistent with what was tested, demonstrated and evaluated via HWPP#172.
- AB 2102 – This bill requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to annually collect and report specific demographic data relating to its licensees to OSHPD.
- AB 2458 – This bill would establish the Graduate Medical Education Fund and provide funding for new slots in primary care residency programs.

Healthcare Workforce Development Council

- Prioritized the following
 - Primary care
 - Mental health
 - Regionalization
- Meeting: April 16 to discuss activities to support priorities

21st Century Workforce Grantmaking Strategy Memo



INTRODUCTION

Implementation of Obamacare in California creates an imperative for expansion of the health workforce and strengthening its capacity to support health reform and meet the health needs of a growing, increasingly diverse and aging population. Significant and long-standing health workforce disparities (by location, specialty, language skills, and culture among them) exist across the state, disproportionately impacting low-income and communities of color in both urban and rural areas. A culturally-responsive health workforce is critical to improving health outcomes for communities of color.

A CALL TO ACTION FOR THE CALIFORNIA ENDOWMENT

With its Building Healthy Communities initiative, The California Endowment has driven a deep stake in improving health by addressing the social determinants of health with community-level interventions. With the Health Happens Here campaigns, there is a clarion call for broader responsibility for health, beyond the walls of the health care delivery system. Together, these efforts signal the need for a re-engineered health workforce for the 21st century -- one that works to keep people well in the first place; that is representative of and has its roots in diverse communities that are linked to the health care delivery system as well as to public health; and that serves to make lasting improvements in health, with better quality, and at lower cost.

The expected increase in health workforce demand may occur simultaneously with major health workforce supply challenges that include retirements from an aging health workforce; higher education and health training program budget cuts and capacity constraints; increase in the length of educational requirements for some professions; and reduced numbers of primary care graduates. Scope of practice laws and reimbursement rates and policies that undermine the attractiveness and use of certain professionals represent additional challenges. Supply challenges will increase pressure on the capacity of providers to meet access, quality and cost goals. Safety net and rural providers in particular may face greater workforce challenges if a large portion of the three million additional insured through Medi-Cal, seek services from them.

Given the predicted increase in health services utilization, there is a major focus on transformation of the way that community health and health services are provided to ensure access, quality and cost goals are achieved. There is also an emerging focus on cross sector collaboration within regions to integrate primary care, public health and community development to achieve the Triple Aim (improved health outcomes, lower cost per capita and improved patient experience).

A more diverse health workforce can contribute to improved access to and quality of health for all Americans. Studies have demonstrated that underrepresented minority (URM)¹ health professionals are more likely to live and practice in underserved or predominantly minority communities.

¹ The American Association of Medical Colleges recently changed its definition of URM in 2003 to: "underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

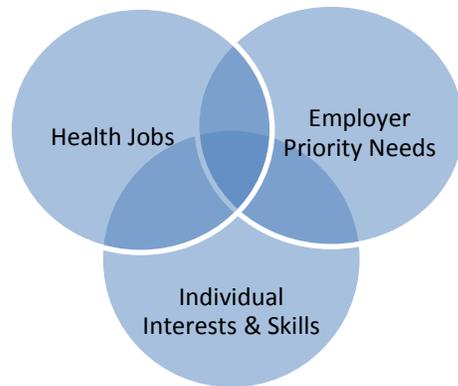
Nearly ten years after the IOM's signature report, *"In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce"* high poverty and high school dropout rates, poor scholastic achievement, and unemployment in low-income, underserved communities have contributed to the continued shortage of racially diverse health care professionals in the state.

Despite wide awareness and special programs, only marginal progress has been made in the past 40 years to increase the proportion of underrepresented minorities in the health professions. Barriers to progress run deep, and include both social inequities as well as systemic inequities. To realistically expect that these students will be able to persevere through the educational pathways to enter graduate health professions schools in increased numbers means that significant interventions must be in place throughout that pathway to maximize their opportunities for success.

21ST CENTURY WORKFORCE GOALS AND OUTCOMES (2014-2017)

- Increased career opportunities for young people, especially boys and young men of color, to pursue jobs in the health field, beginning with Grade 7-16 student-centered pathway programs, enabled by effective regional infrastructures.
- A health workforce populated by local residents in frontline jobs, supporting primary care, community-based prevention, patient-centered medical homes, and integrated and coordinated care models, in BHC regions where the existing infrastructure has the greatest readiness for high impact and/or the need is highest.
- Increased numbers and capacities of health professionals that provide high quality, culturally responsive and linguistically competent primary care and community health services, in places and regions of greatest need.

These goals are interrelated. Focusing solely on training of residents for health jobs will not achieve success if there is not sufficient demand for the professions nor if the training does not position people to adapt to changing health roles as ACA, care transformation and technology continue to evolve. The diagram below indicates that investment should take place within the sweet spot/intersection of employer demand, individual interest and emerging health jobs.



GUIDING PRINCIPLES FOR WORKFORCE INVESTMENTS

1. Expand and strengthen the capacity of the health workforce to support the transformation of California’s health system to meet the triple aim: increase access, lower costs, and improve health outcomes.
2. Focus workforce development efforts on places and regions that are medically underserved and have higher rates of poor health outcomes.
3. Facilitate health system employment opportunities and career pathways in underserved communities and specifically on boys and young men of color– and focus recruitment and training to improve the cultural competency and language access of the workforce aligned to the communities they are serving.
4. Improve the ability of educational systems to incorporate effective youth-centered perspectives and strategies that motivate and support students in pursuing health careers.
5. Prepare the health workforce to lead the transformation to an integrated health system model that emphasizes prevention, public health advocacy, primary care, community-based services, and coordinated care by multi-disciplinary teams in patient-centered medical homes.
6. Build on existing TCE investments in school climate, school wellness, comprehensive supports for students, and schools-related policies that promote health and wellness and career opportunities.
7. Focus on sustainability by incorporating leveraging into all strategies from the start.

21ST CENTURY WORKFORCE STRATEGIES SUMMARY AND BUDGET (2014-2017)

Three major areas of investments are recommended with the following strategies.

Strengthening Grade 7-16 Pathway-Pipeline and Community College Health Career Training Programs

- A. Increase the number of URM students entering and exiting career pathway programs
- B. Enable regional infrastructure (e.g., cross-sector collaboratives, backbone organizations, etc.) to focus on and implement systems, sustainable education reforms aligned with skills and responsibilities of health professionals, including expanded roles emerging for frontline professionals.
- C. Develop a guide for local stakeholders on: 1) emerging health careers as identified through ACA; 2) licensing and accreditation standards students will need to meet in order to enter those health professions; and 3) opportunities for course credit between and among multiple education systems and guaranteed transfer agreements to advance student success.
- D. Build an effective advocacy network to increase funding streams for health career pathway programs and to incentivize local communities to create new programs and partnerships.

Frontline Health Workforce

- A. Strengthen existing infrastructures and pathway systems through research, documentation, and data gathering.

- B. Strengthen regional infrastructures and capacities to implement comprehensive health career pathways systems in priority BHC regions, where readiness for accelerated and significant impact is greatest or the need/gaps are highest.
- C. Build robust community pipelines that are culturally competent within strong regional systems to design and scale health care career pathways including boys and young men of color.
- D. Invest in new innovations that support career pathways.
- E. Advocate for state policies that accelerate ability of regions to pursue community health worker/promotor advancement in key regions in CA, by changes in regulations/rules, funding priorities and availability, data availability and use, and monitoring of progress toward state health care workforce goals.
- F. Invest in advocacy efforts in Washington DC that inform federal agencies and Congressional staffers of developments and needs among CA frontline health workforce and how federal action related to implementation of ACA can support effective practice and its expansion.

Increasing Numbers and Capacities of Health Professionals

- A. Boost the number and capacity of primary care health professionals trained for/committed to practice in underserved communities.
- B. Boost the capacity of health professionals including and beyond primary care to serve the expanded population, especially in underserved areas.

Family Practice Capitation Awards

Training Program	Award	County
Contra Costa County Health Services	\$154,845.00	Contra Costa
Family Health Centers of San Diego	\$103,230.00	San Diego
Glendale Adventist Medical Center	\$206,460.00	Los Angeles
Hanford Family Medicine	\$154,845.00	Kings
Harbor - UCLA Medical Center	\$103,230.00	Los Angeles
Kaiser - Fontana	\$51,615.00	Los Angeles
Kaiser - Los Angeles	\$51,615.00	Los Angeles
Kaiser - Orange	\$206,460.00	Orange
Kaiser - San Diego	\$154,845.00	San Diego
Kaweah Delta Health Care District	\$154,845.00	Tulare
Loma Linda Inland Empire Consortium	\$206,460.00	San Bernardino
Long Beach Memorial Medical Center	\$103,230.00	Los Angeles
Mercy Medical Center, Merced	\$206,460.00	Merced
Mercy Medical Center, Redding	\$51,615.00	Shasta
Natividad Medical Center	\$206,460.00	Monterey
Northridge Hospital	\$206,460.00	Los Angeles
O'Connor Hospital	\$206,460.00	Santa Clara
Pomona Valley Hospital	\$51,615.00	Los Angeles
Presbyterian Intercommunity Hospital	\$103,230.00	Los Angeles
Rio Bravo Family Medicine	\$103,230.00	Kern
Riverside County Regional Medical Center	\$206,460.00	Riverside
San Joaquin General Hospital	\$206,460.00	San Joaquin
Santa Rosa Family Medicine	\$206,460.00	Sonoma
Scripps Mercy Hospital, Chula Vista	\$206,460.00	San Diego
Shasta Community Center	\$103,230.00	Shasta
Sierra Vista Family Medicine Residency	\$103,230.00	Fresno
UCSD Combined Family Medicine-Psychiatry	\$154,845.00	San Diego
UCSF - San Francisco General Hospital	\$206,460.00	San Francisco
UCSF-Fresno	\$206,460.00	Fresno
University of California, Los Angeles	\$206,460.00	Los Angeles
University of California, Davis	\$206,460.00	Sacramento
USC - California Hospital	\$206,460.00	Los Angeles
Valley Family Medicine Residency of Modesto	\$206,460.00	Modesto
Ventura County Medical Center	\$206,460.00	Ventura
White Memorial Medical Center	\$206,460.00	Los Angeles
Totals	\$5,626,035.00	

Family Practice Special Program Awards

Training Program	Award	County
Glendale Adventist Medical Center	\$149,961.00	Los Angeles
Harbor - UCLA Medical Center	\$149,306.00	Los Angeles
Kaiser - San Diego	\$105,000.00	San Diego
Natividad Medical Center	\$150,000.00	Monterey
Rio Bravo Family Medicine	\$105,000.00	Kern
Riverside County Regional Medical Center	\$140,616.00	Riverside
Scripps Mercy Hospital, Chula Vista	\$142,369.00	San Diego
Shasta Community Center	\$105,000.00	Shasta
Sierra Vista Family Medicine Residency	\$105,000.00	Fresno
UCSF- Fresno	\$150,000.00	Fresno
UCSF - San Francisco General Hospital	\$148,624.00	San Francisco
University of California, Davis	\$149,772.00	Sacramento
University of California, Irvine	\$143,805.00	Orange
USC - California Hospital	\$149,928.00	Los Angeles
Valley Family Medicine Residency of Modesto	\$127,326.00	Modesto
White Memorial Medical Center	\$149,991.00	Los Angeles
Totals	\$2,171,698.00	