

California Healthcare Workforce Policy Commission (CHWPC)
 400 R Street, Room 468
 Sacramento, CA 95811
 Tuesday, July 31, 2012
 Call to Order: 10:02 am
 Adjourned: 4:10 pm

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Roslynn Byous, DPA, PA-C Elizabeth Dolezal - Chair William Henning, DO Kathryn Marsh, RN, MSN Cathryn Nation, MD Andrea Renwanz-Boyle, RN, NP, DNSc Deborah Rice, MN, RN, FNP-C, CCRN – Vice Chair Mario San Bartolome, MD, MBA Katherine Townsend, Ed.D., MSN John J. Troidl, PhD, MBA Bonnie Wheatley, Ed.D., MPH, MA Ashby Wolfe, MD, MPP, MPH	Lauri Hoagland, RN, FNP Angie Millan, RN, MSN, NP Tracey Norton, DO
	STAFF TO COMMISSION PRESENT
	Lupe Alonzo-Diaz, M.P.Aff Konder Chung Manuela Lachica Melissa Omand Barbara Zendejas Elena Takanikos-Corti
	ADDITIONAL OSHPD STAFF
	Robert P David Stephanie Clendenin Elizabeth Wied Sergio Aguilar

ITEM NUMBER	TOPIC	DISCUSSION	ACTION ITEM OR DISCUSSION
1.	Call to Order	Meeting called to order at 10:02am	
2.	Introduction of CHWPC	Each member of the CHWPC introduced themselves and indicated whom they statutorily represent and which government authority appointed them.	
3.	Chair Remarks	<p>Chair Dolezal welcomed Director David to the Office of Statewide Health Planning and Development (OSHPD) and to the CHWPC meeting.</p> <p>Director David acknowledged the good work of Stephanie Clendenin and Lupe Alonzo-Diaz during the absence of a permanent Director. Director David stated he takes a great interest in healthcare workforce and believes we are on the cusp of significant change in healthcare delivery in California. Workforce is going to be a big piece of the puzzle and he will be looking to the CHWPC for advice in maximizing the programs limited funding to the biggest extent possible; and to leverage that funding to “prime-the-pump” for more primary care</p>	

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3.	Chair Remarks – continued	<p>physicians, nurse practitioners, physician’s assistants and others to deal with the tidal wave of new patients that is coming. Director David stated today’s capacity is inadequate and he is looking to the CHWPC for guidance on best strategies moving forward. Director David has been on several advisory panels including the California Emergency Medical Services Commission and Osteopathic Medical Board and understands the role of an advisory body.</p> <p>Director David has been involved with healthcare for 25 years in both the public and private sectors working for the California Medical Assistance Commission, the Health and Human Services Agency and then into a role with the Northern California Hospital Council before working as the Chief Deputy Director of Office of Statewide Healthcare Planning and Development (OSHPD) under then director Dr. David Carlisle. After leaving OSHPD he moved onto the American Hospital Association where he has been until his appointment by the Governor, in May, as the OSHPD Director.</p> <p>Director David continues to state how fortunate OSHPD is to be impacted very little by the General Fund. In the most recent budget this department and more specifically workforce activities received an augmentation from \$5 Million to \$10 Million, doubling the Mental Health Loan Assumption Program. Effective July 1st, the Health Professions Education Foundation is now responsible for the Department of Mental Health’s Workforce Education and Training Program (WET) administration.</p> <p>This program was transferred when the Department of Mental Health’s focus shifted to state hospitals.</p>	

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3.	Chair Remarks – continued	Right now, OSHPD is going through a strategic planning process and the CHWPC is going to be a part of that process. We will be reaching out to our stakeholders to get feedback on the future direction of the Office. A survey will be going out in August which will help the Office determine its direction in moving forward. The strategic plan will be finalized in October and the Office will share it with the CHWPC.	
4.	Approval of Amended April 10 th and May 2 nd Minutes	Approval of amended April 10, 2012 Evaluation Worksheet Task Force (EWTF) meeting minutes and the May 2, 2012 CHWPC Policy meeting minutes.	<p>Motion made (Townsend) and seconded (Wolfe) to approve the Amended April 2012 EWTF minutes.</p> <p>Motion made (Rice) and seconded (Townsend) to approve the May 2012 Policy minutes</p>
5.	CHWPC role and authority based on the Health Care Workforce Training Act	<p>Elizabeth Wied, Chief Legal Counsel for the Office gave a presentation on the CHWPC's role and authority based on the Health Care Workforce Training Act.</p> <p>CHWPC's Role and Authority Based On the Health Care Workforce Training Act presentation is hereby incorporated as Attachment A</p> <p><u>Discussion following the presentation:</u> Commissioner Henning asked for clarification on how the CHWPC mission interacts with the Healthcare Workforce Development Council (Council) and its mission. "Is the CHWPC specific to just primary care, is there overlap between the CHWPC and the council or are they distinct"?</p>	

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5.	CHWPC role and authority based on the Health Care Workforce Training Act - continued	<p>Ms. Wied clarified that the Council is part of the Labor Workforce Agency and speaks to workforce in the state of California not just healthcare. The Legislature's intent is for the CHWPC to focus on ways in which we can train primary care practitioners to serve in areas of unmet need (AUN) and encourage minority individuals and individuals from AUN to return to those areas and provide services. There may be some overlap but the Council is looking at all areas of healthcare workforce not just the specific positions the CHWPC has under its purview. Commissioner Rice asked Director David if he felt a conflict or duplication of effort existed between the Council and the CHWPC. She also wanted to know how a conflict of interest would be resolved between the two.</p> <p>Director David explained that both the CHWPC and the council are part of the same administration. The presentation you've seen today provided an over view on what the Legislature says is the focus of this Commission.</p> <p>Ms. Wied explained further that the Council and CHWPC are complementary but if any type of resolution is needed, the CHWPC would advise the Director who would speak with the Health and Human Services Secretary and the Labor Workforce Secretary.</p> <p>Ms. Clendenin informed the CHWPC that OSHPD has a membership role in the Council and holds a seat on the Council. OSHPD was in partnership with the Council when it was initially formed and was actively engaged in the activities that moved it forward. The Office has transitioned from a role in running the Council to making sure our interests are represented, this was the best way for us to hear what the Council was doing and to get some cross pollination between the two.</p>	

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5.	CHWPC role and authority based on the Health Care Workforce Training Act - continued	Commissioner Henning wrapped up the conversation by stating the CHWPC wouldn't want to duplicate efforts of the Council and that would require knowledge of Council activities.	
6.	Policy Topics for consideration by CHWPC members	<p>Prior to the start of today's meeting each CHWPC member wrote down their personal expectations for the policy discussion and what policy items were important to them. Each policy item was discussed by all and placed in one of three "categories;" internal policy, external policy, and funding issues.</p> <p>The internal policy category includes Song-Brown processes needing review or development.</p> <p>The external policy category includes items outside of the Commission they may want to review or discuss for the future.</p> <p>The funding issues category includes funding issues the Commission may want to re-visit or discuss in the future.</p> <p>A list of CHWPC identified policy items is hereby incorporated as Attachment B</p>	

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7.	Review of Song-Brown Program Work Plan	Manuela Lachica, Song-Brown Program Director reviewed the program's work plan	
8.	Physician Assistant Mental Health (PA MH) Evaluation Criteria	<p>Sergio Aguilar explained in detail the proposed Song-Brown Statutory Criteria Evaluation Worksheet for Physician Assistant Mental Health Special Programs.</p> <p>There was discussion amongst the Commission regarding staff's proposal to eliminate the following faculty evaluation criteria: "Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?" The Commission agreed this evaluation criteria is important and should not be removed.</p> <p>The Statutory Criteria Evaluation for the Physician Assistant Mental Health Special Programs is hereby incorporated as Attachment C.</p>	Motion to approve (Byous) amended Statutory Criteria Evaluation for Physician Assistant Mental Health Special Programs. Motion seconded (Wheatley)
9.	Operating Guidelines	<p>Program Analyst Melissa Omand explained the revised Operating Guidelines.</p> <p>The Operating Guidelines are hereby incorporated as Attachment D.</p>	Motion to approve (Byous) Operating Guidelines as presented. Motion seconded (Troidl)
10.	Future agenda items	<p>Discussion of agenda development process and call for new agenda items.</p> <p>Future agendas:</p> <ul style="list-style-type: none"> • PA program conversion to masters level • Report from the funding subcommittee (renewal cycles vs. new cycles; roll-over funds & special projects funding) • Discussion of Internal Policy items 1-4 	

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11.	Public Comment	<p>1) Dr. Callie Langton, Director of Workforce Policy at the California Academy of Family Physicians gave kudos to CHWPC and stated it is essential and important how you are reevaluate the way you rank programs. She encouraged the CHWPC to talk more about where they are with the rankings in between actually hearing the presentations and doing the actual ranking so they can get any discrepancies out of the way. Nursing programs are accredited very differently than residency programs; so what is seen as a bad mark in nursing may be a normal thing to see at a residency program.</p> <p>2) Dr. Hector Flores, co-director of the family medicine program at White Memorial Medical Center commended the CHWPC for their work thus far. Dr Flores states the policy discussion is really important because the CHWPC has a lot to weigh-in on as we look at in the healthcare system changes in California and even nationally. Dr. Flores added that he sees collaboration as the key to the relationship between the CHWPC, the Healthcare Workforce Development Council and the Workforce Investment Board; and having an OSHPD representative is important. Dr Flores suggested the CHWPC look at its track record around physician training particularly family physicians, PAs, nurse practitioners, and nursing and really look to the Council to do the heavy lifting on allied health professions, workforce planning and assessments, development and deployment and what's emerging as paraprofessionals which will be a critical key in Health Care Reform. The Healthcare Innovation Challenge Grant funded several groups in California, many of whom are looking at deploying patient navigators and additional care coordinators which will be the extension of discharge planners and case managers.</p>	

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11.	Public Comment	3) Dr. Kelly Jones, Program Director at USC Family Medicine Residency Los Angeles, thanked the CHWPC for their thoughtful discussion. In terms of special funding, Dr. Jones would like the Commission to consider asking the programs how they may use possible left over funds for a special program. This way when the programs are gathering the information for their capitation application, they can submit any ideas they may have for special programs also. Dr. Jones added that many programs have created linkages with Federally Qualified Health Centers (FQHC) which helps add underrepresented minorities to the pool. This could be looked at as a best practice	
12.	Adjournment	Meeting adjourned at 4:10pm	



CWHPC's Role and Authority Based On the Health Care Workforce Training Act

Presented to the California Healthcare Workforce
Policy Commission

July 31, 2012

Cooking v. Baking



Cooking v. Baking



Baking Requires Precise Measurements



Cooking Requires Creativity



Background

- 3 Branches of Government
 - Legislative – Create Laws
 - Executive – Implement and Carry Out Laws
 - Judicial – Interpret Laws
- California is a Code State – ie, there's a law for everything.



Power to the People

- Government only has the authority and ability to act that is granted to it by the people.
- The people give government its authority through the State Constitution and Statutes

OSHPD and CWHPC History

- 1973 – Song-Brown Act (SB 1224) – California Health Manpower Policy Commission Established
- 1975 – SB 490 added requirement for training multicultural communities, lower socio-economic neighborhoods, and rural communities
- 1977 – OSHPD established (SB 363)
- 2003 – Commission renamed California Healthcare Workforce Policy Commission (AB 1627)
- 2005 (SB 68) Registered Nursing program added to programs funded by Song-Brown

Legislative Intent

Calif. Health & Safety Code § 128200(b)

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 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.



Legislative Intent

Calif. Health & Safety Code § 128200(b)



- *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.*

Legislative Intent

Calif. Health & Safety Code § 128200(b)

- *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.*



Legislative Intent

Calif. Health & Safety Code § 128200(b)

- *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 specialty of family practice and as primary care physician's assistants, primary care nurse practitioners, and registered nurses 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, 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.*

Duties of the Commission

Calif. Health & Safety Code § 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.



Duties of the Commission

Calif. Health & Safety Code § 128225

The commission shall do all of the following:

(b) *Establish* standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training . . . to provide needed services in areas of unmet need within the state. . . .

Duties of the Commission

Calif. Health & Safety Code § 128225

The commission shall do all of the following:

(c) *Establish* standards for registered nurse training programs. . . .



Duties of the Commission

Calif. Health & Safety Code § 128225

The commission shall do all of the following:

- (d) *Review and make recommendations* to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments and family practice residencies and programs for the training of primary care physician assistants and primary care nurse practitioners that are submitted ... for participation in the contract program

Duties of the Commission

Calif. Health & Safety Code § 128225

The commission shall do all of the following:

- (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 ... for participation in the contract program*



Duties of the Commission

Calif. Health & Safety Code § 128225

The commission shall do all of the following:

- (f) *Establish* contract criteria and single per-student capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses

Duties of the Commission

Calif. Health & Safety Code § 128225

The commission shall do all of the following:

- (g) *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.

...

The commission shall *establish* standards and contract criteria for special programs.



Duties of the Commission

Calif. Health & Safety Code § 128225



The commission shall do all of the following:

- (h) *Review and evaluate* these programs regarding compliance with [the Song-Brown Health Care Workforce Training Act]. One standard for evaluation shall be number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

Duties of the Commission

Calif. Health & Safety Code § 128225



The commission shall do all of the following:

- (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 program

Priorities for Recommending Programs

Calif. Health & Safety Code § 128230

- The commission shall give priority to programs that have demonstrated success in the following areas:
- Actual placement of individuals in medically underserved areas
- Success in attracting and admitting members of minority groups to the program
- Success in attracting and admitting individuals who were former residents of medically underserved areas
- Location of the program in a medically underserved area
- 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

The Health & Safety Code Provisions Are The Ingredients In Your Picnic Basket That Allow You To Create A Beautiful Meal!



Ingredients:



- Identify areas of unmet need in California
- Establish standards for training programs to encourage trainees to provide services in areas of unmet need
 - Family practice residency
 - Postgraduate osteopathic residency
 - Primary care physician's assistant training programs
 - Primary care nurse practitioner training programs
 - Registered nurse programs

Ingredients:



- Review and make contract funding recommendations to the OSHPD Director:
 - Family practice programs / departments
 - Primary care physician assistants programs
 - Primary care nurse practitioners programs
 - Registered nurse training programs

Ingredients:



- Establish
 - Contract criteria
 - Single per-student capitation formulas
 - Special program standards
- Evaluate Programs for Song-Brown Compliance





Questions?

California Healthcare Workforce Policy Commission
July 31, 2012

<u>Category 1 – Internal Policy</u>	<u>Votes</u>	<u>Rank</u>
Look at Song-Brown funding direction: “roll-over funds”, funding special programs, capitation, minimum amounts, renewal cycles vs. new cycles	9	1
Focus on recruitment of underrepresented minorities to all Song-Brown funded graduate and undergraduate programs	8	2
Communication between Commissioners outside of meetings (what is allowed and alternate sites for communication); location and types of meeting materials; use of Clearinghouse and agenda setting for meetings	8	3
Frequency of policy meetings	6	4
Ranking of programs after funding meeting takes place (Q & A)	3	5
Explore possibility of special programs for recruitment of minority students in training programs (middle school/high school)	1	6
Discussion of applicants prior to scoring at funding meetings	1	7
<u>Category 2 – External Policy</u>	<u>Votes</u>	<u>Rank</u>
Staff briefings on pending legislation	9	1
Bring in outside experts to speak with Commission	2	2
Discussion on independent primary care practices being taken over by hospitals; the CHWPC as stewards of family practice	1	3
Policies and transitions for PA programs in CA		
<u>Category 3 – Funding Issues</u>	<u>Votes</u>	<u>Rank</u>
Review special programs – should there be a post review of special programs?	8	1
Patient centered medical home (policy and/or opinion)	8	2
Discuss the role/relationship of “for-profit” programs in Song-Brown	7	3
Discuss changing needs for LVNs and ADNs and their future roles especially related to magnet status for hospital. Discuss possible special projects to help graduates with employment	7	4
Discuss potential use of Song-Brown funds to influence medical students and pre-med students; invest in decreasing barriers for these students interested in Family Practice residency	3	5
Recognize FP/100,000 ratio as valid criteria for Song-Brown funding.	1	6

**SONG-BROWN PROGRAM
Physician Assistant Training Programs
Mental Health Special Program
Evaluation Criteria**

Section I	Statutory Criteria	Total Points Available
1.	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) (**For new programs: # and % of entering students from medically underserved areas)	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 curriculum	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	Mental Health Service Act Considerations	Total Points Available
1.	Does the program adhere to the values and principles of the Mental Health Service Act (Added MHSA)	10
2.	Percent of hours students spend in the community public mental health system. (Added MHSA)	6
Total Points Possible for Section II		16
Section III	Other Considerations	Total Points Available
1.	Is the proposed special program innovative and meet Song-Brown's goals of increasing PA's practicing in California shortage areas? (Similar to RN Special Programs Evaluation Criteria)	5
2.	Does the program utilize interdisciplinary and/or inter-professionals from the local community in the training program?	3
3.	Does the program have an evaluation process to review the program's effectiveness and deficiencies such as those required by a national and/or regional accrediting body?	3
3. a.	How is the program addressing the deficiencies identified by the accrediting bodies?	3

Section III	Other Considerations	Total Points Available
4.	Can the proposed special program be replicated? (Similar to RN Special Programs Evaluation Criteria)	3
5.	Does the program have a dissemination plan? (Similar to RN Special Programs Evaluation Criteria)	2
6.	Has the program provided adequate information as to the sustainability of the proposed special program (letters of support that demonstrate sustainability)? (Similar to RN Special Programs Evaluation Criteria)	3
7.	Does the program integrate different educational modalities into learning delivery models?	3
8.	Does the program use technology assisted educational tools or integrate health information technology into the training model?	3
9.	Has the program increased the number of new clinical training sites meeting Song-Brown criteria?	3
10.	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?	3
	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?	3
	Does the program structure its training to encourage graduates to practice as a health care team that includes family practice physicians as well as other health professions as evidenced by letters from the disciplines?	3
	Total points possible for Section II	34
	Total Possible Score (Section I, II, and III)	120

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(To be revised 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:

To communicate outside of Commission meetings, information and/or materials should be forwarded to the ~~Program Administrator~~ *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 presentation 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 should be a maximum of 10 minutes, not including question and answer period from the Commission. Number of presenters should be limited, preferably to one.

~~Presentation may include:~~ *Presentations are to include the following items:*

- Brief summary of the ~~application~~ *program and its mission*
- Any new information or information not in the application
- Progress report/updates on activity
- How this application or program is different
- *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 Program Administrator and approved by the Chair before presentation to the Commission.