FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM

Request for Application

Application Information/Guidance

SPECIAL PROGRAM

California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

October 2014

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700
Fax (916) 322-2588

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ATTACHMENTS

A California Healthcare Workforce Policy Commission Evaluation Criteria
B Health and Safety Code, Section 128200-128240
C Standards for Primary Care Physician Assistant Training Program
D Standards for Family Nurse Practitioner Training Program
E Guidelines for Funding Applicants/Program Evaluation for Primary Care Physician Assistants
F Guidelines for Funding Applicants/Program Evaluation for Family Nurse Practitioners
G California Healthcare Workforce Policy Commission Operating Guidelines
H California Healthcare Workforce Policy Commission's Race/Ethnicity Definition
I California Endowments 14 Building Healthy Communities
J Central Valley – The California Endowment (TCE) Map

Technical Guide

Accessing the Application System

A web-based application system, CalREACH (California Responsive Electronic Application for California's Healthcare) is being utilized to submit applications for this RFA. The information contained in this guide has been provided for your instruction and contains all the basic technical information needed to complete an application in the system. For a more comprehensive manual related to CalREACH, please log in and review the CalREACH User Guide located at www.CalREACH.oshpd.ca.gov found under the "My Training Materials" tab in the brown bar at the top of the screen.

Access to the CalREACH portal can be found on our website at: www.CalREACH.oshpd.ca.gov.

Registration and Log In

All applicant organizations and their designees must register in CalREACH. To register for the first time, **click** the **New User?** Link on the Login Page and follow the instructions. You must then wait for approval by Song-Brown staff. (The maximum approval process is 24 hours.)

Once you have been approved by the Song-Brown staff you will log-in using your created **Username** and **Password**. You will then be directed to the Welcome Page. From the Welcome page you have the option to View Available Opportunities, Open My Inbox or Open My Tasks.

Initiating an Application

Once you have successfully logged into CalREACH you will then be able to View Available Opportunities from the Welcome Page and apply for Family Nurse Practitioner/Physician Assistant (FNP/PA) Special Program.

Application Format and Content

Once you have agreed to apply in CalREACH you will have the ability to **View, Edit and Complete Forms** on the FNP/PA Special Program Menu page. Clicking on the blue "**VIEW FORMS**" button will allow you to access the main Forms of your electronic application*.

The system will time-out after two (2) hours from the start of the application. To continue in the system, save your work, log-out and log back in.

Each title under Application Forms Lists (page 10) constitutes a **Form** (**click** to access) in CalREACH and is required application information. Enter the appropriate information into each Form and click the blue "**SAVE**" button on your screen anytime you leave a form or the system to save your work.

CalREACH How To:

Determine Space Availability

Some Forms that make up the application have character limitations. Please limit your response when completing those Forms. The character limit has been clearly noted at the bottom of the text box and you will receive an error message if you go over that limit.

Copy and Paste into the System

Be cautious while utilizing the copy and paste function of most word processing programs to transfer text into text boxes within CalREACH. CalREACH will not recognize certain formatting including tables, graphs, bullets, and certain tabs. Copying and pasting text into any standard "notepad" (or equivalent) program first will demonstrate similar formatting to the text boxes in CalREACH. Copied text may appear correct on the screen but still cause an error when trying to print the page.

Save Applications in the System

Before clicking on to the next Form or exiting the system, click the blue **"SAVE"** button or you will lose your work.

Access a Saved Application

If you stop before completing the application, you will be able to continue where you left off by simply logging into the system with your username and password, click the blue "**OPEN MY TASKS"** button from the Welcome page and select the application you would like to access by clicking on the name.

Add Individuals to your Organization

The Primary External Program Director has administrative rights to create log-ins for other individuals whom you would like to provide access to your application(s). To do so click on **My Organization's** link located in the brown bar at the top of the Welcome Page. Click on the **Organization Members** link, then the **Add Member** link. On the next screen you can add an individual by clicking the blue "**NEW MEMBER**" button and enter all the required information. Be careful to enter "date active" consistent with your requirements and there will only be one "Role" option to select in the related drop down menu.

Provide Access to the Application to Others

The Primary External Program Director has administrative rights to add or remove other users to/from applications. Any External Program Director added to the application will also be automatically added to all corresponding related documents when each is created. Other new users to CalREACH will not be automatically added to existing applications.

To add users to an application, click on the application of choice in the **"My Tasks"** section on the Main Menu page. Click on the "VIEW MANAGEMENT TOOLS" button and chose the Add/Edit people link.

CalREACH How to: (Continued)

Type in the name of the individual in the search criteria box and click the "**SEARCH"** button. From the search results, select the individual's name, set the security role and fill-in the access date when you would like this individual to begin having access to the application. Click on the blue **"SAVE**" button.

Print an Application for Your Records/Use

At any time you may print out a copy of your full application. From the Song-Brown Menu page click the blue "**VIEW MANAGEMENT TOOLS**" button and then click the **Create Full Print Version** link.

Delete an Application

To delete an application that was started Click the My Home link in the blue bar at the top of the page you are on. Click on the blue **"OPEN MY TASKS**" button. Click on the application name, click the blue **"VIEW STATUS OPTIONS**" button and click the **"APPLY STATUS"** button **underneath** "APPLICATION CANCELLED". It will no longer appear in My Tasks.

Submit an Application

The application is considered submitted when the application status is changed to **submitted** in CalREACH. This is done on the main screen under **Change the Status** on the Song-Brown Menu page and clicking the blue "**VIEW STATUS OPTIONS**" button. On the Status Options page see APPLICATION SUBMITTED and click the blue "APPLY STATUS" button located **underneath**.

- By submitting the application, you/your organization agrees to the RFA terms and conditions. Late or incomplete applications will not be considered. Refer to the Schedule & Deadlines (page 5) in the RFA for more detailed information.

- Once you click the submit button, you **WILL NOT** be able to go back to revise the application. You may print the application but no longer have the ability to edit the document.

- Applications will not submit if there are any errors found in the system. An error is denoted by a **read hand** icon next to the FORM link. Go to that page and make changes to clear the error.

- CalREACH will send a confirmation of receipt via email to the designated Program Director.

- A completed application includes all completed FORMS including any required attachments. The application and supporting documents must be submitted by the application deadline noted in the Schedule & Deadlines (page 5) of this RFA.

Department Contact:

Office of Statewide Health Planning and
Development Healthcare Workforce
Development Division
Song-Brown Training
Program 400 R Street,
Room 330
Sacramento, CA 95811

Telephone: (916) 326-3755

Email Address:
SongBrown@oshpd.ca.gov

Thank you!

We want to thank you for your interest in applying for the Song-Brown FNP/PA Special Programs and for educating students for practice in underserved areas.

SCHEDULE AND DEADLINES

Technical Assistance Webinar Dates: *Overview of registration and log-in process, available opportunities, application menu, tips and tricks, budget section, required attachments, and application submission. To connect to the Web Conference go to our website http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html and link to the webinar. Recorded webinar will be posted to our website.*	***October 15, 2014 –*** *2:00 pm to 3:30 pm* ***October 16, 2014*** *10:30 am – 11:30 am*
Release of Request for application *(RFA)* *RFA to be posted to Song-Brown Health Care Workforce Training Program web-site at: http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html or go directly to https://calreach.oshpd.ca.gov/login2.aspx?APPTHEME=CAOSHPD_CALREACH*	***October 20, 2014***
RFA Deadline	***November 19, 2014***
Review of applications period	*November 19, 2014 thru January 9, 2015*
Commission Meeting *Agenda to be posted to Public Meetings web-site at: http://www.oshpd.ca.gov/General_Info/Public_Meetings.html*	***January 28-29, 2015***
Send notice to Awardees	*February 20, 2015*
Contract preparation period	*March 2015 – April 2015*
Contract term	*June 30, 2015 – August 15, 2017*
Certifications due from Contractor	*Quarterly or semester in arrears*
Progress Report	*Midway through the contract*
Final Report with data outcomes due	*Close of contract*

Application Information

STATUTORY AUTHORITY:

Pursuant to the Song-Brown Health Care Workforce Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment B) the California Healthcare Workforce Policy Commission (Commission) will be considering applications to support the training of physician assistants and family nurse practitioners. After review of the applications, recommendations for the award of contracts will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

INVITATION:

Request for Application (RFA):

You are invited to review and submit one application in response to this RFA. To submit an application, you must comply with the instructions contained in this RFA.

By submitting an application, your program agrees to the RFA terms and conditions**.**

All applications will be received through our web-based application CalREACH (California Responsive Electronic Application for California's Healthcare). All applicant organizations and their designees must register in CalREACH and submit all application materials through this system.

Access to CalREACH can be found on our website at: https://calreach.oshpd.ca.gov/login2.aspx?APPTHEME=CAOSHPD_CALREACH . Once you have accessed CalREACH you will be required to register as a new user or login with your previously used Username and Password in order to access the application materials. Detailed information regarding CalREACH, including how to register and how to complete and submit your application, can be found in the Technical Guide Section of this RFA.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **November 19, 2014 at 3:00 p.m.**

Presentation:

The Commission invites the Program Director, or other authorized representative of the applicant to be present at its meeting on **January 28-29, 2015** to provide a summary of the training program and key highlights of the program (no more than ten minutes in length) and answer any questions the Commission might have. While the presentation is not mandatory, it is important to know the Commission finds the presentations very informative and uses them as an opportunity to clarify information that may not have been included or made clear in the application. Your presentation or lack thereof may influence your final score.

ELIGIBILITY:

Each Primary Care Physician Assistant Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall meet the standards set forth by the Medical Board of California for the training of Assistants to the Primary Care Physician pursuant to Section 3500, Chapter 7.7, Div. 2 of the Business and Professions Code and to Section 1399.500, Article 1-7, Div. 13.8, Physician Assistant Examining Committee of the Medical Board of California, Title 16 of the California Code of Regulations. (See Attachment C)

Each Family Nurse Practitioner Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall be operated by an accredited California School of Medicine or an accredited California School of Nursing or shall be approved by the Regents of the University of California or by the Trustees of the California State University and Colleges, or shall be approved by the Board of Registered Nursing pursuant to Section 2834-2837, Article 8, Chapter 6, Div. 2, of the Business and Professions Code. (See Attachment D)

FUNDING:

AVAILABLE FUNDING:

Approximate $771,750 in Special Programs Funding is available this year via a grant from the California Endowment. The Commission may award full funding, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria and the amount of funds available to award. This is a one-time funding opportunity with no implied or expressed guarantee of subsequent funding after the initial contract award as a result of this RFA.

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

1. Focus on increasing the number of health professionals from racial/ethnic and other underserved communities;
2. Placement of training sites or graduate practice sites in the California Endowment's 14 Building Healthy Communities http://www.calendow.org/communities/building-healthy-communities/ (See Attachment I)
3. Placement of training sites or graduate practice sites in the Central Valley. The Central Valley is defined by the OSHPD's Shortage Designation Unit as Fresno, Kern, Kings, Madera, Merced, Sacramento, San Joaquin, Stanislaus, Tulare and Yolo Counties. (See Attachment J)
4. Include activities to increase primary care career pathways. (Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education)
5. Address the social determinants of health (defined by the World Health Organization as 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.

FUNDING (Continued):

Special programs may feature one or a combination of the following innovations:

6. 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.
7. Expand service capacity of health professionals through practice at the top of licensure and multi-disciplinary team care.
8. Test workforce practice design models that support evidence-based expansion of roles and autonomy of licensed health professionals (e.g. nurse practitioners, pharmacists, dentists, optometrists, midwives, dental hygienists) to provide prevention services, diagnosis and treatment within their respective professional competence.
9. Expand capacity of health professionals through innovative technology such as e-referrals, tele-health, electronic medical records, mobile health, and video medical interpreting.
10. Support linkages and collaboration between public health and clinical professionals.
11. Support school based health center models and the teams needed to staff them.
12. Provide support, technical assistance for practice redesign (including EHR support and training, operations redesign and online curriculum for medical assistants and other team members).
13. 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.
14. Coordinate and link strategies with programs that aim to develop career pathways for under-represented groups in health professions and allied health professions.
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; and
16. Recruit and retain primary care faculty in rural and underserved communities.

FUNDING LIMITS:

Applicants may apply for a single award of $125,000 - $150,000 for a project no longer than 2 years in length.

Although, indirect costs are acceptable expenses, they will not be provided over and above the total award amount, nor in excess of 8% of the total dollars requested. In order to maximize the funds available for program development, we recommend applicants waive or minimize the indirect cost rate they request.

POST AWARD:

Applicants awarded funds will enter into a contract with OSHPD for the fiscal period beginning June 30, 2015 and ending on August 15, 2017. Contract Payment Year 1 will be June 30, 2015 thru June 29, 2016 and Payment Year 2 will be June 30, 2016 thru June 29, 2017. Payments will be made on a semester or quarterly basis in arrears upon receipt of a semester or quarterly certification form documenting that the program has met the intent of the contract. **OSHPD will withhold the final quarterly payment due to the Contractor under this Contract until all required reports are submitted to OSHPD and approved.** OSHPD will notify the contractor of approval in writing.

All awardees will be required to submit a progress report midway through the contract and a final report with data outcomes by the end of the contract term.

SELECTION CRITERIA:

Applications received will be evaluated based on each applicant's ability to demonstrate in the application and presentation to the Commission that they meet the statutory priorities set forth in the Song-Brown Health Care Workforce Training Act and the Standards and Guidelines for Funding adopted by the Commission. (See Attachments B-F) Applications will also be evaluated based on the California Endowments priorities listed under Available Funding on page 7 & 8 and Attachments I & J.

Applications will be scored using the evaluation criteria outlined in Attachment A.

APPLICATION SUBMISSION:

A submitted on-line application must contain all information and conform to the format described in the RFA. It is the applicant's responsibility to provide all necessary information for the Commission to evaluate the application. Using any other version of the application may disqualify the applicant.

A completed application consists of the following main sections:

- Application
- Statutory Criteria
- Budget
- Other Considerations
- Attachments
- Assurances

All questions included in the application must be addressed. If a question is not applicable to your program, answer **N/A.** If a question is left blank, the application will be considered incomplete and could result in the application being disqualified.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **November 19, 2014.**

RFA QUESTIONS AND ANSWERS:

Read the RFA it in its entirety. Answers to most questions can be found in this document and/or in the CalREACH system.

If you have questions related only to the application electronic technology and have not found your answers in the Training Guide, refer to the CalREACH User Guide at: https://calreach.oshpd.ca.gov/login2.aspx?APPTHEME=CAOSHPD_CALREACH (you must be logged in to CalREACH to access the guide) or call the CalREACH help desk at 1-800-820-1890.

TECHNICAL ASSISTANCE WEBINARS:

The Song-Brown staff invites potential applicants to participate in at least one webinar (see Schedule and Deadlines for dates on page 5). Each webinar will include an overview of the registration and login process, available opportunities, application menu, tips and tricks, budget section, required attachments and application submission to assist you in completing and submitting an application in the system. Please refer to the RFA including the Technical Guide to assist you during the webinars.

Application Form Lists:

Application:
- Program Information
- Contractor Information
- Executive summary
- Statistics
- Languages

Statutory Criteria
- Graduates Information
- Program Strategies
- Underrepresented Minorities
- Training in areas of Unmet Need

Budget
- Budget – Personnel Year 1
- Budget – Operating Expenses Year 1
- Budget – Major Equipment Year 1
- Budget – Other Costs Year 1
- Budget – Personnel Year 2
- Budget – Operating Expenses Year 2
- Budget – Major Equipment Year 2
- Budget – Other Costs Year 2
- Budget – Summary

Other Considerations
- Special Program Description
- Team Training
- Faculty Qualifications
- Program Evaluation

Attachments
- Required Attachments

Assurances
- Program Director Assurances

Asterisk (*)
Any question marked with an asterisk is required. You will not be allowed to submit your application if any asterisk item is left unanswered.

Application

Program Information

1. Applicant programs may only apply under one program type unless a recognized combined program.
2. Program Director is the individual who is to direct the proposed program and who will be responsible for the program. The Program Director will be required each quarter/semester to certify any expenditures pertaining to the contract and sign all quarterly/semester certifications.
3. Any changes of the Program Director during the Application period must be made know to OSHPD, by formal letter as soon as possible.
4. If training program is in the dropdown list, the address will be populated once “saved”.
5. If training program is not in the dropdown list, fill in title of Program, complete address information and county.
6. Funding Requested : Applicants may request from $125,000 to $150,000 for a special program no longer than two (2) years in length.
7. If choosing quarterly billing, the Program Director will submit certifications every three months from the start of the contract until its conclusion.
8. If choosing semester billing, the Program Director will submit certifications every six months from the start of the contract until its conclusion.
9. A complete address is considered to be: street address, city, state and zip code.
10. Do not use a PO Box address.

Contractor Information

1. Contract Organization is the institution which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application. The contract is written with this organization.
2. Please provide the name of the current **post award** Contracts Officer, complete address information where the contract should be mailed, county, telephone number, e-mail address and Federal Tax ID Number (9 digit number).
3. Incomplete or incorrect contractor information will result in the delay of receiving your contract.
4. Any changes of Contract Organization or Contracts Officer during the application period must be made known to OSHPD, by formal letter as soon as possible.
5. A complete address is considered to be: street address, city, state and zip code.
6. Do not use a PO Box address.

Executive Summary

1. Executive Summary – Provide a summary of your application (no more than 3000 characters).
2. If you previously received special program funding, explain how this special program differs.

Statistics

1. Complete all questions for each year identified.
2. Provide the gender for current students in this table.
3. Provide what percent (average) of your program's total clinical hours is spent in areas of unmet need?
4. How many students will be supported through these Song-Brown funds if an award is made as a result of this application?

Languages

1. Fill in language of current students/residents.
2. Provide clarifying information in the comment box if applicable.

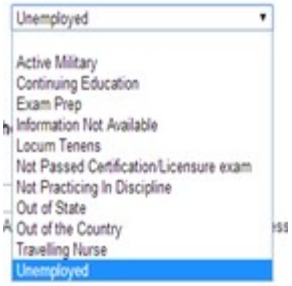
Statutory Criteria

Please read the following before continuing on to the Graduates Information instructions:

1. **The Graduates Information page is intended to capture addresses for graduates currently working in the State of California; all other graduates should be identified through the page section titled "For graduates not practicing in California or without practice location information, check the unknown box and provide reason".**
2. **It is the responsibility of the applicant to provide current practice site data.**
3. **Providing data other than the current practice site may affect your scores.**

Graduates Information

1. Provide graduates for all years identified in the Grad Year dropdown list.
2. Graduates are to be listed in alphabetical order by graduating class.
3. If graduate is splitting time between two or more locations, list only the site where the graduate spends 50% or more of their time.
4. Follow the instructions in Section 1 to begin using the Add/Edit Address feature to input graduate practice site data.
5. Section 2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason from the dropdown list.



6. Section 3. For a practice site not located in Section 1, enter practice site name and use Add/Edit Address feature to add street address, city, state and zip code. You must provide county.

7. Section 4. For a new private practice site not located in Section 1, enter private practitioner's first and last name, title and use Add/Edit feature to add street address, city, state and zip code. You must provide county.

8. To receive the maximum points available of five (5) for Section III (criteria 1-2), see the table below

*Counts of Graduates and/or Training Sites in BHC Communities and Central Valley Counties	Total Points Available
1 through 5	1 point
6 through 10	2 points
11 through 15	3 points
16 through 20	4 points
Above 21	5 points

Program Strategies

1. Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet priority need.
2. Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.
3. Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.

Underrepresented Minorities

1. List the racial/ethnic background of graduate students for graduate years identified and current students of your program.
2. Categories highlighted in yellow are considered to be underrepresented by the California Healthcare Workforce Policy Commission (See Attachment H for additional information).

Training in Areas of Unmet Need

1. List all training sites alphabetically and only if used within the last academic year.
2. Follow the instructions in Section 1 to begin using the Add/Edit Address feature to input training site data.
3. Section 2. For training sites not in Section 1, enter practice site name and use Add/Edit Address feature to add street address, city, state and zip code. You must provide county
4. Section 3. For a new private practice site not Section 1, enter private practitioner's first and last name, title and use Add/Edit feature to add street address, city, state and zip code. You must provide county
5. For each training site entered, identify if the site was added within the last year.
6. For each training site entered, identify if it is a NHSC site.
7. **To receive the maximum points available of five (5) for Section III (criteria 3-4), see the table below**

*Counts of Graduates and/or Training Sites in BHC Communities and Central Valley Counties	Total Points Available
1 through 5	1 point
6 through 10	2 points
11 through 15	3 points
16 through 20	4 points
Above 21	5 points

Budget

Budget – Personnel – Year 1 & 2

1. List position title **only** (do not provide faculty or staff name), indicate if faculty or staff, provide total annual salary and benefits, requested percent and describe the duties of all personnel relative to this proposal (faculty and staff).
2. Each time you save, another row will appear to allow more line item entries.
3. Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Budget – Operating Expenses – Year 1 & 2 – (i.e., supplies, equipment under $500, postage, duplication, equipment maintenance, communication, memberships)

1. List operating expenses, total annual budget and Song-Brown funding requested.
2. Each time you save, another row will appear to allow more line item entries.
3. Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Budget – Major Equipment – Year 1 & 2 - (equipment over $500)1. List major equipment, total annual budget and Song-Brown funding requested.

1. List major equipment, total annual budget and Song-Brown funding requested.
2. Each time you save, another row will appear to allow more line item entries.
3. Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Budget – Other Costs – Year 1 & 2 - (i.e., travel, consultants, accreditation fees, stipends)

1. List other costs, total annual budget and Song-Brown funding requested.
2. Each time you save, another row will appear to allow more line item entries.
3. Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.
4. Indicate if you are requesting stipends. If yes, explain the purpose and how the stipends will be paid.
5. Indicate if you are requesting funds for consultants, If yes, explain their institutional affiliation to the program.
6. Travel and per diem costs will be reimbursed in accordance with State of California, Department of Personnel Administration (DPA) rules and regulations governing excluded employees. These rules may be viewed at http://www.calhr.ca.gov/employees/Pages/travel-rules-excluded.aspx

Budget – Summary

1. Subtotals from Personnel, Operating Expenses, Major Equipment and Other Costs will auto populate.
2. Maximum indirect costs are 8%.
3. Total Proposed Budget will populate when you save Indirect Costs entry.
4. Ensure all budget categories total the funding requested on the Application Form.

Other Considerations

Special Program Description

1. Provide a well-defined description of the proposed special program for which the program is seeking funding?
2. Using the Priorities for Funding identified on pages 7 and 8, describe what priorities for funding (#6-16) are being addressed by your special program?
3. Describe how the proposed special program addresses one of the social determinants of health (e.g. poverty, employment, education and housing).
4. Describe how the proposed special program focuses on increasing the number of health professionals from racial/ethnic and other underserved communities.
5. Describe how the proposed special program targets the 14 Building Health Communities identified by the California Endowment. http://www.calendow.org/communities/building -healthy-communities/ (See Attachment I)
6. Describe how the proposed special program's activities will increase primary care career pathways/pipelines.

Team Training

1. Using the table provided, describe how your proposed special program will utilize inter-disciplinary and/or inter-professionals from the local community.
2. Type of provider included in Special Program proposal, the length of student exposure to provider (hours per student) and the student's experience.
3. Letters of support from other health professionals that support your statement on the Required Attachments page.

Faculty Qualifications

1. 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 programs. List all personnel regardless of whether you are requesting Song-Brown funding support.
2. Provide Job Title/Position and Project Role.

Program Evaluation

1. Describe the timeline, activities, in-kind support and expected outcomes (e.g., collaboration with other entities, state/local government, educational institutions, or clinical sites) for the proposed special program.
2. How will you evaluate your special program's successes and outcomes?
3. What challenges do you anticipate with the special program and how will you address them?

Attachments

Required Attachments

1. Provide copies of the most recent approval letter from the appropriate accrediting/approval bodies. At least one (1) letter is required however you may upload up to three (3) letters.
2. Letters of support from inter-disciplinary and/or inter-professionals from the local community. At least one (1) letter is required however you may upload up to three (3) letters.
3. Letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods. At least one (1) letter is required however you may upload up to three (3) letters.

Assurances

Program Director Assurances

1. You must agree to both statements before moving page onto Application Submission.
2. When finished, click SAVE.
3. To submit your application, change the status to Application Submitted on the Status Change page.

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Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA FAMILY NURSE PRACTITIONER AND PHYSICIAN ASSISTANT TRAINING PROGRAMS

Section I	Statutory Criteria	Total Points Available
1.	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1. a.	Counseling and placement program to encourage graduate placement in areas of unmet need.	5
1. b.	Cultural competency/culturally responsive care incorporated into the program	5
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program(% and # of URM students and graduates)	15
2. a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need.	10
3.	Location of the program and/or clinical training sites in medically underserved areas. (% and # training sites in areas of UMN)	15
3. a.	Percent of clinical hours in areas of unmet need	5
	Total points possible for Section I	**70**
Section II	**Other Considerations**	
1	Is the proposed special program innovative and meet Song-Brown's goals of increasing FNP/PA's practicing in California?	9
2.	Does the proposed special program include interdisciplinary training as part of their training model?	9
3.	Does the training program have an evaluation process to review the proposed special program's successes and outcomes?	9
3.a.	How is the program addressing the challenges identified with the proposed special program?	9
	Total points possible for Section II	**36**
	Total Possible Score (Section I and II)	**106**

Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY NURSE PRACTITIONER AND
PHYSICIAN ASSISTANT TRAINING PROGRAMS

Section III	California Endowment Priorities	Total Points Available
1.	Does the proposed special program include one of the social determinants of health?	4
2.	Does the proposed special program focus on increasing the number of health professionals from racial/ethnic and other underserved communities?	4
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. http://www.calendow.org/communities/building-healthy- communities/	3
4.	Does the proposed special program include activities to increase primary care career pathways/pipelines	3
5.	Placement of graduates in one of the 14 Building Health Communities identified by the California	
6.	Placement of graduates in one of the Central Valley counties	
7.	Location of the program and/or clinical training sites in one of the 14 Building Healthy Communities identified by the California Endowment	
8.	Location of the program and/or clinical training sites in one of the Central Valley counties	
9.	Is the proposed special program targeting any of The California Endowment Priorities (TCE) 6 through 16?	5

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Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128240

128200. (a) This article shall be known and may be cited as the Song-Brown Health Care Workforce Training Act.

(b) (1) The Legislature hereby finds and declares that physicians engaged in family medicine are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary, and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by Colleges and universities of this state to provide primary health care services to families within the state.

(2) The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family medicine program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family medicine, and has broad clinical experience in the field of family medicine.

(3) The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

(4) Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family medicine residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

(5) The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

(6) It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics and as primary care physician's assistants, primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128241

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family medicine residency for three years after graduation from an accredited medical school.

(b) "Primary care physician" means a physician who is prepared to and renders continued comprehensive and preventative health care services, and has received specialized training in the areas of internal medicine, obstetrics and gynecology, or pediatrics.

(c) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school that pertains to the primary care or family medicine training program for which state contract funds are sought.

(d) "Commission" means the California Healthcare Workforce Policy Commission.

(e) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

(f) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(g) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

(h) "Teaching health center" means a community-based ambulatory patient care center that operates a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572).

128207. Any reference in any code to the Health Manpower Policy Commission is deemed a reference to the California Healthcare Workforce Policy Commission.

128210. There is hereby created a state medical contract program with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics, or in nursing and to maximize the delivery of primary care and family physician services to specific areas of California where there is a recognized unmet priority need for those services.

128215. There is hereby created a California Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

(a) Nine members appointed by the Governor, as follows:

(1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.

(2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.

(3) One representative of practicing family medicine physicians.
(4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family medicine.
(5) One representative of undergraduate medical students in a family medicine program or residence in family medicine training.
(6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
(7) One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.
(8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
(9) One representative of practicing registered nurses.
(b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
(c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
(d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
(e) The Deputy Director of the Healthcare Workforce Development Division in the Office of Statewide Health Planning and Development, or the deputy director's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars ($25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:
(a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.
(b) (1) Establish standards for primary care and family medicine training programs, primary care and family medicine residency programs, postgraduate osteopathic medical programs in primary care or family medicine, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage primary care physicians, family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for primary care and family medicine residency programs shall provide that all of the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee for Family Medicine, Internal Medicine, Pediatrics, or Obstetrics and Gynecology. Standards for postgraduate osteopathic medical programs in primary care and family medicine, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower

socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family medicine as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250). Teaching health centers receiving funds under this article shall have programs or departments that recognize family medicine as a major independent specialty.

(2) For purposes of this subdivision, "primary care" and "family medicine" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary care and family medicine programs or departments and primary care and family medicine residencies and programs for the training of primary care physician assistants and primary care nurse practitioners that are submitted to the Healthcare Workforce Development Division for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections.
The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Healthcare Workforce Development Division for participation in the contract program established by this article. If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of primary care and family medicine students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family medicine or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250)

shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family medicine or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2(commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) (1) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the Development and funding of the training of primary health care teams of primary care and family medicine residents or primary care or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in primary care or family medicine, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new primary care or family medicine residency, primary care physician assistant programs, primary care nurse practitioner programs, or registered nurse programs.

(2) The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care or family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

(a) The commission shall review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the provision of grants pursuant to this section. In making recommendations, the commission shall give priority to residency programs that demonstrate all of the following:

(1) That the grant will be used to support new primary care physician slots.

(2) That priority in filling the position shall be given to physicians who have graduated from a California-based medical school.

(3) That the new primary care physician residency positions have been, or will be, approved by the Accreditation Council for Graduate Medical Education prior to the first distribution of grant funds.

(b) The director shall do both of the following:

(1) Determine whether the residency programs recommended by the commission meet the standards established by this section.

(2) Select and contract on behalf of the state with accredited primary care or family medicine residency programs for the purpose of providing grants for the support of newly created residency positions.

(c) This section does not apply to funding appropriated in the annual Budget Act for the Song-Brown Health Care Workforce Training Act (Article 1 (commencing with Section 128200)).

(d) This section shall be operative only if funds are appropriated in the Budget Act of 2014 for the purposes described in this section.

(e) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128241

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary care and family medicine programs or departments, primary care and family medicine residencies, and programs for the training of primary care physician assistants, primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

(a) Actual placement of individuals in medically underserved areas.

(b) Success in attracting and admitting members of minority groups to the program.

(c) Success in attracting and admitting individuals who were former residents of medically underserved areas.

(d) Location of the program in a medically underserved area.

(e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

(a) Determine whether primary care and family medicine, primary care physician's assistant training program proposals, primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the California Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialties of internal medicine, obstetrics and gynecology, pediatrics, and family medicine. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250.
Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128241

128240.1. The department shall adopt emergency regulations, as necessary to implement the changes made to this article by the act that added this section during the first year of the 2005-06 Regular Session, no later than September 30, 2005, unless notification of a delay is made to the Chair of the Joint Legislative Budget Committee prior to that date. The adoption of regulations implementing the applicable provisions of this act shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time the final regulations shall be developed.

128241. The Office of Statewide Health Planning and Development shall develop alternative strategies to provide long-term stability and non-General Fund support for programs established pursuant to this article. The office shall report on these strategies to the legislative budget committees by February 1, 2005.

Attachment C

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR PRIMARY CARE PHYSICIAN ASSISTANT TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200 et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(Revised MAY 13, 1998)

I. Each Primary Care Physician Assistant Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall meet the standards set forth by the Medical Board of California for the training of Assistants to the Primary Care Physician pursuant to Section 3500, Chapter 7.7, Div. 2 of the Business and Professions Code and to Section 1399.500, Article 1-7, Div. 13.8, Physician Assistant Examining Committee of the Medical Board of California, Title 16 of the California Code of Regulations.

II. Each Primary Care Physician Assistant Training Program approved for funding under the Act shall include a component of training in medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physician assistants for service in such neighborhoods or communities.

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Primary Care Physician Assistants who are trained in the training program funded by the Act to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

A. An established procedure to identify, recruit and admit primary care physician assistant trainees who posses characteristics which would suggest a predisposition to practice in areas of need, and who express commitment to serve in areas of need.

B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

Attachment D

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(Revised MAY 13, 1998)

I. Each Family Nurse Practitioner Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall be operated by an accredited California School of Medicine or an accredited California School of Nursing or shall be approved by the Regents of the University of California or by the Trustees of the California State University and Colleges, or shall be approved by the Board of Registered Nursing pursuant to Section 2834-2837, Article 8, Chapter 6, Div. 2, of the Business and Professions Code.

II. Each Family Nurse Practitioner Training Program approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care nurse practitioners for service in such neighborhoods or communities.

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Primary Care Nurse Practitioners who are trained in the training program funded by the Act to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

A. An established procedure to identify, recruit, and admit primary care nurse practitioner trainees who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.

B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

C. A program component such as a preceptorship experience in an area or need, which will enhance the potential of training program graduates to practice in such an area.

Attachment E

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PRIMARY CARE PHYSICIAN ASSISTANT TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS
AND FOR PROGRAM EVALUATION
(Revised MAY 13, 1998)

Definition of Physician Assistant

For purposes of this program, a physician assistant is defined as a primary care practitioner who meets the requirements of Div. 2, Chapt. 7.7, Section 3501 of Business and Professions Code, and is licensed by the Physician Assistant Examining Committee.

Program Accreditation

The Physician Assistant Training Program is accredited or has provisional accreditation from the Accreditation Review Committee on Education for the Physician Assistant.

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Integration with Family Practice Residency Training Programs

Primary care physician assistant training programs, which are integrated with family practice residency training programs, are given special consideration.

Curriculum

The curriculum should be structured to emphasize the diagnosis, treatment, and management of acute and chronic conditions of pediatric, adult and elderly patients. The curriculum should give appropriate emphasis to family oriented health care.

Attachment E

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PRIMARY CARE PHYSICIAN ASSISTANT TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS
AND FOR PROGRAM EVALUATION
(Revised MAY 13, 1998)

Data Collection and Evaluation

Each training program should collect PA trainee and graduate data and should evaluate the program, trainees, and graduates to include at least the following:

1. Program Evaluation:

   - Systematic curriculum evaluation by faculty and PA trainees in reference to the stated purposes, objectives and conceptual framework of the program.
   - Effectiveness of the training program.

2. Student Data and Evaluation:
   Tools shall be selected and/or developed that will provide descriptive information to include the following:

   - Number of applications for admissions, number of trainees enrolled.
   - Data on trainee characteristics (i.e. age, sex, race, educational background, previous work experience, including work setting, specialty, type of position).
   - Student attrition and deceleration.
   - Students fluent in a second language.
   - Performance of trainees in classroom and clinical areas.

3. Graduate Data and Evaluation:
   Tools shall be selected and/or developed that will provide descriptive information to include the following:

   - Number of graduates per class.
   - Data on characteristics of graduates (i.e. age, sex, race, educational background, and previous work experience including work setting, specialty, and type of position).
   - Job selection, employment setting and location following graduation.
   - Graduates practicing in California, practicing primary care and practicing with underserved areas/populations.
   - Performance on PA National Certifying Examination
     .

Attachment F

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
Revised October 7, 1998

Definition of Family Nurse Practitioner

A family nurse practitioner is a registered nurse who successfully completes a program approved as meeting standards established by the Board of Registered Nursing as specified in the California Nursing Practice Act. Primary care nurse practitioners specialize to provide health care services to specific population groups. Primary care nurse practitioners:

1. Assess the health status of individuals and families through health history, physical examination, and interpret data from both individual/family community characteristics and knowledge derived from physical, psychological, social and cultural variables.

2. Initiate a plan of care that includes health promotion, health maintenance, disease prevention, treatment, guidance and counseling, education, and referral.

3. Work in collaboration with other health care providers and agencies to provide coordinated and comprehensive primary care.

Family nurse practitioners provide primary care to individuals from diverse cultural backgrounds across the life span within the context of her/his family and community. The American Nurses Credentialing Center and the American Academy of Nurse Practitioners provide national certification of Family Nurse Practitioners through validation of educational preparation and successful completion of a written examination.

Program Approval

The nurse practitioner training program shall be required to have, at minimum, approval from the California Board of Registered Nursing.

Additionally, programs should be encouraged to seek and maintain appropriate program accreditation through the professional organizations accrediting nursing education programs.

Criteria for program accreditation and evaluation, as stipulated in **Criteria for Evaluation of Nurse Practitioner Programs*** should be met by each program. These criteria address organization and administration, students, curriculum, resources, faculty and faculty organization, and evaluation.

Attachment F

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
Revised October 7, 1998

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Integration with Family Practice Residency Training Programs

Primary care nurse practitioner training programs which are integrated with family practice residency training programs are given special consideration.

Clinical Components

All training programs should include clinical practice supervised by the faculty. There should be a preceptorship designed to prepare the family nurse practitioner for practice in an area of unmet need for primary care as defined by the Healthcare Workforce Policy Commission. For the purposes of this training, a preceptorship is a primary care practice experience supervised by a designated preceptor (a nurse practitioner or physician) who has responsibility for teaching, supervising, and evaluating the trainee and providing an environment which permits observation, active participation and collaboration in the delivery of family oriented care.

Curriculum

The curriculum shall be directed toward preparing registered nurses to function as family nurse practitioners and to effectively deliver primary health care.

The curriculum should be structured to emphasize the diagnosis, treatment, and management of acute and chronic conditions of pediatric, adult and elderly patients. The curriculum should give appropriate emphasis to family oriented health care.

The curriculum should be developed using the criteria of the National Organization of Nurse Practitioner Faculty (NONPF) **Curriculum Guidelines and Program Standards for Nurse Practitioner Education**.** These guidelines delineate expected competencies in the practice areas of management of client health/illness status, the nurse-client relationship, the teaching-coaching function, the professional role, managing and negotiating health care delivery systems, and monitoring and ensuring the quality of health care practice.

Attachment F

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
Revised October 7, 1998

Data Collection and Evaluation

Each training program should submit a plan for collecting family nurse practitioner trainee and graduate data and should evaluate the program, trainees, and graduates to include at least the following:

1. Program Evaluation

   a. Systematic curriculum evaluation by faculty and family nurse practitioner trainees in reference to the stated purposes, objectives, and conceptual framework of the program.
   b. Effectiveness of the training program.

2. Student Data and Evaluation
   Tools shall be selected and/or developed that will provide descriptive information to include the following:

   a. Number of applications for admission, number of trainees enrolled.
   b. Data on trainee characteristics (i.e., age, sex, race, educational background, previous work experience, including work setting, specialty, type of position).
   c. Students attrition and deceleration.
   d. Students fluent in a second language.
   e. Performance of trainees in classroom and clinical areas.

3. Graduate Data and Evaluation
   Tools shall be selected and/or developed that will provide descriptive information to include the following:

   a. Number of graduates per class and attrition.
   b. Data on trainee characteristics. (i.e., age, sex, race, educational background, previous work experience, including work setting, specialty, type of position).
   c. Job selection, employment setting, and location following graduation.
   d. Graduates practicing in California, practicing primary care and practicing with underserved areas/populations.

*National Task Force on Quality Nurse Practitioner Education (1997). Criteria for Evaluation of Nurse Practitioner Programs. Washington DC: National Organization of Nurse Practitioner Faculties.

**National Organization of Nurse Practitioner Faculties. (1995). Curriculum Guidelines and Program Standards for Nurse Practitioner Education. Washington DC: National Organization of Nurse Practitioner Faculties.

Attachment G

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Updates to be adopted July 31, 2012)

The California Healthcare Workforce Policy Commission values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

GENERAL COMMUNICATIONS:

Information and/or materials should be forwarded to the Song-Brown Program Director who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

APPLICATIONS:

The deadline date for completed applications is firm. Exceptions will be made at the discretion of the Chair. Information missing from incomplete applications may be submitted **only until deadline date**. Exceptions will be made at the discretion of the Chair. Past funding does not guarantee future funding.

FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

Formal presentations are not mandatory however, it is important to know the Commission finds the presentations very informative and uses them as an opportunity to clarify information that may not have been included or made clear in the application. Your presentation or lack thereof may influence your final score.

No special audio visual aids may be used during presentations. Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes. Presenters should identify themselves by name, title and institution at the podium. Presentations will be a maximum of 10 minutes, not including question and answer period from the Commission. The number of presenters per program should be limited, preferably to one.

Presentations are to include the following items:

- A brief summary of the program and its mission
- No more than 3 key highlights/accomplishments that reflect your commitment to meeting Song-Brown goals.

Any new written information not in the application must be submitted to the Song-Brown Program Director and approved by the Chair before presentation to the Commission.

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Attachment H

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION'S

RACE/ETHNICITY DEFINITIONS

American Indian, Native American or Alaska Native means persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community.

Asian means persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Indonesia, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam .

Black, African American or African means persons having origins in any of the black racial groups of Africa.

Hispanic or Latino means persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander means persons having origins in any of the original peoples of Hawaii, Fiji, Guam, Samoa, Tonga or other Pacific Islands.

White/ Caucasian, European/Middle Eastern means persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other means persons of any race or ethnicity not identified as American Indian, Native American or Alaska Native, Asian, Black, African American or African, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White, Caucasian, European/Middle Eastern.

UNDERREPRESENTED MINORITY DEFINITION

Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African – American or African, Hispanics or Latinos, American Indians, Native American or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**

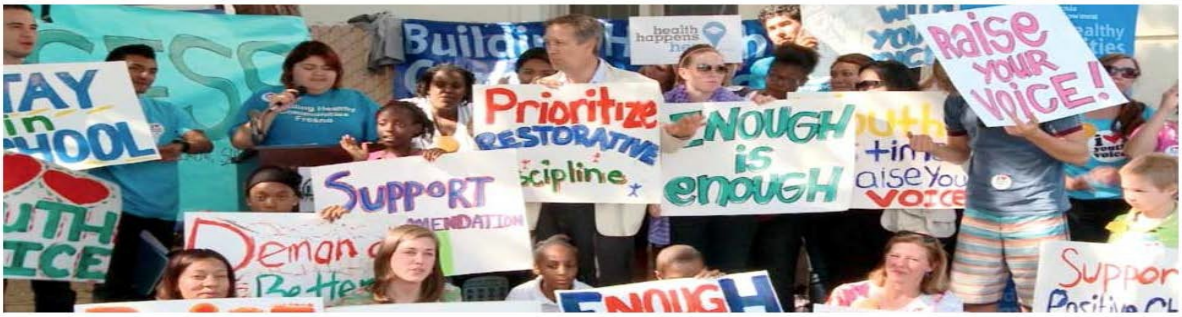
Revised 7 25 14

Attachment I

The California Endowment

Home | About Us | What We're Learning | Conference Space | Grants | Newsroom

Neighborhoods | Prevention | Schools | Action | Communities



Making Health Happen by

Building Healthy Communities

Building Healthy Communities is a ten-year, comprehensive community initiative that is creating a revolution in the way Californians think about and support health in their communities. In 14 places across California, residents are proving that they have the power to make health happen in their neighborhoods, schools and with prevention—and in doing so, they're creating a brighter future for their children and for our state.

The 14 Communities

Click on a location to learn more about the community and its focus.

Boyle Heights

Central Santa Ana

Central/SE/SW Fresno

City Heights

Del Norte County and Adjacent Tribal Lands

East Oakland

East Salinas (Alisal)

Eastern Coachella Valley

Long Beach

Richmond

Sacramento

South Kern

South Los Angeles

SW Merced/East Merced

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Attachment J

Song-Brown Funding

Supplemental Criteria for The California Endowment