

Song Brown

40 YEARS • 1973-2013

REGISTERED NURSE EDUCATION PROGRAM

**Application for Funding
Information and Guidance**

CAPITATION FUNDING

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

November 2016

OSHPD

**Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
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ATTACHMENTS

- A California Healthcare Workforce Policy Commission Evaluation Criteria
- B Health and Safety Code, Section 128200-128241
- C Standards for Registered Nurse Education Program
- D Guidelines for Funding Applicants/Program Evaluation for Registered Nurse Education Programs
- E Contract Criteria for Registered Nurse Education Program Capitation
- F California Healthcare Workforce Policy Commission Operating Guidelines
- G Registered Nurse Shortage Areas (RNSA) Map
- H California Healthcare Workforce Policy Commission’s Race/Ethnicity Definition

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. 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.

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

Registration and Log In

All new 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 can View Available Opportunities from the Welcome Page and apply for Family Medicine Capitation funding by choosing apply now. From the Agreement page you have the opportunity to copy forward select data from your previous application. If you did not apply in 2015 you will need to fill out the entire application.

Application Format and Content

Once you have agreed to apply you have the ability to **View, Edit and Complete Forms** on the Family Medicine Capitation Program Menu page. Clicking on the blue "**VIEW FORMS**" button will allow you to access the main Forms of your electronic application.

CalREACH 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 (page 13) constitutes a **Form** (click to access) in CalREACH and is required for application submission. 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 application forms 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 return to the application 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. Do not initiate another application.

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.

Cancel an Application

To cancel 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”**. Your application has been cancelled and 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.

- 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. You may also check page errors by clicking on the Global Errors button prior to submission.
- A completed application includes all completed FORMS including any required attachments. The application and supporting documents must be submitted by the application deadline noted on the Schedule & Deadlines (page 5) of this APPLICATION REQUEST.
- By submitting the application, you/your organization agrees to the APPLICATION REQUEST terms and conditions. Late or incomplete applications will not be considered. Refer to the Schedule & Deadlines (page 5) in this document 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.
- CalREACH will send a confirmation of receipt via email to the designated Program Director.

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

Douglas Truong, Program Administrator
Telephone: (916) 326-3755

Email Address: douglas.truong@oshpd.ca.gov

Thank you!

We want to thank you for your interest in applying for the Song-Brown Registered Nurse Education Funding and for educating nurses for practice in underserved areas.

SCHEDULE AND DEADLINES

<p>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 visit our website http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html and link to the webinar. A recorded webinar will be posted to our website.</p>	<p>October 18, 2016 10:30 am – 11:30 am</p> <p>October 25, 2016 2:30 pm – 3:30 pm</p>
<p>Application Request Application request is 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?APP THEME=CAOSH PD CALREACH</p>	<p>November 01, 2016 at 3:00 pm</p>
<p>Application Deadline</p>	<p>December 15, 2016 at 3:00 pm</p>
<p>Review of applications period</p>	<p>December 16, 2016 thru February 13, 2017</p>
<p>Commission Meeting Agenda to be posted to Public Meetings website at: http://www.oshpd.ca.gov/General_Info/Public_Meetings.html</p>	<p>March 8 – 9, 2017</p>
<p>Send notice to Awardees</p>	<p>April 1, 2017</p>
<p>Grant agreement preparation period</p>	<p>May 1, 2017 – August 15, 2019</p>
<p>Service period</p>	<p>July 1, 2017 – June 30, 2019</p>
<p>Grant agreement term</p>	<p>June 30, 2017 – August 15, 2019</p>
<p>Certifications due from Grantee</p>	<p>Quarterly/Semester in arrears</p>
<p>Final Report with data outcomes due</p>	<p>Close of grant</p>

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 family physicians. After review of the applications, recommendations for the award of grant agreements will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

INVITATION:

Application Request:

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

By submitting an application, your program agrees to the Song-Brown 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 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 APPLICATION REQUEST.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **December 15, 2016 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 **March 8-9, 2017**, 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.

ELIGIBILITY:

All California Board of Registered Nursing (BRN) approved schools or programs of nursing are eligible to apply for Capitation funding. All nurse education programs applying for Song- Brown funds must meet the Standards and Guidelines adopted by the Commission (Attachments C-F). Programs may only apply to fund students that will begin in the academic year 2017-2018. Programs may be funded for two years.

*** If submitting an application for Capitation and Special Program, both applications must be for the same degree type (ADN-Associate Degree in Nursing, BSN-Bachelor of Science in Nursing, and MSN-Masters of Science in Nursing). No more than one capitation and/or special program application per institution may be submitted.**

FUNDING:

AVAILABLE FUNDING:

\$1.725 million will be available for Capitation awards. 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 grant award as a result of this document.

Programs meeting the eligibility requirements are permitted to apply for funds based on the type of program as follows:

ADN Programs - \$200,000 maximum (\$10,000 per student per year, up to ten students, for a maximum of two years.)

BSN Programs - \$240,000 maximum (\$12,000 per student per year, up to ten students, for a maximum of two years.)

MSN Programs - \$240,000 maximum (\$12,000 per student per year, up to ten students, for a maximum of two years.)

Capitation funding is to support the costs (including faculty, support services, etc.) associated with educating a full-time **RN pre-licensure student**. Capitation funds cannot be used to assist students with nursing school tuition. Indirect Costs are not allowed on Capitation grants.

The Song-Brown Act requires that registered nurse education programs approved for funding shall, as a minimum, maintain a level of expenditures equivalent to that expended during the 2004/05 fiscal year.

For new training programs not in existence in the 2004/05 fiscal year, the maintenance of effort will be based on the level of expenditures equivalent to that expended during the academic year in which the program first applied for and subsequently received funds from Song-Brown. Funds awarded shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting the level of training program expenditures stated above.

FUNDING (Continued):

POST AWARD:

Applicants awarded funds will enter into a grant agreement with OSHPD for the period beginning **July 1, 2017** and ending **August 15, 2019**. Indirect costs are not allowed on capitation grants. Grant payment period will be July 1, 2017 thru June 30, 2019. Payments will be made on a semester (every 6 months) or quarterly (every 3 months) basis in arrears upon receipt of a semester or quarterly certification form documenting that the program has met the intent of the grant. **OSHPD will withhold the final quarterly/semester payment due to the Contractor under this Grant Agreement until all required reports are submitted to OSHPD and approved.**

All awarded programs will be required to submit a final report with data outcomes by the end of the grant agreement 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-D)

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 Information and Guidance. 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 **December 15, 2016**.

QUESTIONS AND ANSWERS:

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

Contact your Song-Brown Program Administrator (contact information on pg. 4) if you have any questions.

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 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

- Program Expenditures

Other Considerations

- Faculty Qualifications
- Other Consideration
- 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 asterisked item is left unanswered.

APPLICATION

Program Information

1. Applicants may only apply under one-degree type: ADN, BSN, or MSN.
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 grant and sign all quarterly/semester certification.
3. Any changes of the Program Director during the application period must be made known to OSHPD by formal letter as soon as possible.
4. If the title of your training program is in the dropdown list, the address will be populated once you click the SAVE button.
5. If the title of your training program is not in the dropdown list, fill in the name of your training program, and the complete address information and county where instructed.
6. A complete address is considered to be: street address, city, state and zip code.
7. Do not use a PO Box address.
8. Funding Requested for ADN Programs is \$10,000 per student per year, up to 10 students; BSN & MSN Programs is \$12,000 per student per year, up to 10 students for a maximum of two years.
9. If choosing quarterly billing, the Program Director will submit certifications every three months from the start of the grant agreement until its conclusion.
10. If choosing semester billing, the Program Director will submit certifications every six months from the start of the grant agreement until its conclusion.

Contractor Information

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

Executive Summary

1. Executive Summary – Provide a summary of your application (no more than 3000 characters).
2. Provide justification for continued or expanded funding.

Statistics – For Song-Brown purposes, an academic year is July 1 through June 30

1. Complete all questions for each academic year identified.
2. A full academic year is considered to be two semesters or four quarters (i.e., September 2014 – June 2015).
3. Current students are those students being trained at the time of application.
4. What is your program's attrition rate? **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**
5. Does your program have an 85% or better first-time pass rate on licensing exams? **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**

Statistics-continued

6. Provide what percent (average) of your program's total clinical hours are spent in areas of unmet need (UMN). **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**
7. Provide clarifying information in the comment box if applicable.

Languages

1. Fill in the languages spoken of your current students.
2. Provide clarifying information in the comment box if applicable.

STATUTORY CRITERIA

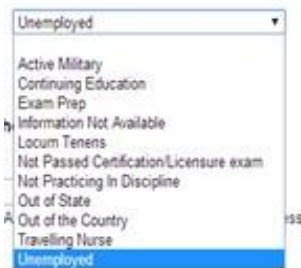


Please read the following before continuing on to the Graduates Information instructions:

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 graduate data for the years 2013/14 and 2014/15.
2. If graduate data rolled forward for any of your graduates before 2013/14 you will need to delete those graduates completely using the “DELETE” button.
3. Only one graduate per page is allowed and each graduate should be listed only once.
4. Select the graduates practice specialty from the drop down list, if specialty isn't listed select “other”. When using “other” you are required to type in the practice specialty.
5. If graduate is splitting time between two or more locations, list only the site where the graduate spends 50% or more of their time.
6. Follow the instructions in Section 1 to begin using the Add/Edit Address feature to input graduate practice site data. Only California graduates may be entered here.
7. Section 2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason from the dropdown list.



8. Section 3. For a practice site not located in Section 1, enter practice site name and use Add/Edit Address feature to find the correct street address, city, state and zip code. You must provide county. Only California graduates may be entered here.

9. 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 correct street address, city, state and zip code. You must provide county. Only California graduates may be entered here.
10. Use the DELETE button to remove graduates entered in error.
11. The information located in the gray box is for Song-Brown staff's use only.

Program Strategies

1. Describe the program's approach and associated activities you use to encourage graduates to practice in areas of unmet need. **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**
2. Describe how your program incorporates cultural competency and responsive care training into the program's curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.
See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.
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 need (RNSA) and express commitment to serve in those areas. **See the Evaluation Criteria (Attachment A) for the total points available for this information.**

Underrepresented Minorities

1. List the racial/ethnic background of graduates and current students of your program for academic years identified.
2. Categories highlighted in yellow are considered to be underrepresented by the California Healthcare Workforce Policy Commission (See Attachment H for additional information).
3. Multi-racial graduates/students are to be captured under "other".
4. Students/graduates that decline to state their race/ethnicity are to be captured as "other".
5. Provide clarifying information in the comments box.

Training in Areas of Unmet Need – One training site per page

1. List **all** training sites used within the last academic year.
2. One training site per page.
3. Follow the instructions in Section 1 to begin using the Add/Edit Address feature to input training site data.
4. If unable to find a training site using the Add/Edit Address feature in Section 1 answer the question, "is the training site a private practitioner's office?"
5. Depending on your response a box will appear asking for additional information.
6. Section 2 - 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 3 - Enter the private practitioner's first and last name, title and use the Add/Edit feature to add the street address, city, state and zip code. You must provide county.
8. Training sites are to be listed once, duplication of training sites and addresses are not allowed.
9. Use the DELETE button to remove training sites entered in error.
10. The information located in the gray box is for Song-Brown staff's use only.

BUDGET

PROGRAM EXPENDITURES

1. Provide the programs total expenditures for academic year 2014/15 rounding to the nearest whole dollar.

OTHER CONSIDERATIONS

Faculty Qualifications

1. Using the table provided, describe how your program's faculty possesses the knowledge, skills and experience needed to deliver a community based curriculum with an emphasis on health care disparities. (Examples should include relevant community based health disparities honors, awards, publications, and professional and/or related research experience). **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**

Please note: (The CHWPC is not looking for you to provide the faculty member CV but rather provide distinct examples of the faculty members' staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities)

Other Considerations

1. Is your clinical and didactic faculty reflective of the population within your community? **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**
2. Explain what resources are available to support students throughout all stages of the pathway (for example, job placement assistance, training programs for graduates, etc.). **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**
3. Explain how the program participates in a collaborative model of nursing education that expands advancement in degree opportunities for students and/or graduates. **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**

ATTACHMENTS

Required Attachments – All attachments must be submitted through CalREACH

1. Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies along with your most recent Report of Findings from the California Board of Registered Nursing (BRN).
2. Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods. At least (1) one letter is required however you may upload a maximum of three (3) letters. **See the Capitation Evaluation Criteria (Attachment A) for the total points available for this information.**

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.

This is a blank page. Attachments start on next page

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

Section I	Statutory Criteria	Total Points Available
1.	<p>Placement of graduates in Registered Nurse Shortage Areas (RNSAs). (% and # of graduates in RNSAs)</p> <p>CaIREACH populated score</p>	15
1. a.	<p>Describe the program's approach and associated activities used to encourage graduates to practice in areas of unmet need.</p> <p>0 points - no mention 2 points - structured counseling program in place 1 point for each additional example cited up to 3 points maximum</p> <p>(Examples: specific strategies, job fairs, guest speakers, online resources)</p>	5
1. b.	<p>Cultural competency/culturally responsive care incorporated into the program curriculum</p> <p>0 points - no mention 1-3 points - well defined description of culture competency/culturally responsive care 1 additional point, for each additional example cited up to 4 points maximum</p> <p>(Examples may include: integration of culture in the curriculum, not just one course; specific strategies used to incorporate and apply cultural concepts)</p>	7
2.	<p>Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM graduates)</p> <p>CaIREACH populated score</p>	15

Section I	Statutory Criteria (continued)	Total Points Available
2. a.	<p>Explain the program strategies developed to identify, recruit, and admit students, who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need.</p> <p>0 points - no mention 2 points - program shows interest in recruiting students speaking a second language 2 points - program shows interest in recruiting students coming from an underserved community 1 point - program is engaged in acute care, outpatient or community settings in underserved areas and/or with underserved populations 2 points - program is participating in a pipeline program with an underserved school/s and engages students in that process.</p> <p>(Examples: Special grant project for recruiting/admitting; specific identification of characteristics suggesting predisposition to practice in RNSAs and support of how they predispose practice. Identification of a pipeline; mentoring of potential applicants as well as applicants admitted; possibly a workshop/summer class for potential applicants in identified pipeline.)</p>	7
3.	<p>Location of the program and/or clinical training sites in Registered Nurse Shortage Areas (RNSAs). (% and # of training sites in RNSAs)</p> <p>CalREACH populated score</p>	15
3. a.	<p>Percent of clinical hours in Registered Nurse Shortage Areas.</p> <p>0 points - 0% - in RNSA 1 point - 1% - 20% - in RNSA 2 points - 21% - 40% in RNSA 3 points - 41% – 60% in RNSA 4 points - 61% – 80% in RNSA 5 points - 81% - 100% location of program and/or training sites in RNSA</p>	5
Total points possible for Section I		69

Section II	Other Considerations	Total Points Available
1.	<p>Does the program have an 85% or better first time pass rate on NCLEX licensing exams? (2 yr. average)</p> <p>0 points - program has 74.99% or below 2 points - 75% - 84% 3 points - 85% or better pass rate</p>	3
2.	<p>Does the program have an attrition rate less than 15.3% (ADNs), 13.1% (BSNs) or 4.7% (ELMs) based on the most recent BRN Annual School Report? (2 yr. average)</p> <p>0 points - program does not meet attrition rate 3 points - program meets attrition rate</p>	3
3.	<p>Does the programs faculty possess the knowledge, skills and experience to deliver a community based curriculum with an emphasis on health care disparities?</p> <p>1 point for each unique faculty member up to 3 points maximum</p>	3
3a.	<p>Does the faculty URM diversity and/or gender diversity reflect the community it serves?</p> <p>0 points - No diversity 2 points - Any diversity present in faculty</p>	2
4.	<p>Does the program have academic advising that supports students throughout all stages of the pathway?</p> <p>0 points - no description of academic advising 1 point - brief description of academic advising 1 additional point for each example cited up to 2 points maximum</p>	3
5.	<p>Does the program provide assistance in job placement and/or provide training programs for new graduates?</p> <p>0 points - no description of job placement and/or training programs for new graduates provided 2 points - new graduate training program and/or job placement assistance comprehensively described 2 points – program provides employer workshops 1 point - program and/or education institution provides job placement centers</p>	5

Section II	Other Considerations (continued)	Total Points Available
6.	<p>Is the program a part of a collaborative model of nursing education that expands advancement in degree opportunities for students/graduates?</p> <p>0 points - no description of any collaborative efforts 3 points - description of collaboration between educational programs</p> <p>(example ADN to BSN; MSN to DNP)</p>	3
7.	<p>Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?</p> <p>0 points – no letters attached 1 point - 1 letter of support (adequate) 2-3 points - 2-4 letters of support (adequate) 4 points - 2-4 strong letters of support describing the relationship</p>	4
Total points possible for Section II		26
Total Possible Score (Section I and II)		95

**HEALTH AND SAFETY CODE
SECTION 128200-128241**

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).

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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.

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SECTION 128200-128241**

- (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

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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.

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(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).

128225.5. (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.

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,

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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.

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

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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.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR REGISTERED NURSE EDUCATION PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE
WORKFORCE POLICY COMMISSION
(Adopted April 21, 2006)**

- I. Each Registered Nurse Education Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall be operated by an accredited California school or program 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 the Board of Governors of the California Community Colleges, and 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 Registered Nurse Education Program approved for funding under the Act shall include a component of clinical experience and curriculum in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare nurses for service in such neighborhoods or communities
- III. Appropriate strategies shall be developed by each nursing education institution receiving funds under the Act to encourage nursing students who are educated in programs funded by the Act to enter into practice in underserved areas for nurses 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 nursing students 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 nursing program graduates to enter practice in underserved areas.
 - C. A program component such as a preceptorship experience in an underserved area, which will enhance the potential of nursing program graduates to practice in such an area.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
REGISTERED NURSE EDUCATION PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 13, 2006)**

Definition of Nurse

A nurse 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. The practice of nursing as defined by Section 2725 of the California Nursing Practice Act means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

- (1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.
- (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.
- (3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.
- (4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

Graduates of registered nursing programs are required to take the National Council Licensure Examination (NCLEX). The NCLEX is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level. The results of the NCLEX examination are used by the California Board of Registered Nursing to make decisions about licensure. The California Board of Registered Nursing is the only entity in California that can release examination results to licensure candidates.

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

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
REGISTERED NURSE EDUCATION PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 13, 2006)**

Program Approval

The education programs shall be required to have, at minimum, approval from the California Board of Registered Nursing. Section 2786 of the Business & Professions Codes states:

(a) An approved school or program of nursing is one which has been approved by the board, gives the course of instruction approved by the board, covering not less than two academic years, is affiliated or conducted in connection with one or more hospitals, and is an institution of higher education or is affiliated with an institution of higher education. For purposes of this section, "institution of higher education" includes community colleges offering an associate degree. An approved school of nursing which is not an institution of higher education shall make an agreement with an institution of higher education in the same general location to grant an associate of arts degree to individuals who graduate from the school of nursing or to grant a baccalaureate degree in nursing with successful completion of an additional course of study as approved by the board and the institution involved.

(b) The board shall determine by regulation the required subjects of instruction to be completed in an approved school of nursing for licensure as a registered nurse and shall include the minimum units of theory and clinical experience necessary to achieve essential clinical competency at the entry level of the registered nurse. The board's standards shall be designed to encourage all schools to provide clinical instruction in all phases of the educational process.

(c) The board shall perform or cause to be performed an analysis of the practice of the registered nurse no less than every five years. Results of the analysis shall be utilized to assist in the determination of the required subjects of instruction, validation of the licensing examination, and assessment of the current practice of nursing.

In addition to the requirements set forth in section 2786 of the Business and Professions code, programs should be encouraged to seek and maintain additional national program accreditation through the professional organizations accrediting nursing education programs.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
REGISTERED NURSE EDUCATION PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 13, 2006)**

Strategies Relating to Underserved Areas

Special consideration by the California Healthcare Workforce Policy Commission is given to those nurse education programs which have developed coherent strategies for locating their graduates in California's underserved areas for registered nurses as defined by the Commission; which developed close ties with communities and neighborhoods which are experiencing a shortage of nursing care; which have success in attracting and admitting members of underrepresented minority groups to the program; and which have the best records in placing/encouraging graduates to practice in underserved areas.

Clinical Components

All education programs should include clinical practice supervised by the faculty. There should be a preceptorship designed to prepare nurses for practice in underserved areas as defined by the California Healthcare Workforce Policy Commission. For the purposes of this education, a preceptorship is an experience supervised by a designated preceptor (registered nurse 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 nursing care.

Pursuant to Title 16, California Code of Regulations, Section 1427:

- (a) A nursing program shall not utilize agencies and/or community facilities for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b) and (c) of this section and the policies outlined by the board.
- (b) A program which utilizes agencies and/or community facilities for clinical experience shall maintain written objectives for student learning in such facilities, stated in measurable performance terms, and shall assign students only to facilities which can provide the experience necessary to meet those objectives.
- (c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following:
 - (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives;
 - (2) Provision for orientation of faculty and students;
 - (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students;
 - (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to patients;

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
REGISTERED NURSE EDUCATION PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 13, 2006)**

Curriculum

The curriculum shall be directed toward preparing registered nurses to effectively deliver nursing care. Title 16, Section 1426, California Code of Regulations details the curriculum of a nursing program as follows:

- (a) A program's curriculum shall not be implemented or revised until it has been approved by the board.
- (b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a nurse who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards for competency set forth in Section 1443.5.
- (c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units.
- (d) Theory and clinical practice shall be concurrent in the following nursing areas: medical/surgical, maternal/child, mental health, psychiatric nursing and geriatrics. Instruction will be given in, but not limited to, the following: personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, nursing leadership and management.
- (e) The following shall be integrated throughout the entire nursing curriculum:
 - (1) Nursing process;
 - (2) Basic intervention skills in preventive, remedial, supportive and rehabilitative nursing;
 - (3) Physical, behavioral and social aspects of human development from birth through all age levels;
 - (4) The knowledge and skills required to develop collegial relationships with health care providers from other disciplines;
 - (5) Communication skills including principles of verbal, written and group communications;
 - (6) Natural sciences including human anatomy, physiology and microbiology; and
 - (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health/illness.
- (f) The course of instruction shall be presented in semester or quarter units.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
REGISTERED NURSE EDUCATION PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 13, 2006)**

Data Collection and Evaluation

Each nurse education program should submit a plan for collecting nurse graduate data and should evaluate the program, and graduates to include at least the following:

1. Student Data and Evaluation

Tools shall be selected and/or developed that will provide descriptive information that may include but are not limited to the following:

- a. Number of applications for admission, number of nursing students enrolled.
- b. Data on nursing student population characteristics (e.g., age, sex, race, educational background).
- c. Students attrition and deceleration.
- d. Students fluent in a second language.

2. Graduate Data and Evaluation

Tools shall be selected and/or developed that will provide descriptive information to include the following:

- e. Number and percent of graduates.
- f. Data on nursing graduate characteristics (e.g., age, sex, race, educational background).
- g. Job selection, employment setting, and location following graduation.
- h. Graduates practicing in California, practicing as a registered nurse and practicing with underserved areas/populations.
- i. Data on NCLEX pass rates.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
REGISTERED NURSE EDUCATION PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 13, 2006)**

I. Contract Awards

- A. Each contract entered into, pursuant to the Song-Brown Health Care Workforce Training Act, Health and Safety Code, Sections 128200, et., (hereinafter "the Act"), shall be based on the recommendation of the Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the Healthcare Workforce Policy Commission official minutes.
- B. Each contract shall be for a purpose authorized by the Healthcare Workforce Policy Commission Standards for Registered Nurse Education Programs.
- C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the Healthcare Workforce Policy Commission Standards for Registered Nurse Education Programs.
- D. Purpose for Which Contract Funds May be Expended
 - 1. Contract funds may be expended for any purpose which the educational institution judges will most effectively advance the education of nursing students, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the nursing education institution.
 - 2. Contract funds may be used for expenses incurred for the provision of nurse education, including faculty and staff salaries, nursing student stipends, alterations and renovations necessary to the provision of the nurse education programs, and supplies and travel directly related to the nurse education program.
 - 3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.

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E. Maintenance of Effort

Registered nurse training programs approved for funding under the Act, shall, as a minimum, maintain a level of expenditures equivalent to that expended for registered nurse training during the 2004-05 fiscal year. For new training programs not in existence in the 2004-05 fiscal year, the maintenance of effort will be based on the level of expenditures equivalent to that expended during the academic year in which the program first applied for and subsequently received funds from Song-Brown. Funds provided in this contract shall not replace the funds supporting the level of training program expenditures stated above.

II. Contract Terms

- A. Funds must be expended during such months and in accordance with such provisions as are provided in the contract, which shall be in accordance with recommendations of the California Healthcare Workforce Policy Commission.
- B. Payment shall be made quarterly in arrears on the basis of amounts set forth by the Contractor with final invoice submitted within 120 days of contract's end to the Healthcare Workforce and Community Development Division. The invoice shall include the name of the person employed under this contract, certification by the Program Director that the person was engaged in activities authorized by this agreement, and costs to the Contractor for the services for which reimbursement is sought. The required invoice format shall be provided to the Contractor prior to the effective date of the Contract.
- C. Each Contract shall specify the total amount allowable under the Contract and allowable in each budget category authorized under the Contract, and shall be in accordance with recommendations of the California Healthcare Workforce Policy Commission. Transfer of funds between budget categories is permitted only with express written permission of the Deputy Director of the Healthcare Workforce and Community Development Division, and only when not prohibited by other provisions of these Contract Criteria.
- D. Method of Payment
- E. Payment under the Act shall be at a capitation rate per student for each student enrolled in the education program or up to \$125,000.00 for special programs.

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III. Accounting Records and Audits

A. Accounting

Accounting for contract funds will be in accordance with the education institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

Education institutions may elect to commingle capitation funds received under the Act with any other income available for operation of the nursing education program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of, and accounted for, such commingled funds, including provisions for:

1. The accurate and timely separate identification of funds received under the Act.
2. The separate identification of expenditures prohibited by the contract criteria.
3. An adequate record of proceeds from the sale of any equipment purchased by funds received under the Act.

B. Expenditure Reporting

Reports of nurse education program expenditures and enrollment of nursing students under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

C. Record Retention and Audit

1. The education institution shall permit the Director of the Office of Statewide Health Planning and Development, or the Auditor General, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its nurse education program for the purpose of audit and examination.

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2. The education institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.
3. The education institution agrees to make available at the office of the education institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.
4. The education institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b) for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:
 - a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.
 - b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the education institution until disposition of such appeals, litigation, claims, or exceptions.
5. Except for the records described in subparagraph 4 above, the education institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the education institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES**

**ADOPTED JUNE 10, 1999
(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 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 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.

Presentations are to include the following items:

- Brief summary of the program and its mission
- No more than 3 key highlights/accomplishments that reflect your commitment to meeting Song-Brown goals.
- Progress report/updates on previous funding received and outcomes

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.

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 Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**