

Family Nurse Practitioner/Physician Assistant Training Programs Base Funding Webinar

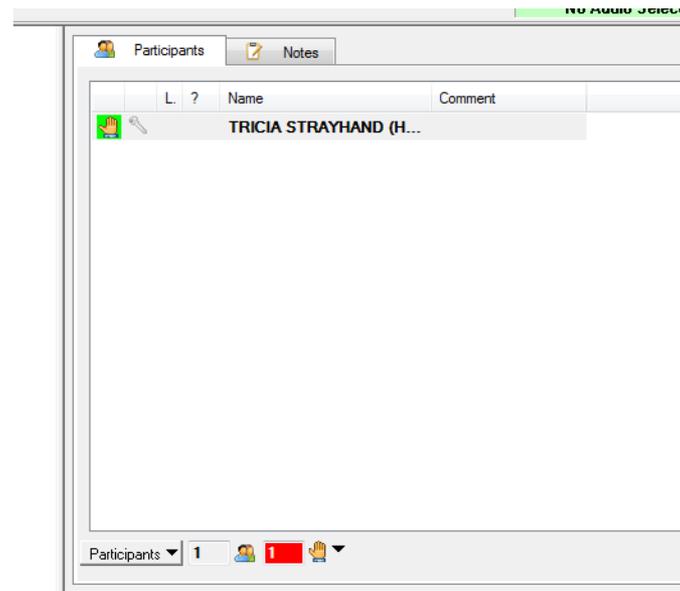
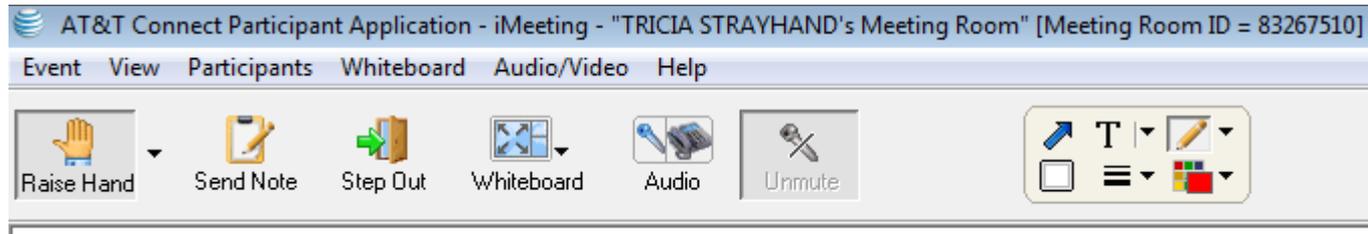
Presented by:
Jeannine Farrelly, Program Administrator
August 16, 2016

www.calreach.oshpd.ca.gov to apply

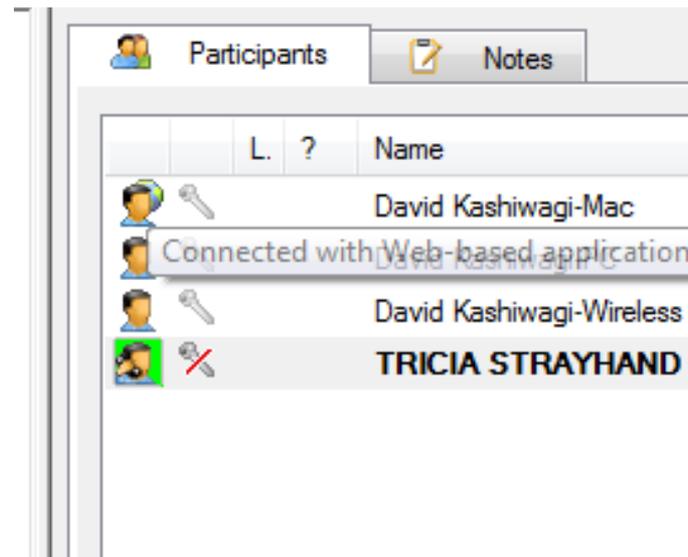
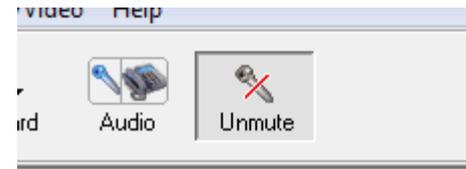
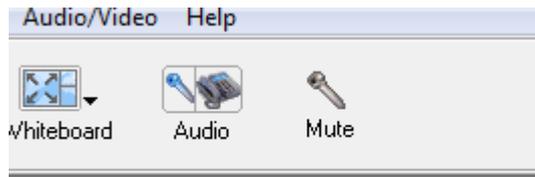
Welcome!

Welcome everyone!
Thank you for joining us today

Raising your hand to ask a question



Muting your phone



About Song-Brown

- Song-Brown provides funding to education programs (not individual students) to incentivize them to increase the number of under-represented minority (URM) primary care practitioners, provide clinical training and education in underserved areas and increase access to healthcare to the state's underserved population.
- The Song-Brown Program provides funding to Family Medicine and Primary Care Residency Programs, Family Nurse Practitioner/Physician Assistant Programs, and Registered Nurse Education Programs.

Available Funding

Estimated \$2.1 million is available to approved Family Nurse Practitioner and accredited Physician Assistant Training Programs for Base funding via a grant from the California Endowment and state funding. A Special Programs application is not being released this year.

- Registration: Open now
- Application release: August 31, 2016
- Application deadline: October 10, 2016 at **3:00pm**
- **~5 weeks total time to complete and submit your application**
- Maximum funding requested is based on student enrollment:
 - Up to 50 students – Maximum \$80,000
 - Up to 75 students – Maximum \$115,000
 - Up to 100 students – Maximum \$150,000
 - 101 or more students – Maximum \$185,000

If you're a new applicant, register now.
If you're a returning applicant that's forgotten their password,
ask to have your password reset now – don't wait.



CalREACH

State of California

CalREACH

Office of Statewide Health Planning & Development



HEALTH PROFESSIONS
EDUCATION FOUNDATION
Giving Golden Opportunities



Healthcare Workforce
Development Division

HWDD

System Login

Welcome to CalREACH!

(Responsive Electronic Application for California's Healthcare)

The [Office of Statewide Health Planning and Development](#) (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.

You will now be able to apply for any [Health Professions Education Foundation](#) (Foundation) and/or Healthcare Workforce Development Division (HWDD) scholarships, loan repayments, and/or grants through CalREACH.

Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.

Login

Username

Password

LOGIN

[New User](#)

[Forgot Password?](#)

The screenshot shows the CalREACH registration page. At the top, there are logos for CalREACH (State of California Office of Statewide Health Planning & Development), Health Professions Education Foundation (Setting Golden Opportunities), and Healthcare Workforce Development Division (HWDD). Below the logos is a 'System Login' section with a 'SAVE' button. A 'Back' button is also present. The main heading is 'Registration', followed by the instruction: 'Please complete all the required fields below. Required fields are marked with an *.' The 'Contact Information' section contains a form with the following fields: Name (Prefix, First, Middle, Last, Suffix), Program (dropdown menu with 'Scholarship / Loan Repayment' selected), Title (dropdown menu with 'Song Brown' selected), Address, City, State (California), Zipcode, County, Phone #1, Phone #2, Fax, Cell Phone, Email, Confirm Email, Website, Username, Password, and Confirm Password. A red arrow points from the text 'Choose Song Brown only' to the 'Song Brown' option in the Title dropdown menu. Below the form, it says 'When finished, click SAVE'. At the bottom, there is a 'Top of the Page' button and a copyright notice: '© Copyright 2000-2013 Agate Software, Inc.' The page is powered by IntelliGrants™.

1. Enter in all required fields, when finished click SAVE.
2. If there are no errors on the page you will receive a “Registration complete” message.
3. Your registration request will be submitted to SB for approval.
4. You should expect a 24-48 hr. turnaround time for approval.
5. Once your request has been approved by Song-Brown staff you will receive a follow-up e-mail indicating such.
6. If you don't hear from staff within 48 hours please contact us but don't continue to register.

Once you have received a “registration approved” message you will be able to access the system.

Enter username and password to begin

Welcome to CalREACH!

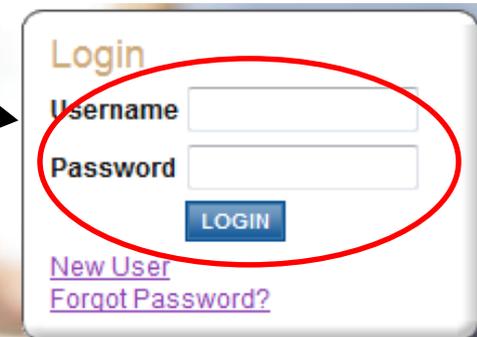
(Responsive Electronic Application for California’s Healthcare)

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Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.



Login

Username

Password

[New User](#)

[Forgot Password?](#)

LOGIN

View Available Opportunities

You have **7** My Opportunities available.
Select the **View Opportunities** button below to see what is available to your organization.

[VIEW OPPORTUNITIES](#)

- Highlights the funding opportunities available to you

My Inbox

You have **0** new messages.
Select the **Open My Inbox** button below to open your system message inbox.

[OPEN MY INBOX](#)

- Messages regarding RFA will be here

My Tasks

You have **1** new tasks.
You have **0** tasks that are critical.
Select the **Open My Tasks** button below to view your active tasks.

[OPEN MY TASKS](#)

- The number of applications you have started
- Shows where in the process your app is

Song-Brown FNP/PA Base 2016 for Fishy ←

Offered By:
CAOSHDPD

Application-Song-Brown Availability Dates:
06/26/2016-06/29/2018

Application-Song-Brown Period:
06/26/2016-06/29/2018

Application-Song-Brown Due Date:
06/29/2018

Description:
Song-Brown Family Nurse Practitioner and Physician Assistant Programs

The Song-Brown Program provides funding to Family Nurse Practitioner (FNP) and Physician Assistant (PA) Programs, Registered Nurse Education Programs and Family Practice Residency Programs. Individuals are not eligible to receive funding.

Support is provided to institutions to train and educate students by providing clinical training in underserved areas (Health Professional Shortage Areas, Medically Underserved Areas, and Primary Care Shortage Areas) and health care to the state's underserved population (Medically Underserved Populations). This provides students with experience and exposure to increasing access to health care and providing healthcare to the underserved.

California based FNP programs must be approved by the Board of Registered Nursing and California based PA programs by the Accreditation Review Committee on Education for the Physician Assistant to be eligible to apply for funding. Additionally, all FNP and PA training programs must meet the Standards and Guidelines adopted by the California Healthcare Workforce Policy Commission.

\$2,103,375.00 in Base funding is available this year via state funding and a grant from the California Endowment. Requested funds are based on the number of students trained per year as listed below:

Program Size	Maximum Request Amount
Up to 50 students	\$80,000.00
Up to 75 students	\$115,000.00
Up to 100 students	\$150,000.00
101 or more students	\$185,000.00

Competitive proposals will meet the Song-Brown Program evaluation criteria, demonstrate a commitment to Song-Brown goals, and incorporate one or more of the Song-Brown Priorities for Funding. (link to: <http://oshpd.ca.gov/HWDD/2014/Song-Brown/SB-Priorities-funding.pdf>)

For additional information regarding the Song-Brown Program, please visit http://oshpd.ca.gov/HWDD/Song_Brown_Prog.htm

APPLY NOW

Copying Forward

If you previously applied for FNP/PA Base funding you will have the opportunity at this page to copy forward your graduate and training site data by choosing your last application from the drop down list. Copied forward information also includes Program Information and Contractor Information. This feature will save you a great deal of time.

Agreement

Please make a selection below to continue.

You may copy forward data from one of the following items:

I agree that I am applying for Song-Brown Health Care Workforce Training Act funds on behalf of an accredited Family Nurse Practitioner and/or Physician Assistant Training Program and would like to move forward with an application for funding.

Agreement

Please make a selection below to continue.

You may copy forward data from one of the following items:

Do not copy data forward ▼

I agree that I am applying for Song-Brown Health Care Workforce Training Act funds on behalf of an accredited Family Nurse Practitioner and/or Physician Assistant Training Program and would like to move forward with an application for funding.

I AGREE

I DO NOT AGREE

Document Information: [SBFNP-2016-Fishy-003](#)

▼ Details

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	Application-Song-Brown	Fishy	External Program Director (SB)	Application In Process	06/26/2016 - 06/29/2018 06/29/2018 11:59PM PST

This is your application number

A complete application will contain all of these forms

Forms

Status	Page Name	Note	Created By	Last Modified By
Application				
	Program Information			
	Contractor Information			
	Executive Summary			
	Statistics			
	Languages			
Statutory Criteria				
	Graduates Information			
	Program Strategies			
	Underrepresented Minorities			
	Training in Areas of Unmet Need			
Other Considerations				
	Residency Training			
	Faculty Qualifications			
Attachments				
	Required Attachments			
Assurances				
	Program Director Assurances			

Page errors

Pay attention to icons – they show which pages are complete and which pages have errors

Forms

Status	Page Name	Note	Created By	Last Modified By
Application				
	Program Information		1 Fish	9/8/2014 10:10:33 AM
	Contractor Information			
	Executive Summary			
	Statistics		1 Fish	9/8/2014 10:12:09 AM
	Languages			1 Fish
	Family Practice Center Payer Mix			9/8/2014 10:17:11 AM
Statutory Criteria				
	Graduates Information (7)			
	Program Strategies		1 Fish	9/11/2014 5:01:42 PM
	Underrepresented Minorities			
	Training in Areas of Unmet Need (3)			
Budget				
	Program Expenditures			
Other Considerations				

Tips and Tricks

Instructions:

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

This is where you type...|

25 of 3000

Maximum allotted characters

Must complete all boxes
with an asterix *



Learn to love it!

To add additional pages



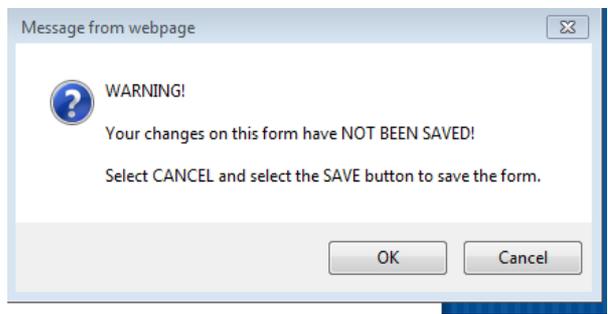
Will show
all errors
found on
application



← When the information has been saved successfully



← Error message will display exactly what is wrong with the page



← You will receive this message if you try and navigate away from the page you are on without hitting SAVE first. You must click CANCEL to clear the warning and then SAVE. If you click OK first you will lose whatever information you've already input.

Please take the time to correctly fill out this form. Incorrect information may delay full execution of your grant agreement.

CONTRACTOR INFORMATION

Instructions:

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

Name of Contract Organization *

Name of Contracts Officer First Name * Last Name *

Title of Contracts Officer *

Mailing Address (where contract should be mailed)

Address *

Suite

City * State Zip *

County ▼ *

Telephone *

Email *

Federal Tax ID Number  *

1. Make sure the contract organization is correct
2. Contracts Officer must be the post award officer not the pre-award grants officer

SAVE

CHECK GLOBAL ERRORS

GRADUATES INFORMATION

Instructions:

Please fill in the appropriate fields.
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.

1

Grad Year

Graduate Last Name Graduate First Name

HPEF Scholar NHSC Recipient

Practice Specialty *

1. Practice Site

After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

2

Please save the page before adding an address.

Practice Site

[OSHPD ID](#)

Address

City State Zip County

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.

Unknown

3

Practice site unknown because

3. For a practice site not entered in section 1, enter information below

Practice Site

[OSHPD ID](#)

4

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City State Zip County

4. For private practice sites not entered in section 1, enter information below

Private Practitioner First Name

Private Practitioner Last Name Practice Title

5

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City State Zip County

You must fill out a separate page for each graduate you input. On this page you have the following five choices:

- 1) If you are a new program and have no graduates to report for the period requested you click this check box and hit SAVE;
- 2) If you have graduates to report you will start with Section 1, click the SAVE button and use the add/edit feature to find the right practice site name, hit SAVE again and the address will populate for you;
- 3) If you have a graduate not practicing in California or with out a practice location you enter them using Section 2. Click unknown and provide the reason using the dropdown;
- 4) If you can't locate your practice site using Section 1, type in the name and address in Section 3; and
- 5) If the practice site is a private medical office and can't be located using Section 1, type in the name and address here.

TRAINING IN AREAS OF UNMET NEED

Instructions:

Please fill in the appropriate fields.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.
If Training site is not listed, please use the section below.
Please save the page before adding an address.

1

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

OSHPD ID

Training Site Status

2. For training sites not in section 1, enter the information below.

2

Training Site

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City State Zip Code

County

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

OSHPD ID

3. For private practice training sites not entered in section 1, enter the information below.

3

Private Practitioner First Name Private Practitioner Last Name Title

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City State Zip Code

County

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

Complete this table for the training site selected or entered.

Total hours spent by resident at this site:

PGY-1	PGY-2	PGY-3
<input type="text"/>	<input type="text"/>	<input type="text"/>

You must fill out a *separate page for each training site* you input. On this page you have the following three choices:

1) If you have training sites to report you will start with Section 1, click the SAVE button and use the add/edit feature to find the right practice site name, hit SAVE again and the address will populate for you;

2) If the training site your looking for isn't in Section 1, type in the name and address here;

3) If the training site is a private medical office and can't be located using Section 1, type in the name and address here.

Budget

BUDGET - PERSONNEL

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.
Additional rows will appear where more information may be entered.

Insert Job Titles in the Personnel box, not the names of individuals

Personnel	Faculty/Staff	Total Annual Salary and Benefits	Requested Percent	Song-Brown Funding Requested	Duties
<input type="text"/>	<input type="radio"/> Faculty <input type="radio"/> Staff	<input type="text"/>	<input type="text"/> %	\$0	<p>Information here goes directly into your grant agreement. Please pay attention to spelling, grammar, and format.</p>
Total Salary & Benefits		\$0	Total Requested	\$0	

Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Include a cost breakdown of stipends, if relevant (e.g. 10 stipends x \$1,000 each)

Budget - Summary

BUDGET - SUMMARY

Instructions:

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

Line Item

Personnel

Operating Expenses

Major Equipment

Other Costs

Subtotal

Indirect Costs (8% Maximum)  %

Total Proposed Budget

Current Year Program Budget	Requested Song-Brown Funding

Required Attachments

REQUIRED ATTACHMENTS

Instructions:

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

For FNP programs, attach copies of your most recent approval letter from the California Board of Registered Nursing (BRN) along with your most recent report of findings.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

For PA programs, attach copies of your most recent Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter. Include all correspondences related to citations.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Upload letters that support your statement made regarding utilizing inter-disciplinary and/or inter-professionals from the local community.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Upload letters documenting an affiliation or relationship with a Family Medicine Residency Program as well as other health professions. Up to three (3) letters

<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

PROGRAM DIRECTOR ASSURANCES

Instructions:

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

- agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

Click the back button to return to the
Application Menu



Application-Song-Brown Menu - Forms

Please complete all required forms below.

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

Examine Related Items

Select the **View Related Items** button below to view related items such as claims, messages, etc.

[VIEW RELATED ITEMS](#)

 [Back](#)

Application-Song-Brown Menu - Status Options

Select a button below to execute the appropriate status push.

Possible Statuses

APPLICATION CANCELLED

APPLY STATUS

APPLICATION SUBMITTED

APPLY STATUS

An application is not considered submitted until the application status shows “submitted”

◀ Back

My Application

Use the search functionality below to find a specific Applications.

Search Application

Application Type

Application Name

Contract Number

Status

Year

Enter the last few digits of your application number here

Export Results to Sort by:

Document Type	Organization	Name	Contract Number	Current Status	Year
Application-Song-Brown	Fishy	SBFNP-2014-Fishy-002	14-0030	Contract Review	2014

My Application

Use the search functionality below to find a specific Applications.

Search Application

Application Type

Application Name

Contract Number

Status

Year

Click here to view, edit application

Export Results to Sort by:

Document Type	Organization	Name	Contract Number	Current Status	Year
Application-Song-Brown	Fishy	SBFNP-2014-Fishy-002	14-0030	Contract Review	2014
Application-Song-Brown	Fishy	SBFNP-2014-Fishy-003	14-0022	Contracts Executed	2014
Application-Song-Brown	Fishy	SBFNP-2014-Fishy-005	14-0025	Contracts Executed	2014

1

View, Edit and Complete Forms
Select the **View Forms** button below to view, edit, and complete forms.
[VIEW FORMS](#)

Change the Status
Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.
[VIEW STATUS OPTIONS](#)

Access Management Tools
Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.
[VIEW MANAGEMENT TOOLS](#)

Examine Related Items
Select the **View Related Items** button below to view related items such as claims, messages, etc.
[VIEW RELATED ITEMS](#)

To print, click on View Management Tools

You have the option of printing a full print version or a full blank version of your application. All print versions are PDF's

Management Tools

-  **CREATE FULL PRINT VERSION**
Select the link above to create a printable version of the document.
-  **CREATE FULL BLANK PRINT VERSION**
Select the link above to create a blank printable version of the document.
-  **ADD/EDIT PEOPLE**
Select the link above to perform actions such as adding people, changing a security role, or altering people's active dates on this document.
-  **STATUS HISTORY**
Select the link above to view the status history of this document.
-  **PROCESS FLOW SNAPSHOT**
Select the link above to view the details of the current and next possible status for this document.
-  **VIEW MODIFICATION HISTORY**
Select the link above to view various modifications that people have made to specific pages in the document.
-  **ATTACHMENT REPOSITORY**
Select the link above to view all attachments in this document.

Application Changes and Scoring Criteria

Removed Program Evaluation page

Question: Describe your evaluation process used to review program effectiveness; determine program outcomes; and address any deficiencies identified by accrediting bodies.

Evaluation Criteria removed (6 points)

Application Changes and Scoring Criteria

Required Attachments

1. For FNP programs, attach copies of your most recent approval letter from the California Board of Registered Nursing (BRN) along with your most recent report of findings.
2. For PA programs, attach copies of your most recent Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) letter. Include all correspondences related to citations.

No change to Evaluation Criteria

Helpful Resources

- ✓ FNP/PA Information and Guidance
- ✓ FNP/PA Base Application and Evaluation Criteria Changes
- ✓ Song-Brown Glossary of Terms *(new!)*
- ✓ Grantee FAQs *(coming soon!)*

<http://www.oshpd.ca.gov/hwdd/song-brown-program.html>

Any Questions?

Contact:

Jeannine Farrelly
Program Administrator
(916) 326-3721

Jeannine.Farrelly@oshpd.ca.gov

Melissa Omand
Staff Program Manager
(916) 326-3753

Melissa.omand@oshpd.ca.gov

Song Brown

40 YEARS • 1973-2013