

California Healthcare Workforce Policy Commission (CHWPC)
 400 R Street, Room 468
 Sacramento, CA 95811
 Wednesday, March 26, 2014
 Call to Order: 10:08 a.m.
 Adjourned: 2:45 p.m.

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Rosslynn S. Byous, DPA, PA-C Elizabeth Dolezal - Chair 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	Michael Farrell, DO Angie Millan RN, MSN, FAAN Katherine Flores, MD William W. Henning, DO Kathyann Marsh, RN, MSN
	STAFF TO COMMISSION PRESENT
	Lupe Alonzo-Diaz, MPAff Senita Robinson, MS Manuela Lachica Melissa Omand Barbara Zendejas Tyfany Frazier
	ADDITIONAL OSHPD STAFF
	Robert P. David Elizabeth Wied

TOPIC	AGENDA ITEM	ACTION ITEM OR DISCUSSION
Call to Order	Meeting called to order at 10:08 a.m.	
Introduction of CHWPC Members	CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them.	
Chair's Remarks	Elizabeth Dolezal, CHWPC Chair, welcomed new Commissioners Carol Jong, Joseph Provenzano, and Ann Mackenzie to the CHWPC. Commissioner Jong represents Consumers, Commissioner Provenzano represents Practicing Osteopathic Physicians and Commissioner MacKenzie represents Practicing Family Nurse Practitioners.	This policy meeting will discuss the February 19, 2014 Taskforce scoring and funding recommendations.

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Oath of Office for New Commissioners	Bob David, OSHPD Director, administered the Oath of Office to Commissioners Jong, Provenzano, and MacKenzie.	
Approval of January 7-8, 2014 Minutes	Approval of January 7-8, 2014 Family Nurse Practitioner/Physician Assistant Funding Meeting Minutes	Motion was made (Townsend) and seconded (Boyle) to approve minutes with minor edits
OSHPD Director's Report	<p>Director David noted the following items:</p> <ul style="list-style-type: none"> • There is a Budget Change Proposal (BCP) for Song-Brown expansion to primary care residencies and teaching health centers. The BCP will be heard in the Senate Budget Sub-Committee in April. • OSHPD began analyzing legislative bills, but not taking any position currently. Many bills are related to scope of practice and medical education. • The Governor and Legislature have shown continued interest in the Affordable Care Act, and the importance of healthcare workforce and related data. • The Mental Health Services Act (MHSA) Workforce Education and Training (WET) Five-Year Plan approved. • The Health Professions Education Foundation (HPEF) is expanding their outreach efforts with the additional funding support from The California Endowment (TCE). • OSHPD's Facilities Development Division has several initiatives to minimize costs, including looking into new technologies to review plans more efficiently and reduce major upgrades for hospitals. 	Commissioner Boyle expressed her appreciation for the increased interest in funding Song-Brown

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Executive Secretary's Report	<p>Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division (HWDD), reported on the following items: 70 applications received for Mini Grants; Healthcare Workforce Pilot Project Program public hearing on community paramedicine; approval of the 2014-2019 WET Five-Year Plan (\$114 million); University of California San Francisco evaluation of data collection and program evaluation; recommendations from the CalSIM Workforce Workgroup regarding community health workers/promotores; Governor's FY 2014-15 Budget proposal for Song-Brown expansion to primary care residencies and teaching health centers; and Healthcare Workforce Development Council (HWDC) activities.</p> <p>The Executive Secretary's Report is hereby incorporated as Attachment A</p>	<p>Chair Dolezal questioned if there was a plan in place to extend the WET program beyond FY 2018-19. Ms. Alonzo-Diaz stated not at this time.</p> <p>Commissioners questioned why a Commission representative is not included on the HWDC. Director David stated that organizations only have one representative and that Ms. Alonzo-Diaz represents OSHPD on the HWDC. As the CHWPC is an advisory body within OSHPD, it is represented by OSHPD.</p>
Registered Nurse Shortage Areas (RNSA) Update	<p>Ms. Manuela Lachica, Song-Brown Program Director presented the annual RNSA update</p> <p>The Registered Nurse Shortage Designation Report is hereby incorporated as Attachment B</p>	<p>Commissioner Kennedy asked if there was another way to capture where the nurses are working, due to the 30% limited reporting in the RNSA methodology. Ms. Lachica reported that this effort is challenging and that staff have been working with Joanne Spetz, UCSF, to improve identification of nurse practice locations.</p> <p>Motion made (Byous) and seconded (Nation) to accept the recommendation and adopt the RNSA as presented. Motion adopted.</p>
Public Comment	Call for Public Comment regarding the RNSA	No Public Comment

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Family Medicine Residency Accreditation	<p>Commissioner Nation presented an overview of the changes occurring in Family Medicine Residency Accreditation. Her presentation noted the following:</p> <ul style="list-style-type: none"> • AB 2232 which would support funding of San Joaquin Valley PRIME Program and planning for a possible future medical school at University of California Merced. • AB 1838 (Bonilla) proposes a change to the California Business and Professions Code to recognize accreditation by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Schools as satisfying certain requirements for medical licensure. • A program at University of California, Davis (UCD) would allow students to progress through medical school in less than four years. It is primarily primary care focused, with four students who will be promised a residency slot at Kaiser or UCD. 	<p>A Commissioner asked if this was anticipated to grow to other schools beyond UCD. Commissioner Nation replied that she was unaware of specific plans, but that many United States medical schools were discussing competency based programs that could involve accelerated pathways to graduation</p>
Review and Discussion of Commission's Policy Work Plan		This agenda item was moved to the May 14, 2014 policy meeting for discussion.

TOPIC	AGENDA ITEM	ACTION ITEM OR DISCUSSION
<p>Review of Workgroup’s Recommendations</p> <ul style="list-style-type: none"> • Staff Scoring of Family Practice (FP) Capitation Applications • TCE Criteria • Use of the remaining TCE grant funds and previous year Song-Brown funds to award current year FP Applications 	<p>Ms. Lachica described the staff scoring process and requested additional clarification regarding some of the evaluation criteria to help improve the review of Family Practice grant proposals.</p> <p>The Family Practice Capitation Funding Evaluation Criteria is hereby incorporated as Attachment C</p>	<p>Commissioners and staff reviewed the recommendation materials. The following comments/suggestions were made:</p> <p>Section I – Statutory Criteria</p> <p>1.b. Remove “robust” and “track record” language and replace with “placement program with outcomes”. Commissioners were concerned that new programs would be unable to provide outcome data. It was suggested that new programs describe how they would report outcomes.</p> <p>2.b. Regarding the option for residents to collaborate with students, Commissioners defined students as medical school, undergraduate, or other health professional students.</p> <p>3.a. All applicants will receive the full points (3 points) at the April 16-17, 2014 FP funding meeting. The criteria will be revisited for relevancy at the May 14, 2014 policy meeting to determine what is considered the number of approved hours or whether to keep this criteria.</p> <p>Section II – Other Considerations</p> <p>3. All applicants will receive full points (3 points) at the April 16-17 FP funding meeting. The criteria will be revisited for relevancy at the May 14, 2014 policy meeting.</p>

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Review of Workgroup's Recommendations cont.		<p>5. Commissioners expressed that letters of support should be current letters that describe the relationship between the program and their community partners.</p> <p>9. The discretionary points for FP will be suspended for the April 16-17, 2014 FP funding meeting. The Commission will use the same method of approving/changing staff scores as was used for the FNP/PA January 7-8, 2014 funding meeting. Commissioners will revisit this criteria at the May 14, 2014 policy meeting.</p> <p>Motion made (Townsend) and seconded (Nation) to accept the workgroups recommendations. Motion adopted.</p>
Public Comment	Call for Public Comment regarding the Workgroup's recommendation	No Public comment

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TOPIC	AGENDA ITEM	ACTION ITEM OR DISCUSSION
Public Comment	General Public Comments on any portion of the meeting.	<p>Discretionary points should be added back in the scoring process.</p> <p>The Commission should consider a presentation on Teaching Health Centers.</p>
Future Agenda Items	<ol style="list-style-type: none"> 1. Commissioners requested to standardize criteria for RN and FNP/PA. 2. Update and review 2012 work plan. 	
Adjourn	Meeting adjourned at 2:45	

**California Healthcare Workforce Policy Commission
Executive Secretary Report
Lupe Alonzo-Diaz
March 11, 2014**

Highlights

- Health Careers Training Program
 - Mini-Grants FY 2013-14 Cycle: 70 applications received in response to this year's RFA. We are currently in the application review process and plan to award \$201,000 in grants for the June 27, 2014-June 26, 2015 program period. The awardees will be 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
- 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
- California Endowment Grant
 - UCSF Contract – UCSF has been secured to evaluate data collection and evaluation efforts. Below are the core components of the contract. Recommendations are expected by mid-April for review and discussion at the May policy meeting.
 - D. Provide recommendations for strategies OSHPD can use to demonstrate OSHPD's measurable impact on healthcare education and training, healthcare service delivery and quality, healthcare workforce shortages, building healthy communities initiative, and underserved communities or populations. Recommendations may include:
 - i. Select best practices for documenting the impact of healthcare workforce development initiatives
 - ii. Maximizing the use of OSHPD's current fields of data to measure the impact of OSHPD's health workforce programs
 - iii. New fields of data that OSHPD may consider collecting from program applicants, award recipients, stakeholders and alumni
 - iv. Additional sources of data, partnerships, and resources for OSHPD to use to amplify the existing or new recommended OSHPD data
 - v. Strategies to consider for implementing evaluation tools
- 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

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 1677 – This bill regarding the State Nursing Assumption Program would establish a loan assumption program for employees of public facilities.
- AB 1797 – This bill requires the Division of Apprenticeship Standards, on consultation with the California Workforce Investment Board, State Department of Education, and representatives for the California Community College system to establish and coordinate stakeholder meetings to develop pathways for careers in health professions.
- 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 2232 – The bill would appropriate \$1,8500 from the General Fund to the UC regents each fiscal year for allocation to the University of California to support expansion of the San Joaquin Valley Program Medical Education.
- President's Budget
 - GME – Aims to enhance access to primary care via the creation of roughly 13,000 graduate medical education (GME) residency slots over 10 years in primary care and other high need specialties, with \$100M (in 2015) in mandatory funding allocated to support pediatric training in children's hospitals. [+ \$5.23B/10Y]
 - NHSC – Proposes to expand the National Health Service Corps (NHSC), which provides loan repayment and scholarships to primary care providers and students serving in NHSC-designated underserved communities, via a boost in mandatory NHSC funds to support roughly 15,000 providers over the 2015-2020 period. [+ \$3.95B/6Y]
 - Medicaid PCP Bump – Proposes to extend by one year (through Calendar Year (CY) 2015) the ACA-mandated temporary increase in Medicaid payments for certain primary care services furnished by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine such that the new rates for those years would be at least 100% of the applicable rate paid for such services under Medicare. The budget proposal, however, includes "modifications to expand provider eligibility to additional primary care providers [PCPs], including physician assistants and nurse practitioners, and better target primary care services."
 - CHCs – The budget includes \$4.6B in the Graduate Medical Education Teaching Health Centers program in 2015 and \$8.1B over the subsequent 3-year period to expand services to nearly 31 million individuals.
 - Mental Health – Provides \$164M to support expanded access to mental health services for youth and families via the President's *Now is the Time* initiative; as well as \$50M to train 5,000 new mental health professionals; \$20M for Healthy Transitions to help support transitioning youth (ages 16-25) and their families in accessing and navigating behavioral health treatment systems; and \$5M focused on behavioral health workforce needs. The budget also proposes "targeted investments in Medicaid" in this regard, including via a newly-established demonstration project to "provide evidence-based psychosocial interventions to children and youth in foster care."

Healthcare Workforce Development Council

- Prioritized the following
 - Primary care
 - Mental health
 - Regionalization
- Evaluating existing membership to include additional representative 'on the ground'

Memorandum



To: California Healthcare Workforce Policy Commission **Date:** January 22, 2014
From: Debra Gonzalez, Research Program Specialist II
Healthcare Workforce Development Division
Office of Statewide Health Planning and Development
Subject: Registered Nurse Shortage Area Update

The results displayed in this report are from the Registered Nurse Shortage Area (RNSA) analysis completed in January 2014. The 2012 data used are from the Board of Registered Nursing (BRN) and the Office of Statewide Health Planning and Development (OSHPD).

Background

In February 2007, the California Healthcare Workforce Policy Commission (Commission) formally adopted staff recommendations for the creation of a Registered Nurse Shortage Area (RNSA). The method for determining the RNSA is a function of the number of licensed nurses (supply) and patient volume (demand). The previous analysis performed used 2011 data and was on a county basis.

Final RNSA designation is determined when a county (1) lacks a general acute care hospital (GAC) and a long-term care (LTC) facility or (2) is above the mean ratio of available nurses to patient volume. The ratio is the total number of bed days for GACs and LTC facilities multiplied by .08 and divided by the number of registered nurses (RNs) in the specific county. The mean is calculated by the sum of the ratio for each county divided by 58 the number of counties in California.

The counties with ratios greater than the mean are considered designated. The Commission uses the RNSA as only one of many factors to determine Song-Brown funding for nursing education programs. The RNSA does not in itself determine funding or funding levels. In February 2008, the Commission stipulated that this method be reviewed annually, rather than every two years to provide insight into the latest science and current literature affecting the nursing workforce.

The Commission needs a quantitative, repeatable and meaningful way of ranking applications whose past graduates and training facilities operate in areas of unmet need (e.g. Song-Brown nursing shortages). The adopted RNSA, using counties as the analytical unit, serves well under this rubric.

Methodology

Three factors are used in defining nursing shortages: (1) California counties as the geographic unit of analysis, (2) California registered nurse data of all active licenses by county from the Board of Registered Nursing (BRN)¹, and (3) the patient day and census data from all LTCs and GACs from OSHPD.²

¹ Source: 2012, Department of Consumer Affairs, Board of Registered Nursing, County Count Summary for Clear Licenses.

² Source: 2012, Office of Statewide Health Planning and Development, Healthcare Information Division (HID) Data Products. <http://www.oshpd.ca.gov/HID/DataFlow/index.html>

OSHPD maintains data on patient volume for GACs and LTCs. These data are maintained on the OSHPD Automated Licensing Information and Report Tracking System (ALIRTS) and available on the OSHPD website as data products. These GAC and LTC locations employ nearly 70% of the total nursing workforce in California. No current data exist on patient volume for the other 30% of the workforce.

OSHPD facility census³ data for 2012 were obtained by county. There are more licensed bed days in LTCs than GACs in California and LTCs only account for 5% of the registered nurse workforce.⁴ Therefore, a scale factor representing the percent of the nursing workforce at LTCs in this function was applied to ensure the census data were not skewed.⁵ A total census was created by summing the two numbers and a ratio was used of census divided by registered nurses for each of the 58 counties.

Ratio Equation:

$$\frac{\sum (\text{CensusDaysGAC} + [(\text{PatientDaysLTC}) * 0.08])}{\text{RNCount}}$$

Where:

CensusDaysGAC is the number of days a patient is occupying a bed in General Acute Care Hospitals in 2012

PatientDaysLTC is the number of days a patient is occupying a bed in Long-Term Care Facilities in 2012

RNCount is the number of licensed, active registered nurses per county in 2012

Limitations

This designation methodology has two limitations. First, only about 70% of the nursing workforce is accounted for in this function. The remaining 30% of the workforce is employed at schools, home health agencies, and other facilities, for which no ratio of average daily census or population served can be readily analyzed.⁶ Second, nurses and patients both travel outside county boundaries to give and receive care. However, we are unable to obtain data on commute patterns by occupation at this time due to confidentiality constraints regarding the release of healthcare providers' Social Security Numbers. Other methodological approaches were explored by OSHPD staff and were indicated in a separate report on March 9, 2009, "Registered Nurse Shortage Area Alternative Methodologies."

³ Census Day Totals are a measure of service delivery. This value is the sum of the number of days that a given bed was occupied by a patient. Each night healthcare facilities take a census of patients in each bed. The census is kept by bed type (Acute Respiratory Care, Burn, Coronary Care, Intensive Care, Intensive Care – Newborn Nursery, Perinatal, Pediatric, Rehabilitation Center, and Unspecified General Acute Care). The GAC Census Days are the sum of the census for each of the nine GAC bed designations. A similar number is obtained for Long-Term Care Facilities.

⁴ 5% of the RN workforce is at LTC facilities, while 64% of the RN workforce is at GACs.

⁵ The scale factor is 0.08. This number is the percent of the workforce at LTC facilities, in our function. It is derived from 5 (percent of nurses employed at LTC facilities) / 64 (percent of nurses employed at GACs).

⁶ CA Workforce Initiative, Center for Health Professions, UCSF. 2001. *Nursing in CA: A Workforce Crisis*.

Assessment

No new data sources currently exist which would enhance or change the adopted approach. The results from the last adopted approach are displayed in a separate memo, "Registered Nurse Shortage Area Update" on April 21, 2011.

Results

This analysis was performed by using the current methodology of counties as the analytical unit. The mean ratio for counties was 41.80. In the county analysis, 26 counties were designated as RNSAs. Since the May 2013 Commission meeting, designation status has changed for one county. Del Norte County lost designation.

Alpine County and Sierra County are automatically designated since there are no counts for Long-Term Care Facilities (LTCs) or General Acute Care Hospitals (GACs). (See map on page 7)

Table 1 illustrates the RNSA listed alphabetically by county, where *LTCPatient* is the patient days for long-term care facilities, *GACCensus* is the patient census days for general acute care hospitals, *BRNCount* is the number of registered nurses per county from the BRN, *Ratio* is the ratio of each county derived from the Ratio Equation, and *Designated* is whether that particular county has been designated according to the mean. The mean is calculated by the sum of the ratio for each county divided by 58; the number of counties in California. Table 2 on Page 5 ranks the counties by ratio. A map is also included on Page 7 to show the county designations. *Note: the yellow highlighted row in Tables 1 and 2 indicate the County whose designation status has changed since the last RNSA update in May 2013.

Table 1 – RNSA Listed Alphabetically by County; Mean Designation Cutoff >41.80

County	LTCPatient	GACCensus	BRNCount	Ratio	Designated
Alameda	1,653,360	562,233	13,860	50.11	Yes
Alpine	0	0	10	0.00	Yes
Amador	40,582	7,993	289	38.89	No
Butte	359,284	121,076	2,495	60.05	Yes
Calaveras	30,706	4,540	460	15.21	No
Colusa	30,020	2,816	57	91.54	Yes
Contra Costa	919,489	340,362	12,061	34.32	No
Del Norte	24,203	6,926	236	37.55	No
El Dorado	51,522	28,134	2,289	14.09	No
Fresno	933,246	378,654	8,133	55.74	Yes
Glenn	26,621	1,175	103	32.08	No
Humboldt	141,072	42,062	1,455	36.67	No
Imperial	79,413	43,887	928	54.14	Yes
Inyo	31,466	2,669	191	27.15	No
Kern	515,366	303,952	5,524	62.49	Yes
Kings	96,705	44,510	937	55.76	Yes

County	LTCPatient	GACCensus	BRNCount	Ratio	Designated
Lake	77,248	13,038	468	41.06	No
Lassen	31,056	4,197	220	30.37	No
Los Angeles	12,074,478	4,555,692	74,555	74.06	Yes
Madera	129,725	104,383	904	126.95	Yes
Marin	289,564	80,802	3,464	30.01	No
Mariposa	0	445	131	3.40	No
Mendocino	82,452	21,534	752	37.41	No
Merced	225,842	46,155	1,253	51.25	Yes
Modoc	0	547	46	11.89	No
Mono	0	1,439	107	13.45	No
Monterey	326,052	121,695	2,970	49.76	Yes
Napa	232,122	55,619	2,260	32.83	No
Nevada	125,680	22,221	1,083	29.80	No
Orange	2,231,299	1,124,681	26,628	48.94	Yes
Placer	292,005	163,288	5,329	35.03	No
Plumas	16,793	3,308	157	29.63	No
Riverside	1,344,523	669,613	17,919	43.37	Yes
Sacramento	1,163,575	617,542	13,004	54.65	Yes
San Benito	0	6,700	351	19.09	No
San Bernardino	1,468,446	842,469	17,993	53.35	Yes
San Diego	2,812,330	1,231,910	30,617	47.58	Yes
San Francisco	406,004	516,574	7,710	71.21	Yes
San Joaquin	884,909	208,909	5,220	53.58	Yes
San Luis Obispo	267,158	69,181	3,018	30.00	No
San Mateo	379,791	176,173	8,540	24.19	No
Santa Barbara	342,165	130,069	2,916	53.99	Yes
Santa Clara	1,596,543	704,548	14,719	56.54	Yes
Santa Cruz	219,711	67,881	2,787	30.66	No
Shasta	266,185	103,033	2,249	55.28	Yes
Sierra	0	0	26	0.00	Yes
Siskiyou	19,348	7,519	394	23.01	No
Solano	242,147	120,373	5,761	24.26	No
Sonoma	489,412	136,117	5,226	33.54	No
Stanislaus	572,681	249,192	4,311	68.43	Yes
Sutter	134,774	7,392	765	23.76	No
Tehama	35,917	8,200	326	33.97	No
Trinity	0	2,070	78	26.54	No
Tulare	480,872	143,831	3,126	58.32	Yes
Tuolumne	64,240	18,016	632	36.64	No

County	LTCPatient	GACCensus	BRNCount	Ratio	Designated
Ventura	533,246	243,562	7,574	37.79	No
Yolo	195,742	17,636	1,442	23.09	No
Yuba	28,751	48,089	388	129.87	Yes

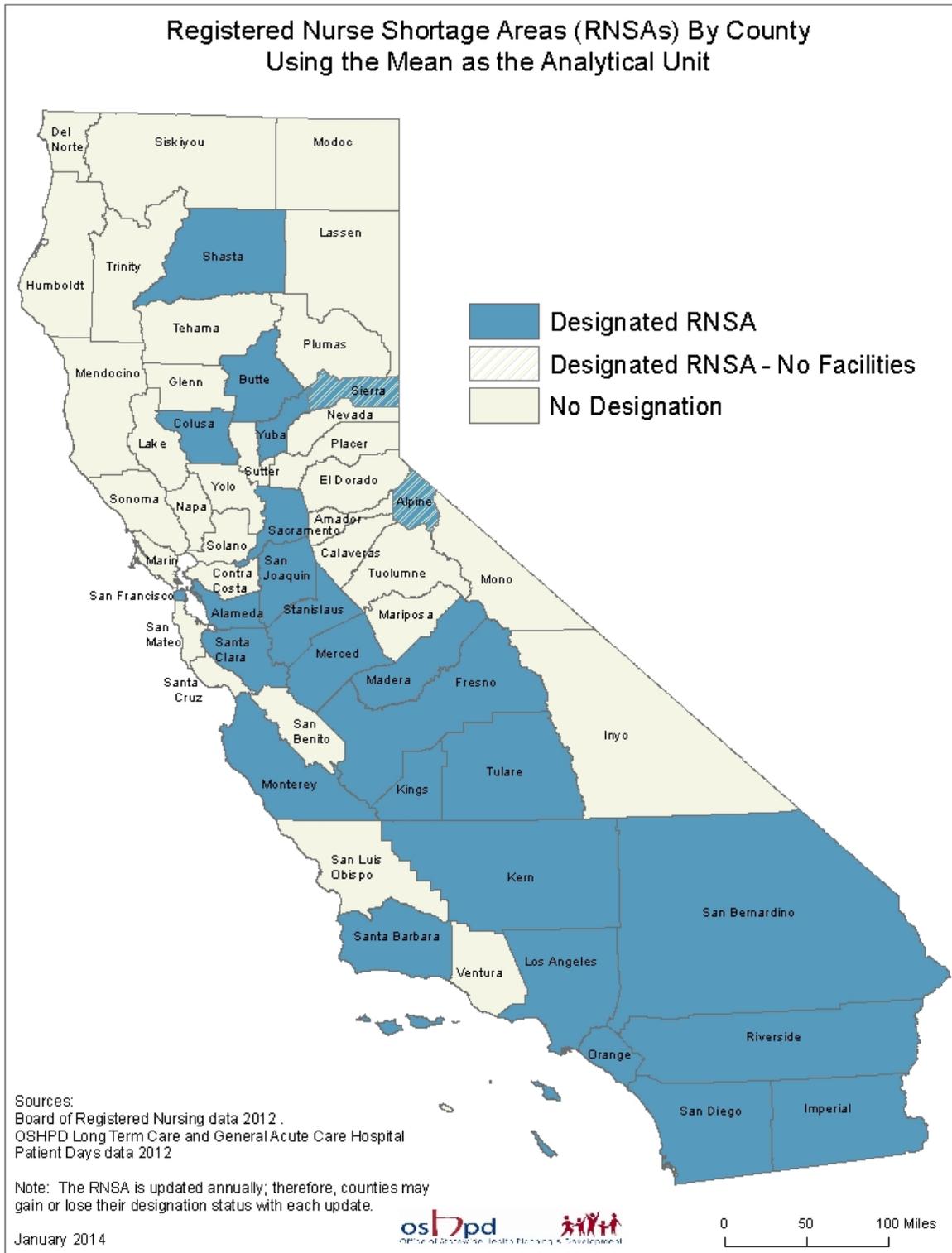
Table 2 – RNSA Listed by Ratio (for Counties); Mean Designation Cutoff >41.80

County	LTCPatient	GACCensus	BRNCount	Ratio	Designated
Mariposa	0	445	131	3.40	No
Modoc	0	547	46	11.89	No
Mono	0	1,439	107	13.45	No
El Dorado	51,522	28,134	2,289	14.09	No
Calaveras	30,706	4,540	460	15.21	No
San Benito	0	6,700	351	19.09	No
Siskiyou	19,348	7,519	394	23.01	No
Yolo	195,742	17,636	1,442	23.09	No
Sutter	134,774	7,392	765	23.76	No
San Mateo	379,791	176,173	8,540	24.19	No
Solano	242,147	120,373	5,761	24.26	No
Trinity	0	2,070	78	26.54	No
Inyo	31,466	2,669	191	27.15	No
Plumas	16,793	3,308	157	29.63	No
Nevada	125,680	22,221	1,083	29.80	No
San Luis Obispo	267,158	69,181	3,018	30.00	No
Marin	289,564	80,802	3,464	30.01	No
Lassen	31,056	4,197	220	30.37	No
Santa Cruz	219,711	67,881	2,787	30.66	No
Glenn	26,621	1,175	103	32.08	No
Napa	232,122	55,619	2,260	32.83	No
Sonoma	489,412	136,117	5,226	33.54	No
Tehama	35,917	8,200	326	33.97	No
Contra Costa	919,489	340,362	12,061	34.32	No
Placer	292,005	163,288	5,329	35.03	No
Tuolumne	64,240	18,016	632	36.64	No
Humboldt	141,072	42,062	1,455	36.67	No
Mendocino	82,452	21,534	752	37.41	No
Del Norte	24,203	6,926	236	37.55	No
Ventura	533,246	243,562	7,574	37.79	No
Amador	40,582	7,993	289	38.89	No
Lake	77,248	13,038	468	41.06	No

County	LTCPatient	GACCensus	BRNCount	Ratio	Designated
Riverside	1,344,523	669,613	17,919	43.37	Yes
San Diego	2,812,330	1,231,910	30,617	47.58	Yes
Orange	2,231,299	1,124,681	26,628	48.94	Yes
Monterey	326,052	121,695	2,970	49.76	Yes
Alameda	1,653,360	562,233	13,860	50.11	Yes
Merced	225,842	46,155	1,253	51.25	Yes
San Bernardino	1,468,446	842,469	17,993	53.35	Yes
San Joaquin	884,909	208,909	5,220	53.58	Yes
Santa Barbara	342,165	130,069	2,916	53.99	Yes
Imperial	79,413	43,887	928	54.14	Yes
Sacramento	1,163,575	617,542	13,004	54.65	Yes
Shasta	266,185	103,033	2,249	55.28	Yes
Fresno	933,246	378,654	8,133	55.74	Yes
Kings	96,705	44,510	937	55.76	Yes
Santa Clara	1,596,543	704,548	14,719	56.54	Yes
Tulare	480,872	143,831	3,126	58.32	Yes
Butte	359,284	121,076	2,495	60.05	Yes
Kern	515,366	303,952	5,524	62.49	Yes
Stanislaus	572,681	249,192	4,311	68.43	Yes
San Francisco	406,004	516,574	7,710	71.21	Yes
Los Angeles	12,074,478	4,555,692	74,555	74.06	Yes
Colusa	30,020	2,816	57	91.54	Yes
Madera	129,725	104,383	904	126.95	Yes
Yuba	28,751	48,089	388	129.87	Yes
Sierra	0	0	26	0.00	Yes
Alpine	0	0	10	0.00	Yes

Recommendation

Since the development and implementation of the current RNSA methodology, there has not been a formal method of measuring the nursing shortage. Staff recommends the continued use of the current methodology using the county mean as the analytical unit and adoption of this paper as a formal motion, thereby revising the list of designated RNSAs.



SONG-BROWN PROGRAM
Family Practice Residency Programs
Capitation Funding Evaluation Criteria

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1.a	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities 0 points, no mention 1-2 points, brief or limited training, in setting of group training or periodic group sessions (demonstration of frequency) 1-2 points, regular meetings with skill building (demonstration of frequency) 1 point, optional rotation in underserved area 1 point, required rotation in underserved area 1 point, all of the above plus additional opportunities in working with medical students or mentoring program 1 point, opportunity to serve in a not-for-profit or student-run free clinic	8
1.b.	Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 1 point, general culture to serve the underserved 1 point, active recruitment of residents with interest to serve the underserved (i.e., NHSC) 1 point, informal program to encourage placement either through optional elective or counseling 1 point, placement program with outcomes 1 point, all of the above plus use of an alumni network	5
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15
2.a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need 0 points, no mention 1-3 points, program shows interest in recruiting residents speaking a second language, coming from an underserved community, NHSC scholars 1-2 points, program engaged with medical school to run student free clinics, collaborates with program residents to support that effort 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process	7
2.b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1 point, option for residents to collaborate with students (medical school, undergraduate, or other health professional students) 2 points, program is actively engaged (i.e. a rotation), in junior high/high school health education program and/or career fairs with residents involved as the primary educators and coordinators 3 points, program residents are actively engaged in formal pipeline program for Family Medicine	3
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15

SONG-BROWN PROGRAM
Family Practice Residency Programs
Capitation Funding Evaluation Criteria

Section I	Statutory Criteria	Total Points Available
3.a.	Number of clinical hours in areas of unmet need 1 point, <25% hours in area of UMN 2 points, ~50% hours in areas of UMN 3 points, >75% hours in areas of UMN <i>All applicants will receive full points (3 points at the April FP funding meeting. The criteria will be revisited for relevancy at the May 2014 policy meeting to define what is considered the number of approved hours or whether to keep this criteria.</i>	3
3.b.	Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers? 0 points, No 5 points, Yes	5
Total points possible for Section I		76
Section II	Other Considerations	Total Points Available
1	Does the residency training program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by letters from the disciplines? 0 points, no mention of either team training or Patient Centered Medical Homes (PCMH) 1 point, some team training in hospital or clinic settings as evidenced by letters or the application 2 points, regular focus on team training in all setting of care as evidency by letters or the application 3 points, program is National Committee for Quality Assurance accredited as a PCMH at any level as evidency by letters or the application	3
2	Does the program have an affiliation or relationship with an FNP and PA Training Program as well as other health professions training programs as evidenced by letters from the disciplines? 0 points, No 3 points, Yes	3
3	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points, no mention 1 point, demonstration by faculty that they have familiarity with PCMH 1 point, demonstration by faculty that they have familiarity with healthcare/ disparities 1 point, demonstration by faculty they are spending significant time with residents teaching both topics <i>All applicants will receive full points (3 for the April FP funding meeting. The criteria will be revisited at the May 2014 policy meeting.</i>	3
4	Does the program utilize family physicians from the local community in the training program? 0 points, No 3 points, Yes	3
5	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 0 points, no letters attached 1 point per letter 2 points for 2 letters 3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.	3

SONG-BROWN PROGRAM
Family Practice Residency Programs
Capitation Funding Evaluation Criteria

Section II	Other Considerations	Total Points Available
6	Does the program integrate different educational modalities into learning delivery models? 0 points, no mention 1 point per example cited 2 points, two or more examples cited Examples: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds.	2
7	Does the program use technology assisted educational tools or integrate health information technology into the training model? 0 points, no mention 1 point per example cited 2 points, two or more examples cited Examples: program explicitly mentions regular use of EMR and/or Telehealth with emphasis on residents being trained on how to use this technology and make it effective in their practice.	2
8	Does the program promote training in ambulatory and community settings in underserved areas? 0 points, No 2 points, Yes	2
9	Discretionary points: Reviewer must provide an explanation The discretionary points for FP will be suspended for the April funding meeting and the Commission will use the same method of approving/changing staff scores as used for the FNP/PA meeting.	3
Total points possible for Section II		24
Total points possible for Section I and II		100
Section III	The California Endowment Priorities	Total Points Available
1	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment. Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
2	Placement of graduates in one of the Central Valley counties Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
3	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
4	Location of the program and/or clinical training sites in one of the Central Valley counties Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
5	Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1-2 points, pipeline/recruitment program in development 1-2 points, rotation based in junior high/high school focused around health education and/or career fair 1-2 points, requirement that residents regularly participate in mentoring activities	6

For evaluation criteria 1 and 2 - applicants will receive one point for each graduate located in one of the identified areas

For evaluation criteria 3 and 4 - applicants will receive one point for each graduate located in one of the identified areas