

**Family Medicine Policy Meeting**  
**Meeting Materials**  
**July 24, 2014**

1. Family Medicine Attachment A Agenda Item 4 Proposed 2014 Capitation RFA changes
2. Family Medicine Attachment B Agenda Item 4 Proposed 2014 Special Programs RFA changes
3. Family Medicine Attachment C Agenda Item 7 DRAFT Song-Brown priorities for funding
4. Family Medicine Attachment D Agenda Item 11 DRAFT Capitation Final Report
5. Family Medicine Attachment E Agenda Item 11 DRAFT Special Programs Progress Report
6. Family Medicine Attachment E Agenda Item 11 DRAFT Special Programs Final Report
7. Family Medicine Attachment F Agenda Item 13 CHWPC URM Definition
8. Meeting Minutes: Registered Nurse Education Programs Funding Meeting

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Program Information

Funding Information			
<b>Capitation Type</b>	<b>Cycles Requested</b>	<b>Capitation Rate</b>	<b>Total Requested</b>
Capitation-Renewal	<input type="text"/>	\$51,615	
Capitation – New	<input type="text"/>	\$51,615	
Grand Total Requested			

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With the interest in funding new residency slots we need the ability to capture data on new slots for the purpose of expansion.

For consideration: Add back in Capitation – expansion only. For any program requesting capitation – expansion only, staff recommends that a copy of their ACGME approval letter for expansion be submitted. This would be added to the Required Attachments page.

**Task Force recommendation to CHWPC:**

1. Accept staff recommendation to add Capitation-Expansion only
2. Accept staff recommendation that a copy of the ACGME approval letter must accompany requests for Capitation-Expansion only funding

Executive Summary:

To be in line with UCSF recommendations regarding Social Determinants of Health (SDH) in the capitation application staff recommend the following addition.

Provide an executive summary for your proposal including how your residency program addresses one or more of the Social Determinants of Health for your patient population.

Task Force recommendation to CHWPC:

1. Approve staff recommendation that applicants discuss Social Determinants of Health for their patient population.
2. Add Social Determinants of Health as a separate question in the application
3. Add Social Determinants of Health as evaluation criteria to the California Endowment Priorities Section III – criteria to be worth 4 points.
4. Increase the character length for all text fields to 3000 characters each for both capitation and special program applications

Statistics

1. Academic Years: Add 2013/14
2. Academic Years: Remove 2010/11

[Back](#)

Document Information: [SBFPC-2013-Harbor-UCLA Medical Center-017](#)

[Details](#)

You are here: > [Application-Song-Brown Menu](#) > [Forms Menu](#)

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**STATISTICS**

**Instructions:**  
Please fill in the appropriate fields.  
Required fields are marked with an \*.  
When done, click the SAVE button.

Academic Year (AY)	2012/13	2011/12	2010/11
1. What is the total number of first year slots available?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. How many residents were trained in your program?	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Of those trained how many residents were Male?	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Of those trained how many residents were Female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Of those trained how many residents were transgender?	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. What is the average number of patients seen by a 1st year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. What is the average number of patients seen by a 2nd year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. What is the average number of patients seen by a 3rd year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. How many residents are currently being supported with Song-Brown funds?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

3. Add question regarding clinical hours spent in areas of unmet need similar to what is in the FNP/PA RFA. We propose to ask number and percentage
  - Does the program have a required number of hours that must be spent in areas of unmet need?  Yes  No
  - If yes, what is the required number of these hours
  - If yes, what percent of the total number of clinical hours must spent in areas of unmet need?

**Task Force recommendation to CHWPC:**

1. Accept staff recommendation on the addition of the question above
2. Accept staff recommendation to collect data for first year and give all applicants the full three (3) points during that time.

Graduates Information

Changes to Grad Year ddl

1. Academic Years: Add 2013/14
2. Academic Years: Remove 2010/11

**GRADUATES INFORMATION**

**Instructions:**

Please fill in the appropriate fields.  
Required fields are marked with an \*.  
When done, click the SAVE button.  
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name  Graduate First Name

 HPEF Scholar

 NHSC Recipient

**Practice Site**

Select the graduate's practice site from the dropdown list.

Practice Site  [OSHPD ID](#)

Address

City

State

Zip

County

Proposed changes to the 2014 Family Medicine Capitation Application

Underrepresented Minorities

Change to Graduate Years:

1. Graduate Years: Add 2013/14
2. Graduate Years: Remove 2010/11

Change to Current Residents

1. Current Residents: 2014/15

Current URM page

Category	Graduates 2012/13	Graduates 2011/12	Graduates 2010/11	Total	Current Students/Residents 2013/14
African American/Black/African	1	1	0	2	1
American Indian/Native American/Alaskan Native	0	0	0	0	0
Cambodian	0	0	0	0	0
Caucasian/White/European/Middle Eastern	3	2	5	10	6
Central American	2	0	0	2	2
Chinese	0	0	0	0	1
Cuban	0	0	0	0	0
Fijian	0	0	0	0	0
Filipino	0	0	0	0	2
Guamanian	0	0	0	0	0
Hawaiian	0	0	0	0	0
Indian	0	3	0	3	0
Indonesian	0	0	0	0	0
Japanese	0	0	0	0	0
Korean	1	0	0	1	1
Laotian/Hmong	0	0	0	0	0
Mexican	0	0	0	0	1
Pakistani	0	0	0	0	0
Puerto Rican	0	0	0	0	0
Samoan	0	0	0	0	0
South American	0	0	0	0	0
Thai	0	0	0	0	0
Tongan	0	0	0	0	0
Vietnamese	0	1	0	1	0
Other	0	0	0	0	0
Other Asian	0	0	1	1	4
Other Hispanic	1	1	3	5	1
Other Pacific Islander	0	0	0	0	1
<b>Total</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>25</b>	<b>20</b>

Proposed changes to the 2014 Family Medicine Capitation Application

Attachment A  
Agenda Item 4

Proposed page re-design

Category	Graduates 2013/14	Graduates 2012/13	Graduates 2011/12	Total	Current Students/ Residents 2014/15
<b>American Indian, Native American or Alaska native</b>					
<b>Asian</b>					
Asian Indian					
Cambodian					
Chinese					
Filipino					
Indonesian					
Japanese					
Korean					
Laotian/Hmong					
Malaysian					
Pakistani					
Thai					
Vietnamese					
<b>Black, African American or African Hispanic or Latino Native Hawaiian or Other Pacific Islander White/Caucasian, European/Middle Eastern Other</b>					
Yellow highlight defines underrepresented minority by the California Healthcare Workforce Policy Commission (CHWPC)					

Task Force recommendation to CHWPC:

1. Accept staff recommendation to re-design the URM table as proposed

Faculty Qualifications

This table is in the special programs application, staff recommends that it also be used for the capitation application with changes to the instruction below.

New instruction would read: Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. (Include examples of staff honors, awards, publications, and professional and/or related research experience).

**FACULTY QUALIFICATIONS**

**Instructions:**  
Please fill in the appropriate fields.  
Required fields are marked with an \*.  
When done, click the SAVE button.

Using the table provided, describe the duties of all personnel (faculty and staff) that will contribute 25% or more of their time to your proposed special program. List all personnel regardless of whether you are requesting Song-Brown funding support.

Job Title/Position	Project Role

Faculty Member Name/Position

Qualifications

**Task Force recommendation to CHWPC:**

1. Accept staff recommendation to use the table above for Faculty Qualifications
2. Examples should include relevant primary care health disparities honors, awards, publications and professional and/or related research experience.

Residency Training

Applicants tended to focus on only the examples provided in the parenthesis when describing their different education modalities.

Staff recommends the removal of parenthesis and all examples within

Staff will provide better instruction in the Instructions and Guidance document

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**RESIDENCY TRAINING**

**Instructions:**

Please fill in the appropriate fields.  
Required fields are marked with an \*.  
When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models (e.g., technology assisted education tools, health information technology, simulation, etc.).

0 of 2000

**Task Force recommendation to CHWPC:**

1. Accept staff recommendation to remove parenthesis and all examples provided within

Scoring and Scoring Comments

Proposed changes to Section I – Statutory Priorities for funding

1. Remove and/or underrepresented groups – the Commission currently has no definition for underrepresented groups.

Statutory Priorities for Funding (Priority for funding shall be given to programs that demonstrate success in these areas)				
Section I	Priority	Comments	Points Available	Points Awarded
1.	<b>Placement of graduates in medically underserved areas.</b> (% and # of graduates in areas of UMN)		<b>15</b>	
1. a.	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities		8	
1. b.	Counseling and placement program to encourage graduate placement in areas of unmet need		5	
2.	<b>Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program</b> (% and # of URM students and graduates)		<b>15</b>	
2. a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need		7	
2. b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities <del>and/or underrepresented groups</del>		3	
3.	<b>Location of the program and/or clinical training sites in medically underserved areas</b> (% and # of training sites in areas of UMN)		<b>15</b>	
3. a.	Number of clinical hours in areas of unmet need		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?		5	
<b>Total points possible and awarded for Section I</b>			<b>76</b>	<b>0.00</b>

Task Force recommendation to CHWPC:

1. Approve staff recommendation to remove: ~~and/or underrepresented groups~~

Proposed changes to Section II – Other Considerations

1. Remove Item 9 approved at the May 14, 2014 Policy Meeting and reduce total points possible to 21 or spread the three points over other criteria within the same section and leave points possible the same.

Other Considerations				
Section II	Priority	Comment	Points Available	Points Awarded
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?	<input type="text"/>	3	<input type="text"/>
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?	<input type="text"/>	3	<input type="text"/>
3.	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?	<input type="text"/>	3	<input type="text"/>
4.	Does the program utilize family physicians from the local community in the training program?	<input type="text"/>	3	<input type="text"/>
5.	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?	<input type="text"/>	3	<input type="text"/>
6.	Does the program integrate different educational modalities into learning delivery models?	<input type="text"/>	2	<input type="text"/>
7.	Does the program use technology assisted educational tools or integrate health information technology into the training model?	<input type="text"/>	2	<input type="text"/>
8.	Does the program promote training in ambulatory and community settings in underserved areas?	<input type="text"/>	2	<input type="text"/>
<del>9.</del>	<del>Discretionary points: Reviewer must provide an explanation</del>	<del><input type="text"/></del>	<del>3</del>	<del><input type="text"/></del>
<b>Total points possible and awarded for Section II</b>			<b>24</b>	<b>0.00</b>

Task Force recommendation to CHWPC:

1. Approve staff recommendation to remove the three (3) discretionary points in evaluation criteria Section II.9
2. Approve staff recommendation to spread the three (3) discretionary points to other criteria within Section I.
3. Add one point each to evaluation criteria Section II.6, Section II.7, and Section II.8 leaving the total points possible for Section II at 24.

Proposed changes to Section III – California Endowment Priorities

1. Remove the term underrepresented groups: The Commission has no definition for underrepresented groups.
2. To be in line with UCSF recommendations regarding pathway/pipelines add the following question that is asked in the Special Programs application

Does the residency program include activities to increase primary care career pathways/pipelines?

4.	Does the proposed special program include activities to increase primary care career pathways/pipelines?		3	
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California Endowment Priorities				
Section III	California Endowment Priorities	Comment	Points Available	Points Awarded
1.	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.	⬇	*	
2.	Placement of graduates in one of the Central Valley counties	⬇	*	
3.	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment	⬇	**	
4.	Location of the program and/or clinical training sites in one of the Central Valley counties	⬇	**	
5.	Program encourages students to help recruit and mentor underrepresented minorities and <del>underrepresented groups</del> .	⬇	6	

Task Force recommendation to CHWPC:

1. Remove the term underrepresented groups from Section III.5
2. Add additional evaluation criteria to California Endowment Priorities Section III, Does the residency program include activities to increase primary care career pathways/pipelines?
3. Added evaluation criteria to be worth 5 points

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Statistics

1. Academic Years: Add 2013/14
2. Academic Years: Remove 2010/11

**STATISTICS**

**Instructions:**

Please fill in the appropriate fields.  
Required fields are marked with an \*.  
When done, click the SAVE button.

Academic Year (AY)	2012/13	2011/12	2010/11
1. What is the total number of first year slots available?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
2. How many residents were trained in your program?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
3. Of those trained how many residents were Male?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
4. Of those trained how many residents were Female?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
5. Of those trained how many residents were transgender?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
6. What is the average number of patients seen by a 1st year resident?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
7. What is the average number of patients seen by a 2nd year resident?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
8. What is the average number of patients seen by a 3rd year resident?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
9. How many residents are currently being supported with Song-Brown funds?	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *

3. Add a question similar to the one in the FNP/PA application
  - Replace students with residents

How many students will be supported through these Song-Brown funds if an award is made as a result of this application?

\*

4. Add question regarding clinical hours spent in areas of unmet need similar to what is in the FNP/PA RFA. We propose to ask number and percentage
  - Does the program have a required number of hours that must be spent in areas of unmet need?  Yes  No
  - If yes, what is the required number of these hours
  - If yes, what percent of the total number of clinical hours must spent in areas of unmet need?

**Task Force recommendation to CHWPC:**

1. Accept staff recommendation to add the question above related to number of residents supported through Song-Brown funds if an award is made.
2. Accept staff recommendation to add question regarding clinic hours spent in areas of unmet need

3. As with the proposed changes to the FM capitation application, accept staff recommendation to collect data for the first year and give all applicants the full three (3) points during that time.

Graduates Information

Changes to Grad Year ddl

1. Academic Years: Add 2013/14
2. Academic Years: Remove 2010/11

**GRADUATES INFORMATION**

**Instructions:**

Please fill in the appropriate fields.  
Required fields are marked with an \*.  
When done, click the SAVE button.  
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name  Graduate First Name   HPEF Scholar  NHSC Recipient

**Practice Site**

Select the graduate's practice site from the dropdown list.

Practice Site  [OSHPD ID](#)

Address

City  State  Zip  County

Underrepresented Minorities

Change to Graduate Years:

1. Graduate Years: Add 2013/14
2. Graduate Years: Remove 2010/11

Change to Current Residents

1. Current Residents: 2014/15

Proposed page Re-design

Category	Graduates 2013/14	Graduates 2012/13	Graduates 2011/12	Total	Current Students/ Residents 2014/15
<b>American Indian, Native American or Alaska native</b>					
<b>Asian</b>					
Asian Indian					
Cambodian					
Chinese					
Filipino					
Indonesian					
Japanese					
Korean					
Laotian/Hmong					
Malaysian					
Pakistani					
Thai					
Vietnamese					
<b>Black, African American or African Hispanic or Latino</b>					
<b>Native Hawaiian or Other Pacific Islander</b>					
<b>White/Caucasian, European/Middle Eastern Other</b>					
Yellow highlight defines underrepresented minority by the California Healthcare Workforce Policy Commission (CHWPC)					

Task Force recommendation to CHWPC:

1. Accept staff recommendation to re-design the URM table as proposed

Proposed changes to the 2014 Family Medicine Special Programs Application

Attachment B  
Agenda Item 4

Current URM page

Category	Graduates 2012/13	Graduates 2011/12	Graduates 2010/11	Total	Current Students/ Residents 2013/14
African American/Black/African				0	
American Indian/Native American/Alaskan Native				0	
Cambodian				0	
Caucasian/White/European/Middle Eastern				0	
Central American				0	
Chinese				0	
Cuban				0	
Fijian				0	
Filipino				0	
Guamanian				0	
Hawaiian				0	
Indian				0	
Indonesian				0	
Japanese				0	
Korean				0	
Laotian/Hmong				0	
Mexican				0	
Pakistani				0	
Puerto Rican				0	
Samoan				0	
South American				0	
Thai				0	
Tongan				0	
Vietnamese				0	
Other				0	
Other Asian				0	
Other Hispanic				0	
Other Pacific Islander				0	
<b>Total</b>	0	0	0	0	0

Proposed changes to the 2014 Family Medicine Special Programs Application

Attachment B  
Agenda Item 4

Scoring and Scoring Comments

Section I – Statutory Priorities for Funding

No changes

<b>Statutory Priorities for Funding</b> (Priority for funding shall be given to programs that demonstrate success in these areas)				
Section I	Priority	Comments	Points Available	Points Awarded
1.	<b>Placement of graduates in medically underserved areas.</b> (% and # of graduates in areas of UMN)		<b>15</b>	
1. a.	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities		8	
1. b.	Counseling and placement program to encourage graduate placement in areas of unmet need		5	
2.	<b>Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program</b> (% and # of URM students and graduates)		<b>15</b>	
2. a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need		7	
2. b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups		3	
3.	<b>Location of the program and/or clinical training sites in medically underserved areas</b> (% and # of training sites in areas of UMN)		<b>15</b>	
3. a.	Number of clinical hours in areas of unmet need		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?		5	
<b>Total points possible and awarded for Section I</b>			<b>76</b>	<b>0.00</b>

Proposed changes to the 2014 Family Medicine Special Programs Application

Attachment B  
Agenda Item 4

Section II – Other Considerations

1. No changes

Other Considerations				
Section II	Priority	Comment	Points Available	Points Awarded
1.	Is the proposed special program innovative and meet Song-Brown's goals of increasing family practice physicians practicing in California?		9	<input type="text"/>
2.	Does the proposed special program include interdisciplinary training as part of their training model?		9	<input type="text"/>
3.	Does the training program have an evaluation process to review the proposed special program's successes and outcomes?		9	<input type="text"/>
3. a.	How is the program addressing the challenges identified with the proposed special program?		9	<input type="text"/>
<b>Total points possible and awarded for Section II</b>			<b>36</b>	<b>0.00</b>
<b>Total points possible and awarded for Section I and II</b>			<b>112</b>	<b>0.00</b>

Section III – California Endowment Priorities

1. No changes

California Endowment Priorities				
Section III	California Endowment Priorities	Comment	Points Available	Points Awarded
1.	Does the proposed special program include one of the social determinants of health?		4	<input type="text"/>
2.	Does the proposed special program focus on increasing the number of health professionals from racial/ethnic and other underserved communities?		3	<input type="text"/>
3.	Is the proposed special program targeting any of the 14 Building Healthy Communities identified by The California Endowment? As evidenced by letters of support from community partners.		3	<input type="text"/>
4.	Does the proposed special program include activities to increase primary care career pathways/pipelines?		3	<input type="text"/>
5.	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.		*	0 <input type="text"/>
6.	Placement of graduates in one of the Central Valley counties		*	0 <input type="text"/>
7.	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment		**	0 <input type="text"/>
8.	Location of the program and/or clinical training sites in one of the Central Valley counties		**	0 <input type="text"/>
<b>Total points Awarded for Section III</b>				<b>0.00</b>
<b>Total points Awarded for Sections I, II and III</b>				<b>0.00</b>

9.	Is the proposed special program targeting any of The California Endowment Priorities (TCE) six through 14? 1 point for every two TCE priorities for criteria 6-14. See RFA Special Program Instructions for TCE priorities.	5
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Evaluation Criteria: Is the proposed special program targeting any of The Priorities for Funding numbers 6-16?

**Staff Recommendation:**

1. Add evaluation criteria above
2. Add maximum points available of 5
3. Add scoring matrix: Award 1 point for each additional two priorities met up to 5 points total

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Revised 7/21/2014  
Song-Brown Priorities for Funding

Attachment C  
Agenda Item 7

Competitive proposals will meet the Song-Brown Program evaluation criteria, demonstrate a commitment to Song-Brown goals, and may incorporate California Endowment priorities as follows:

1. Address one of the social determinants of health
2. Focus on increasing the number of health professionals from racial/ethnic and/or other underserved communities
3. Target one of the 14 Building Health Communities <http://www.calendow.org/>
4. Target a Central Valley county [http://oshpd.ca.gov/HWDD/Song\\_Brown\\_Prog.html](http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html)
5. Include activities to increase primary care career pathways/pipelines.

Preference for Special Programs funding will be given to programs that focus on one or more of the following in their proposals:

6. Bolster the impact of health professionals through community capacity building for health literacy, health consumer empowerment, preparedness and resilience training and community health improvements through environmental and policy change;
7. Coordinate and link strategies with programs that aim to develop career pathways for underrepresented groups in health profession and allied health professions;
8. Expand service capacity of health professionals through practice at the top of licensure and multi-disciplinary team care;
9. Expand capacity of health professionals through innovated technology such as e-referrals, telehealth, electronic medical records, mobile health and video medical interpreting;
10. Provide support, technical assistance for practice redesign (including HER support and training, operations redesign and online curriculum for medical assistant and other team members;
11. Support linkages and collaboration between public health and clinical professionals;
12. Support model expansion and innovations in training multi-professional teams that deepen language and cultural competence, expand practice, prioritize equity and prevention, and prepare trainees for practice in underserved urban, rural and geographically isolated places;
13. Support school based health center models and the teams needed to staff them and;
14. Test workforce practice design models that support evidence based expansion of roles and autonomy of license health professionals (e.g. nurse practitioners, pharmacists, dentists, optometrists, mid-wives, dental hygienists) to provide prevention services, diagnosis and treatment within their respective professional competence.
15. Engage in patient centered medical home transformation through the development of curricula and training of residents in team-based care, population health management, chronic care management, and registry use or registry-type function of an electronic health record.
16. Recruit and retain primary care faculty in rural and underserved communities.
  1. Social determinants of health as defined by the World Health Organization are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
  2. Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education.

## 2014 Family Practice Special Programs

### UCSF-Fresno

Award Amount: \$150,000.00

Project Location: Fresno County

**TCE priorities addressed:** Priorities #4 and 6

Grant funds will be used to provide health awareness, health maintenance, and acute care for the fragile and at risk population of women and children at Marjaree Mason Center women's shelter in Fresno, California. Utilize faculty in family medicine, behavioral health, and social work to teach residents, medical students and nurse practitioner students how to provide health education to this population and become educators and advocates in their communities.

### Sierra-Vista FMRP

Award Amount: \$105,000.00

Project Location: Fresno County

**TCE priorities addressed:** Priorities #4 and 13

Grants funds will be used to provide interdisciplinary experiences in expanded services offered by the Clinica Sierra Vista clinic network, with special emphasis on Gaston Middle School Health Center, a new middle school-based health center opening in southwest Fresno in fall 2014. Trainees will learn from health professionals in the fields of Dentistry, Pharmacy and Behavioral Health among others and apply that knowledge during the provision of care to the students attending Gaston Middle School and multiple feeder elementary schools.

### UC Irvine

Award Amount: \$142,820.00

Project Location: Orange County

**TCE priorities addressed:** Priority #1

Grants funds will be used to improve the wellbeing of high risk youth and provide health education and mentoring toward a brighter future by expanding the outreach program titled, "Alternative, Community and Correctional Education School and Services", (ACCESS). This educational program features children and adolescent who are most on the margin: teen parents, homeless, and those living in group homes or incarcerated. Through the ACCESS program, at risk-youth will be provided direct patient care, health education and mentoring by UCI faculty and residents.

1. Social determinants of health as defined by the World Health Organization are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
2. Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education.

Glendale Adventist Family Medicine (GAMC)

Award Amount: \$149,961.00

Project Location: Los Angeles County

**TCE priorities addressed:** Priority #7

Grant funds will be used to collaborate with California Hospital Medical Center (CHMC) on a pipeline project to increase the number of health professionals from racial/ethnic and other underserved communities. Faculty hired with the grants funds will serve as the part-time project director; teach learners and see patients. The faculty member will also champion the project and establish the linkages between GAMC, CHMC, and identified students and faculty. The proposed project will evaluate the effectiveness of pipeline efforts and mentorships among the mentors and students and the program will present those learnings for other residency programs to emulate.

Harbor-UCLA

Award Amount: \$149,306.00

Project Location: Los Angeles County

**TCE Priorities addressed:** Priorities #1, and 6

Grant funds will be used to target the obesity epidemic among inner-city youth through group visits and capacity building for future physicians through an innovative curriculum addressing the root causes of vulnerability. Through the program, "Youth Opportunity for Life Options" (YOLO) the residency will provide youth obesity prevention and incorporate capacity building around the social determinants of health (SDH) and health disparities. The youth obesity prevention targeting at-risk Gardena High School youth will be implemented at the on-site school based clinic. Capacity building will involve program residents and UCLA Charles Drew University medical students. Medical Students will develop the capacity to address diseases of poverty, health equity, social justice and the SDH.

USC-California Hospital

Award Amount: \$149,928.00

Project Location: Los Angeles County

**TCE Priorities addressed:** Priorities #3 and 5

Grant funds will be used to collaborate with Glendale Adventist Medical Center on a pipeline project to increase the number of health professionals from racial/ethnic and other underserved communities. California Hospital Medical Center will recruit high school and undergraduate students from the neighborhoods of Boyle Heights and South Los Angeles. Chosen students will be paired with faculty and residents who will act as mentors to students on assigned research projects. This relationship is created with the intent of cultivating longer term relationships with students, giving students valuable faculty and resident interaction over time, and, importantly, practical research experience prior to their entry into the profession.

1. Social determinants of health as defined by the World Health Organization are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
2. Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education.

White Memorial Medical

Award Amount: \$149,991.00

Project Location: Los Angeles County

**TCE Priorities addressed:** Priority #6

Grant funds will be used to implement a Patient-Centered Medical Home (PCMH) curriculum designed to enhance the teaching of residents, Physician Assistant/Nurse Practitioner students and Master of Social Work students in the skills of Practice-Based Learning and Improvement, Systems-Based Practice, and Professionalism and Inter-Personal Communication as promulgated by the Accreditation Council for Graduate Medical Education.

Natividad Family Medicine

Award Amount: \$150,000.00

Project Location: Monterey County

**TCE Priorities addressed:** Priorities #1 and 6

Grant funds will be used to implement a four-pronged approach to address obesity and diabetes among low income Latinos of Monterey County: 1) facilitate "mutually informed decision making" through a resident community partnership; 2) develop and test a novel medical education curriculum that engages the community; 3) test strategies to build patient knowledge including a community engagement strategy in partnership with promotores and youth from East Salinas to promote health literacy and disseminate health information; and 4) demonstrate the impact of the special project on decision-making skills and self-efficacy among a sample of resident clinic patients and the clinicians who care for them.

Riverside County Regional Medical Center

Award Amount: \$140,616.00

Project Location: Riverside County

**TCE Priorities addressed:** Priorities #1 and 6

Grant funds will be used to implement the "Healthy Eating and Lifestyle Promotion (HELP) in the Community", a high school based community initiative focused on tackling the issues of childhood obesity in Riverside County. The program seeks to educate and train local high school students enrolled within the Health Careers Academy (HCA) to become community health workers with a focus on promoting healthy lifestyles amongst their peers and families. The three main objectives of HELP are: 1) focus on nutrition; 2) train HCA students to become HELP community health workers; and 3) train high school students to participate in advocating and promoting healthy living with their peers.

1. Social determinants of health as defined by the World Health Organization are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
2. Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education.

Shasta Community Health Center

Award Amount: \$105,000.00

Project Location: Shasta County

**TCE Priorities addressed:** Priorities #1, 9 and 12

Grant funds will be used to train Shasta Community Health Center (SCHC) Family Medicine residents in the care of the homeless populations in rural northern California. Using the SCHC mobile medical clinic residents will provide medical services where the homeless congregate. This training venue provides an opportunity for residents to diagnose multiple problems in a team setting, while working closely with mental health and substance abuse clinicians and case managers to treat the whole person and address the environmental influences on his/her health status.

Rio Bravo Family Medicine

Award Amount: \$105,000.00

Project Location: Kern County

**TCE Priorities addressed:** Priorities #4 and 8

Grant funds will be used to produce physicians with board-based training in family medicine and behavioral health. Utilize Clinica Sierra Vista's behavioral health team consisting of an integrated group of Psychologists, Psychiatrists, Licensed Clinical Social Workers (LCSW), Marriage Family Therapists (MFT), MFT-Interns, and case managers to provide resident education (both didactic and preceptored) at the East Niles Community Health Center using evidenced based screening, diagnostic and treatment methods. The site will cross train medical and behavioral health staff in the prevention and early intervention of behavioral health problems, as well as coordinate the triage and treatment of consumers receiving or screened for integrated care.

Valley Family Medicine Residency of Modesto

Award Amount: \$127,326.00

Project Location: Modesto County

**TCE Priorities addressed:** Priorities #3 and 6

Grant funds will be used to develop a delivery care model that includes group care for chronic disease management. The special program will utilize a behavioral health clinician to train residents, faculty, and clinic staff in brief screenings for mental illness, assessment of "state of change", and motivational interviewing techniques. The behavioral health clinician will also model group activities and facilitate discussion for residents.

1. Social determinants of health as defined by the World Health Organization are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
2. Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education.

Kaiser – San Diego

Award Amount: \$105,000.00

Project Location: San Diego County

**TCE Priorities addressed:** Priorities #5, 6 and 9

Grant funds will be used to conduct a high school through residency pipeline project that will involve not only education, role modeling, and peer development but allow underrepresented groups to better understand and be an integral part of improving the socioeconomic as well as health outcomes of the communities they live in. This project will involve lectures; practice based learning projects, and working in the La Maestra Community Clinic in City Heights. Participants will work on a series of health fairs, health coaching projects, develop a group Diabetes/HTN class, and health education projects thru La Maestra's mobile van.

Scripps Family Medicine Residency (SFMRP)

Award Amount: \$142,369.00

Project Location: San Diego County

**TCE Priorities addressed:** Priorities #2, 5, and 7

Grant funds will be used to implement "Healthy Youth into Health Careers", a pipeline program aimed at expanding and building on current school-based wellness, mentoring and clinical services to enhance, standardize, and evaluate the mentoring of underrepresented high school students, with an overall goal to increase the number of youth entering health related careers. Lead by a Community Fellow, expanded mentoring experiences will be offered in three high schools in the Central and South regions of San Diego County. Future Faces of Family Medicine curriculum will be implemented to reach a total of 140 students per year at Southwest, Castle Park and Hoover high schools. SFMRP residents will lead the curriculum with support from medical students, social work students, public health students and other allied health professionals.

UCSF-SFGH

Award Amount: \$148,624.00

Project Location: San Francisco County

**TCE Priorities addressed:** Priorities #1 and 12

Grant funds will be used to develop Inter-professional Education opportunities between the residency program and the Department of Family Health Care Nursing at UCSF with the goal of preparing family medicine residents and nurse practitioner students to collaborate in and lead community partnerships addressing the social determinants of health in underserved communities.

1. Social determinants of health as defined by the World Health Organization are the circumstances in which people are born; grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces; economics, social policies and politics.
2. Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education.

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Attachment D  
 Agenda Item 11

**Song Brown Contract: XX-XXXX  
 Family Medicine Capitation Final Report**

As stated in your contract, Section D, a final report is due at the end of the contract period.

1. In 1-2 sentences, describe the objectives stated in your capitation application.
  
2. In 1-2 sentences, describe the successes and/or challenges you faced in meeting those objectives.
  
3. If your program received funding for any Capitation – New funding cycles address how this additional funding benefited the residents of your program.

4. Describe your resident complement prior to this capitation funding received.

PGY1	PGY2	PGY3

5. Describe your current resident complement.

PGY1	PGY2	PGY3

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6. Using the table below provide the names of all residents trained during the term of this contract. Indicate N/A if information requested doesn't apply.  
 (Add additional rows if necessary)

Program Resident	P G Y 1	P G Y 2	P G Y 3	Date of most recent ABFM or AOBFP Certification	Graduate practice site (Name and complete address)

Comments:

7. Using the table below identify training sites used by the residents during the term of this contract. (Add additional rows if necessary)

Training Site Name	Training Site Address	Is this a non-hospital, outpatient setting?	Number of hours spent at site		
			PGY1	PGY2	PGY3

Comments:

8. Describe any activities the above referenced residents participated in during residency that address one or more of the Social Determinants of Health for your patient population.

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9. Describe any primary care pathways/pipeline activities the above referenced residents participated in during residency.
  
  
  
  
  
  
  
  
  
  
10. Describe if your program increased the number of health professionals from racial/ethnic and other underserved communities.

DRAFT

**Song-Brown Funding Information**

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Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

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Budget Category	Description	Amount
<b>Personnel</b>		
<b>Resident Support</b>		
<b>Equipment</b>		
<b>Supplies</b>		
<b>Other</b>		

11. Please provide the following information:

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Program Director Name	Degrees	Title of Position
-----------------------	---------	-------------------

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Mailing Address (Organization, Street, City, State, Zip Code)

---

E-Mail Address	Telephone No.	FAX Number
----------------	---------------	------------

**CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):**  
 I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

---

Program Director	Date
------------------	------

**Task Force recommendation to CHWPC:**

1. Accept the Family Medicine Capitation Final Report as presented with the following changes:
  - Question 7 - Add training site type
  - Question 10 – Change to read: Describe the extent to which your program has increased the number of health professionals from racial/ethnic and other underserved communities.



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Attachment E  
Agenda Item 11Song Brown Contract: XX-XXXX  
Family Medicine Special Programs Progress Report

As stated in your contract, Section D, a progress report is due at the end of payment Year 1.

1. In 1-2 sentences, describe your special program's objectives.
2. In 1-2 sentences, describe the progress you have made for each objective during Year 1 of the contract.
3. Have you encountered unexpected successes and/or challenges in implementing your Special Program? If so, what is or has been the source of these successes and/or challenges?
4. Describe any activities the residents participated in during Year 1 of the contract that address one or more of the Social Determinants of Health for your patient population.
5. Describe any progress made by the program in Year 1 in increasing the number of health professionals from racial/ethnic and other underserved communities.

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- Describe any primary care pathways/pipeline activities the residents participated in during Year 1 of the contract.

**Budget Information**

Included is a budget schedule from your Contract. Note any adjustments in your line item expenditures for Payment Year 1. Explain any differences from your submitted budget schedule.

**Payment Year 1: 2014-2015**

	<b>TOTAL REIMBURSEMENT NOT TO EXCEED</b>	<b>ADJUSTMENT</b>
<b>PERSONNEL SERVICES:</b>		
<b>OPERATING EXPENSES:</b>		
<b>Other Costs:</b>		
Indirect costs		
<b>Payment Year 2014-2015 Sub-Total</b>		

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**Payment Year 2: 2015-2016**

<b>PERSONNEL SERVICES:</b>	<b>TOTAL REIMBURSEMENT NOT TO EXCEED</b>	<b>ADJUSTMENT</b>
<b>OPERATING EXPENSES:</b>		
<b>Other Costs:</b>		
Indirect costs		
<b>Payment Year 2015 -2016 Sub-Total</b>		

<b>Contract Total</b>	
-----------------------	--

Do you anticipate a need to amend your budget for Fiscal Year 2015/2016? Yes  No

**Explanation:**



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Attachment E  
 Agenda Item 11

**Song Brown Contract: XX-XXXX  
 Family Medicine Special Programs Final Report**

As stated in your contract, Section D, a final report is due at the end of the contract period.

1. In 1-2 sentences, describe each of your special program’s objectives.
  
2. In 1-2 sentences, describe the successes and/or challenges you faced in meeting these objectives.
  
3. Using the table below provide the names of all residents trained during the term of this contract. Indicate N/A if information requested doesn’t apply.  
 (Add additional rows if necessary)

For contract period June 30, 2014 thru August 15, 2017					
	P G Y 1	P G Y 2	P G Y 3	Date of most recent ABFM or AOBFP Certification	Graduate practice site (Name and complete address)
Program Residents					

Comments:

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- Using the table below identify training sites used by the residents during the term of this contract. (Add additional rows if necessary)

Training Site Name	Training Site Address	Is this a non-hospital, outpatient setting	Number of hours spent at site		
			PGY1	PGY2	PGY3

Comments:

- Describe any activities the above referenced residents participated in during residency that address one or more of the Social Determinants of Health for your patient population.

- Describe how your special program increased the primary care pathway/pipeline for underrepresented groups in the health and allied health professions.

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7. Describe how your special program increased the number of health professionals from racial/ethnic and other underserved communities.
  
8. Explain what measures are in place to sustain your special program beyond the Song-Brown award funds. If applicable, include institutional letters of support stating how the program will be sustained.

Song-Brown Funding Information

Provide an account of how the Song-Brown special program funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
<b>Personnel</b>		
<b>Operating Expenses</b>		
<b>Major Equipment</b>		
<b>Other Costs</b>		

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9. Please provide the following information:

Program Director Name	Degrees	Title of Position
-----------------------	---------	-------------------

Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX Number
----------------	---------------	------------

### CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):

I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director

Date

### Task Force recommendation to CHWPC:

1. Accept the Family Medicine Special Programs Final Report as presented with the following changes:

- Question 4 - Add training site type
- Question 7 – Change to read: Describe the extent to which your program has increased the number of health professionals from racial/ethnic and other underserved communities.
- Add an additional question about dissemination of information about the special program to other health care leaders.





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**Members of the Commission**

William W. Henning, DO, **Vice Chair**  
 Rosslynn S. Byous, DPA, PA-C  
 Elizabeth Dolezal  
 Michael Farrell, MD  
 Katherine Flores, MD  
 Carol Jong, PhD, RD  
 Karyn Karp, CRNA, MS  
 Catherine Kennedy, RN  
 Laura Lopez  
 Ann MacKenzie, NP  
 Kathyann Marsh, PhD  
 Angelica Millan, RN, MSN, RNP, FAAN  
 Cathryn Nation, MD  
 Joseph Provenzano, DO  
 V. Katherine Townsend, PhD, MSN

**June 18-19, 2014  
 Meeting Minutes**

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

**Registered Nurse (RN) Education Programs  
 Funding Meeting**

Holiday Inn Capital Plaza  
 300 J Street  
 Sacramento, CA 95814

**Commission Members Present:**

Elizabeth Dolezal  
 Katherine Flores, MD  
 Carol Jong, PhD, RD  
 Catherine Kennedy, RN  
 Ann MacKenzie, NP  
 Kathyann Marsh, PhD, RN  
 Angelica Millan, RN, MSN, RNP, FAAN  
 Joseph Provenzano, DO  
 Karyn Karp, CRNA, MS  
 Katherine Townsend, EdD, MSN

**Commission Members Not in Attendance:**

William Henning, DO, Vice-Chair  
 Michael Farrell, DO  
 Rosslynn Byous, DPA, PA-C  
 Laura Lopez  
 Cathryn Nation, MD

**Staff to Commission:**

Lupe Alonzo Diaz, MPAff, Deputy Director  
 Senita Robinson, MS, Section Chief  
 Manuela Lachica, Senior Program Administrator  
 Melissa Omand, Program Administrator  
 Barbara Zendejas, Program Analyst  
 Tyfany Frazier, Program Coordinator  
**Additional OSHPD Staff:**  
 Robert David, OSHPD Director  
 Elizabeth Wied, Chief Legal Counsel  
 Felicia Borges, HTCP Program Manager

**Agenda Item 1: Call to Order:**

OSHPD Director David called the meeting to order. He thanked outgoing Commissioner Andrea-Renwanz-Boyle for her service and noted that former Chair Elizabeth Dolezal would be facilitating the meeting in the absence of Vice Chair Bill Henning. He also noted that Commissioners will be holding elections for the Commission Chair at the next funding meeting.

**Agenda Items 2 and 11: Introduction of CHWPC Members and Statements of Recusal**

Commissioners introduced themselves and indicated whom they represent, which government authority appointed them and announced their recusals. OSHPD staff also introduced themselves.

**Recusals**

Elizabeth Dolezal – None

Katherine Flores – None  
Carol Jong – None  
Karyn Karp – None  
Catherine Kennedy – None  
Ann MacKenzie – None  
Kathyann Marsh – University of San Diego, Hahn School of Nursing  
Angelica Millan – None  
Joseph Provenzano – None  
Katherine Townsend – None

### **Agenda Item 3: Oath of Office for New Commissioner**

Director David administered the Oath of Office to Commissioner Karyn Karp, CRNA, MS. Ms. Karp was appointed by Governor Jerry Brown to represent Practicing Registered Nurses.

### **Agenda Item 4: Approval of May 8, 2014 Registered Nurse Task Force Meeting Minutes and Approval of May 14, 2014 Policy Meeting Minutes**

Commissioners reviewed and approved the meeting minutes as submitted.

#### **ACTION ITEMS:**

- Motion to approve May 8, 2014 Registered Nurse Task Force Meeting Minutes (Townsend), Seconded (Flores). Motion Adopted.

*The May 8, 2014 Minutes are hereby incorporated as Attachment A*

- Motion to approve May 14, 2014 Policy Meeting Minutes (Flores), Seconded (Townsend). Motion Adopted.

*The May 14, 2014 Minutes are hereby incorporated as Attachment A1*

### **Agenda Item 5: OSHPD Director's Report**

Director David welcomed Karyn Karp and thanked former Commission Chair Andrea Renwanz-Boyle for her extraordinary service. He stated that the state's Budget was on track to be signed by the Governor to commence July 1. He explained that the legislative budget submitted to the Governor includes funding a three-year pilot for \$2.84 million per year for Primary Care Residencies (PCR) expansion (adding internal medicine, obstetrics/gynecology, and pediatrics disciplines); trailer bill language adding eligibility for Teaching Health Centers; and a one-time \$4 million allocation for new primary care residency slots. He stated the funding amounts would increase Song-Brown's funding from \$13 million to \$20 million in FY 2014-15.

### **Agenda Item 6: Executive Secretary's Report**

Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division, distributed handouts that further explained the Song Brown's current funding streams and budget proposals. She stated that the \$20 million for Song Brown in FY 2014-15 includes ongoing base funding of \$7 million and \$6.3 million from The California Endowment (TCE) for family medicine residencies, family nurse practitioners (FNP), and physician assistants programs. In response to various questions, Ms. Alonzo-Diaz stated that Song Brown is in the second year of a three-year \$21 million TCE grant, and that TCE is providing additional funding for innovative programs, such as Mini Grants and CalSEARCH. She also responded that the department would be seeking clarification on whether Song-Brown will have three years to allocate the proposed \$4 million for PCR new slots. She affirmed that the proposed state budget for PCR funding does not include FNP or PA disciplines. She also reported on activities relating to the following programs: Mini Grants, CalSEARCH, Mental Health Services Act Workforce Education and Training, and Cal SIM.

*The Executive Secretary's Report with The Song Brown FY 2014-15 Funding and Current Budget Proposals handout are hereby incorporated as Attachment B*

**Agenda Item 7: Presentation on the Bagley-Keene Act**

Elizabeth Wied, OSHPD's Legal Counsel, provided refresher training to Commissioners on the Bagley-Keene Act.

*The Presentation on the Bagley-Keene Act is hereby incorporated as Attachment C*

**Agenda Items 8, 9 and 12: Registered Nurse Capitation and Special Program Presentations**

Manuela Lachica, Senior Program Administrator, provided an overview of the staff scoring process for capitation applications. Representatives from the following training institutions presented information on their programs (21 capitation and 14 special program funding requests):

Capitation / Special Program	Capitation Only	Special Program Only
Los Angeles Harbor College	Rio Hondo College	California State University, Long Beach
California State University, Bakersfield	Evergreen Valley College	University of San Francisco
West Hills College, Lemoore	Monterey Peninsula College	
California State University, Fresno	Riverside City College	
Long Beach City College	Modesto Junior College	
California State University, San Bernardino	Western University of Health Sciences	
San Joaquin Delta College	California State University, Stanislaus	
California State University, Los Angeles	Mt. San Jacinto College	
Santa Ana College	Merced College	
Fresno City College		
University of San Diego, Hahn School of Nursing		
College of the Canyons		

**ACTION ITEMS:**

- **Los Angeles Harbor College: Section 1 Question 1b**  
 Motion to amend scoring from 6.3 to 7 points (Townsend), Seconded (Flores). Motion Adopted.
- **College of the Canyons: Section 1 Question 1b**  
 Motion to amend scoring from 5.33 to 7 points (Townsend), Seconded (Marsh). Motion Adopted.
- **Mt. San Jacinto College: Section 2 Question 8**  
 Motion to amend scoring from 1 to 2.5 points (Flores), Seconded (Townsend). Motion Adopted.

**Agenda Item 10: Meeting Recess**

#### **Agenda Item 14: Registered Nurse Capitation Funding Decision**

Thirteen Registered Nurse Education Program Capitation proposals were funded, as shown in Attachment D totaling \$1,816,000.00.

##### **ACTION ITEM:**

- Motion to approve funding as presented for Associate Degree Nursing Programs (Kennedy) seconded (Marsh). Motion Adopted.
- Motion to approve funding as presented for Bachelor/Master's Degree Nursing Programs (Townsend) seconded (Marsh). Motion Adopted.

*Registered Nurse Capitation Awards list is hereby incorporated as Attachment D*

#### **Agenda Item 15: Public Comment Regarding Capitation Funding Decision**

No public comments presented.

#### **Agenda Item 16: Registered Nurse Special Programs Funding Decision**

One proposal was fully funded and nine were funded at reduced levels, as shown in Attachment E totaling \$1,017,000.00.

##### **ACTION ITEM:**

- Motion to approve funding as presented (Provenzano) seconded (Flores). Motion Adopted.

*Registered Nurse Special Programs Awards list is hereby incorporated as Attachment E*

#### **Agenda Item 17: Public Comment Regarding Special Programs Funding Decision**

No public comments presented.

#### **Agenda Item 18: General Public Comment**

A member of the public recognized that the Commissioners did their best to determine award funding thanked them for their hard work.

#### **Agenda Item 19: Future Agenda Items**

None.

#### **Agenda Item 20: Schedule July Policy Meeting**

Staff informed Commissioners of the upcoming Task Force calls on July 1 and July 17. Staff also alerted Commissioners that they would be polled for upcoming Policy meeting dates.

#### **Agenda Item 21: Adjourn Meeting**

The meeting adjourned at 3:12pm



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Attachment A

**Members of the Commission**

Elizabeth Dolezal, **Chair**  
 Andrea Renwanz-Boyle, PhD, RN  
 Rosslynn S. Byous, DPA, PA-C  
 Michael Farrell, DO  
 Katherine Flores, MD  
 William W. Henning, DO  
 Carol Jong, PhD, RD  
 Catherine Kennedy, RN  
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 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)  
 Registered Nurse (RN) Task Force Committee  
 Teleconference**

400 R Street, Room 336 Teleconference  
 Thursday, May 8, 2014  
 1:00 p.m. - 2:45 p.m.

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 OSHPD Director  
 Robert P. David

 Executive Secretary  
 Lupe Alonzo-Diaz, MPAff

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*Action may be taken on any  
 item listed on the agenda*
**Task Force Members Present:**

Andrea Renwanz-Boyle, PhD, RN, Chair  
 Katherine Flores, MD  
 William Henning, DO  
 Katherine Townsend, EdD, MSN

**Staff to Commission:**

Tyfany Frazier, Program Coordinator  
 Manuela Lachica, Senior Program Administrator  
 Melissa Omand, Program Administrator  
 Senita Robinson, MS, Section Chief  
 Barbara Zendejas, Program Analyst

**Additional OSHPD Staff:**

Sahana Ayer, Legal Counsel

**Agenda Item 1: Call to Order:**

Chair Andrea Renwanz-Boyle called the meeting to order at 1:03 p.m.

**Agenda Item 2: Introduction of Task Force Members**

The RN Task Force Committee members and staff introduced themselves.

**Agenda Item 3: Purpose of Task Force and Meeting**

Chair Renwanz-Boyle noted that the RN Task Force Committee would be reviewing and recommending evaluation criteria for the Registered Nurse capitation applications.

**Agenda Item 4: Discuss and Make Decisions Regarding Evaluation Criteria for Staff's Use When Scoring Registered Nurse (RN) Capitation Applications**

Manuela Lachica, Senior Program Administrator, led staff discussion with the RN Task Force members to review worksheets and establish RN capitation scoring criteria. The CHWPC will review the worksheets and following actions at the May 14, 2014 Policy Meeting for adoption.

**ACTION ITEMS:****Section I Question 1a**

Award one point if a program has a counseling and/or placement strategy in place. Each program will receive one point for each example illustrating the strategy up to a total of five points.

**Section I Question 1b**

Award one to three points for a description of how cultural competencies are incorporated into the curriculum. Each program will receive one point for each example up to four points for a total of seven points.

**Section I Question 2a**

Discuss criteria further at the May 14, 2014 Policy Meeting. Award four points, and one point for each pipeline activity up to three points for a total of seven points.

**Section I Question 3a**

Discuss criteria further at the May 14, 2014 Policy Meeting.

**Section II Question 1**

Discuss criteria further at the May 14, 2014 Policy Meeting. Average the two years provided. Staff will contact the program if there is a question about the two years. Award as follows: 0 points for less than 75%, one point for 75%, and two points for 76%-84%, three points 85% or above.

**Section II Question 2**

Discuss criteria further at the May 14, 2014 Policy Meeting. Award three points for all programs.

**Section II Question 3**

Discuss criteria further at the May 14, 2014 Policy Meeting. Award three points for all programs.

**Section II Question 5**

Award one point for each example of academic advising up to a total of three points.

**Section II Question 6**

Award one point for programs with a training component only. Two points for a job placement center component, and two points for employment workshops components. A total of five points.

**Section II Question 7**

Discuss criteria at the May 14, 2014 May Policy Meeting.

*Evaluation Criteria Registered Nurse Education Capitation Funding is hereby incorporated as Attachment A*

**Agenda Item 5: Discussion of Future Agenda Items**

Commissioners identified the following items for future CHWPC Policy meeting discussion:

- Should the Commission consider more than one policy meeting a year?

**Agenda Item 6: Adjournment**

Meeting adjourned at 2:45 p.m.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
EVALUATION CRITERIA  
REGISTERED NURSE EDUCATION PROGRAMS  
CAPITATION FUNDING**

**Attachment A**

Section I	Statutory Criteria	Total Points Available
1.	Placement of graduates in Registered Nurse Shortage Areas (RNSA). (% and # of graduates in RNSAs) (**For new programs: # and % of entering students from medically underserved areas**)	15
1. a.	<p>Counseling and placement program to encourage graduate placement in RNSAs</p> <ol style="list-style-type: none"> <li>1. Specific counseling services provided to all applicants.</li> <li>2. Specific placement strategies.</li> <li>3. Suggested sites.</li> </ol> <ol style="list-style-type: none"> <li>1. Counseling and placement program in place and well defined = 4-5 points</li> <li>2. Some description of program = 2-3 points</li> <li>3. Brief description of program = 1 point</li> <li>4. No description = 0 point</li> </ol>	5
1. b.	<p>Cultural competency/culturally responsive care incorporated into the program curriculum</p> <ol style="list-style-type: none"> <li>1. Integration of culture in curriculum; not just one course.</li> <li>2. Examples of how culture integrated and content taught.</li> <li>3. Specific strategies used to incorporate and apply cultural concepts.</li> </ol> <ol style="list-style-type: none"> <li>1. Description of cultural competency throughout curriculum is well defined and described = 6-7 points</li> <li>2. Description defined = 4-5 points</li> <li>3. Some description = 2-3 points</li> <li>4. Brief description = 1 point</li> <li>5. No description = 0 point</li> </ol>	7
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
EVALUATION CRITERIA  
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<b>Section I</b>	<b>Statutory Criteria</b>	<b>Total Points Available</b>
2. a.	<p>Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in RNSAs</p> <ol style="list-style-type: none"> <li>1. Special grant project for recruiting/admitting.</li> <li>2. Specific identification of characteristics suggesting predisposition to practice in RNSAs and support of how they predispose practice.</li> <li>3. Identification of a pipeline.</li> <li>4. Mentoring of potential applicants as well as applicants admitted.</li> <li>5. Possibly a workshop/summer class for potential applicants in identified pipeline.</li> </ol> <p>(Note – Needs to be discussed at task force meeting.)</p> <ol style="list-style-type: none"> <li>1. Comprehensive and strong description of recruitment efforts to practice in RNSA = 6-7 points</li> <li>2. Some description of recruitment efforts = 4-5 points</li> <li>3. Brief description – 2-3 points</li> <li>4. No description = 0 point</li> </ol>	7
3.	Location of the program and/or clinical training sites in RNSAs. (% and # of training sites in RNSAs)	15
3. a.	<p>Percent of clinical hours in RNSAs</p> <ol style="list-style-type: none"> <li>1. Specificity of actual clinical hours students assigned to RNSAs.</li> <li>2. Do they have program where students can travel to RNSAs that may be located a distance from college.</li> <li>3. Unique method of obtaining clinical hours in RNSAs.</li> </ol> <p>(Note – Needs to be discussed – we may want to consider courses rather than hours.)</p> <ol style="list-style-type: none"> <li>1. 81% - 100% location of program and/or training sites in RNSA = 5 points</li> <li>2. 61% – 80% in RNSA = 4 points</li> <li>3. 41% – 60% in RNSA = 3 points</li> <li>4. 21% - 40% in RNSA = 2 points</li> <li>5. 1% - 20% - in RNSA = 1 point</li> <li>6. 0% - in RNSA = 0 point</li> </ol>	5
<b>Total points possible for Section I</b>		<b>69</b>

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
EVALUATION CRITERIA  
REGISTERED NURSE EDUCATION PROGRAMS  
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<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
1.	<p>Does the program have an 85% or better 1<sup>st</sup> time pass rate on licensing exams?</p> <p style="margin-left: 40px;">1. Possibly use one overall question that relates to meeting the BRN regulatory standards for 1<sup>st</sup> time pass rate; attrition rate; and faculty qualifications.</p> <p>For instance the BRN requires that all programs have no less than 75% first time pass rate over two years. If not they must provide a progress report on how they are improving rate.</p> <p>The BRN requires 75% pass rate on the NCLEX (licensing exam)</p> <p style="margin-left: 40px;">1. 85% or better pass rate = 3 points 2. 76% - 84% = 2 points 3. 75% - 76% = 1 point 4. Below 75% = 0 point</p>	3
2.	<p>Does the program have an attrition rate less than 10.3% (ADNs); 10.2% (BSNs) or 19.1% (ELMs) Based on the most recent BRN Annual School Report?</p> <p style="margin-left: 40px;">1. Possibly use one overall question that relates to meeting the BRN regulatory standards for 1<sup>st</sup> time pass rate; attrition rate; and faculty qualifications.</p> <p>In terms of attrition rate BRN requires that attrition rate not be higher than 25%.</p> <p style="margin-left: 40px;">1. Attrition rates less than above criteria = 3 points 2. Attrition rates greater than above criteria = 0 point</p>	3

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
EVALUATION CRITERIA  
REGISTERED NURSE EDUCATION PROGRAMS  
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**Attachment A**

<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
3.	<p>Does the programs faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?</p> <p style="margin-left: 40px;">1. Possibly use one overall question that relates to meeting the BRN regulatory standards for 1<sup>st</sup> time pass rate; attrition rate; and faculty qualifications.</p> <p>All faculty must be approved by the BRN prior to teaching; must have an MSN or higher degree; must have direct patient care within the past 5 years in the nursing area to which they are assigned; and must have 1 academic year of teaching in an RN program. If they are a full time instructor they meet these qualifications; if they are a PT or clinical instructor they don't have previous teaching experience but have a year to teach as an assistant then will be full instructor. So if FT they are qualified of can't teach.</p> <p style="margin-left: 40px;">1. Suggest giving 3 points to all applicants (until we can discuss this further at a future commissioner meeting)</p>	3
3a.	<p>Does the faculty URM diversity and/or gender diversity reflect the community it serves?</p> <p>This may or may not be possible. Unfortunately there is a shortage of faculty in all areas. May want to look at their recruiting efforts for URM and/or gender diversity. And the cultural diversity program at the program.</p> <p>(Note – There are significant nursing faculty shortages and faculty must meet regulatory and accreditation standards making diversity a significant challenge so I suggest:</p> <p style="margin-left: 40px;">1. Any diversity present in faculty = 2 points 2. No diversity = 0 point</p>	2

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EVALUATION CRITERIA  
REGISTERED NURSE EDUCATION PROGRAMS  
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**Attachment A**

<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
4.	<p>Does the program have an evaluation process to review the program's effectiveness and deficiencies such as those required by a national and/or regional accrediting body? (i.e. <b>NLNAC</b>, CCNE, WASC, etc.)</p> <div style="text-align: center;">  </div> <p>All universities have WASC accreditation; however not all ADN programs have the additional accreditation from a national accrediting body; if so it will be ACEN. Also NLNAC no longer exists, it is now ACEN; CCNE only accredits BSN and higher degree programs.</p> <p>(Note – All programs accredited by these agencies have evaluation plan)</p> <ol style="list-style-type: none"> <li>1. Evaluation plan identified = 3 points</li> <li>2. No evaluation plan identified = 0 point .</li> </ol>	3
4a.	<p>How is the program addressing the deficiencies identified by the accrediting bodies?</p> <p>For the ADN programs there may not be any deficiencies from a regional accrediting body (WASC) for ADN; however there will be some recommendations from a BRN site visit. And we should know how they are addressing these (have to submit a progress report to BRN.) There will be deficiencies or recommendations from an ACEN or CCNE accreditation visit.</p> <p>( Note – All programs accredited by these agencies have evaluation plans)</p> <ol style="list-style-type: none"> <li>1. No deficiencies or evaluation plan addresses deficiencies = 2 points</li> <li>2. No deficiency evaluation plan identified = 0 point</li> </ol>	2

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION  
EVALUATION CRITERIA  
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CAPITATION FUNDING**

**Attachment A**

<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
5.	<p>Does the program have academic advising that supports students throughout all stages of the pathway?</p> <ol style="list-style-type: none"> <li>1. A specific advisor that works with nursing students; not just an advisor that sometimes works with nursing students.</li> <li>2. Specifically assigned to nursing students (works with them from entry to graduation.</li> </ol> <ol style="list-style-type: none"> <li>1. Description of academic advising that is comprehensive throughout program = 3 points</li> <li>2. Description of academic advising throughout program = 2 points</li> <li>3. Brief description of academic advising = 1 point</li> <li>4. No description of academic advising = 0 point</li> </ol>	3
6.	<p>Does the program provide assistance in job placement and/or training programs for new graduates?</p> <ol style="list-style-type: none"> <li>1. Job placement center available.</li> <li>2. Workshops where employers come to college and presents to graduates.</li> </ol> <ol style="list-style-type: none"> <li>1. New graduate training program and/or job placement assistance comprehensively described = 5 points</li> <li>2. New graduate training program and/or job placement assistance described = 3 points</li> <li>3. New graduate training program and/or job placement assistance briefly described = 1 point</li> <li>4. No description = 0 point</li> </ol>	5

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EVALUATION CRITERIA  
REGISTERED NURSE EDUCATION PROGRAMS  
CAPITATION FUNDING**

**Attachment A**

<b>Section II</b>	<b>Other Considerations</b>	
7.	<p>Is the program a part of a collaborative model of nursing education that expands advancement in degree opportunities for students/graduates?</p> <ol style="list-style-type: none"> <li>1. This occurs with the CSU and Community College nursing programs.</li> <li>2. Private universities sometimes have partnerships with CCs; so far UCs do not.</li> </ol> <p><u>(Note – Need task force discussion on this item.)</u></p> <ol style="list-style-type: none"> <li>1. Description of collaborations (example ADN to BSN; MSN to DNP) between educational programs = 3 points</li> <li>2. No description of any collaborative efforts = 0 point</li> </ol>	3
8.	<p>Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?</p> <ol style="list-style-type: none"> <li>1. Specific letters addressing how they collaborate.</li> <li>2. Nursing programs are all looking for these types of collaborations.</li> </ol> <p><u>(Note – Suggest using some of the work we did at the last task force meeting on evaluation of letter quality here.)</u></p> <ol style="list-style-type: none"> <li>1. 2-4 strong letters of support describing the relationship = 4 points</li> <li>2. 2-4 letters of support (adequate) = 2-3 points</li> <li>3. 1 letter of support (adequate) = 1 point</li> <li>4. 0 letters = 0 point</li> </ol>	4
	<b>Total points possible for Section II</b>	<b>31</b>
	<b>Total Possible Score (Section I and II)</b>	<b>100</b>





## Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

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 Sacramento, California 95811-6213  
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Attachment A1

**Members of the Commission**

Elizabeth Dolezal  
 Andrea Renwanz-Boyle, PhD, RN, **Chair**  
 Rosslynn S. Byous, DPA, PA-C  
 Michael Farrell, DO  
 Katherine Flores, MD  
 William W. Henning, DO, **Vice-Chair**  
 Carol Jong, PhD, RD  
 Catherine Kennedy, RN  
 Laura Lopez  
 Ann MacKenzie, NP  
 Kathyann Marsh, PhD, RN  
 Angelica Millan, RN, MSN, RNP, FAAN  
 Cathryn Nation, MD  
 Joseph Provenzano, DO  
 V. Katherine Townsend, PhD, MSN

**May 14, 2014**  
**Meeting Minutes**

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

Policy Meeting  
 400 R Street, RM 471  
 Sacramento, CA 95811

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OSHPD Director  
 Robert P. David

Executive Secretary  
 Lupe Alonzo-Diaz, MPAff

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

**Commission Members Present:**

Elizabeth Dolezal  
 Michael Farrell, DO  
 Katherine Flores, MD  
 William Henning, DO, Vice-Chair  
 Carol Jong, PhD, RD  
 Catherine Kennedy, RN  
 Laura Lopez  
 Ann MacKenzie, NP  
 Kathyann Marsh, PhD, RN  
 Angelica Millan, RN, MSN, RNP, FAAN  
 Joseph Provenzano, DO  
 Andrea Renwanz-Boyle, PhD, RN-BC, Chair  
 Katherine Townsend, EdD, MSN

**Commission Members Not in Attendance:**

Rosslynn Byous, DPA, PA-C  
 Cathryn Nation, MD

**Staff to Commission:**

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

**Additional OSHPD Staff:**

Robert David, OSHPD Director  
 Elizabeth Wied, Chief Legal Counsel  
 Sahana Ayer, Legal Counsel

**Agenda Item 1: Call to Order:**

Chair Andrea Renwanz-Boyle called the meeting to order at 10:03 AM.

**Agenda Item 2: Introduction of CHWPC Members**

CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them.

**Agenda Item 3: Chair Remarks**

Chair Renwanz-Boyle noted the process for handling the meeting's agenda items. She reminded Commissioners that two or more Commissioners discussing CHWPC business constituted a meeting. Chair Renwanz-Boyle also explained that Commissioners need not comment during the public comment period, but could request that topics be added as future agenda items. She also noted that there would be public comment opportunities before voting on the agenda's action items.

## **FOLLOW-UP ITEMS:**

- OSHPD's Legal Office to provide a refresher course on the Bagley-Keene Act at the June 2014 Registered Nurse Funding Meeting

## **Agenda Item 4: Approval of April 16-17, 2014 Minutes**

Commissioners reviewed the meeting minutes and no edits were suggested.

## **ACTION ITEMS:**

- Motion to approve April 16-17, 2014 Family Practice Funding Meeting Minutes (Dolezal), Seconded (Townsend). Motion Adopted.

*April 16-17, 2014 Minutes is hereby incorporated as Attachment A*

## **Agenda Item 5: OSHPD Director's Report**

Director David stated that Governor Brown has released the May Revisions to the state's budget and that California tax revenues are up \$2.4 billion. He stated the Governor would use the revenues for teachers, pension costs, federal healthcare reform activities, drought response, and paying down the state's long-term debt. He also stated that the Governor established a rainy day fund, which will be on the ballot this November. Director David also explained that there is a major interest in primary care expansion which further confirms the success of the Song-Brown program. He also stated that the department's Facility Development Division workload for hospital building plans and permits are significantly down, possibly due to unknown impacts of the Affordable Care Act.

## **Agenda Item 6: Executive Secretary's Report**

Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division, reported on the following items: Student Loan Repayment Plan; Healthcare Reform activities; activities related to the Mental Health Services Act Workforce Education and Training five-year plan; Governor's Budget proposal for Song-Brown expansion to primary care residencies and teaching health centers; legislation and policy relating to Assembly Bills 1174 and 2458; and Healthcare Workforce Development Council activities.

*The Executive Secretary's Report is hereby incorporated as Attachment B*

## **Agenda Item 7: Review and Approval of the Evaluation Criteria Used by the Song-Brown Program to Evaluate the Family Practice Capitation and Special Program Applications for Funding**

Manuela Lachica, Senior Program Administrator, explained that there were criteria from the Family Practice Applications that the Commission requested to review. It was discussed that the scoring criteria would be used for the next Family Practice Request for Application (RFA) release cycle. Melissa Omand, Program Administrator, mentioned that the next release cycle is August or September 2014 tentatively. Commissioners expressed that the RFAs should contain very clear language concerning Commission expectations for grant award funding.

## **ACTION ITEMS:**

- **Section 1 Question 1a**
  - Three points for a curriculum that specifically addresses underserved communities
  - Three points for rotations in underserved areas
  - Two points working with students in a mentoring program

- **Section 1 Question 1b**  
Two points for an active counseling program  
Two points for an active placement program  
One point for a recruitment program
- **Section 1 Question 2a**  
Change wording from “program engaged with medical school to run student free clinic” to “program engaged in clinics that contain student rotations in underserved areas and/or underserved populations”.
- **Section 1 Question 3a**  
Award program three points  
Establish a task force to discuss how to address clinical hours in the future
- **Section 1 Question 3b**  
Change “other payers” to “uninsured”
- **Section 2 Question 3**  
Award one point up to three points for each example per unique faculty member
- **Section 2 Question 9**  
Remove discretionary points

*The final FP Evaluation Criteria is hereby incorporated as Attachment C*

#### **Agenda Item 7: Public Comment**

This public comment referred to Family Practice evaluation criteria for capitation and special programs. The following comments included:

- Would like to see Section 1 Question 3a reworked and not discarded
- Payer mix of patients is an important statistic to review
- Regarding telemedicine: the culture of a practice is based on its location. Having practices in underserved areas not only benefits the medically underserved, but they enrich the area in many ways.
- Establish a taskforce of Commissioners and experts from the public to discuss evaluation criteria.

#### **ACTION ITEMS:**

- Motion to approve criteria as presented (Provenzano) seconded (Dolezal). Motion Adopted.

#### **Agenda Item 8: Review and approval of the Evaluation Criteria Used by the Song-Brown Program to Evaluate the Family Nurse Practitioner (FNP) and Physician Assistant (PA) Base and Special Program Applications for Funding**

The Commission decided to establish a task force to review the scoring evaluation criteria for the FNP/PA funding cycle, and to bring forth recommendations to the Commission.

### **Agenda Item 9: Review and Discussion of Registered Nurse Task Force's Recommendations Regarding Evaluation Criteria for Registered Nurse Capitation Applications for Funding**

Ms. Lachica informed the Commission that a task force was convened on May 8, 2014 to develop and recommend scoring evaluation criteria for the Registered Nurse funding cycle.

#### **ACTION ITEMS:**

- **Section 2 Question 1**  
Award applicants three points for 75% or better pass rate.
- **Section 2 Question 3**  
One point for each example per unique faculty member up to a maximum of three points.

*RN Evaluation Criteria Task Force Recommendations is hereby incorporated as Attachment D*

### **Agenda Item 9: Public Comment**

No comments presented.

#### **ACTION ITEMS:**

- Motion to approve criteria as presented (Provenzano) seconded (Dolezal). Motion Adopted.

### **Agenda Item 10: Presentation Regarding the University of California San Francisco's (UCSF) Review of Song-Brown's Data Collection and Evaluation Methods**

Janet Coffman, UCSF Center for Health Professions, explained that Song-Brown was already collecting much of the data needed to evaluate program outcomes. She stated, however, that Song-Brown may need to ask additional questions to capture information which measures the impact of funding to address The California Endowment priorities specifically. Dr. Coffman explained that UCSF does not collect data from Song-Brown, but it is working with Song-Brown staff to develop a plan to improve collection of current and future data that demonstrates the impact of Song Brown programs on communities. Lupe Alonzo-Diaz noted that Song-Brown is currently working with Healthcare Workforce Clearinghouse team within HWDD to determine if there is an opportunity for analysis of Song-Brown collected data.

#### **FOLLOW-UP ITEMS:**

- Consider how to incorporate UCSF's recommendations to future RFA's

*The University of California, San Francisco's Review of Song-Brown's Data Collection and Evaluation Methods is hereby incorporated as Attachment E*

### **Agenda Item 11: Discussion of Application Scoring Process**

Commissioners discussed different evaluation processes to score capitation/base applications and improve staff application reviews. Commissioners also noted that the current scoring process has allowed the Commission to move towards more transparency, and the ability to see scoring trends and anomalies for better analysis of scoring criteria. Commissioners also plan to maximize time to focus more on policy development as a Commission.

#### **FOLLOW-UP ITEMS:**

- Develop excellent criteria for training programs to understand, and thus, improve grant applications and scoring objectivity.

- Improve evaluation metrics and descriptions of expected training program outcomes (i.e. create well defined instructions concerning Commission expectations when submitting applications and making presentations to the Commission).
- Consider analyzing statistical variations between commissioner scores to determine scoring trends.
- Consider other models of grant application review processes.

### **Agenda Item 12: Special Program Funding; Open Discussion Regarding Priorities and Evaluation Criteria for Special Program Funding**

Commissioners discussed the need to establish priorities and evaluation criteria regarding the best way to approach special program funding. The Commission would like to see more program outcomes from previous special program funding grant recipients.

#### **FOLLOW-UP ITEMS:**

- Develop specific templates and/or content required in progress and final reports for the special programs applicants, and auditing tools that measure specific outcomes for FP and FNP/PA cycles.
- Look at pipeline/pathway development and “how” programs actually increase underrepresented health professionals and improve access to care services.

### **Agenda Item 12: Public Comment**

This public comment referred to the special program funding process and included:

- It would be helpful to know the priority order for TCE funding.
- Replicability and sustainability are important factors in choosing special programs.
- Programs should be given examples of strong special programs in order to focus their ideas (such as pipelines, residency transformations, inter-professional team-based care, positive impact on addressing social determinants, etc.)
- Song-Brown should spread the news on successful programs by marketing them via press conferences, pathway newsletter updates, website and social media announcements.
- Commission should take a look at regional collaboratives and regional priorities in the Central Valley

#### **ACTION ITEMS:**

- Motion to convene Task Force to look more closely at scoring criteria for each disciplines special program RFA's (Dolezal), Seconded (Flores). Motion Adopted.

### **Agenda Item 13: Background Information Regarding Teaching Health Centers**

Lupe Alonzo-Diaz, gave a presentation on Teaching Health Centers (THC). Ms. Diaz noted that while California healthcare needs have risen, there has been no increase in residency training slots. THC's are a new residency model that will help to increase the number of family residency programs and thereby increase access to primary care services. She mentioned that currently, a hospital or medical school affiliation is required for eligibility.

*The Presentation Regarding Teaching Health Centers is hereby incorporated as Attachment F*

## **Agenda Item 14: Review and Discussion of California Healthcare Workforce Policy Commission Work Plan**

### **ACTION ITEMS:**

- Motion to convene a task force to review the CHWPC work plan and report to the Commission (Flores), Seconded (Farrell). Motion Adopted.

### **Agenda Item 15: Public Comment**

- There should be definitive evaluation criteria expected of all programs that are given funding.
- Regarding Section 1 Question 3a, the following formula was recommended:  
number of hours spent at a continuity clinic multiplied by the payer mix of the clinic
- The Commission should come up with an index for the underserved; a unifying metric that all Song-Brown grant applicants could follow.
- Develop a strategic plan for the Commission and clearly define its policy role.

### **Agenda Item 16: Future Agenda Items**

Commissioners identified the following items for future CHWPC Policy meeting discussion:

- The Commission may need to consider having at least two policy meetings annually.
- Present on inter-professional education at the next Family Practice funding meeting.
- Establish a 12-month meeting calendar for Commissioners.
- Provide specific evaluation methods for Song Brown program measurement.

### **Agenda Item 17: Adjournment**

Meeting adjourned at 3:51pm

**Executive Secretary Report  
Lupe Alonzo-Diaz  
June 18-19, 2014 Meeting**

**Highlights**

- CalREACH
  - Working with vendor to establish timeframes for RFA releases for three disciplines and possibly Primary Care Expansion of Song-Brown
- Fund Development
  - TCE Grant
    - submitting draft proposal for Year #2 by July for December 2014-November 2015 funding
    - UCSF submitted draft recommendations re Song Brown data collection and evaluation efforts, staff will be developing recommendations at Family Medicine (FM) and Family Nurse Practitioner (FNP)/Physician Assistant (PA) Task Force
  - CalSORH grant of \$52,500 to fund rural focused activities for CalHealth Workforce Scholarship, Healthcare Pathways, and OSHPD academy webinars
  - HRSA grant of \$444,379 to continue in our role as California's Primary Care Office
- Mini-Grants will release RFPs in January to fund grants to organizations to increase awareness of health professions as a career to students from underserved communities
- CalSEARCH provides financial incentives to students/residents and preceptors/supervisors so that students and residents may receive clinical rotations in underserved communities
  - Will be releasing RFPs January 2015
  - Core professions will include
    - Community Health Workers (CHW) and Promotores (P)
    - Mental Health
- Song-Brown
  - FY 2014-15 Budget
    - Governor's Proposal to expand Song-Brown to other primary care specialties (internal, pediatrics and OB/GYN) approved by Senate and Assembly
    - Assembly \$4M Proposal to augment funding to Song-Brown to support new slots being deliberated at Budget Conference Committee
  - Commission held its May 14 policy meeting, follow up items/key points include
    - Action Items/Follow-Up Items
      - ~~Taskforce to develop scoring criteria for FM RFA~~
      - ~~Taskforce to develop scoring criteria for FNP/PA RFA~~
      - ~~Consider what feedback to include from UCSF evaluation to future RFAs, etc.~~
      - Calendar (in progress)
        - Schedule FY 2014-15 RFA releases and meetings including 2 policy meetings per year
        - Schedule site visits
      - Stat analysis on scoring deviations (to be included in Commission Work Plan)
      - Develop progress reports for special program RFAs released
      - ~~Bagley-Keene refresher at future meeting~~
      - Presentation on use and importance of Inter-professional teams at FM funding meeting
- State Loan Repayment Program (SLRP) – award announcements sent to awardees
- Mental Health Workforce Education and Training (WET)
  - MHSOAC presentation on OSHPD use of MHSA admin funds
  - Consumer and Family Member Employment Advisory Committee is meeting to develop plan for \$10 million/2 year budget

## Executive Secretary Report

- RFPs will be released this Fall for support and development; training and education and planning
  - Awarded \$2M in Peer Personnel Preparation RFPs to support peer specialist career pathways, training and employment
- Healthcare Workforce Pilot Project
  - HWPP #173 – sponsors have submitted a revised application in response to feedback at the public meeting. A public hearing will be scheduled soon for additional public input.
- CalSIM
  - RFP released for states to apply for testing funds
  - OSHPD is leading the CalSIM Workforce Workgroup to develop recommendations regarding CHWs/Ps in maternity care, palliative care, Accountable Care Communities and Health Homes for Complex Patients as it relates to
    - Roles and functions
    - Core competencies
    - Education and training
    - Reimbursement/financing mechanisms
  - Holding 2 community forums in July – August
  - Will be releasing a report with recommendations in September
- Status of Governor’s Budget proposals

Proposal	Description	Assembly	Senate
Song-Brown Expansion to Primary Care and Teaching Health Centers	<ul style="list-style-type: none"> <li>• requests \$2.84M/year for 3 years in California Health Data Planning Fund expenditure authority to               <ul style="list-style-type: none"> <li>○ expand the Song-Brown program to fund primary care residency programs</li> <li>○ expand eligibility to teaching health centers</li> </ul> </li> <li>• establishes a three-year LT position and \$106,000 in CHDPF expenditure authority to develop and implement the program</li> </ul>	Approved	Approved
Healthcare Reform/Shortage Designation	<ul style="list-style-type: none"> <li>• 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"> <li>○ 3 LT positions responsible for proactive HPSA federal designations</li> <li>○ 1 LT position responsible for continuing the implementation of the HCR work plan</li> </ul> </li> </ul>	Approved	Approved
WET Appropriation	<ul style="list-style-type: none"> <li>• 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</li> </ul>	Approved	Approved
TCE Grant	<ul style="list-style-type: none"> <li>• request to redirect \$700,000 to CDPH Fellowship Program, CalSEARCH and Mini-Grants</li> </ul>	Approved	Approved
WET Five-Year Plan	<ul style="list-style-type: none"> <li>• appropriates \$114 million to align Five-Year Plan with budget</li> <li>• requests 3 LT positions to support additional responsibilities</li> </ul>	Approved	Approved

**Legislation/Policy**

Bill	Summary	Status
AB 1174	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.	Senate B&P, Economic Development Cmte
AB 2102	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.	Senate B&P, Economic Development Cmte
AB 2458	establishes the Graduate Medical Education Fund and provide funding for new slots in primary care residency programs with a one-time appropriation of \$25 million from the General Fund and \$2.87 million from the California Health Planning and Data Fund for three fiscal years.	Held in Assembly Appropriations Cmte
AB 1838	provides that a medical school or medical school program accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools is deemed to meet the requirements described above.	Senate B&P, Economic Development Cmte
AB 1677	establishes a loan assumption program for employees of eligible public facilities, as defined to include state hospitals, state veterans' homes, members of the California Association of Public Hospitals and Health Systems, California facilities administered by the federal Veterans Health Administration, and health care districts located in California.	Held in Assembly Appropriations Cmte
AB 1797	requires CWIB to identify opportunities for "earn and learn" job training opportunities and develop the means to identify, assess, and prepare a pool of qualified candidates seeking to enter "earn and learn" job training models. The bill would require the board, on or before December 1, 2015, to prepare and submit to specified legislative committees a report documenting the above findings and making recommendations based on those findings.	Senate Appropriations Cmte
AB 2232	appropriates \$1,855,000 from the General Fund to the regents each fiscal year, commencing with the 2015–16 fiscal year, for allocation to the University of California to support expansion of the San Joaquin Valley Program in Medical Education, as specified. The bill would appropriate \$1,000,000 from the General Fund to the Regents of the University of California during the 2014–15 fiscal year for allocation to the University of California to support a 2-year planning effort geared toward the establishment of a separate traditional medical school at the University of California, Merced, as specified.	Senate Education
SB 841	appropriates \$1,855,000 from the General Fund to the regents each fiscal year, commencing with the 2015–16 fiscal year, for allocation to the University of California to support expansion of the San Joaquin Valley Program in Medical Education, as specified.	Held in Senate Appropriations

Song Brown Fiscal Year (FY) 2014-15 In 000's	Base Funding (Ongoing)	The California Endowment (2nd of Three FYs)	PROPOSED Song Brown Primary Care Residency (1st of Three FYs)	PROPOSED Song Brown Expansion (One Time)	Total
Family Physician Training and Nurse Practitioner/Physician Assistant Training	3,931	6,300	-	-	10,231
Registered Nurses	2,725	-	-	-	2,725
Family Practice Residency - Internal Medicine, Obstetrics/Gynecology, and Pediatrics	-	-	2,840	-	2,840
New Residency Slots	-	-	-	3,901	3,901
Reimbursement	400	-	-	-	400
<b>Total</b>	<b>7,056</b>	<b>6,300</b>	<b>2,840</b>	<b>3,901</b>	<b>20,097</b>

**CURRENT BUDGET PROPOSALS  
06-18-2014**

***Proposal: Expanding Eligibility to Other Primary Care Specialties***

This proposal provides \$2.84 million per year for three years from the California Health Data Planning Fund to fund additional primary care residency programs. Specifically, the \$2.84 million would result in a total of 25 grants to internal medicine, obstetrics and gynecology (OB/GYN), and pediatrics residency programs training 159 primary care residents in underserved communities. The following table provides additional details.

Primary Care Residency Programs	Amount	% of Total	Number of Grants	Residents Trained
Internal medicine	\$1,420,000	50	13	81
OB/GYN	\$710,000	25	6	39
Pediatrics	\$710,000	25	6	39
	\$2,840,000	100%	25	159

This proposal does not affect the existing Song-Brown funding for Song-Brown's family medicine residency or physician assistant, family nurse practitioner, and registered nurse training programs.

The proposal also establishes a three-year Limited-Term Staff Services Analyst position and \$106,000 in CHDPF expenditure authority to develop and implement the program.

***Proposal: Supporting New Slots***

This proposal provides an increase funding to the Song-Brown Program Health Care Workforce Training Act Program (Song-Brown):

- a one-time \$4 million augmentation in funding from California Health Data and Planning Fund to support new primary care physician residency slots. Preference will be given to filling the positions with California-trained physicians.

This provision is a one-time \$4 million augmentation and action taken by the Fiscal Year (FY) 2014-15 Budget Conference Committee.



# THE BAGLEY-KEENE OPEN MEETING ACT

The Do's, the Don'ts and the Legal Requirements

# OVERVIEW

- ❑ Policy
- ❑ State Bodies
- ❑ Meetings
- ❑ Notice and Agendas
- ❑ Public Participation
- ❑ Closed Sessions
- ❑ Violations and Remedies

# POLICY

“It is the public policy of this state that public agencies exist to aid in the conduct of the people’s business and the proceedings of public agencies be conducted openly so that the public may remain informed.”

- GC Section 11120

# POLICY

“The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.”

- GC Section 11120

# STATE BODIES

“All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.”

-GC 11123(a)

# Is This a State Body?

- ❑ The Bagley-Keene Act applies to all “State Bodies”
- ❑ “State Bodies” include:
  - ❑ Multi-Member Bodies
  - ❑ Advisory Bodies
  - ❑ Delegated Bodies

# “Multi-Member” Bodies

- Two Part Test:
  - ▣ The body is created by statute or required by law to conduct official meetings
  - ▣ The body consists of two or more members
- Examples: State boards, commissions, committees
  - ▣ Does not matter if body is advisory or decision-making
- Bottom Line: If created by statute, the body is covered by Bagley Keene

# “Advisory” Bodies

- Two types of Advisory Bodies are subject to the Act:
  - Advisory Bodies created by the legislature
  - Advisory Bodies having three or more members that are created by formal action of another body
- **Example:** The CHWPC creates a two-member subcommittee to advise on a proposed application scoring process.
  - Is this subcommittee subject to the requirements of the Bagley Keene Act?

# “Advisory” Bodies (Continued)...

- No!
  - ▣ A CHWPC subcommittee must have three or more members to be an advisory body subject to the provisions of the Bagley Keene Act.
- Once again:
  - ▣ Advisory subcommittees created by the Board with three or more members are subject to the Act.
  - ▣ Advisory subcommittees created by the Board with only two members are NOT subject to the Act.

# “Delegated” Bodies

- “Delegated” bodies are subject to the requirements of the Bagley Keene Act.
  - ▣ Key Question: Does the committee exercise power that has been delegated to it by another body?
    - Example: An executive committee that is given authority to act on behalf of the entire body between meetings
    - Note: No size requirement for delegated bodies
  - ▣ Policy: Avoid an end-run around Bagley Keene requirements

# MEETINGS

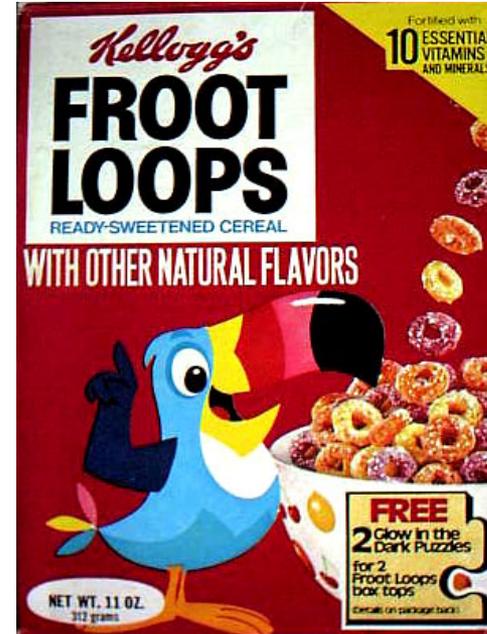
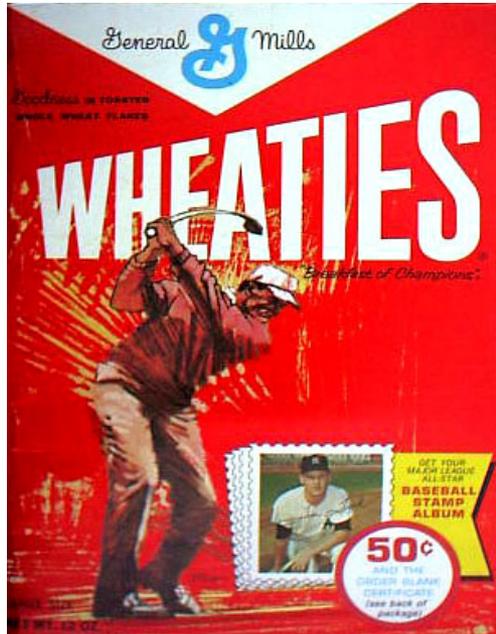
“All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.”

- GC Section 11123(a)

# What is a “Meeting?”

- “Any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains.” - GC Section 11122.5(a)
  - ▣ Bagley Keene is not limited to “meetings” where a final decision is made!
    - “HEAR”
    - “DISCUSS”
    - “DELIBERATE”

# Serial Meetings



**SERIAL MEETINGS ARE STRICTLY  
PROHIBITED!!!**

# Serial Meetings

- “Any use of direct communication, personal intermediaries, or technological devices that is employed by a majority of the members of the state body to develop a collective concurrence as to action to be taken on an item by the members of the state body is prohibited.” - GC Section 11122.5(b)
- Common Types of Serial Meetings:
  - ▣ Daisy Chain
  - ▣ Hub and Spoke
  - ▣ Email

# Meetings – Exceptions to the Rule

- Individual Contacts
  - But beware of the serial meeting!
- Social or Ceremonial Occasions
  - So long as business of the state body is not discussed
- Conferences and Retreats
  - So long as they are open to the public and involve subject matter of general interest to the public
- Meetings of Another Legislative Body
  - The meeting must be open to the public and properly noticed

# Am I Covered?

- When does Bagley-Keene apply to you as a Committee member?

**ALWAYS!!!**

- From the time of your appointment until the time you leave the CHWPC
- Whenever the topic of discussion concerns CHWPC business

# Teleconference Meetings

- Agendas must identify each teleconference location and be posted at each location
- Each location must be open and accessible to the public and allow for public participation
  - ▣ Example: Hospital bed
  - ▣ Example: No participation by cell phone in car
- Agenda must provide an opportunity for public comment from each teleconference location
- A member of the state body must be present at each site specified in the notice of meeting
- All votes must be audible and taken by rollcall

# NOTICE AND AGENDAS

“All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.”

- GC Section 11123(a)

# The Basics – Regular Meetings

- Written notice of meetings must be given to individuals who request notice in writing
- Notice of the meeting and an agenda describing the matters to be discussed must be provided and posted on the internet at least 10 days in advance of meeting
- Notice must include time, date and location of meeting and name, address, and telephone number of a contact person who can provide additional information prior to the meeting
- The notice, agenda and supporting documents are public records and must be made available to public
  - ▣ Writings, when distributed to a majority of the body by any person in connection with a matter subject to consideration at a public meeting, are public records that must be made available to the public “upon request without delay.” GC Section 11125.1

# Agendas (Continued...)

- Agenda must contain a brief description of the items of business to be transacted or discussed in either open or closed session
  - ▣ In general, agenda descriptions need not exceed 20 words per item
  - ▣ Agenda descriptions should provide sufficient information to allow members of the public to decide whether or not to attend the meeting or participate in the agenda item
  - ▣ Closed session items must include reference to specific statutory authority authorizing the closed session

# PUBLIC PARTICIPATION

“All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.”

- GC Section 11123(a)

# The Public's Place at the Table

- The state body must provide an opportunity for members of the public to directly address the body on each agenda item before or during the state body's discussion or consideration of the item. GC 11125.7(a)
- Reasonable regulations on public comment may be adopted (example: time limits for individual speakers)
- Public criticism of the policies, programs or services of the state body may not be prohibited. GC 11125.7(c)

# The Public's Right to Attend

- All meetings must comply with the ADA
- Any person may record the proceedings via audio recorder, video recorder or still motion camera
- No conditions may be set for attendance at or participation in a public meeting
  - ▣ Sign-in not required
  - ▣ Self-identification not required as a prerequisite to speak
  - ▣ No fees may be charged for providing notice

# CLOSED SESSIONS

“All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.”

- GC Section 11123(a)

# Closed Sessions - Overview

- ❑ Closed Sessions are the exception to the general requirement that meetings be open and public
- ❑ Legislative acknowledgement that certain matters are best discussed in private due to practical, strategic and/or privacy concerns
- ❑ Closed sessions may only be held for specific and limited purposes identified in the Bagley Keene Act
- ❑ Not favored, and narrowly construed

# Closed Sessions - Authorized Topics

- Personnel Exception
  - ▣ The hiring, disciplining or termination of an employee
  - ▣ To hear charges or complaints about an employee
- Pending Litigation Exception
  - ▣ State body is already a party to litigation
  - ▣ Under facts and circumstances, state body has significant exposure to litigation
  - ▣ Meeting to discuss the potential initiation of litigation
- Real Property Exception
  - ▣ Advise negotiator(s) regarding price and terms of payment
- Security Exception
  - ▣ Consider matters posing potential threat to safety and security

# Closed Sessions - Violations

- Examples of inappropriate closed sessions:
  - Closed sessions that are not properly noticed and identified on the meeting agenda
  - Attendance at a closed session by persons other than those directly involved in the closed session topic as part of their official duties
  - Closed session discussions outside the scope of the noticed and identified topic
  - Voting by secret ballot at an open meeting is construed as an inappropriate closed session

# Closed Sessions - Process

- Closed session must be listed on the meeting agenda and properly noticed
  - The agenda must cite the specific statutory authority authorizing the closed session topic
- Prior to the closed session, the state body must convene in open session and publicly disclose the general subject matter to be discussed in closed session
- After the closed session, the state body must reconvene in open session and identify any “reportable actions” taken in closed session

# VIOLATIONS AND REMEDIES

Injunctions, overturned decisions, misdemeanor charges and the court of public opinion...



# Why should I care?

- Lawsuits
- Depending on the circumstances, the decision of the body may be overturned
  - ▣ An opportunity to cure and correct?
- Injunctions against future violations
- A prevailing plaintiff may recover attorneys fees and costs of litigation
- Criminal misdemeanor penalties
  - ▣ If the member attends a meeting in violation of the Act with the intent to deprive the public of information he or she knows, or has reason to know, the public is entitled to receive

# Don't Forget

- ❑ You are representatives of the state, OSHPD and your appointing authorities
- ❑ You are conducting the public's business and expending the public's funds
- ❑ The open meeting laws were adopted with full knowledge that some efficiencies would be lost
- ❑ The court of public opinion – this is about the public's perception of how its business is conducted

# In Summary...

- Complicated details, but simple general rule
  - ▣ Do the public's business in public
  - ▣ Give the public notice and an opportunity to participate
- **When in doubt, ask for help!**
  - ▣ OSHPD Legal Office
    - (916) 326-3610
    - [Legal.office@oshpd.ca.gov](mailto:Legal.office@oshpd.ca.gov)

**SONG-BROWN PROGRAM  
REGISTERED NURSE EDUCATION PROGRAM FUNDING AWARDS  
CAPITATION ONLY  
June 2014**

Program	Program Type	# of Students Awarded	Award
California State University, Bakersfield	BSN <sup>1</sup>	4	\$ 96,000.00
California State University, Fresno	BSN <sup>1</sup>	9	\$ 216,000.00
College of the Canyons	ADN <sup>2</sup>	4	\$ 80,000.00
Fresno City College	ADN <sup>2</sup>	7	\$ 140,000.00
Long Beach City College	ADN <sup>2</sup>	5	\$ 100,000.00
Los Angeles Harbor College	ADN <sup>2</sup>	4	\$ 80,000.00
Modesto Junior College	ADN <sup>2</sup>	9	\$ 180,000.00
Monterey Peninsula College	ADN <sup>2</sup>	4	\$ 80,000.00
Rio Hondo College	ADN <sup>2</sup>	5	\$ 100,000.00
Riverside City College	ADN <sup>2</sup>	9	\$ 180,000.00
Santa Ana College	ADN <sup>2</sup>	9	\$ 180,000.00
University of San Diego, Hahn School of Nursing	MSN <sup>3</sup>	9	\$ 216,000.00
Western University of Health Sciences	MSN <sup>3</sup>	7	\$ 168,000.00

Legend

- 1 Bachelor of Science in Nursing
- 2 Associates Degree in Nursing
- 3 Masters of Science in Nursing

**SONG-BROWN PROGRAM  
REGISTERED NURSE EDUCATION PROGRAM FUNDING AWARDS  
SPECIAL PROGRAMS ONLY**

Program	Program Type	Award
California State University, Bakersfield	BSN <sup>1</sup>	\$ 115,000.00
California State University, Fresno	BSN <sup>1</sup>	\$ 103,500.00
California State University, San Bernardino	BSN <sup>1</sup>	\$ 85,000.00
College of the Canyons	ADN <sup>2</sup>	\$ 100,000.00
Fresno City College	ADN <sup>2</sup>	\$ 103,500.00
Long Beach City College	ADN <sup>2</sup>	\$ 125,000.00
Los Angeles Harbor College	ADN <sup>2</sup>	\$ 85,000.00
Santa Ana College	ADN <sup>2</sup>	\$ 115,000.00
University of San Diego, Hahn School of Nursing	MSN <sup>3</sup>	\$ 100,000.00
West Hills College, Lemoore	ADN <sup>2</sup>	\$ 85,000.00

Legend

- 1 Bachelor of Science in Nursing
- 2 Associates Degree in Nursing
- 3 Masters of Science in Nursing