

California Healthcare Workforce Policy Commission (CHWPC)  
Hilton Arden West  
2200 Harvard Street, Sacramento, CA 95815  
Tuesday, February 7, 2012  
Call to Order: 8:33 a.m.  
Recessed: 4:25 p.m.

**Minutes**

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS ABSENT
Elizabeth Dolezal - <b>Chair</b> Roslynn Byous, DPA, PA-C Lauri Hoagland, FNP Tracey Norton, DO Andrea Renwanz Boyle, DNSc Deborah Rice, FNP Mario San Bartolome, MD, MBA Katherine Townsend, Ed.D., MSN John J. Troidl, PhD Ashby Wolfe, MD, MPP, MPH	William Henning, DO Angie Maria Millan, RN, MSN, NP Cathryn Nation, MD Bonnie Wheatley, Ed.D., MPH, MA
	STAFF TO COMMISSION PRESENT
	Stephanie Clendenin Angela Minniefield, MPA Konder Chung Manuela Lachica Melissa Omand Yolanda Avalos-Troyer
	ADDITIONAL STAFF FROM OSHPD:
	Lupe Alonzo-Diaz, M.P.Aff. Deborah Gonzalez- HWDD, GIS

AGENDA ITEM	TOPIC	DISCUSSION	ACTION ITEM OR DISCUSSION
1.	Call to Order	Meeting called to order at 8:33 a.m.	
2.	Introduction of CHWPC Members and Statement of Recusal	Each CHWPC Member introduced themselves and indicated which Registered Nurse Education Training Program they would recuse themselves from.	<u>Recusals</u> Byous: Charles R. Drew and Riverside City College Dolezal: None Hoagland: None Norton: None Renwanz-Boyle: None Rice: None San Bartolome: None Townsend: Western Governors Troidl: None Wolfe: UC Davis
3.	Minutes	Approval of minutes from CHWPC meeting held November 8, 2011 in Sacramento, California.	Motion made ( <b>San Bartolome</b> ) and seconded ( <b>Norton</b> ) to approve the November 8, 2011 minutes as presented.

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4.	OSHPD Director's Report	<p>Ms. Clendenin reported on the following items in the Director's Report:</p> <p><u>California State Budget</u>  Ms. Clendenin highlighted budget topics for the 2011-2012 and the upcoming 2012-2013 budget year. Ms. Clendenin discussed the reduction and restructuring of California's State government, the Governor's proposed tax initiative and possible trigger reductions if the tax initiative does not pass. She also discussed the OSHPD budget impacts such as Song-Brown being permanently funded by the California Health Data Fund and the Department of Finance directed elimination of selected OSHPD positions.</p> <p><u>Family Practice Funding</u>  Ms. Clendenin stated that OSHPD will not pursue the proposal to the Commission to re-consider awarding the \$119,000.00 remaining funds from the August 2011 Family Practice Residency Programs funding meeting to four applicants that did not receive funding. The remaining funds from that award cycle will now roll over to the next Family Practice Residency Program funding cycle.</p> <p><u>Election Process</u>  Ms. Clendenin addressed the Commission's concern about the current election process for the CHWPC Chair and Vice Chair positions. The proposal is to continue with the current process which calls for nominees and ballot collection by staff but change the ballot counting process to include a Commission member validation of the ballot counting.</p>	<p>After discussion amongst the Commission a motion was made by (Byous) with consensus from the Commission, a Commissioner will be present with staff to verify the ballot count for Chair and Vice Chair. The staff will remove the voting Commissioner names from the ballot and the verifying Commissioner would only validate the count and not the voting Commissioner names on the ballot.</p>
5.	Executive Secretary's Report	<p>Ms. Minniefield, Deputy Director of the Healthcare Workforce Development Division (HWDD) presented the following items in the Executive Secretary's report.</p>	

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5.	Executive Secretary's Report – Cont'd	<p><u>Rural Health Services Unit</u></p> <ul style="list-style-type: none"> <li>• HWDD welcomed the newly formed Rural Health Services Unit, formerly known as the Rural Health Policy Council (RHPC) Office. The Rural Health Services Unit will provide continued administration of the "Rural Jobs Available" interactive database and the Rural Recruitment Network (3RNet) programs.</li> </ul> <p><u>Song-Brown</u></p> <ul style="list-style-type: none"> <li>• Letters of acknowledgement were sent to the four Physician Assistant Mental Health Special Program applicants.</li> <li>• Staff prepared a response to Senator Delsaunier regarding the use of Mental Health Services Act funds on January 19.</li> <li>• Staff finalized the participant list for the Evaluation Worksheet Task Force on January 25.</li> </ul> <p><u>California Healthcare Workforce Policy Commission</u></p> <ul style="list-style-type: none"> <li>• The elections for the Chair and Vice Chair will be held at this meeting, February 2012. The process is as follows:  The Chair and Vice Chair are appointed members elected by a majority of the commission members. <ul style="list-style-type: none"> <li>• Staff received all nominations for the Chair and Vice Chair on January 18.</li> <li>• The election will be held at today's meeting.</li> <li>• Staff will collect and count the ballots at the start of the February meeting.</li> <li>• Staff will announce the new Chair and Vice Chair at the end of the February meeting.</li> <li>• Terms for the Chair and Vice Chair will be for a period of two years.</li> </ul> </li> </ul>	

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5.	Executive Secretary's Report – Cont'd	<ul style="list-style-type: none"> <li>• No more than two terms can be served consecutively.</li> <li>• In the event of a tie, each nominee will be given an opportunity to address the Commission and a re-vote will take place. Subsequent ties will follow the same process.</li> </ul> <p><u>Shortage Designation Program</u></p> <ul style="list-style-type: none"> <li>• 101 HPSA and MUA/MUP applications have been received since April 2011 for FY 2011-2012 including 36 conventional and 8 pro-active Primary Care HPSA applications, 21 Dental HPSA applications, 31 conventional and 4 pro-active Mental HPSA applications; 77 applications have been completed and submitted to HRSA/OSD. 12 applications have been withdrawn or denied. 9 applications are awaiting processing, 15 applications are currently being processed by staff, 1 is undergoing the internal review process.</li> </ul> <p><u>State Loan Repayment Program</u></p> <ul style="list-style-type: none"> <li>• For fiscal year 2011-2012 40 applications were received: 16 extensions and 24 new. Award recommendations were forwarded to management the week of 02/06/2012 for approval.</li> </ul> <p><u>American Recovery and Reinvestment Act (ARRA)</u></p> <p><u>Primary Care Office:</u></p> <ul style="list-style-type: none"> <li>• Health Resources and Services Administration (HRSA) has awarded a 2-Year ARRA-funded grant Recruitment and Evaluation Activities Initiative (REA) supplemental grant of \$625,000 to the Primary Care Office.</li> </ul>	

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5.	Executive Secretary's Report – Cont'd	<p>The grant will support retention of ARRA funded National Health Service Corps (NHSC) Scholars, ARRA funded NHSC Clinicians, and ARRA funded State Loan Repayment Program Clinicians as well as measure the effectiveness of retention activities and the impact of ARRA funding on communities, including increased access to primary health services and the reduction of health workforce shortages.</p> <ul style="list-style-type: none"> <li>• 31 NHSC site applications were received. Staff has forwarded 25 state recommendation forms to NHSC for final approval. 4 site applications are awaiting review and 7 are pending verification.</li> </ul> <p><u>California Student/Resident Experiences and Rotations in Community Health (Cal-SEARCH):</u></p> <ul style="list-style-type: none"> <li>• There are currently 53 sites with 39 students and residents scheduled for rotation in program year 3. Student and resident applications are accepted through June 30, 2012.</li> </ul> <p><u>Health Careers Training Program</u></p> <ul style="list-style-type: none"> <li>• The HCTP Mini-Grants program Request for Application (RFA) was released on February 2, 2012. There is \$150,000 available to support 11 programs across two award categories, Health Career Conferences and Health Career Exploration. The electronic application is due March 15, 2012. A technical assistance call will be held February 15, 2012. Since 2005, \$799,764 has funded 67 organizations and served over 23,772 participants.</li> </ul>	

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5.	Executive Secretary's Report – Cont'd	<p><u>Health Workforce Pilot Project Program HWPP #171: "Access Through Primary Care Project, Demonstrating the Role of Advanced Practice Clinicians in Expanding Early Pregnancy Care."</u></p> <ul style="list-style-type: none"> <li>• The project seeks to teach new skills to existing categories of health care personnel and demonstrate the role of advanced practice clinicians in expanding early pregnancy care.</li> <li>• Staff has completed the 3<sup>rd</sup> quarter project progress summary.</li> </ul> <p><u>HWPP #172- Training Current Dental Personnel for New Duties in Community Settings</u></p> <ul style="list-style-type: none"> <li>• The project is to teach new skills to existing categories of health care personnel and to improve the oral health of underserved populations by expanding duties of dental assistants, and dental hygienists working in community settings.</li> <li>• Staff hosted the project's first site visit on November 2, 2011 at the Twin Rivers Unified School District in Sacramento and completed a summary report of the visit. Staff is currently scheduling the spring site visits with the project's evaluation team.</li> </ul> <p><u>Healthcare Workforce Clearinghouse Program</u></p> <p>The Clearinghouse advisory team met on December 6, 2011 to describe data collection limitations; recommendations for improvement; and provided sample reports. The sample reports included (1) a licensee's license status, employment and demographics, (2) student health training enrollment and demographics, and (3) employment and wage projections.</p>	

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5.	Executive Secretary's Report – Cont'd	<ul style="list-style-type: none"> <li>• Data sets were received from 7 data providers including, Physicians Assistants Committee (PAC), Board of Registered Nursing (BRN), Respiratory Care Board (RCB), Board of Vocational Nursing and Psychiatric Technicians (BVNPT), Naturopathic Medicine Committee (NMC), California Department of Public Health (CDPH), and UCSF Center for Health Professions (BRN survey data).</li> <li>• Data sharing agreements were executed with EDD-LMID, PAC, RCB, BVNPT, NMC, Dental Board, Dental Hygiene Committee, and the Osteopathic Medical Board.</li> <li>• Staff began conducting a gap analysis to help determine and prepare anticipated reporting samples for the June 2012 implementation.</li> </ul> <p><u>Healthcare Reform</u></p> <ul style="list-style-type: none"> <li>• OSHPD continues to partner with the California Workforce Investment Board (CWIB) and the Health Workforce Development Council (Council) to administer a \$150,000 planning grant with several methods of input including: Regional Focus Groups, Career Pathways Sub-Committee Meetings, Primary Care Initiative Meeting of the California Health Workforce Alliance (CHWA), and the CHWA/California Health Professions Consortium Diversity workgroup. These methods of input identified over 100 recommendations. The council is</li> </ul>	

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6.	Correspondence	There was no correspondence to discuss at this meeting.	
7.	Overview of the Factors of Importance for Accreditation of Registered Nursing Program Presentation	Commissioner, Katherine Townsend Ed.D, MSN, BSN, provided a power point presentation to the Commission reviewing the accreditation process and the various accrediting bodies for Registered Nurse Education Programs.	

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7.	Overview of the Factors of Importance for Accreditation of Registered Nursing Program Presentation – Cont'd	<b>The Overview of the Factors of Importance for Accreditation of Registered Nursing Program Presentation is hereby incorporated into the minutes as Attachment A</b>	
8.	Review and approval of Primary Care Shortage Area Methodology	<p>Review and approval of CHWPC Methodology – Primary Care Shortage Areas (PCSAs)</p> <p>Debra Gonzalez presented OSHPD's recommendation of approval to use updated data as methodology to determine PCSAs.</p> <p><b>Primary Care Shortage Area memo and Review is hereby incorporated into the minutes as Attachment B</b></p>	By Motion ( <b>Rice</b> ) and seconded by ( <b>Wolfe</b> ) the CHWPC adopted OSHPD's recommendation to use updated data as methodology to determine PCSAs.
9.	Overview of Proposed Evaluation Criteria	<p>Manuela Lachica presented proposed changes to the evaluation criteria and the revised evaluation worksheet that would provide a point value to each of Song-Brown's criteria and the Commission other considerations.</p> <p><b>The Proposed Evaluation Criteria memo is hereby incorporated into the minutes as Attachment C</b></p>	
10.	Review of Nursing Legislation and Research	<p>Joanne Spetz, RN, PhD, presented to the Commission new research of California's Nursing Workforce. Dr. Spetz provided information and data about the current Registered Nurse labor market and its forecasted trends.</p> <p><b>Dr. Spetz's presentation is hereby incorporated into the minutes as Attachment D.</b></p>	

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11.	Registered Nurse Education Training Program – Capitation and Special Program Presentations	Presentations by the following programs: 1. California State University, San Bernardino 2. Shasta College 3. Riverside City College 4. California State University, Chico 5. California State University, Long Beach* 6. University of San Diego, Hahn School of Nursing 7. College of Siskiyous Did not present 8. University of California, Irvine Withdrawn 9. Azusa Pacific University 10. Mt. San Jacinto College 11. Chabot College 12. Mission College* 13. Western Governors University 14. California Baptist University 15. Fresno City College 16. American University of Health Sciences 17. California State University, East Bay 18. California State University, Fresno* 19. Allan Hancock College* 20. Los Angeles Harbor College* 21. Saddleback College 22. Vanguard University	Registered Nurse Education programs with an asterisk (*) applied for Capitation and Special Program Funding categories and gave both presentations within the allotted time. Ten minutes were allotted for the Capitation presentation and five additional minutes for the Special Program presentation. All others were allowed a maximum of ten minutes for their presentations. The time frames do not include questions and answers from Commission members.
12.	Recess	The CHWPC funding meeting recessed at 4:25 p.m.	

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13.	Registered Nurse Education Training Program – Capitation and Special Program Presentations -Cont'd	Continued presentations by the following programs: 23. College of the Canyons* 24. Point Loma Nazarene University* 25. College of the Sequoias 26. West Hills College, Lemoore* 27. California State University, Stanislaus 28. Santa Ana College* 29. Los Angeles County College Did Not Present 30. Evergreen College 31. Yuba College* 32. Hartnell College 33. Merced College 34. Charles R. Drew University*	
14.	Registered Nurse Education Training Program – Special Program Funding Discussion/ Decision	Programs requesting Special Program funding were ranked by the CHWPC in the following order: West Hills College, Lemoore 1 College of the Canyons 2 Los Angeles Harbor College 3 California State University, Chico 4 California State University, Fresno 5 Santa Ana College 6 California State University, Long Beach 7 Point Loma Nazarene University 8 Los Angeles County College 9 Charles R. Drew University 10 Mission College 11 Allan Hancock College 12 Hartnell College 13 Vanguard University 14 Saddleback College 15 Evergreen Valley College 16 Yuba College 17  <b>Award Summary is hereby incorporated as Attachment E</b>	By motion made ( <b>Troidl</b> ) and seconded ( <b>San Bartolome</b> ), Special Program funding was distributed as follows: West Hills College, Lemoore \$125,000.00 College of the Canyons \$124,939.00 Los Angeles Harbor College \$125,000.00 California State University, Chico \$105,000.00 California State University, Fresno \$105,000.00 Santa Ana College \$105,000.00 California State University, Long Beach \$105,000.00 Point Loma Nazarene University \$105,000.00 Los Angeles County College \$105,000.00 <b>Total \$999,939.00</b>

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15.	Registered Nurse Education Training Program – Capitation Funding Discussion/ Decision	<p>Associate Degree in Nursing (ADN) Programs requesting Capitation funding were ranked by the CHWPC in the following order.</p> <p><u>ADN</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">West Hills College, Lemoore</td><td style="text-align: right;">1</td></tr> <tr><td>Los Angeles Harbor College</td><td style="text-align: right;">2</td></tr> <tr><td>College of the Canyons</td><td style="text-align: right;">3</td></tr> <tr><td>Merced College</td><td style="text-align: right;">4</td></tr> <tr><td>Santa Ana College</td><td style="text-align: right;">5</td></tr> <tr><td>Fresno City College</td><td style="text-align: right;">6</td></tr> <tr><td>College of the Sequoias</td><td style="text-align: right;">7</td></tr> <tr><td>Riverside City College</td><td style="text-align: right;">8</td></tr> <tr><td>Mission College</td><td style="text-align: right;">9</td></tr> <tr><td>Chabot College</td><td style="text-align: right;">10</td></tr> <tr><td>Allan Hancock College</td><td style="text-align: right;">11</td></tr> <tr><td>Shasta College</td><td style="text-align: right;">12</td></tr> <tr><td>College of the Siskiyous</td><td style="text-align: right;">13</td></tr> <tr><td>Yuba College</td><td style="text-align: right;">14</td></tr> <tr><td>Mt. San Antonio</td><td style="text-align: right;">15</td></tr> </table> <p><b>Award Summary is hereby incorporated as Attachment E</b></p>	West Hills College, Lemoore	1	Los Angeles Harbor College	2	College of the Canyons	3	Merced College	4	Santa Ana College	5	Fresno City College	6	College of the Sequoias	7	Riverside City College	8	Mission College	9	Chabot College	10	Allan Hancock College	11	Shasta College	12	College of the Siskiyous	13	Yuba College	14	Mt. San Antonio	15	<p>Prior to the funding discussion/decision, Ms. Lachica provided an overview of the tier funding mechanism and the separate funding of ADN Registered Nurse Education Programs and BSN/MSN Registered Nurse Education Programs the CHWPC would use to distribute funding.</p> <p>For ADN, by motion made <b>(Troidl)</b> and seconded <b>(Norton)</b>, Capitation funding was distributed as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">West Hills College, Lemoore</td><td style="text-align: right;">\$200,000.00</td></tr> <tr><td>Los Angeles Harbor College</td><td style="text-align: right;">\$160,000.00</td></tr> <tr><td>College of the Canyons</td><td style="text-align: right;">\$160,000.00</td></tr> <tr><td>Merced College</td><td style="text-align: right;">\$120,000.00</td></tr> <tr><td>Santa Ana College</td><td style="text-align: right;">\$120,000.00</td></tr> <tr><td>Fresno City College</td><td style="text-align: right;">\$120,000.00</td></tr> <tr><td>College of the Sequoias</td><td style="text-align: right;">\$20,000.00</td></tr> <tr><td><b>Total</b></td><td style="text-align: right;"><b>\$900,000.00</b></td></tr> </table>	West Hills College, Lemoore	\$200,000.00	Los Angeles Harbor College	\$160,000.00	College of the Canyons	\$160,000.00	Merced College	\$120,000.00	Santa Ana College	\$120,000.00	Fresno City College	\$120,000.00	College of the Sequoias	\$20,000.00	<b>Total</b>	<b>\$900,000.00</b>
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15.	Registered Nurse Education Training Program – Capitation Funding Discussion/ Decision – Cont'd	<p>Bachelor of Science in Nursing (BSN)/Master's of Science in Nursing (MSN) Programs Requesting Capitation funding were ranked by the CHWPC in the following order.</p> <p><b><u>BSN/MSN</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">California State University, Stanislaus</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>Azusa Pacific University</td> <td style="text-align: right;">2</td> </tr> <tr> <td>California State University, Fresno</td> <td style="text-align: right;">3</td> </tr> <tr> <td>California State University, Long Beach</td> <td style="text-align: right;">4</td> </tr> <tr> <td>California State University, East Bay</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Charles R. Drew University</td> <td style="text-align: right;">6</td> </tr> <tr> <td>University of San Diego, Hahn School of Nursing</td> <td style="text-align: right;">7</td> </tr> <tr> <td>Point Loma Nazarene University</td> <td style="text-align: right;">8</td> </tr> <tr> <td>California State University, San Bernardino</td> <td style="text-align: right;">9</td> </tr> <tr> <td>American University of Health Sciences</td> <td style="text-align: right;">10</td> </tr> <tr> <td>Western Governors University</td> <td style="text-align: right;">11</td> </tr> <tr> <td>California Baptist University</td> <td style="text-align: right;">12</td> </tr> </table> <p><b>Award Summary is hereby incorporated as Attachment E</b></p>	California State University, Stanislaus	1	Azusa Pacific University	2	California State University, Fresno	3	California State University, Long Beach	4	California State University, East Bay	5	Charles R. Drew University	6	University of San Diego, Hahn School of Nursing	7	Point Loma Nazarene University	8	California State University, San Bernardino	9	American University of Health Sciences	10	Western Governors University	11	California Baptist University	12	<p>For BSN/MSN, by motion made (<b>Troidl</b>) and seconded (<b>Wolfe</b>), Capitation funding was distributed as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">California State University, Stanislaus</td> <td style="width: 20%; text-align: right;">\$240,000.00</td> </tr> <tr> <td>Azusa Pacific University</td> <td style="text-align: right;">\$192,000.00</td> </tr> <tr> <td>California State University, Fresno</td> <td style="text-align: right;">\$144,000.00</td> </tr> <tr> <td>California State University, Long Beach</td> <td style="text-align: right;">\$96,000.00</td> </tr> <tr> <td>California State University, East Bay</td> <td style="text-align: right;">\$96,000.00</td> </tr> <tr> <td>Charles R. Drew University</td> <td style="text-align: right;">\$96,000.00</td> </tr> <tr> <td>University of San Diego, Hahn School of Nursing</td> <td style="text-align: right;">\$36,000.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$900,000.00</b></td> </tr> </table>	California State University, Stanislaus	\$240,000.00	Azusa Pacific University	\$192,000.00	California State University, Fresno	\$144,000.00	California State University, Long Beach	\$96,000.00	California State University, East Bay	\$96,000.00	Charles R. Drew University	\$96,000.00	University of San Diego, Hahn School of Nursing	\$36,000.00	<b>Total</b>	<b>\$900,000.00</b>
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California State University, Stanislaus	\$240,000.00																																										
Azusa Pacific University	\$192,000.00																																										
California State University, Fresno	\$144,000.00																																										
California State University, Long Beach	\$96,000.00																																										
California State University, East Bay	\$96,000.00																																										
Charles R. Drew University	\$96,000.00																																										
University of San Diego, Hahn School of Nursing	\$36,000.00																																										
<b>Total</b>	<b>\$900,000.00</b>																																										
16.	Public Comment	No public comment																																									
17.	Physician Assistant Mental Health Special Program Presentations	<p>Presentations by the following programs:</p> <ol style="list-style-type: none"> <li>1. University of California, Davis</li> <li>2. Moreno Valley College Did Not Present</li> <li>3. Keck School of Medicine, USC Did Not Present</li> <li>4. Touro University</li> </ol>	<p>Programs were allotted a maximum of ten minutes for the presentation of their special program. The time frames do not include questions and answers from Commission members.</p>																																								

California Healthcare Workforce Policy Commission (CHWPC)  
Hilton Arden West  
2200 Harvard Street, Sacramento, CA 95815  
Wednesday, February 8, 2012  
Call to Order: 8:36 a.m.  
Adjourned: 4:33 p.m.

AGENDA ITEM	TOPIC	DISCUSSION	ACTION ITEM OR DISCUSSION
18.	Physician Assistant Mental Health Special Program Presentations Funding Discussion/ Decision	<p>The CHWPC discussed the need to rank the Mental Health Physician Assistant Special Programs. There is adequate funding available to fund all four applicants and all the applicants meet the criteria set forth by the Commission</p> <p><b>Award Summary is hereby incorporated into the minutes as Attachment F</b></p>	<p>Motion made (<b>Troidl</b>) and seconded (<b>Townsend</b>), Mental Health Physician Assistant Special Program funding was distributed as follows:</p> <p>University of California, Davis  <span style="float: right;">\$100,000.00</span></p> <p>Moreno Valley College  <span style="float: right;">\$99,999.00</span></p> <p>Keck School of Medicine, USC  <span style="float: right;">\$100,000.00</span></p> <p>Touro University  <span style="float: right;">\$100,000.00</span></p> <p><b>Total</b> <span style="float: right;"><b>\$399,999.00</b></span></p>
19.	Public Comment	No Public Comment	
20.	Workforce Education and Training Mental Health Survey Results	<p>Ms. Lachica presented the survey results of the Workforce Education and Training Coordinators.</p> <p><b>The Workforce Education and Training Mental Health Survey Results is hereby incorporated into the minutes as Attachment G</b></p>	
21.	Medical Service Study Areas (MSSAs) Process	<p>Ms. Chung and Ms. Gonzalez provided an overview of the Medical Service Study Areas reconfiguration process that will use the census data from the 2010 US Census. The CHWPC will review and approve all MSSA motions.</p> <p><b>The Medical Service Study Areas (MSSAs) Process presentation is hereby incorporated as a web link:</b>  <a href="http://oshpd.ca.gov/HWDD/MSSA/index.html">http://oshpd.ca.gov/HWDD/MSSA/index.html</a></p>	

California Healthcare Workforce Policy Commission (CHWPC)  
 Hilton Arden West  
 2200 Harvard Street, Sacramento, CA 95815  
 Wednesday, February 8, 2012  
 Call to Order: 8:36 a.m.  
 Adjourned: 4:33 p.m.

AGENDA ITEM	TOPIC	DISCUSSION	ACTION ITEM OR DISCUSSION
22.	Chair and Vice Chair Election	Ms. Lachica announced the elected officers for Chair and Vice Chair of CHWPC	The elected Chair is Elizabeth Dolezal and the elected Vice Chair is Deborah Rice.
23.	Adjournment	Meeting adjourned at 4:33 p.m.	

**Factors in Approval and Accreditation of Registered Nursing Programs**

V. Katherine Townsend  
Director of Nursing

**BRN Approval**

- Schools of nursing must be approved by the BRN to provide nursing education in CA
- An approved school must demonstrate a course of instruction that covers not less than two academic years; is affiliated with one or more hospitals; and is an institution of higher education or affiliated with an institution of higher education.

**BRN Approval Process**

- A course of instruction preparing a student to be eligible to apply for licensure must include the following criteria for approval:
  1. Philosophy and Objectives
  2. Administration/Organization
  3. Faculty Competencies/Responsibilities
  4. Curriculum Content
  5. Student Participation

**Philosophy and Objectives**

- Written statement of philosophy and objectives that serves as a basis for curriculum structure
- Objectives reflect the program philosophy
- Description of theoretical knowledge and clinical competencies of the graduate

**Administration**

Programs shall have a:

- Board-approved registered nurse as director of the program
- Board-approved assistant director who has authority to function in director's absence
- Written policies and procedures by which the program is administered
- Written plan for evaluation of the total program

**Faculty**

- BRN approved and adequate in number and type
- Includes a qualified instructor as content expert in each of the required areas of nursing
- Has responsibility for instruction, student evaluation, planning, developing and implementing curriculum content
- Demonstrates didactic and clinical competency in area he/she teaches
- Holds an active license to practice as a registered nurse in CA

### Curriculum Content

- Provides essential theoretical and clinical instruction
- Designed so graduate has the knowledge, skills and abilities to meet minimum competency standards of a registered nurse.
- Consists of not less than 58 semester units or 87 quarter units as outlined in Article 3, Section 1426 of CA Nursing Practice Act.

### Students

- Students are provided the opportunity to participate in the identification of policies and procedures for the following:
  1. Philosophy and objectives
  2. Learning experiences
  3. Curriculum, instruction and evaluation of various aspects of program, i.e. clinical facilities, labs, instructors, and nursing courses.

### BRN Approval

- Initial approval is granted to Pre-licensure Nursing Programs for five years
- To maintain continuing approval, a self-study is submitted and a full site visit is made every eight years
- Site visits may occur sooner if a formal complaint is received

### Site Visit Reports

- Recommendations can occur within any areas being evaluated as outlined in Title 16, Article 3, Sections 1420 through 1429
- Recommendations can lead to non-compliance if not corrected
- Must be corrected within timeline provided by Education/Licensing Committee

### Non-Compliance

- Any area in non-compliance must be corrected within a stated time-line
- If not corrected program is placed on warning
- Warning status means that areas of non-compliance must be resolved by the next scheduled meeting of the BRN Board (usually 2 months)
- Lack of resolution results in revocation of program's approval and removal from the approved list of schools

### Recommendations

- Program must be compliant in all areas identified in the approval documents
- No one area is more important than another
- No set number of recommendations indicates program has serious problems
- All recommendations must be resolved or they can become non-compliance issues

### Recommendations (continued)

- All areas within a criterion must be met or criterion is in non-compliance
- Any material misrepresentation of fact by a nursing program of any required information is grounds for revocation of approval
- Revocation of approval can occur if program does not give credit to student applicants for previous education and/or the opportunity to obtain credit through methods of evaluation

### Recommendations (continued)

- Programs must maintain minimum first-time pass rate on NCLEX of 75% or above
- If pass rate below 75% for 2 consecutive years program placed on warning
- Approval of program may be revoked if program fails to maintain minimum pass rate

### CCNE or NLNAC Accreditation

Two national accrediting bodies:

- CCNE accredits BSN or graduate degree nursing programs for 10 years
- NLNAC accredits ADN, BSN and graduate degree nursing programs for 8 years
- Both accrediting bodies evaluate Criteria or Standards that contain several sub-sets

### Accreditation Standards Evaluated

- Mission and Governance
- Faculty
- Students
- Curriculum and Instruction
- Resources
- Educational Effectiveness/Program Outcomes

### Consequences of Non-compliance

- One or two areas of non-compliance result in a focus report to the accrediting body within two years of site visit; must demonstrate correction of the non-compliance issue/s
- Three areas of non-compliance result in a repeat site visit and completion of a new self-study
- Non-correction of compliance issues results in revocation of accreditation

**To:** California Healthcare Workforce Policy Commission      **Date:** January 24, 2012

**From:** Debra Gonzalez, Research Program Specialist I  
Office of Statewide Health Planning and Development  
Healthcare Workforce Development Division

**Subject:** Primary Care Shortage Areas (Update)

### Background and Methodology

On January 26, 2004, the California Healthcare Workforce Policy Commission (Commission) formally adopted a means to create the Primary Care Shortage Areas (PCSA) designation and map. In April 2006, the Office of Statewide Health Planning and Development (OSHPD) staff presented the Commission with information suggesting an update to the map to include current data on (1) physicians, (2) poverty and (3) population. OSHPD has again updated PCSAs established by the Commission in 2006. The Commission uses PCSAs as one of many factors to determine Song-Brown funding for Family Practice, Family Nurse Practitioner –Physician Assistant and Mental Health-Physician Assistant programs. PCSAs themselves do not determine funding or funding levels. PCSAs are used as a means to help the Commission rank applications based on the number of program graduates and training sites inside areas of unmet need. PCSAs are an applied rule base defining shortages of physicians, as compared to the other designations (Federal Health Professional Shortage Areas) that are applicant-based and require prior knowledge that a shortage might exist.

Medical Service Study Areas (MSSAs) are used in determining Primary Care Shortage Areas and are the defined geographic analysis unit for OSHPD. MSSAs are reproduced on the decadal census and the boundaries are formally approved by the California Healthcare Workforce Policy Commission. The US Department of Health and Human Services, Health Resources and Services Administration (HRSA) formally recognizes California's MSSAs as Rational Service Areas (RSAs) for purposes of designating health professional shortage areas and medically underserved areas or populations for California. Two factors from a MSSA are evaluated for a PCSA: (1) percent below 100% federal poverty level and (2) physician-to-population ratio. The percent below 100% federal poverty level score and physician-to-population ratio score added together constitutes a PCSA score. A score of greater than or equal to five is a PCSA designation. The physician-to-population ratio score is assigned a score of five if no providers are identified in the MSSA. (See Table 1 for score values.)

#### PCSA Equation:

PCSA Score =

$\sum$  (Percent Below 100% Federal Poverty Level Score) + (Physician-to-Population Ratio Score)

Where: PCSA Score  $\geq$  5 = **PCSA Designation**

The process for identifying the PCSA Score uses the rule base listed in Table 1.

**Results**

Table 2 summarizes and compares the number of MSSAs designated in the prior update to the current update. It shows the population total for the MSSAs designated and the percentage of California population designated for each update. There are 14 less designated MSSAs, in the current update.

**Table 2.**  
**Summary of Existing PCSA Update and Proposed Update**

Category	Prior Update	Current Update
Number of MSSAs Designated as PCSA*	333	319
Population in MSSAs Designated by PCSA	19,177,018	19,078,790
Percent of California Population Designated	53%	52%

\*There are 541 total MSSAs in California.

The PCSA score changed for 42 MSSAs between the prior update and the current update due to changes in the percent of residents below 100% Federal poverty level and physician-to-population ratios. Table 3 summarizes these changes and the impact to the respective PCSA designation (gain or loss).

**Table 3.**  
**Summary of changes to MSSAs by Score criteria**

# of MSSAs	Percent Below Poverty	Physician to Population Ratio	# of Gaining PCSA Designation	# of Losing PCSA Designation
1	Increased	Increased	1	0
1	Increased	No Change	1	0
1	Increased	Decreased	0	1
0	Decreased	Increased	0	0
0	Decreased	No Change	0	0
0	Decreased	Decreased	0	0
12	No Change	Increased	12	0
27	No Change	Decreased	0	27
<b>42</b>	<b>TOTAL</b>		<b>14</b>	<b>28</b>

**Table 4b.**  
**No Longer Designated MSSAs**

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Alpine	3	1,109	3	1	4
Glenn	37	11,569	3	1	4
Kern	64	30,720	2	2	4
Los Angeles	77.5	22,437	1	1	2
Los Angeles	78.2dd	106,964	2	2	4
Los Angeles	78.2dddd	109,998	1	3	4
Los Angeles	78.2eeee	112,595	3	1	4
Los Angeles	78.2ii	91,431	2	2	4
Los Angeles	78.2o	124,201	1	3	4
Los Angeles	78.2xxx	103,316	2	2	4
Madera	79.2	14,721	4	0	4
Marin	81	14,462	1	3	4
Mendocino	92	2,538	4	0	4
Mendocino	93.2	6,093	1	3	4
Napa	111.3	1,912	1	2	3
Orange	116u	85,396	0	4	4
Placer	117	17,654	2	2	4
Placer	121.2	65,417	0	4	4
Plumas	125	4,749	2	2	4
San Bernardino	142	1,962	3	0	3
San Diego	161k	79,755	4	0	4
San Francisco	162d	123,362	1	3	4
San Joaquin	169c	87,005	2	2	4
Sierra	191	3,221	2	2	4
Tehama	221	35,238	3	1	4
Ventura	239	107,655	1	3	4
Yolo	242	8,464	1	2	3
Yolo	245	54,222	3	0	3
<b>Total Population</b>		<b>1,428,166</b>			

Revision to Primary Care Shortage Areas

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County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Fresno	35e	89,070	5	5	10
Glenn	36.1	13,566	3	5	8
Glenn	36.2	3,499	3	5	8
Humboldt	38	6,017	5	3	8
Humboldt	40	22,070	2	3	5
Humboldt	44	7,207	4	1	5
Imperial	46	3,052	5	2	7
Imperial	47	10,079	4	5	9
Imperial	48	80,207	3	5	8
Imperial	49	41,337	4	5	9
Imperial	50	27,908	5	1	6
Inyo	54	2,608	2	5	7
Inyo	55	2,351	4	5	9
Inyo	56	579	2	5	7
Kern	57.1	7,124	2	5	7
Kern	57.2	16,035	4	5	9
Kern	58.1	18,970	5	5	10
Kern	58.2	22,212	5	5	10
Kern	59	3,156	5	5	10
Kern	60	65,961	5	3	8
Kern	61	37,534	5	5	10
Kern	62	27,416	2	4	6
Kern	63	14,584	3	3	6
Kern	65	45,258	3	5	8
Kern	66b	129,657	5	2	7
Kern	66c	152,835	2	5	7
Kings	67	10,268	5	5	10
Kings	68	18,746	5	2	7
Kings	69	101,185	3	2	5
Lake	70.2	8,603	4	5	9
Lake	71.1	19,380	5	1	6
Lake	71.2	8,546	1	5	6
Lake	71.3	11,900	2	5	7
Lassen	74	2,820	3	5	8
Lassen	75	2,772	3	5	8
Los Angeles	76.2	22,739	1	5	6
Los Angeles	77.2	15,785	4	5	9
Los Angeles	77.3	16,021	3	5	8
Los Angeles	77.4	12,381	1	5	6
Los Angeles	76.1b	109,782	1	5	6

Revision to Primary Care Shortage Areas

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County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Los Angeles	78.2pp	105,500	2	5	7
Los Angeles	78.2ppp	112,226	4	5	9
Los Angeles	78.2qqq	102,408	4	2	6
Los Angeles	78.2r	81,473	4	5	9
Los Angeles	78.2rr	111,295	1	5	6
Los Angeles	78.2s	93,991	5	5	10
Los Angeles	78.2ss	122,035	5	5	10
Los Angeles	78.2sss	90,537	3	3	6
Los Angeles	78.2t	96,274	1	5	6
Los Angeles	78.2uuu	84,937	4	5	9
Los Angeles	78.2v	110,251	2	5	7
Los Angeles	78.2vv	89,476	2	5	7
Los Angeles	78.2vvv	120,874	1	5	6
Los Angeles	78.2ww	102,413	2	4	6
Los Angeles	78.2y	98,127	2	3	5
Madera	79.1	30,275	2	5	7
Madera	80	98,937	5	1	6
Mariposa	85	15,767	2	5	7
Mariposa	86	1,008	4	5	9
Mendocino	87.1	3,387	3	5	8
Mendocino	90	3,871	4	5	9
Mendocino	93.4	4,315	3	5	8
Mendocino	93.5	2,437	3	5	8
Merced	94	59,949	3	4	7
Merced	95	39,017	3	5	8
Merced	96	44,697	4	5	9
Merced	97.1	73,759	3	2	5
Merced	97.2	26,323	5	0	5
Merced	97.3	7,146	5	5	10
Modoc	98	5,851	4	4	8
Modoc	99	1,218	4	5	9
Modoc	100	1,923	4	5	9
Mono	102	5,377	1	5	6
Monterey	105	15,812	4	1	5
Monterey	106	3,353	2	5	7
Monterey	107	47,707	3	5	8
Monterey	108	53,135	2	5	7
Monterey	109.1	39,611	2	4	6
Napa	111.2	6,503	1	5	6
Napa	112.3	19,559	1	5	6

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County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
San Bernardino	150	13,580	1	5	6
San Bernardino	145.1a	181,406	2	3	5
San Bernardino	145.1b	110,405	3	5	8
San Bernardino	151b	106,491	2	3	5
San Bernardino	151c	128,591	4	3	7
San Bernardino	151d	87,677	1	5	6
San Bernardino	151e	182,918	1	5	6
San Bernardino	151g	121,584	5	2	7
San Bernardino	151h	131,795	4	5	9
San Bernardino	151k	108,385	5	3	8
San Bernardino	151l	138,077	1	5	6
San Diego	152	10,858	2	3	5
San Diego	153.1	7,360	3	5	8
San Diego	153.2	15,754	1	5	6
San Diego	154	1,990	1	5	6
San Diego	155	31,946	1	5	6
San Diego	157	14,564	1	5	6
San Diego	158.2	11,341	0	5	5
San Diego	159	6,291	4	5	9
San Diego	160	66,973	2	3	5
San Diego	156a	115,664	3	2	5
San Diego	156b	109,243	1	5	6
San Diego	156f	95,626	0	5	5
San Diego	161a	130,654	3	3	6
San Diego	161c	78,832	5	0	5
San Diego	161d	101,348	5	5	10
San Diego	161g	94,100	4	5	9
San Diego	161h	79,623	3	4	7
San Diego	161j	118,713	4	5	9
San Diego	161l	82,319	1	5	6
San Diego	161m	86,299	1	5	6
San Diego	161u	81,988	1	5	6
San Francisco	162e	77,243	1	4	5
San Francisco	162f	82,774	3	5	8
San Joaquin	164.2	47,746	1	5	6
San Joaquin	165	4,350	1	5	6
San Joaquin	167	27,910	2	5	7
San Joaquin	168	23,712	1	5	6
San Joaquin	169a	106,492	5	0	5
San Joaquin	169b	140,630	5	1	6

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County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Stanislaus	213	40,043	3	3	6
Stanislaus	214	48,027	2	5	7
Stanislaus	215c	91,021	5	5	10
Sutter	217	2,752	2	5	7
Sutter	218	10,687	5	5	10
Tehama	220	4,600	3	5	8
Tehama	222	17,594	3	4	7
Trinity	223	2,186	3	5	8
Trinity	224	7,967	3	2	5
Trinity	225	3,025	4	5	9
Trinity	226	881	5	0	5
Tulare	227.1	31,823	4	3	7
Tulare	227.2	17,330	5	5	10
Tulare	228.1	15,912	5	5	10
Tulare	228.2	39,720	5	5	10
Tulare	229	5,395	3	4	7
Tulare	230	74,703	4	4	8
Tulare	231	94,831	5	3	8
Tulare	232	5,325	3	5	8
Tulare	233	149,456	3	2	5
Ventura	240c	90,337	1	5	6
Ventura	241a	107,045	2	5	7
Yolo	243	4,295	2	5	7
Yolo	246.2	3,844	2	5	7
Yuba	247	5,283	3	2	5
Yuba	248	5,001	3	5	8
Yuba	249	62,971	4	5	9
<b>Total Population</b>		<b>18,118,346</b>			

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County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Los Angeles	78.2eee	79,945	2	0	2
Los Angeles	78.2gg	101,284	2	1	3
Los Angeles	78.2hh	84,039	1	0	1
Los Angeles	78.2j	115,781	1	3	4
Los Angeles	78.2jj	123,906	1	2	3
Los Angeles	78.2kkk	122,853	1	0	1
Los Angeles	78.2kkkk	81,571	2	0	2
Los Angeles	78.2lll	109,432	3	0	3
Los Angeles	78.2m	99,514	3	0	3
Los Angeles	78.2mm	101,041	1	0	1
Los Angeles	78.2nn	80,666	2	1	3
Los Angeles	78.2q	105,933	3	1	4
Los Angeles	78.2rrr	105,871	1	3	4
Los Angeles	78.2tt	116,227	1	0	1
Los Angeles	78.2ttt	127,721	2	1	3
Los Angeles	78.2u	90,734	1	0	1
Los Angeles	78.2uu	84,709	1	0	1
Los Angeles	78.2w	119,283	2	0	2
Los Angeles	78.2www	127,586	2	1	3
Los Angeles	78.2x	121,603	2	0	2
Los Angeles	78.2xx	118,913	0	1	1
Los Angeles	78.2yy	81,244	1	0	1
Los Angeles	78.2yyy	127,050	3	0	3
Los Angeles	78.2z	80,291	3	0	3
Los Angeles	78.2zz	103,409	3	0	3
Los Angeles	78.2zzz	109,825	2	2	4
Marin	82	27,586	1	1	2
Marin	83a	104,707	0	0	0
Marin	83b	95,941	1	1	2
Mendocino	88	4,165	2	1	3
Mendocino	89	11,580	3	0	3
Mendocino	91	13,413	2	1	3
Mendocino	93.1	24,946	3	0	3
Mendocino	93.3	1,808	2	0	2
Mono	103	7,640	2	0	2
Monterey	104	987	2	0	2
Monterey	109.2	147,482	3	0	3
Monterey	110	90,280	1	0	1
Napa	111.1	12,361	1	1	2
Napa	112.1	60,712	1	0	1

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County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
San Bernardino	151i	100,089	2	0	2
San Bernardino	151j	99,683	1	1	2
San Diego	158.1	22,757	2	2	4
San Diego	156c	148,334	0	1	1
San Diego	156d	124,880	2	1	3
San Diego	156e	133,943	3	1	4
San Diego	161b	92,126	2	0	2
San Diego	161e	89,887	4	0	4
San Diego	161f	77,534	2	0	2
San Diego	161o	79,494	1	0	1
San Diego	161p	148,641	0	3	3
San Diego	161q	78,841	0	0	0
San Diego	161r	83,597	1	0	1
San Diego	161s	133,686	1	2	3
San Francisco	162a	107,915	4	0	4
San Francisco	162b	93,303	1	0	1
San Francisco	162c	112,796	2	0	2
San Francisco	162g	115,625	1	0	1
San Francisco	162h	89,055	1	0	1
San Joaquin	163	97,462	1	3	4
San Joaquin	164.1	79,691	2	2	4
San Joaquin	166	61,213	3	1	4
San Luis Obispo	170	36,843	1	0	1
San Luis Obispo	171	80,776	1	2	3
San Luis Obispo	172	51,510	4	0	4
San Mateo	176a	91,503	1	2	3
San Mateo	176b	83,531	2	1	3
San Mateo	176c	79,442	0	1	1
San Mateo	176d	123,741	1	1	2
San Mateo	176e	94,627	0	1	1
San Mateo	176f	99,854	1	1	2
San Mateo	176g	77,515	0	3	3
Santa Barbara	178.1	18,325	1	2	3
Santa Barbara	181b	80,012	1	0	1
Santa Clara	182	112,752	1	2	3
Santa Clara	183a	119,684	1	0	1
Santa Clara	183b	127,366	1	2	3
Santa Clara	183c	85,923	1	2	3
Santa Clara	183f	113,296	0	4	4
Santa Clara	183i	107,778	0	0	0

**Recommendation**

The Commission adopted a formal method for designating Primary Care Shortage Areas in 2004. OSHPD proposes to revise those PCSA scores with 2010 physician counts data and 2010 estimated data for demographics. The proposed revision is based on updated data only. OSHPD staff are not recommending changing either the qualifying threshold criteria or methodology for calculating the PCSA designation.

OSHPD staff recommend that the Commission adopt the updated PCSA scores based on new and current data using the existing criteria and methodology.

**Recommended Motion**

OSHPD recommends that the Commission adopt this paper as a formal motion, thereby revising the list of designated PCSAs with 2010 demographic and 2010 primary care physician data.



## Office of Statewide Health Planning and Development

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Attachment C



**To:** California Healthcare Workforce Policy Commission      **Date:** February 6, 2012

**From:** Song-Brown Program  
Healthcare Workforce Development Division

**Subject:** Proposed Evaluation Criteria

- In 2008, the Song-Brown funding worksheets were revised to emphasize the statutory requirements of the Song-Brown Program and to provide individual program data in a format that could be reviewed easily by Commission members during funding meetings.
- An Evaluation Criteria (EV) Task Force has been assembled that consists of five Commissioners representing each discipline and one representative from each discipline. The EV Task Force will meet to establish evaluation criteria for the Song-Brown Program on March 22 and April 10, 2012.
- The EV Task Force will place emphasis on the following statutory priorities to determine the evaluation criteria that will be used to measure each program's success in meeting the goals of the Song-Brown Program:
  - Placing of graduates in Areas of Unmet Need (AUNs) (% of graduates in AUNs);
  - Attracting and admitting underrepresented minorities (URMs) and/or economically disadvantaged groups to the program (% of URMs);
  - Location of the program and/or clinical training sites in medically underserved areas (Areas of Unmet Need).
- In addition the EV Task Force will review other statutory priorities, considerations and other factors.

It is anticipated that the Evaluation Criteria Task Force will provide Song-Brown Program applicants with a consistent scoring mechanism and ensure that the worksheets can be used to provide transparency and feedback to those applicants seeking limited Song-Brown funds.

UCSF  
University of California  
San Francisco

## California's Nursing Workforce: New Research

Joanne Spetz, Ph.D.  
University of California, San Francisco  
February 7, 2012

UCSF  
University of California  
San Francisco

### What is going on in our RN labor market?

- More than a decade of severe shortage, 1998-2008
- Reports that new graduates cannot find jobs 2009-now
- Stories that nurses are not retiring when expected
- Shortages in some regions

Context: Ongoing recession, high unemployment, severe regional differences

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San Francisco

### Survey of Nurse Employers, Fall 2010

- Collaboration between UCSF, CINHC, and HASC
- Email survey with option to return paper survey via fax or email
- Questions based on previous CINHC survey and National Forum of State Nursing Centers "Minimum Demand Data Set" recommendations
- Follow-up short survey conducted Spring 2011

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San Francisco

### Perceptions of employers, fall 2010

Perception	Count (approx.)
High demand: difficult to fill open positions	10
Moderate demand: some difficulty filling open positions	45
Demand is in balance with supply	15
Demand is less than supply available	40
Demand is much less than supply available	35
Other	5

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San Francisco

### Differences across regions, Fall 2010 & Spring 2011

Region	Fall 2010 Survey (Average Ranking)	Spring 2011 Survey (Average Ranking)
Sacramento & Northern CA	2.8	2.6
San Francisco Bay Area	3.8	3.5
Central California	3.0	2.0
Los Angeles	3.2	3.0
Inland Empire & Southern Border	3.3	2.8
California	3.4	2.8

Lower number = more shortage

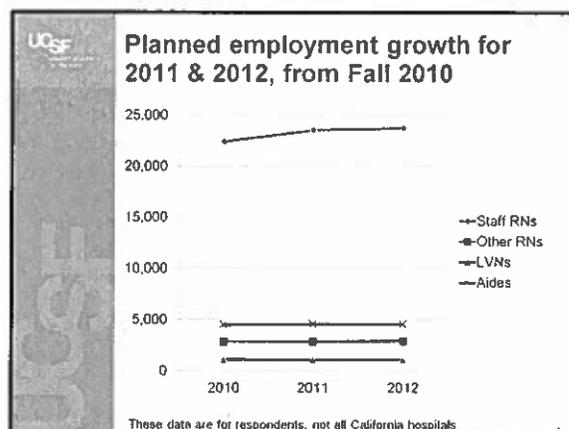
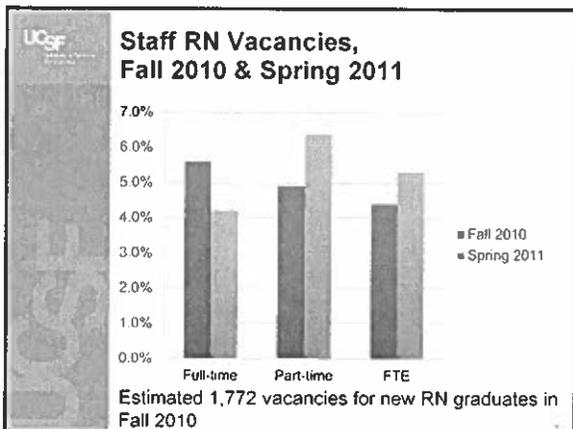
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### Rural versus urban perceptions

Hospital Type	Average Ranking
Rural hospitals (n=11)	2.3
Urban hospitals (n=39)	3.0

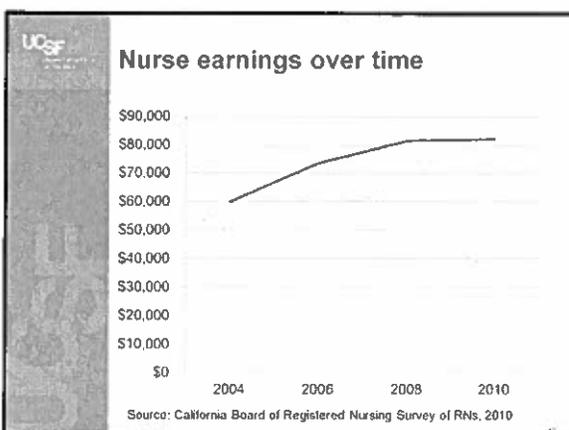
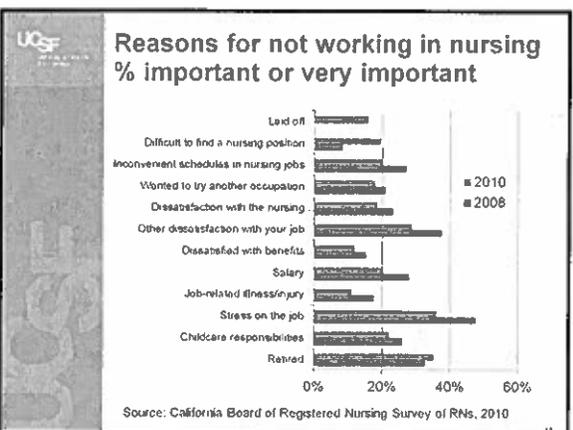
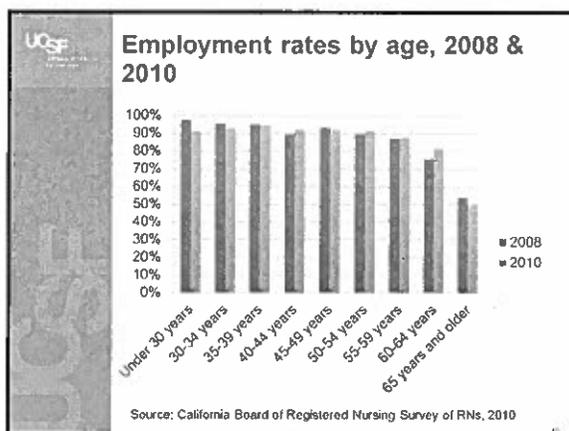
Spring 2011 survey

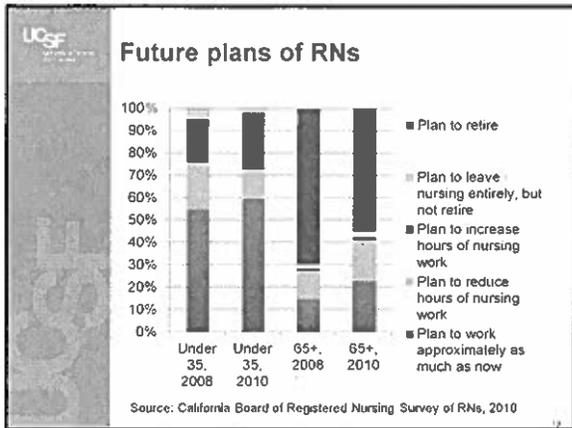
Lower number = more shortage



### BRN surveys

- Survey of RNs, 2010
  - 10,000 RNs sampled, ~65% response rate
  - Paper survey with option to do online survey
- Annual Schools Survey, 2010-11
  - Online survey of all nursing programs
  - 100% response rate

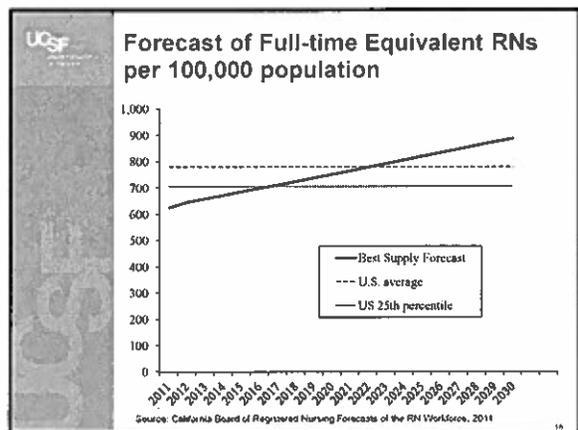
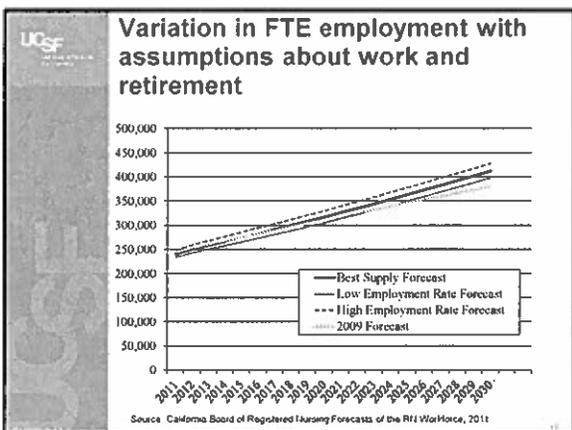
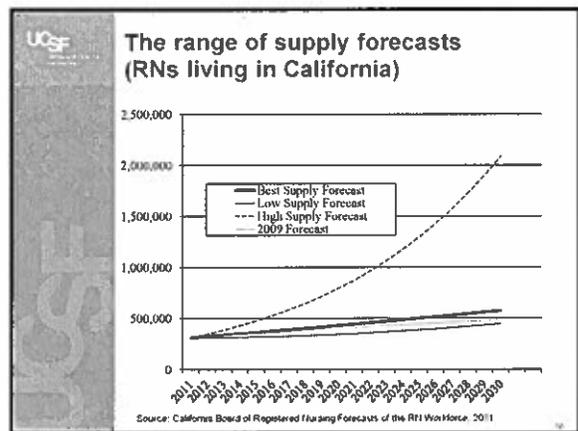
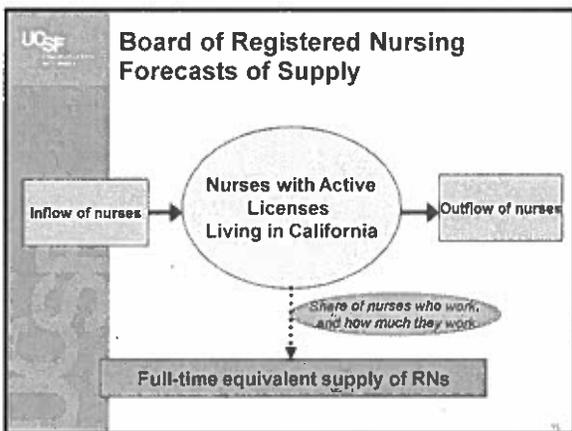




### RN Graduations are expected to drop in 2012-2013

	New enrollment	Projected enrollment from 1 yr	Projected enrollment from 2 yrs	Graduations
2008-2009	13,988	14,621	13,692	10,526
2009-2010	14,228	14,917	14,216	11,512
2010-2011		13,055	14,835	12,447*
2011-2012			13,223	13,273*
2012-2013				11,616*
2013-2014				11,766*

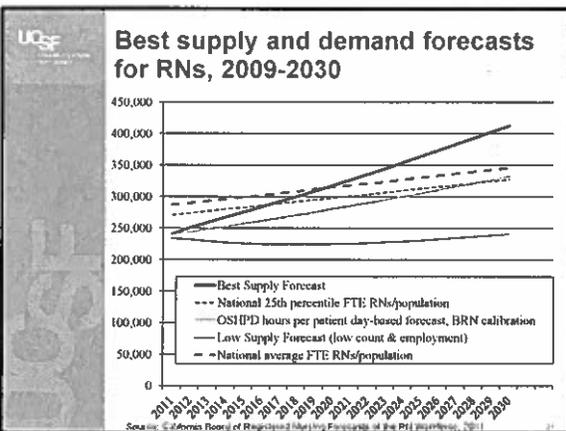
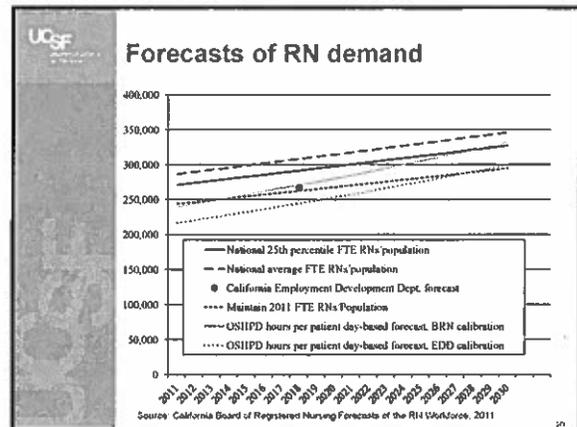
Source: California Board of Registered Nursing Annual Schools Report, 2009-2010



**UCSF**

### What is demand?

- National benchmarks: Employed RNs per 100,000
- Bureau of Labor Statistics, forecast of 2018 demand
- Growth based on current hospital employment & expected growth in patient days
- Potential impact of PPACA



**UCSF**

### Implications for policy

- How do we define shortage?
  - Are current employment levels adequate?
  - Should California be at the national average? 25<sup>th</sup> percentile? Bottom?
  - Economic demand vs. need-based demand
- In this economy...
  - Demand estimates have dropped and supply is high

**UCSF**

### What is happening next?

- UCSF, CINHC, and the Hospital Associations is analyzing Year 2 of the employer survey
- UCSF & BRN are nearly done with the 2011-12 Annual Schools Survey
- 2012 BRN Survey of RNs (mailed in spring)

**UCSF**

### Questions?

Thoughts?

Ideas?

Perspectives?

Song-Brc Program  
Registered Nurse Program Awards  
February 2012

Attachr. E

Program	County	Program Type	Capitation	Special Program	Total Award
Azusa Pacific University	Los Angeles	BSN	\$192,000.00		\$192,000.00
California State University, Chico	Butte	MSN		\$105,000.00	\$105,000.00
California State University, East Bay	Alameda	BSN	\$96,000.00		\$96,000.00
California State University, Fresno	Fresno	BSN	\$144,000.00	\$105,000.00	\$249,000.00
California State University, Long Beach	Los Angeles	BSN	\$96,000.00	\$105,000.00	\$201,000.00
California State University, Stanislaus	Stanislaus	BSN	\$240,000.00		\$240,000.00
Charles R. Drew University	Los Angeles	MSN	\$96,000.00		\$96,000.00
College of the Canyons	Los Angeles	ADN	\$160,000.00	\$124,939.00	\$284,939.00
College of the Sequoias	Tulare	ADN	\$20,000.00		\$20,000.00
Fresno City College	Fresno	ADN	\$120,000.00		\$120,000.00
Los Angeles County College	Los Angeles	ADN		\$100,000.00	\$100,000.00
Los Angeles Harbor College	Los Angeles	ADN	\$160,000.00	\$125,000.00	\$285,000.00
Merced College	Merced	ADN	\$120,000.00		\$120,000.00
Point Loma Nazarene University	San Diego	BSN		\$105,000.00	\$105,000.00
Santa Ana College	Orange	ADN	\$120,000.00	\$105,000.00	\$225,000.00
University of San Diego, Hahn School of Nursing	San Diego	MSN	\$36,000.00		\$36,000.00
West Hills College, Lemoore	Kings	ADN	\$200,000.00	\$125,000.00	\$325,000.00
<b>Totals</b>			<b>\$1,800,000.00</b>	<b>\$999,939.00</b>	<b>\$2,799,939.00</b>

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PHYSICIAN ASSISTANT MENTAL HEALTH SPECIAL PROGRAM  
FUNDING AWARDS  
FEBRUARY 2012

Attachment F

Program	Funding Awards
University of California Davis	\$100,000.00
Moreno Valley College	\$99,999.00
Keck School of Medicine - USC	\$100,000.00
Touro University	\$100,000.00
<b>Total Awards</b>	<b>\$399,999</b>



## Office of Statewide Health Planning and Development



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Attachment G

December 12, 2011

**Song-Brown Workforce Education and Training Survey**

The Song-Brown Health Care Workforce Training Act (Song-Brown Program) was established in 1973 to increase the number of health professional training slots in established medical schools. The program encourages universities and primary care health professionals to provide healthcare in medically underserved areas, and provides financial support to family practice residency, nurse practitioner, physician assistant, and registered nurse (RN) education programs throughout California.

The Song-Brown Physician Assistant Mental Health (PA MH) Special Program was established in 2009 through a partnership between the Office of Statewide Health Planning and Development's (OSHPD) Song-Brown Program and the Department of Mental Health (DMH).

A total of \$500,000.00 Mental Health Services Act (MHSA) funds are provided to the Song-Brown Training Program annually. Funds are awarded to applicants that best demonstrate the incorporation of MHSA principles into the special program. PAs are mid-level providers that, with Song-Brown PA MH Special Program funds, are trained to develop treatment plans, order and administer psychotropic medications, and provide primary health care services to the underserved population in areas of unmet need in California.

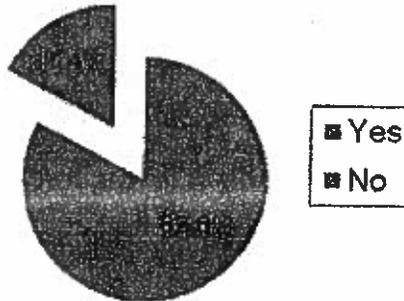
OSHPD and DMH staff are working together to find solutions to the challenges faced by the PA MH Special Program applicants and awardees.

In October OSHPD sent out the enclosed survey to Workforce Education and Training (WET) Coordinators to determine their interest in working with and training physician assistants in their facilities in an effort to meet the Mental Health provider shortage. WET survey participants stated that they were very interested in having Physician Assistants train and work in their facilities, however, they expressed some challenges: 1) some counties do not use PAs in their health care system, 2) there is no infrastructure to employ PAs and no funding for employment, 3) oversight or supervision of PAs is a concern.

The survey results are as follows:

- Twenty-three Workforce Education and Training (WET) Coordinators were E-mailed the following link to the electronic survey:  
<http://www.surveymonkey.com/s/K33GBJ2>

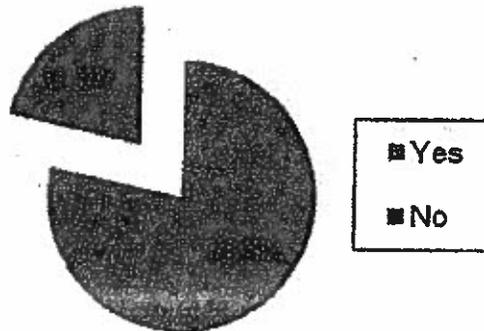
- The total number of surveys returned was 23, which yielded a 100% response rate.
  1. **Contact information for the person completing the survey**
    - ★ The respondents' contact information is not provided in this report in order to maintain anonymity
  2. **Are you interested in having Physician Assistants (PAs) working in your public mental health system?**



### Additional Comments

- Possible too expensive so we might have to share
- If we had available required supervision, we only have a very part-time psychiatrist that does most work via telemedicine. We have a psych nurse practitioner.
- We currently have one (part-time) PA and two (full-time) NPs working in our Behavioral Health Services.
- Do not have the internal resources (\$\$) to offer required supervision
- We now have a 6-month fellowship training program in psychiatry for PA-Cs to become specialist in psychiatry through the Song-Brown Grant. The grant is a collaborative effort between RCDMH, RCRMC, and RCC.
- We don't have the infrastructure set up to employ them.
- We have no \$ to be able to hire PAs at this time.
- It appears that the City & County of San Francisco's Department of Public Health - Community Behavioral Health Services does not fully utilize PAs at this time. But I would like to help management consider this option.
- Would be interested to know the difference between a Physician Assistant and a Nurse Practitioner in terms of scope of practice and training
- Yes, the difficulty is currently PAs are not being used by many in behavioral health in San Diego.
- Not at this time. We have had difficulty in finding one of our psychiatrists who is willing to take on the personal liability and sign the required 'Delegation of Services Agreement'.
- Our interest is in exploring what this would look like.
- Willing to review possibilities for our various levels of care
- I am assuming these are Psychiatric PAs...

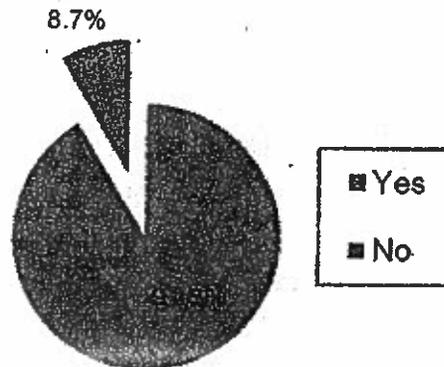
3. Would you be willing to train PAs in your public mental health system if you were able to draw down State funds for clinical training?



#### Additional Comments

- But only if we had external supervision - see above regarding psychiatrist.
- If there are funds to offer training
- See above. We currently have two fellows in our Song-Brown grant program.
- Not sure who can supervise this classification. However, we are short on MD time and staff time, so this would be a factor in training.
- At this time, I don't think the City & County of San Francisco's Department of Public Health - Community Behavioral Health Services has the capacity to train PAs at this time.
- Yes, but would need a shift in the system to accommodate PA positions.
- Possibly, but only if, as with #2, we could find a psychiatrist willing to sign the delegation agreement.
- We would need more information on training/supervision requirements.
- Possibly.

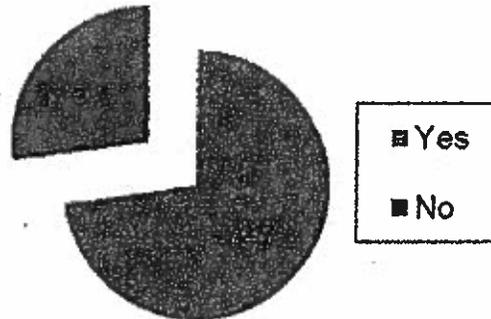
4. **Would you be willing to hire PAs to work in your public mental health system? If yes, what challenges do you face in recruiting or hiring PAs? If no, please explain your response.**



#### **Additional Comments**

- We would need to be able to add them into the current job classes in Mental Health, they currently do not exist, but as we move toward further integration of the Primary/Behavioral Health care home it makes much sense.
- With adequate funding, and if additional clarification could be provided with respect to supervision requirements.
- If match was not an issue and there was an ongoing funding source
- Appropriate supervision.
- Challenges have been a lack of PAs already specialty-trained in mental health.
- Ensuring the training time and maximizing the billing of Medi-Cal.
- We have no medical providers as staff. Also, equipping Mental Health facility to offer primary care at this facility would require DPH licensure and equipment purchase.
- Currently, RCDMH has no positions established for PA-Cs, so they would need to be established. We would only hire PA-Cs with subspecialty training in psychiatry to work in MH. An obstacle is finding psychiatrist supervisors who are willing to take on the oversight of the PA-Cs.
- We would be if we had a classification to hire these individuals and if there was \$ to pay for such a position.
- At this time, I don't think the City & County of San Francisco's Department of Public Health - Community Behavioral Health Services is considering hiring PAs at this time.
- The hourly wage at the county is lower than industry standards but benefits are better.
- This is a hesitant "Yes" as I would need to investigate this question further within our system to see if it is possible.
- But the challenge would be creating the positions in San Diego's behavioral health workforce.
- We have had PAs in the past. Recruitment is an issue as we are a rural area.
- Would need to create the position with HR and seek funding for any such positions
- Possibly, in lieu of a psychiatrist or child psychiatrist if we ever lost ours.

5. Are you interested in forming a partnership with a PA program in your county or region?



**Additional Comments**

- We have something similar in Public Health
- Currently we have a SAMHSA grant to partner with Ampla Health (FQHC) to integrate primary care and mental health services. We are currently doing integrated services at the FQHC site.
- Already done. Psychiatry Fellowship (6 month) is a partnership of Riverside County Regional Medical Center, Riverside County Department of Mental Health and Riverside Community College. RCRMC also has PA students from RCC on rotations continually, including psychiatry as part of their general PA training.
- Do not have the \$ nor staff capacity for supervision at this time.
- I would like my county to form partnerships with PA programs, but management still needs to be open to considering the utilization of PAs.
- Yes, to learn more.
- Not at this time as noted in #2 above.
- We are always open to discussion.
- We have our own Psychiatric Residency Training program and might be able to tie that in.
- Possibly; depends on the program and the expectations of our County.

6. If yes to Question #5, please identify which program you are interested in.

PA Programs That Respondents Are Interested In

