

RN Task Force Meeting Materials

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Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Executive Summary:

Staff Recommendation:

Adopt the Increase of character length for all text fields to 3000 characters each for both capitation and special program applications that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Statistics Information:

Staff Recommendations:

1. Academic Years: Change to 12/13
2. Academic Years: Change to 11/12
3. Questions 6 thru 8: Of those that trained (use graduated instead of trained)

STATISTICS

Instructions:

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

Academic Year (AY)		2011/12	2010/11
1.	What is the total enrollment capacity for your program based on your accrediting body or college?	24 *	42 *
2.	How many qualified students applied to your program?	129 *	138 *
3.	How many students were accepted?	31 *	46 *
4.	Of those students accepted how many were enrolled?	31 *	46 *
5.	Of those students enrolled how many graduated?	24 *	36 *
6.	Of those trained how many students were Male?	4 *	4 *
7.	Of those trained how many students were Female?	20 *	32 *
8.	Of those trained how many students were transgender?	0 *	0 *
9.	What is your program's attrition rate?	23 %* <input type="checkbox"/> N/A	22 %* <input type="checkbox"/> N/A
10.	What is your program's first time NCLEX pass rate?	88 %* <input type="checkbox"/> N/A	97 %* <input type="checkbox"/> N/A

What percent (average) of your program's total clinical hours is spent in areas of unmet need?

100 %*

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Graduate Information

Changes to Grad Year ddl

1. Academic Years: add 2013/14
2. Academic Years: Remove 2010/11

GRADUATES INFORMATION

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name

Graduate First Name

 HPEF Scholar

 NHSC Recipient

Practice Specialty

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Underrepresented Minorities

Changes to Graduate Years:

1. Graduate Years: Add 2013/14
2. Graduate Years: Remove 2010/11

Change to Current Students

1. Current students: 2014/15

Current URM page

UNDERREPRESENTED MINORITIES

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

Category	Graduates 2011/12	Graduates 2010/11	Total	Current Students/ Residents 2013/14
African American/Black/African	1	0	1	3
American Indian/Native American/Alaskan Native	0	0	0	1
Cambodian	0	0	0	0
Caucasian/White/European/Middle Eastern	12	25	37	39
Central American	0	0	0	0
Chinese	0	0	0	0
Cuban	0	0	0	0
Fijian	0	0	0	0
Filipino	3	1	4	7
Guamanian	0	0	0	0
Hawaiian	0	0	0	0
Indian	0	0	0	0
Indonesian	0	0	0	0
Japanese	0	0	0	0
Korean	0	0	0	0
Laotian/Hmong	0	0	0	0
Mexican	0	0	0	0
Pakistani	0	0	0	0
Puerto Rican	0	0	0	0
Samoan	0	0	0	0
South American	0	0	0	0
Thai	0	0	0	0
Tongan	0	0	0	0
Vietnamese	0	0	0	0
Other	0	0	0	1
Other Asian	3	5	8	1
Other Hispanic	5	5	10	7
Other Pacific Islander			0	0
Total	24	36	60	59

Defined as underrepresented by the California Healthcare Workforce Policy Commission

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Proposed page redesign of URM Table

Staff Recommendation:

Adopt the proposed page redesign of URM Table that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

Category	Graduates 2011/12	Graduates 2012/13	Total	Current Students 2014/15
American Indian, Native American or Alaska Native				
Asian				
Asian Indian				
Cambodian				
Chinese				
Filipino				
Indonesian				
Japanese				
Korean				
Laotian/Hmong				
Malaysian				
Pakistani				
Thai				
Vietnamese				
Black, African American or African				
Hispanic or Latino				
Native Hawaiian or Other Pacific Islander				
White/Caucasian, European/Middle Eastern				
Other				

Yellow highlight defines underrepresented minority by the California Healthcare Workforce Policy Commission (CHWPC)

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Staff Recommendation:

Adopt the clean-up language in that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION'S
RACE/ETHNICITY DEFINITIONS

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

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

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

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

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

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

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

UNDERREPRESENTED MINORITY DEFINITION

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

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Faculty Qualifications

Explain how your program's faculty possesses the knowledge, skills, and experience needed to deliver a **primary care curriculum** with an emphasis on health care disparities (for example: indicate staff honors, awards, publications, and professional and/or research experience).

Staff Recommendation:

Use the same table approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting with changes to the instruction below.

New instruction would read: Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a **primary care curriculum** with an emphasis on health care disparities (Examples should include relevant primary care health disparities, honors, awards, publications and professional and/or related research experience)

FACULTY QUALIFICATIONS

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

Using the table provided, describe the duties of all personnel (faculty and staff) that will contribute 25% or more of their time to your proposed special program. List all personnel regardless of whether you are requesting Song-Brown funding support.

Job Title/Position	Project Role

Faculty Member Name/Position
Qualifications

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Scoring and Scoring Comments

Section 1 – Statutory Priorities

None

Section II – Other Considerations

1. Does the program have an attrition rate less than 10.3% (ADNs); 10.2% (BSNs) or 19.1% (ELMs) based on the most recent BRN Annual School Report?

Staff Recommendation:

Based on the 2012-2013 BRN Annual School Report, update the question to read:

Does the program have an attrition rate less than 14% (ADNs); 10.3% (BSNs) or 4.9% (ELMs) based on the most recent BRN Annual School Report?

Other Considerations			
Section II	Priority	Comments	Points Available
	1	Does the program have an 85% or better 1st time pass rate on licensing exams?	3
	2	Does the program have an attrition rate less than 10.3% (ADNs); 10.2% (BSNs) or 19.1% (ELMs) based on the most recent BRN Annual School Report?	3
3	6	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?	3
3a	10	Does the faculty URM diversity and/or gender diversity reflect the community it serves?	2
4	12	Does the program have an evaluation process to review the program's effectiveness and deficiencies such as those required by a national and/or regional accrediting body?	3
4a	14	How is the program addressing the deficiencies identified by the accrediting bodies?	2
5	19	Does the program have academic advising that supports students throughout all stages of the pathway?	3
6	19.a.	Does the program provide assistance in job placement and/or training programs for new graduates?	5
7	20	Is the program a part of a collaborative model of nursing education that expands advancement in degree opportunities for students/graduates?	3
8	21	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?	4
Total points possible and awarded for Section II			31
Total points possible and awarded for Sections I and II			100

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Proposed Changes to the Evaluation Criteria

1. Does the program have a 85% or better first-time pass rate on licensing exams?

Action Item: Award applicants three points for 75% or better pass rate.

Staff Recommendation:

Based on the 2012-2013 BRN Annual School Report, update the evaluation criteria to reflect a sliding scale for a competitive application. Score as:

85% or better pass rate = 3 points

75% - 84% = 2 points

Below 75% = 0 point

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Section I	Statutory Criteria	Total Points Available
1.	Placement of graduates in Registered Nurse Shortage Areas (RNSA). (% and # of graduates in RNSAs) Cal REACH to populate.	15
1. a.	Counseling and placement program to encourage graduate placement in RNSAs 1. No description = 0 point 2. Brief description of program = 1 point 3. 1 additional point for each example cited up to 4 points maximum (e.g., specific strategies, job fairs, guest speakers, online resources)	5
1. b.	Cultural competency/culturally responsive care incorporated into the program curriculum 1. No description = 0 point 2. Well defined description of culture competency/culturally responsive care = 1-3 points 3. 1 additional point for each example cited up to 4 points maximum (e.g., Integration of culture in curriculum; not just one course; examples of how culture integrated and content taught; specific strategies used to incorporate and apply cultural concepts)	7
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates) Cal REACH to populate.	15

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Section I	Statutory Criteria	Total Points Available
2. a.	<p>Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in RNSAs</p> <ol style="list-style-type: none"> 1. Every Applicant = 4 points 2. 1 additional point for each activity cited up to 3 points maximum <p>(e.g. 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 RNSAs. (% and # of training sites in RNSAs)</p> <p>Cal REACH to populate</p>	15
3. a.	<p>Percent of clinical hours in RNSAs</p> <ol style="list-style-type: none"> 1. 0% - in RNSA = 0 point 2. 1% - 20% - in RNSA = 1 point 3. 21% - 40% in RNSA = 2 points 4. 41% – 60% in RNSA = 3 points 5. 61% – 80% in RNSA = 4 points 6. 81% - 100% location of program and/or training sites in RNSA = 5 points <p>5 pts = 100%</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 licensing exams?</p> <ol style="list-style-type: none"> 1. Below 75% = 0 point 2. 75% and above = 3 point 	3

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Section II	Other Considerations	Total Points Available
2.	(2 yr average) Does the program have an attrition rate less than 10.3% (ADNs); 10.2% (BSNs) or 19.1% (ELMs) Based on the most recent BRN Annual School Report? 1. Every applicant = 3 points (PASS)	3
3.	Does the programs faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 1. 1 point for each unique faculty member up to 3 points maximum	3
4.	Does the faculty URM diversity and/or gender diversity reflect the community it serves? 1. No diversity = 0 point 2. Any diversity present in faculty = 2 points	2
5.	Does the program have an evaluation process to review the program's effectiveness and deficiencies such as those required by a national and/or regional accrediting body? (i.e. NLNAC , CCNE, WASC, etc.) 1. No evaluation plan identified = 0 point 2. Evaluation plan identified = 3 points (All universities have WASC accreditation; however not all ADN programs have the additional accreditation from a national accrediting body; if so it will be ACEN. Also NLNAC no longer exists, it is now ACEN; CCNE only accredits BSN and higher degree programs. Note – All programs accredited by these agencies have evaluation plan)	3

ACEN

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

Section II	Other Considerations	Total Points Available
6.	<p>How is the program addressing the deficiencies identified by the accrediting bodies?</p> <ol style="list-style-type: none"> 1. No deficiency evaluation plan identified = 0 point 2. No deficiencies or evaluation plan addresses deficiencies = 2 points <p>For the ADN programs there may not be any deficiencies from a regional accrediting body (WASC) for ADN; however there will be some recommendations from a BRN site visit. And we should know how they are addressing these (have to submit a progress report to BRN.) There will be deficiencies or recommendations from an ACEN or CCNE accreditation visit.</p> <p>(Note – All programs accredited by these agencies have evaluation plans)</p>	2
7.	<p>Does the program have academic advising that supports students throughout all stages of the pathway?</p> <ol style="list-style-type: none"> 1. No description of academic advising = 0 point 2. Brief description of academic advising = 1 point 3. 1 additional point for each example cited up to 2 points maximum <p>(e.g., A specific advisor that works with nursing students; not just an advisor that sometimes works with nursing students; specifically assigned to nursing students (works with them from entry to graduation.)</p>	3
7a.	<p>Does the program provide assistance in job placement and/or training programs for new graduates?</p> <ol style="list-style-type: none"> 1. No description = 0 point 2. New graduate training program and/or job placement assistance comprehensively described =1 points 3. Employer Workshops = 2 points 4. Job Placement Centers = 2 points 	5

Proposed changes to the 2014 Registered Nurse (RN) Education Capitation Application

	(e.g., Job placement center available. Workshops where employers come to college and presents to graduates)	
Section II	Other Considerations	Total Points Available
8.	<p>Is the program a part of a collaborative model of nursing education that expands advancement in degree opportunities for students/graduates?</p> <ol style="list-style-type: none"> 1. No description of any collaborative efforts = 0 point 2. Description of collaborations (example ADN to BSN; MSN to DNP) between educational programs = 3 points <p>(This occurs with the CSU and Community College nursing programs; Private universities sometimes have partnerships with CCs; so far UCs do not.)</p>	3
9.	<p>Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?</p> <ol style="list-style-type: none"> 1. 0 letters = 0 point 2. 1 letter of support (adequate) = 1 point 3. 2-4 letters of support (adequate) = 2-3 points 4. 2-4 strong letters of support describing the relationship = 4 points <p>(Specific letters addressing how they collaborate. Nursing programs are all looking for these types of collaborations)</p>	4
Total points possible for Section II		31
Total Possible Score (Section I and II)		100

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Executive Summary:

Staff Recommendation:

Adopt the Increase of character length for all text fields to 3000 characters each for both capitation and special program applications that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Statistics Information:

Staff Recommendations:

1. Academic Years: Change to 12/13
2. Academic Years: Change to 11/12
3. Questions 6 thru 8: Of those trained (use graduated instead of trained)

Academic Year (AY)		2011/12	2010/11
1.	What is the total enrollment capacity for your program based on your accrediting body or college?	440	440
2.	How many qualified students applied to your program?	242	186
3.	How many students were accepted?	424	257
4.	Of those students accepted how many were enrolled?	244	230
5.	Of the students enrolled how many graduated?	408	211
6.	Of those trained how many students were Male?	102	106
7.	Of those trained how many students were Female?	465	505
8.	Of those trained how many students were transgender?	0	0
9.	How many students will be supported through these Song-Brown funds if an award is made as a result of this application?		
10.	What is your programs attrition rate?	5% N/A	3% N/A
11.	What is your programs first time NCLEX pass rate?	82.61% N/A	81.11% N/A

What percent (average) of your program's total clinical hours is spent in areas of unmet need?
 100%

How many current students will be supported through these Song-Brown funds if an award is made as a result of this application?
 20

Graduate Information

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Changes to Grad Year ddl

1. Academic Years: add 2013/14
2. Academic Years: Remove 2010/11

GRADUATES INFORMATION

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name

Graduate First Name

 HPEF Scholar

 NHSC Recipient

Practice Specialty

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Underrepresented Minorities

Changes to Graduate Years:

1. Graduate Years: Add 2013/14
2. Graduate Years: Remove 2010/11

Change to Current Students

1. Current students: 2014/15

Current URM

UNDERREPRESENTED MINORITIES

Instructions:

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

Category	Graduates 2011/12	Graduates 2010/11	Total	Current Students/ Residents 2013/14
African American/Black/African	1	0	1	3
American Indian/Native American/Alaskan Native	0	0	0	1
Cambodian	0	0	0	0
Caucasian/White/European/Middle Eastern	12	25	37	39
Central American	0	0	0	0
Chinese	0	0	0	0
Cuban	0	0	0	0
Fijian	0	0	0	0
Filipino	3	1	4	7
Guamanian	0	0	0	0
Hawaiian	0	0	0	0
Indian	0	0	0	0
Indonesian	0	0	0	0
Japanese	0	0	0	0
Korean	0	0	0	0
Laotian/Hmong	0	0	0	0
Mexican	0	0	0	0
Pakistani	0	0	0	0
Puerto Rican	0	0	0	0
Samoan	0	0	0	0
South American	0	0	0	0
Thai	0	0	0	0
Tongan	0	0	0	0
Vietnamese	0	0	0	0
Other	0	0	0	1
Other Asian	3	5	8	1
Other Hispanic	5	5	10	7
Other Pacific Islander			0	
Total	24	36	60	59

Defined as underrepresented by the California Healthcare Workforce Policy Commission

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Staff Recommendation:

Adopt the proposed page redesign of URM Table that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

Proposed page redesign of URM Table

Category	Graduates 2011/12	Graduates 2012/13	Total	Current Students 2014/15
American Indian, Native American or Alaska Native				
Asian				
Asian Indian				
Cambodian				
Chinese				
Filipino				
Indonesian				
Japanese				
Korean				
Laotian/Hmong				
Malaysian				
Pakistani				
Thai				
Vietnamese				
Black, African American or African				
Hispanic or Latino				
Native Hawaiian or Other Pacific Islander				
White/Caucasian, European/Middle Eastern				
Other				

Yellow highlight defines underrepresented minority by the California Healthcare Workforce Policy Commission (CHWPC)

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Staff Recommendation:

Adopt the clean-up language in red that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

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.

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

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

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

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

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

UNDERREPRESENTED MINORITY DEFINITION

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

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Faculty Qualifications

Faculty Qualifications question “Explain how your program's faculty possesses the knowledge, skills, and experience needed to deliver a primary care curriculum with an emphasis on health care disparities (for example: indicate staff honors, awards, publications, and professional and/or research experience)” is not asked in the Special Programs application.

Staff Recommendation:

Add and use the same table approved at the Family Medicine Policy Meeting and FNP/PA Task Force with changes to the instruction below.

New instruction would read: Using the table provided, describe how your program’s *personnel (faculty and staff) will contribute 25% or more of their time to your proposed special program* possesses the knowledge, skills and experience needed to deliver a **primary care curriculum** with an emphasis on health care disparities (Examples should include relevant primary care health disparities, honors, awards, publications and professional and/or related research experience)

<u>FACULTY QUALIFICATIONS</u>			
Instructions: Please fill in the appropriate fields. Required fields are marked with an *. When done, click the SAVE button.			
Using the table provided, describe the duties of all personnel (faculty and staff) that will contribute 25% or more of their time to your proposed special program. List all personnel regardless of whether you are requesting Song-Brown funding support.			
<table border="1"><tr><td>Faculty/Staff Member Name/Position</td><td>Qualifications</td></tr></table>		Faculty/Staff Member Name/Position	Qualifications
Faculty/Staff Member Name/Position	Qualifications		
Job Title/Position	Project Role		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Proposed changes to the 2014 Registered Nurse (RN) Education Special Programs Application

Special Program Description

How does your special program integrate or include different educational modalities into learning delivery models such as health information technology, simulation, etc.?

Applicants tended to focus on only the examples when describing their different education modalities.

Staff Recommendation:

Adopt the following that was approved at the Family Medicine Policy Meeting and FNP/PA Task Force Meeting.

1. Change the question to read "How does your special program integrate or include different educational modalities into learning delivery models?"
2. Staff will provide better instruction in the Instructions and Guidance document.

- Provide a brief justification as to how the monies spent in Payment Year 1 were used to effectively advance the education of your nursing students?

Accounting of Funds Awarded

Provide an accounting of the funds provided to your program in Payment Year 1. Use the table provided, add additional budget categories if necessary.

Budget Category	Description	Amount
Personnel		
Student Support		
Equipment		
Supplies		
Other		

OSHDP Office of Statewide Health Planning and Development



Healthcare Workforce Development Division

400 R Street, Suite 330
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 Fax (916) 322-2588
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**RNC - 08/25/14
 Attachment C-2
 Agenda Item 5**

20XX-20XX Song-Brown RN Contract

ADN Capitation Final Report

Contract XX-XXXX– Program

For contract period July 1, 20XX through June 30, 20XX

Song-Brown Supported Students Information

How many students were admitted to your nursing education program?	
How many students graduated from the nursing education program?	
What was the NCLEX pass rate for these students?	
If there were students that did not graduate during this period, how many are currently enrolled?	
How many students withdrew from the program during this period?	

1. For the students that did not complete the program, what challenges did they face? If applicable, what services are offered to the students still enrolled to help them overcome these challenges and complete your program?

2. What, if any, difficulties are your graduates having in finding employment in California? Are any of your graduates leaving California?

3. Are any of your graduates continuing their education to obtain BSN level degrees?

Song-Brown Training Program Statute Requirements

Section 128230 of the Song-Brown Act requires that:

“...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 Funds.
1. What accomplishments in your program demonstrate success in further advancement of the statute requirements cited in Section 128230 of the Song-Brown Act?

2. Provide a brief overview of your programs challenges during the contract period.

Song-Brown Funding Information

1. Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
Personnel		
Student Support		
Equipment		
Supplies		
Other		



Program Information

Please provide the following information:

Program Director Name	Degrees	Title of Position
-----------------------	---------	-------------------

Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address Number	Telephone No.	FAX
--------------------------	---------------	-----

CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):

I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director

Date



OSHDP Office of Statewide Health Planning and Development



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**RNC – 8/25/14
Attachment C-3
Agenda Item 5**

20XX-20XX Song-Brown RN Contract

BSN Capitation Final Report

Contract XX-XXXX - Program

For contract period July 1, 20XX through June 30, 20XX

Song-Brown Supported Students Information

How many students were admitted to your nursing education program?	
How many students graduated from the nursing education program?	
What was the NCLEX pass rate for these students?	
If there were students that did not graduate during this period, how many are currently enrolled?	
How many students withdrew from the program during this period?	

1. For the students that did not complete the program, what challenges did they face? If applicable, what services are offered to the students still enrolled to help them overcome these challenges and complete your program?

2. What, if any, difficulties are your graduates having in finding employment in California? Are any of your graduates leaving California?

3. Are any of your graduates continuing their education to obtain MSN level degrees?

Song-Brown Training Program Statute Requirements

Section 128230 of the Song-Brown Act requires that:

“...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 Funds.
1. What accomplishments in your program demonstrate success in further advancement of the statute requirements cited in Section 128230 of the Song-Brown Act?

2. Provide a brief overview of your programs challenges during the contract period.

Song-Brown Funding Information

Provide an account of how the Song-Brown capitation funds were spent for this contract period.
Add additional budget categories if applicable.

Budget Category	Description	Amount
Personnel		
Student Support		
Equipment		
Supplies		
Other		

Program Information

Please provide the following information:

Program Director Name	Degrees	Title of Position
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Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address Number	Telephone No.	FAX
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CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):
I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director	Date
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Song-Brown Funding Information

1. Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
Personnel		
Student Support		
Equipment		
Supplies		
Other		



Program Information

Please provide the following information:

Program Director Name	Degrees	Title of Position
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Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX No.
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CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):
I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director	Date
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3. Based on your experience to date, do you anticipate successful completion of the award?
Please explain.

4. Provide a brief justification as to how the monies spent in Payment Year 1 were used to effectively advance the education of your nursing students?

5. Please provide information on any organizational or programmatic changes, including changes in key leadership

Budget Information

Included is a budget schedule from your contract. Please note any adjustments in your line item expenditures for FY 20XX/XX. Please explain any differences from your submitted budget schedule.

Fiscal Year 20XX-20XX

PERSONNEL SERVICES:	TOTAL REIMBURSEMENT NOT TO EXCEED	ADJUSTMENT
OPERATING EXPENSES:		
MAJOR EQUIPMENT:		
OTHER COSTS:		
Indirect costs		
Contract Year 20XX -20XX Sub-Total		

Fiscal Year 20XX-20XX

PERSONNEL SERVICES:	TOTAL REIMBURSEMENT NOT TO EXCEED	ADJUSTMENT
OPERATING EXPENSES:		
MAJOR EQUIPMENT:		
OTHER COSTS:		
Indirect costs		
Contract Year 20XX -20XX Sub-Total		

Contract Total	\$
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Do you anticipate a need to amend your budget for the 20XX/XX fiscal year? Yes No

Explanation:

Program Information

Please provide the following information:

Program Director Name

Degrees

Title of Position

Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address

Telephone No.

FAX Number

CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):

I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director

Date

OSHDP Office of Statewide Health Planning and Development



Healthcare Workforce Development Division
 400 R Street, Suite 330
 Sacramento, California 95811-6213
 (916) 326-3700
 Fax (916) 322-2588
 www.oshpd.ca.gov

**RNSP – 08/25/14
 Attachment D-2
 Agenda Item 5**

20XX-20XX Song Brown RN Contract

ADN Special Program Final Report

Contract: #XX-XXXX Program Name

For contract period July 1, 20XX thru June 30, 20XX

Program Data

How many students were admitted to your nursing education program?	
How many students graduated from the nursing education program?	
What was the NCLEX pass rate for these students?	
How many graduates have taken positions in Registered Nurse Shortage Areas? RNSA information website: http://www.oshpd.ca.gov/General_Info/MSSA/RNSA_Report.pdf	
Please provide an additional sheet listing the graduate names and current practice	
If there were students that did not graduate during this period, how many are currently enrolled?	
How many students withdrew from the program during this period?	

1. If there were student(s) that withdrew from the program, please cite the reason(s) for withdrawal.

2. What, if any, difficulties are your graduates having in finding employment in California?

3. Are any of your graduates continuing their education to obtain a BSN level degree?

Song Brown Program Requirements

Section 128230 of the Song-Brown Act requires that:

“...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.”

1. What accomplishments in your special program demonstrate success in further advancement of the statute requirements cited in Section 128230 of the Song-Brown Act?

2. Explain what measures are in place to sustain your special program beyond the Song-Brown award funds. If applicable, include institutional letters of support stating how the program will be sustained.



3. Provide a brief overview of your programs successes and/or challenges in meeting the objectives of your special program.

Song-Brown Funding Information

1. Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
Personnel		
Other		

Program Information

Please provide the following information:

Program Director Name	Degrees	Title of Position
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Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX Number
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CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):

I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director	Date
------------------	------

OSHDP Office of Statewide Health Planning and Development



Healthcare Workforce Development Division
 400 R Street, Suite 330
 Sacramento, California 95811-6213
 (916) 326-3700
 Fax (916) 322-2588
 www.oshpd.ca.gov

**RNSP – 08/25/14
 Attachment D-3
 Agenda Item 5**

20XX-20XX Song Brown RN Contract

BSN Special Program Final Report

Contract: #XX-XXXX Program Name

For contract period July 1, 20XX thru June 30, 20XX

Program Data

How many students were admitted into your nursing education program?	
How many students graduated from your nursing education program?	
What was the NCLEX pass rate for your graduates during this contract period?	
How many graduates have taken positions in Registered Nurse Shortage Areas? RNSA information website: http://www.oshpd.ca.gov/General_Info/MSSA/RNSA_Report.pdf	
Please provide an additional sheet listing the graduate names and current practice site address.	
How many students did not graduate during this contract period? How many of those students are currently enrolled?	
How many students withdrew from your program during this contract period?	

1. If there were student(s) that withdrew from the program, please cite the reason(s) for withdrawal.

2. What, if any, difficulties are your graduates having in finding employment in California?

3. Are any of your graduates continuing their education to obtain a MSN level degree?

Song Brown Program Requirements

Section 128230 of the Song-Brown Act requires that:

“...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.”

1. What accomplishments in your special program demonstrate success in further advancement of the statute requirements cited in Section 128230 of the Song-Brown Act?

2. Explain what measures are in place to sustain your special program beyond the Song-Brown award funds. If applicable, include institutional letters of support stating how the program will be sustained.



3. Provide a brief overview of your programs successes and/or challenges in meeting the objectives of your special program.

Song-Brown Funding Information

1. Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
Personnel		
Other		

Program Information

Please provide the following information:

Program Director Name	Degrees	Title of Position
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Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX Number
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CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):
I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director	Date
------------------	------



Office of Statewide Health Planning and Development



Healthcare Workforce Development Division
 400 R Street, Suite 330
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**RNSP – 08/25/14
 Attachment D-4
 Agenda Item 5**

20XX-20XX Song Brown RN Contract

MSN Special Program Final Report

Contract: #XX-XXXX Program Name

For contract period January 1, 20XX thru December 31, 20XX

Program Data

How many students were admitted into your nursing education program?	
How many students graduated from your nursing education program?	
How many graduates have taken positions in a Registered Nurse Shortage Area? RNSA information website: http://www.oshpd.ca.gov/General_Info/MSSA/RNSA_Report.pdf	
Please provide an additional sheet listing the graduate names and current practice site address.	
How many students did not graduate during this contract period? How many of those students are currently enrolled?	
How many students withdrew from your program during this contract period?	

1. If there were student(s) that withdrew from the program, please cite the reason(s) for withdrawal.

2. What, if any, difficulties are your graduates having in finding employment in California?

3. What type of positions are your graduates accepting? Administrative, Clinical or Faculty?

4. Are any of your graduates continuing their education to obtain a Doctorate in Nursing? If so how many?

Song Brown Program Requirements

Section 128230 of the Song-Brown Act requires that:

“...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.”

1. What accomplishments in your special program demonstrate success in further advancement of the statute requirements cited in Section 128230 of the Song-Brown Act?

2. Explain what measures are in place to sustain your special program beyond the Song-Brown award funds. If applicable, include institutional letters of support stating how the program will be sustained.

3. Provide a brief overview of your programs successes and/or challenges in meeting the objectives of your special program.

Program Information

Please provide the following information:

Program Director Name	Degrees	Title of Position
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Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX Number
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CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):

I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director	Date
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