Song Brown

40 YEARS • 1973-2013

FAMILY PRACTICE RESIDENCY TRAINING PROGRAM

Request for Application

Application Information/Guidance

SPECIAL PROGRAM

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

September 2013

oshpd

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
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Technical Guide

Accessing the Application System

A web-based application system, CalREACH (California Responsive Electronic Application for California's Healthcare) is being utilized to submit applications for this RFA. The information contained in this guide has been provided for your instruction and contains all the basic technical information needed to complete an application in the system. For a more comprehensive manual related to CalREACH, please log in and review the CalREACH User Guide located at www.CalREACH.oshpd.ca.gov found under the "My Training Materials" tab in the brown bar at the top of the screen.

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

Registration and Log In

All applicant organizations and their designees must register in CalREACH. To register for the first time, **click** the **New User?** Link on the Login Page and follow the instructions. You must then wait for approval by Song-Brown staff. (The maximum approval process is 24 hours.)

Once you have been approved by the Song-Brown staff you will log-in using your created **Username** and **Password**. You will then be directed to the Welcome Page. From the Welcome page you have the option to View Available Opportunities, Open My Inbox or Open My Tasks.

Initiating an Application

Once you have successfully logged into CalREACH you will then be able to View Available Opportunities from the Welcome Page and apply for Family Practice Special Program.

Application Format and Content

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

The system will time-out after two (2) hours from the start of the application. To continue in the system, save your work, log-out and log back in.

Each title under Application Forms Lists (page 10) constitutes a **Form** (**click** to access) in CalREACH and is required application information. Enter the appropriate information into each Form and click the blue "**SAVE**" button on your screen anytime you leave a form or the system to save your work.

CalREACH How To:

Determine Space Availability

Some Forms that make up the application have character limitations. Please limit your response when completing those Forms. The character limit has been clearly noted at the bottom of the text box and you will receive an error message if you go over that limit.

Copy and Paste into the System

Be cautious while utilizing the copy and paste function of most word processing programs to transfer text into text boxes within CalREACH. CalREACH will not recognize certain formatting including tables, graphs, bullets, and certain tabs. Copying and pasting text into any standard "notepad" (or equivalent) program first will demonstrate similar formatting to the text boxes in CalREACH. Copied text may appear correct on the screen but still cause an error when trying to print the page.

Save Applications in the System

Before clicking on to the next Form or exiting the system, click the blue **"SAVE"** button or you will lose your work.

Access a Saved Application

If you stop before completing the application, you will be able to continue where you left off by simply logging into the system with your username and password, click the blue "**OPEN MY TASKS"** button from the Welcome page and select the application you would like to access by clicking on the name.

Add Individuals to your Organization

The Primary External Program Director has administrative rights to create log-ins for other individuals whom you would like to provide access to your application(s). To do so click on **My Organization's** link located in the brown bar at the top of the Welcome Page. Click on the **Organization Members** link, then the **Add Member** link. On the next screen you can add an individual by clicking the blue "**NEW MEMBER**" button and enter all the required information. Be careful to enter "date active" consistent with your requirements and there will only be one "Role" option to select in the related drop down menu.

Provide Access to the Application to Others

The Primary External Program Director has administrative rights to add or remove other users to/from applications. Any External Program Director added to the application will also be automatically added to all corresponding related documents when each is created. Other new users to CalREACH will not be automatically added to existing applications.

To add users to an application, click on the application of choice in the **"My Tasks"** section on the Main Menu page. Click on the "VIEW MANAGEMENT TOOLS" button and chose the Add/Edit people link.

CalREACH How to: (Continued)

Type in the name of the individual in the search criteria box and click the "**SEARCH"** button. From the search results, select the individual's name, set the security role and fill-in the access date when you would like this individual to begin having access the application. Click on the blue **"SAVE**" button.

Print an Application for Your Records/Use

At any time you may print out a copy of your full application. From the Song-Brown Menu page click the blue "**VIEW MANAGEMENT TOOLS**" button and then click the **Create Full Print Version** link.

Delete an Application

To delete an application that was started Click the My Home link in the blue bar at the top of the page you are on. Click on the blue **"OPEN MY TASKS**" button. Click on the application name, click the blue **"VIEW STATUS OPTIONS**" button and click the **"APPLY STATUS"** button **underneath** "APPLICATION CANCELLED". It will no longer appear in My Tasks.

Submit an Application

The application is considered submitted when the application status is changed to **submitted** in CalREACH. This is done on the main screen under **Change the Status** on the Song-Brown Menu page and clicking the blue "**VIEW STATUS OPTIONS**" button. On the Status Options page see APPLICATION SUBMITTED and click the blue "APPLY STATUS" button located **underneath**.

- By submitting the application, you/your organization agrees to the RFA terms and conditions. Late or incomplete applications will not be considered. Refer to the Schedule & Deadlines (page 5) in the RFA for more detailed information.

- Once you click the submit button, you **WILL NOT** be able to go back to revise the application.

- Applications will not submit if there are any errors found in the system. An error is denoted by a **read hand** icon next to the FORM link. Go to that page and make changes to clear the error.

- CalREACH will send a confirmation of receipt via email to the designated Program Director.

- A completed application includes all completed FORMS including any required attachments. The application and supporting documents must be submitted by the application deadline noted on the Schedule & Deadlines (page 5) of this RFA.

Submit Multiple Proposals

A **separate application** must be submitted for each proposal if the applicant is submitting multiple proposals. All applications must be submitted individually by the deadline to be eligible for consideration.

Department Contact:

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
Song-Brown Training Program
400 R Street, Room 330
Sacramento, CA 95811

Telephone: (916) 326-3752

Email Address: SongBrown@oshpd.ca.gov

Thank you!

We want to thank you for your interest in applying for the Song-Brown Family Practice Special Programs and for educating residents for practice in underserved areas.

SCHEDULE AND DEADLINES

Technical Assistance Webinar Dates: *Overview of registration and log-in process, available opportunities, application menu, tips and tricks, budget section, required attachments, and application submission. To connect to the Web Conference visit our website http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html and link to the webinar.*	***August 19, 2013 –*** *11:30 am – 12:30 pm* ***August 26, 2013*** *11:30 am – 12:30 pm*
Release of Request for application *(RFA)* *RFA to be posted to Song-Brown Health Care Workforce Training Program web-site at: http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html or go directly to www.CalReach.oshpd.ca.gov*	***September 4, 2013***
RFA Deadline	***October 16, 2013***
Review of applications period	*October 17, 2013 thru December 31, 2014*
Commission Meeting *Agenda to be posted to Public Meetings web-site at: http://www.oshpd.ca.gov/General_Info/Public_Meetings.html*	***January 7-8, 2014***
Send notice to Awardees	*January 18, 2014*
Contract preparation period	*January 2014 – April 2014*
Contract term	*June 30, 2014 – June 29, 2016*
Certifications due from Contractor	*Quarterly or semester in arrears*
Progress Report	*Midway through the contract*
Final Report with data outcomes due	*Close of contract*

Application Information

STATUTORY AUTHORITY:

Pursuant to the Song-Brown Health Care Workforce Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment B) the California Healthcare Workforce Policy Commission (Commission) will be considering applications to support innovative training of family physicians through special projects. After review of the applications, recommendations for the award of contracts will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

INVITATION:

Request for Application (RFA):

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

By submitting an application, your program agrees to the RFA terms and conditions**.**

All applications will be received through our web-based application CalREACH (California Responsive Electronic Application for California's Healthcare). All applicant organizations and their designees must register in CalREACH and submit all application materials through this system.

Access to CalREACH can be found on our website at: http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html or go directly to www.CalReach.oshpd.ca.gov . Once you have accessed CalREACH you will be required to register as a new user in order to access the application materials. Detailed information regarding CalREACH, including how to register and how to complete and submit your application, can be found in the Technical Guide Section of this RFA.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **October 16, 2013 at 11:59 p.m.**

Presentation:

The Commission invites the Program Director, or other authorized representative of the applicant to be present at its meeting on **January 7 - 8, 2014,** to provide a summary of the training program and key highlights of the program (no more than ten minutes in length) and answer any questions the Commission might have. While the presentation is not mandatory, it is important to know the Commission finds the presentations very informative and uses them as an opportunity to clarify information that may not have been included or made clear in the application. Your presentation or lack thereof may influence your final score.

ELIGIBILITY:

Each Family Practice Residency Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:

A. Be provided by an accredited medical school or teaching hospital that has programs or departments that recognize family practice as a major independent specialty, and are approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME).

Each postgraduate osteopathic medical program in family practice approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:

B. Be provided by an accredited medical school or a teaching hospital that has programs or departments that recognize family practice as a major independent specialty, and are approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet accreditation requirements of the AOA to ensure that Osteopathic Programs are comparable to Family Practice Residency Training Programs.

FUNDING:

AVAILABLE FUNDING:

$1.75 million in Special Programs Funding is available this year via a grant from the California Endowment. The Commission may award full funding, reduced funding, or no funding to an applicant based on the applicant's success in meeting the selection criteria and the amount of funds available to award. This is a one-time funding opportunity with no implied or expressed guarantee of subsequent funding after the initial contract award as a result of this RFA.

Competitive proposals will meet the Song-Brown Program evaluation criteria, demonstrate a commitment to Song-Brown goals, and may incorporate California Endowments priorities as follows:

- Focus on increasing the number of health professionals from racial/ethnic and other underserved communities;
- Placement of training sites or graduate practice sites in the California Endowments 14 Building Healthy Communities http://www.calendow.org/communities/building -healthy-communities/ (See Attachment I)
- Placement of training sites or graduate practice sites in the Central Valley. The Central Valley is defined by the OSHPD's Shortage Designation Unit as Fresno, Kern, Kings, Madera, Merced, Sacramento, San Joaquin, Stanislaus, Tulare and Yolo Counties. (See Attachment J)
- Include activities to increase primary care career pathways. (Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education)
- Training that occurs in non-hospital settings (community clinics, FQHCs etc.)
- Address the social determinants of health (defined by the World Health Organization as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

FUNDING (Continued):

Special programs may feature one or a combination of the following innovations:

- Support model expansion and innovations in training multi-professional teams that deepen language and cultural competence, expand practice, prioritize equity and prevention, and prepare trainees for practice in underserved urban, rural and geographically isolated places.
- Expand service capacity of health professionals through practice at the top of licensure and multi-disciplinary team care.
- Test workforce practice design models that support evidence-based expansion of roles and autonomy of licensed health professionals (e.g. nurse practitioners, pharmacists, dentists, optometrists, midwives, dental hygienists) to provide prevention services, diagnosis and treatment within their respective professional competence.
- Expand capacity of health professionals through innovative technology such as e-referrals, telehealth, electronic medical records, mobile health, and video medical interpreting.
- Support linkages and collaboration between public health and clinical professionals.
- Support school based health center models and the teams needed to staff them.
- Provide support, technical assistance for practice redesign (including EHR support and training, operations redesign and online curriculum for medical assistants and other team members).
- Bolster the impact of health professionals through community capacity-building for health literacy, health consumer empowerment, preparedness and resilience training, and community health improvements through environmental and policy change.
- Coordinate and link strategies with programs that aim to develop career pathways for under-represented groups in health professions and allied health professions.

FUNDING LIMITS:

Applicants may apply for a single award of $125,000 - $150,000 for a project no longer than 2 years in length.

Although, indirect costs are acceptable expenses, they will not be provided over and above the total award amount, nor in excess of 8% of the total dollars requested. In order to maximize the funds available for program development, we recommend applicants waive or minimize the indirect cost rate they request.

POST AWARD:

Applicants awarded funds will enter into a contract with OSHPD for the fiscal period beginning June 30, 2014 and ending on June 29, 2016. Payments will be made on a semester or quarterly basis in arrears upon receipt of a semester or quarterly certification form documenting that the program has met the intent of the contract. OSHPD will withhold the final quarterly payment due to the Contractor under this Contract until all required reports are submitted to OSHPD and approved. OSHPD will notify the contractor of approval in writing.

All awardees will be required to submit a progress report midway through the contract and a final report with data outcomes by the end of the contract term.

SELECTION CRITERIA:

Applications received will be evaluated based on each applicant's ability to demonstrate in the application and presentation to the Commission that they meet the statutory priorities set forth in the Song-Brown Health Care Workforce Training Act and the Standards and Guidelines for Funding adopted by the Commission. (See Attachments B-F) Applications will also be evaluated based on the California Endowments priorities listed under Available Funding on page 7 and Attachments I & J.

Applications will be scored using the evaluation criteria outlined in Attachment A.

APPLICATION SUBMISSION:

A submitted on-line application must contain all information and conform to the format described in the RFA. It is the applicant's responsibility to provide all necessary information for the Commission to evaluate the application. Using any other version of the application may disqualify the applicant.

A completed application consists of the following main sections:

- Application
- Statutory Criteria
- Budget
- Other Considerations
- Attachments
- Assurances

All questions included in the application must be addressed. If a question is not applicable to your program, answer **N/A.** If a question is left blank, the application will be considered incomplete and could result in the application being disqualified.

The applicant must complete and submit the online electronic application through CalREACH by the deadline on **October 16, 2013.**

RFA QUESTIONS AND ANSWERS:

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

If you have questions related only to the application electronic technology and have not found your answers in the Training Guide, refer to the CalREACH User Guide at: www.CalREACH.oshpd.ca.gov (you must be logged in to CalREACH to access the guide) or call the CalREACH help desk at 1-800-820-1890.

TECHNICAL ASSISTANCE WEBINARS:

The Song-Brown staff invites potential applicants to participate in at least one webinar (see Schedule and Deadlines for dates on page 5). Each webinar will include an overview of the registration and login process, available opportunities, application menu, tips and tricks, budget section, required attachments and application submission to assist you in completing and submitting an application in the system. Please refer to the RFA including the Technical Guide to assist you during the webinars.

Application Form Lists:

Application:
- Program Information
- Contractor Information
- Executive summary
- Statistics
- Languages
- Family Practice Center Payer Mix

Statutory Criteria
- Graduates Information
- Program Strategies
- Underrepresented Minorities
- Training in areas of Unmet Need

Budget
- Budget – Personnel Year 1
- Budget – Operating Expenses Year 1
- Budget – Major Equipment Year 1
- Budget – Other Costs Year 1
- Budget – Personnel Year 2
- Budget – Operating Expenses Year 2
- Budget – Major Equipment Year 2
- Budget – Other Costs Year 2
- Budget – Summary

Other Considerations
- Program Structure
- Special Program Description
- Program Evaluation
- Residency Training

Attachments
- Required Attachments

Assurances
- Program Director Assurances

Asterisk (*)
Any question marked with an asterisk is required. You will not be allowed to submit your application if any asterisk item is left unanswered.

Application

Program Information

- Program Director is the individual who is to direct the proposed program and who will be responsible for the program. The Program Director will be required each quarter to certify any expenditures pertaining to the contract and sign all quarterly certifications.
- Any changes of the Program Director during the Application period must be made know to OSHPD, attention Manuela Lachica, by formal letter as soon as possible.
- If training program is in the dropdown list, the address will be populated once “saved”.
- If training program is not in the dropdown list, fill in title of Program, complete address information and county.
- Funding Requested between $125,000 to $150,000.
- If choosing quarterly billing, the Program Director will submit certifications every three months from the start of the contract until its conclusion.
- If choosing semester billing, the Program Director will submit certifications every six months from the start of the contract until its conclusion.
- A complete address is considered to be: street address, city, state and zip code.
- Do not use a PO Box address.

Contractor Information

- Contract Organization is the institution which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application. The contract is written with this organization. Please provide the name of the current post award Contracts Officer, complete address information where the contract should be mailed, county, telephone number, e-mail address and Federal Tax ID Number (9 digit number).
- Any changes of Contract Organization or Contracts Officer during the application period must be made known to OSHPD, attention Manuela Lachica, by formal letter as soon as possible
- A complete address is considered to be: street address, city, state and zip code.
- Do not use a PO Box address.

Executive Summary

- Executive Summary – Provide a summary of your application (no more than 2000 characters) along with a brief overview of your proposal.

Statistics

- Complete all questions for each year
- All fields are required.
- Provide clarifying information in the comment box if applicable

Languages

- Fill in language of current students/residents.
- Provide clarifying information in the comment box if applicable

Family Practice Center Payer Mix

- Provide the Family Practice payer mix for a one year period beginning July 1, 2012.
- Provide clarifying information in the comment box if applicable.

Statutory Criteria

Graduates Information

- Provide graduates for all years identified in the dropdown list.
- Graduates are to be in alphabetical order by graduating class.
- Select the graduate's practice site from the dropdown list. Address will be populated once "saved".
- If practice site is not known, check the unknown box and provide reason from the dropdown list.
- For a practice site not in the dropdown list, enter practice site name, complete address information and county.
- For a new private practice site not in the dropdown list, enter private practitioner's first and last name, title, complete address information and county.
- If graduate is splitting time between two or more locations, list only the site where the graduate spends 50% or more of their time.
- A complete address is considered to be: street address, city, state and zip code.
- Do not use a PO Box address.

Program Strategies

- Complete all questions – these are required fields.

Underrepresented Minorities

- List the racial/ethnic background of graduate students for graduate years identified as well as current students of your program.
- Categories highlighted in yellow are considered to be underrepresented by the California Healthcare Workforce Policy Commission (See Attachment H for additional information).

Training in Areas of Unmet Need

- List all training sites alphabetically and only if used within the last academic year.
- Select the training site from the dropdown list. Address will be populated once saved.
- For a training site not in the dropdown list, enter training site name, complete address information and county.
- For a new private practice site not in the dropdown list, enter private practitioner's first and last name, title, complete address information and county.
- A complete address is considered to be: street address, city, state and zip code.
- Do not use a PO Box address.
- For each training site entered, identify if the site is a principal, secondary or continuity training site.
- For each training site entered, provide total hours spent by a PGY-1, PGY-2 and PGY-3 at that site.

Budget

Budget – Personnel – Year 1 & 2

- List position title only, indicate faculty or staff, provide total annual salary and benefits, requested percent and describe the duties of all personnel relative to this proposal (faculty and staff).
- Each time you save, another row will appear to allow more line item entries.
- Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Budget (Continued)

Budget – Operating Expenses – Year 1 & 2 – (i.e., supplies, equipment under $500, postage, duplication, equipment maintenance, communication, memberships)

- List operating expenses, total annual budget and Song-Brown funding requested.
- Each time you save, another row will appear to allow more line item entries.
- Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Budget – Major Equipment – Year 1 & 2 - (equipment over $500)

- List major equipment, total annual budget and Song-Brown funding requested.
- Each time you save, another row will appear to allow more line item entries.
- Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.

Budget – Other Costs – Year 1 & 2 - (i.e., travel, consultants, accreditation fees, stipends)

- List other costs, total annual budget and Song-Brown funding requested.
- Each time you save, another row will appear to allow more line item entries.
- Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.
- Indicate if you are requesting stipends. If yes, explain the purpose and how the stipends will be paid.
- Indicate if you are requesting funds for consultants, If yes, explain their institutional affiliation to the program.
- Travel and per diem costs will be reimbursed in accordance with State of California, Department of Personnel Administration (DPA) rules and regulations governing excluded employees. These rules may be viewed at http://www.dpa.ca.gov/personnel-policies/travel/rules-for-excluded-employees.htm

Budget – Summary

- Subtotals from Personnel, Operating Expenses, Major Equipment and Other Costs will auto populate.
- Maximum indirect costs are 8%.
- Total Proposed Budget will populate when you save Indirect Costs entry.
- Ensure all budge categories total the funding requested on the Application Form.

Other Considerations

Special Program Description

- Provide a description of the proposed special programs for which the program is seeking funding.
- Describe how the proposed special program addresses one of the social determinants of health as defined by the World Health Organization as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics.
- Describe how the proposed special program focuses on increasing the number of health professionals from racial/ethnic and other underserved communities.
- Describe how the proposed special program targets the 14 Building Health Communities identified by the California Endowment. http://www.calendow.org/communities/building -healthy-communities/ (See Attachment I)
- Describe how the proposed special program's activities will increase primary care career pathways/pipelines. (Career pathways/pipelines are defined as linked education and training services that enable students to progress to the next level of employment and education).

Team Training

- Using the table provided, describe how your proposed special program will utilize inter-disciplinary and/or inter-professionals from the local community.
- Type of provider included in Special Program proposal, the length of student exposure to provider (hours per student) and the student's experience.
- Letters of support from other health professionals that support your statement on the Required Attachments page.

Faculty Qualifications

- Using the table provided, describe the duties of all personnel relative to this proposal (faculty and staff).
- Provide Job Title/Position and Project Role.

Program Evaluation

- Describe the timeline, activities, in-kind support and expected outcomes (e.g., collaboration with other entities, state/local government, educational institutions, or clinical sites) for the proposed special program.
- How will you evaluate your special program's successes and outcomes?
- What challenges do you anticipate with the special program and how will you address them?

Attachments

Required Attachments

- Provide copies of the most recent approval letter from the appropriate accrediting/approval bodies. At least (1) one letter is required however you may upload up to three (3) letters.
- Letters of support if working with any of The California Endowment's 14 Building Health Communities. At least (1) one letter is required however you may upload up to three (3) letters.
- Letters of support from inter-disciplinary and/or inter-professionals from the local community.
- Letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods. At least (1) one letter is required however you may upload up to three (3) letters.

Assurances

Program Director Assurances

- You must agree to both statements before moving page onto Application Submission.
- When finished, click SAVE.
- To submit your application, change the status to Application Submitted on the Status Change page.

This is a blank page. Attachments start on next page

Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY PRACTICE RESIDENCY – Special Programs

Section I	Statutory Criteria	Total Points Available
1.	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1. a.	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities	8
1. b.	Counseling and placement program to encourage graduate placement in areas of unmet need	5
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15
2. a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need	7
2. b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups.	3
3.	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15
3. a.	Number of clinical hours in areas of unmet need	3
3. b	Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers?	5
	Total points possible for Section I	**76**
Section II	**Other Considerations**	
1.	Is the proposed special program innovative and meet Song-Brown's goals of increasing family practice physicians practicing in California?	9
2.	Does the proposed special program include interdisciplinary training as part of their training model?	9
3.	Does the training program have an evaluation process to review the proposed special program's successes and outcomes?	9
3.a.	How is the program addressing the challenges identified with the proposed special program?	9
	Total points possible for Section II	**36**
	Total Possible Score (Section I and II)	**112**

Attachment A

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
FAMILY PRACTICE RESIDENCY – Special Programs

	Statutory Criteria	Total Points Available
Section III	**California Endowment Priorities**	
1.	Does the proposed special program include one of the social determinants of health?	4
2.	Does the proposed special program focus on increasing the number of health professionals from racial/ethnic and other underserved communities?	3
3.	Is the proposed special program targeting any of the 14 Building Healthy Communities identified by The California Endowment? As evidenced by letters of support from community partners.	3
4.	Does the proposed special program include activities to increase primary care career pathways/pipelines?	3
5.	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.	See footnote below
6.	Placement of graduates in one of the Central Valley counties.	See footnote below
7.	Location of the program and/or clinical training sites in one of the 14 Building Healthy Communities identified by the California Endowment.	See footnote below
8.	Location of the program and/or clinical training sites in one of the Central Valley counties.	See footnote below

For evaluation criteria 5 and 6 – applicants will receive one point for each graduate located in one of the identified areas.

For evaluation criteria 7 and 8 – applicants will receive one point for each training site located in one of the identified areas.

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128240

128200. (a) This article shall be known and may be cited as the Song-Brown Health Care Workforce Training Act.

(b) The Legislature hereby finds and declares that physicians engaged in family practice are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family practice program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family practice, and has broad clinical experience in the field of family practice.

The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family practice residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the specialty of family practice and as primary care physician's assistants and primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care physician's assistants and programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas.

HEALTH AND SAFETY CODE
SECTION 128200-128240

It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250)

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family practice residency for three years after graduation from an accredited medical school.

(b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the family practice training program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.

(c) "Commission" means the Healthcare Workforce Policy Commission.

(d) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

(e) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(f) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

128210. There is hereby created a state medical contract program with accredited medical schools, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the specialty of family practice or in nursing and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need for those services.

Attachment B

HEALTH AND SAFETY CODE
SECTION 128200-128240

128215. There is hereby created a Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

(a) Nine members appointed by the Governor, as follows:

(1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.

(2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.

(3) One representative of practicing family physicians

(4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.

(5) One representative of undergraduate medical students in a family practice program or residence in family practice training.

(6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.

(7) One representative of trainees in a primary care nurse practitioner's program or a practicing nurse practitioner.

(8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.

(9) One representative of practicing registered nurses.

(b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Rules Committee.

(c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars ($25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:

(a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.

(b) Establish standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care

physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for family practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on Family Practice's "Essentials" for Residency Training in Family Practice and be approved by the Residency Review Committee on Family Practice. Standards for postgraduate osteopathic medical programs in family practice, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "family practice" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments and family practice residencies and programs for the training of primary care physicians assistants and primary care nurse practitioners that are submitted to the Health Professions Development Program for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections.

The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Health Professions Development Program for participation in the contract program established by this article.

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If the commission determines that program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family practice or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family practice or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the training of primary health care teams of family practice residents or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in family practice, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new family practice residency, primary care physician assistant programs, or primary care nurse practitioner programs, or registered nurse programs.

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The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments, family practice residencies, and programs for the training of primary care physician assistants and primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

(a) Actual placement of individuals in medically underserved areas.

(b) Success in attracting and admitting members of minority groups to the program.

(c) Success in attracting and admitting individuals who were former residents of medically underserved areas.

(d) Location of the program in a medically underserved area.

(e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Minority Health Professions Education Fund. (N.A.)

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

(a) Determine whether family practice, primary care physician assistant training programs proposals, and primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the [1]Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, programs that train primary care physician assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialty of family practice. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

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SECTION 128200-128240

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250),

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Attachment C

STANDARDS FOR FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et. ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (*Revised May 13, 1998)

I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:

A. Meet the American Medical Association's "Essentials for Residency Training in Family Practice", and

B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and

C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty,

or

For postgraduate osteopathic medical programs in family practice:

A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above and

B. Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and

C. Meet C requirement above.

II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

*Section I, C, on February 7, 2002, the California Healthcare Workforce Policy Commission affirmed that the revision of May 13, 1998 constitutes the current and correct version of the standards.

STANDARDS FOR FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et. ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (*Revised May 13, 1998)

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.

B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)

Definition of Family Practice

For the purposes of this program, family practice is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach family practice residents how to work with and utilize physician assistants and/or nurse practitioners in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given family practice residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner training programs.

Involvement of Local Community Physicians

Practicing family physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The family practice residency training program director should be a physician certified by the American Board of Family Practice or American Osteopathic Board of Family Physicians.

Existence of Department of Family Practice or Equivalent

Training institutions shall have a family practice department or administrative unit equivalent to those of the major clinical specialties.

Attachment D

HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)

Meaningful Affiliation between Hospitals or other Health Care Delivery Systems and Approved Medical Schools

In assessing how meaningful an agreement of affiliation or association is between hospitals or other health care delivery systems and approved medical schools, the following criteria are used by the Commission in regards to family practice residency training programs:

1. A written agreement exists.

2. Residents, upon successfully completing the residency program, receive a certificate from the affiliated university medical school.

3. The Director of the program and key faculty have teaching appointments at the university.

4. The university assumes some of the costs of the training program.

5. The university supplies teaching support to some significant degree.

6. The institution accepts a program of quality assessment instituted by the university.

Attachment E

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)

I. Contract Awards

A. Each contract entered into, pursuant to the Song-Brown Health Care Workforce Training Act, Health and Safety Code, Sections 12800, et., (hereinafter "the Act"), shall be based on the recommendation of the [1]Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the Healthcare Workforce Policy Commission official minutes.

B. Each contract shall be for a purpose authorized by the Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.

C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.

D. Purpose for Which Contract Funds May be Expended

1. Contract funds may be expended for any purpose which the training institution judges will most effectively advance the training of family practice residents, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the training institution.

2. Contract funds may be used for expenses incurred for the provision of training, including faculty and staff salaries, family practice residents stipends, alterations and renovations necessary to the provision of the residency training programs, and supplies and travel directly related to the training program.

3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.

E. Maintenance of Effort

Training institutions approved for funding under the Act shall, as a minimum, maintain a level of expenditures equivalent to that expended on the family practice residency training programs during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)

II. Contract Terms

A. Funds must be expended during such months and in accordance with such provisions as are provided in the Contract, which shall be in accordance with recommendations of the Healthcare Workforce Policy Commission.

B. Payment shall be made quarterly in arrears on the basis of amounts set forth by the Contractor with final invoice submitted within 120 days of contract's end to the Healthcare Workforce and Community Development Division. The invoice shall include the name of the person employed under this contract, certification by the Program Director that the person was engaged in activities authorized by this agreement, and costs to the Contractor for the services for which reimbursement is sought. The required invoice format shall be provided to the Contractor prior to the effective date of the Contract.

C. Each Contract shall specify the total amount allowable under the Contract and allowable in each budget category authorized under the Contract, and shall be in accordance with recommendations of the Healthcare Workforce Policy Commission. Transfer of funds between budget categories is permitted only with express written permission of the Deputy Director of the Healthcare Workforce and Community Development Division, and only when not prohibited by other provisions of these Contract Criteria.

D. Method of Payment

Payment under the Act shall be at a capitation rate of $17,205 per year for each full-time family practice resident enrolled in the training program as a result of a training contract funded under this Act.

III. Accounting Records and Audits

A. Accounting

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

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)

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

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

B. Expenditure Reporting

Reports of training program expenditures and enrollment of family practice residents under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

C. Record Retention and Audit

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

2. The training institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the “records”) to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.

3. The training institution agrees to make available at the office of the training institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.

4. The training institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b) for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
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(Revised FEBRUARY 7, 2002)

a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.

b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the training institution until disposition of such appeals, litigation, claims, or exceptions.

5. Except for the records described in subparagraph 4 above, the training institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the training institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

Attachment F

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Updates to be adopted July 31, 2012)

The California Healthcare Workforce Policy Commission values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

GENERAL COMMUNICATIONS:

Information and/or materials should be forwarded to the Song-Brown Program Director who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

APPLICATIONS:

The deadline date for completed applications is firm. Exceptions will be made at the discretion of the Chair. Information missing from incomplete applications may be submitted **only until deadline date**. Exceptions will be made at the discretion of the Chair. Past funding does not guarantee future funding.

FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

Formal presentations are not mandatory however, it is important to know the Commission finds the presentations very informative and uses them as an opportunity to clarify information that may not have been included or made clear in the application. Your presentation or lack thereof may influence your final score.

No special audio visual aids may be used during presentations. Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes. Presenters should identify themselves by name, title and institution at the podium. Presentations will be a maximum of 10 minutes, not including question and answer period from the Commission. The number of presenters per program should be limited, preferably to one.

Presentations are to include the following items:

- A brief summary of the program and its mission
- No more than 3 key highlights/accomplishments that reflect your commitment to meeting Song-Brown goals.

Any new written information not in the application must be submitted to the Song-Brown Program Director and approved by the Chair before presentation to the Commission.

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Attachment G

GOALS: Song-Brown Family Physician Training Program (Health and Safety Code Section 128200)

1. To increase the number of competent family physicians [as well as, primary care physician assistants and family nurse practitioners] to provide comprehensive primary care to families in California.

2. To improve the training of medical students and residents in family practice by:

    - Encouraging the development of family practice residency programs and departments at California medical schools.

    - Encouraging the training of family practice physicians in community-based settings (e.g., non-university hospitals, rural facilities) in programs affiliated with accredited medical schools.

    - Encouraging the training of family practice physicians in medically underserved areas

3. To improve access to primary care services in California's medically underserved areas by:

    - Increasing the number of family physicians, primary care physician assistants, and family nurse practitioners who receive quality education and training.

    - Increasing the number of family physicians and primary care physician assistants [and family nurse practitioners] who provide services in medically underserved areas

Attachment H

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

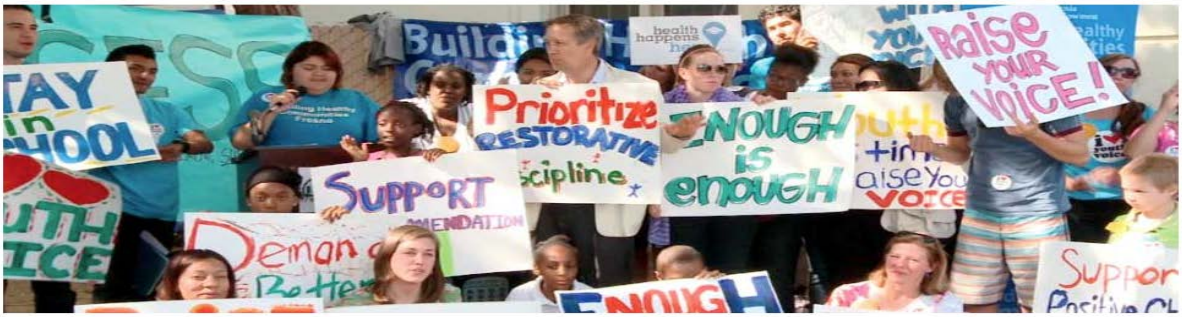
Revised 11 26 12

Attachment I

The California Endowment

Home | About Us | What We're Learning | Conference Space | Grants | Newsroom

Neighborhoods | Prevention | Schools | Action | Communities



Making Health Happen by

Building Healthy Communities

Building Healthy Communities is a ten-year, comprehensive community initiative that is creating a revolution in the way Californians think about and support health in their communities. In 14 places across California, residents are proving that they have the power to make health happen in their neighborhoods, schools and with prevention—and in doing so, they're creating a brighter future for their children and for our state.

The 14 Communities

Click on a location to learn more about the community and its focus.

Boyle Heights

Central Santa Ana

Central/SE/SW Fresno

City Heights

Del Norte County and Adjacent Tribal Lands

East Oakland

East Salinas (Alisal)

Eastern Coachella Valley

Long Beach

Richmond

Sacramento

South Kern

South Los Angeles

SW Merced/East Merced

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Attachment J

Song-Brown Funding

Supplemental Criteria for The California Endowment