



# Provider Recruitment and Retention Training for Health Centers

*Addressing Issues with Staffing, Recruiting and Retention in the Face of a Pandemic*

October 27, 2020

**HSO COVID-19 Monitoring Strategy Task Force**  
**Bureau of Primary Health Care (BPHC)**

**Vision: Healthy Communities, Healthy People**



# Background

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- **HSO COVID-19 Monitoring Strategy Task Force**
  - Develops and Leads post-award monitoring activities related to COVID-19 supplemental funding awards – H8C, H8D, H8E, LAL ECT
  - Collects data on recipient financial and clinical performance trends among COVID-19 supplemental funding awards
  - Creates and Disseminates internal and external resources for program staff and Health Center Program/Look-Alike recipients implementing COVID-19 supplemental grant projects

# Agenda

- ✓ Background & Learning Objectives
- ✓ Introduction of Presenters
  - **Association for Underserved Clinicians**
  - **Community Health Centers, Inc.**
  - **Muskingum Valley Health Centers**
  - **National Health Service Corps**
- ✓ Resources
- ✓ Q & A



# RESOURCES TO SUPPORT R&R DURING COVID-19 AND BEYOND

SUZANNE SPEER

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

THIS PROJECT IS SUPPORTED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AS PART OF AN AWARD TOTALING \$625,000 WITH 0 PERCENTAGE FINANCED WITH NON-GOVERNMENTAL SOURCES. THE CONTENTS ARE THOSE OF THE AUTHOR(S) AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF, NOR AN ENDORSEMENT, BY HRSA, HHS, OR THE U.S. GOVERNMENT. FOR MORE INFORMATION, PLEASE VISIT [HRSA.GOV](http://hrsa.gov)



<http://www.chcworkforce.org>

# ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

## ■ Goals:

- Access to Care
- Primary Care Clinician Support

## ■ Lenses:

- Policy
- Practice
- Workforce

## ■ Topics:

- Medical Care
- Behavioral Health/Mental Health Care
- Vision Services
- Oral Health
- Health Information Technology
- Pharmacy

# BPHC NATIONAL TRAINING AND TECHNICAL ASSISTANCE PARTNER

- Focus:
  - Clinician Recruitment
  - Clinician Retention
- <https://chcworkforce.org/>

# STAR<sup>2</sup> CENTER

Solutions, Training, and Assistance  
for Recruitment and Retention

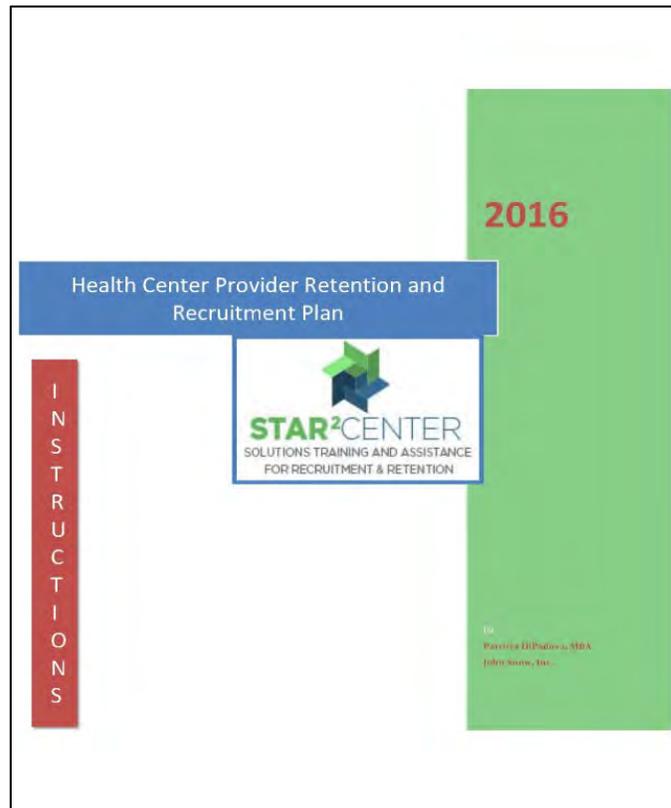
[www.chcworkforce.org](http://www.chcworkforce.org)

# STAR<sup>2</sup> CENTER

- National Cooperative Agreement initially awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 21 National Training and Technical Assistance Partners (NTTAPs)
- Produces FREE Resources, Training and Technical Assistance



# RESOURCE: RECRUITMENT & RETENTION PLAN TEMPLATE



- Assists health centers in developing a written R&R plan
- Can be tailored and changed to adapt to hiring practices during COVID-19
- Includes archived webinar & tools
- <https://chcworkforce.org/acu-rr-plan-template-resources>

# RESOURCE: FINANCIAL ASSESSMENT TOOL

- Actual costs of provider turnover
  - Separation Costs, Vacancy Costs, Recruitment Costs, Onboarding Costs
- Physician and non-physician tabs
- Downloadable Excel file
- <https://chcworkforce.org/star%C2%B2-center-financial-assessment-tool>

Tangible Costs	Cost
<b>A. Termination Costs</b>	
1. Human Resources and/ or Business Office Expense for terminating benefits, COBRA administration (if applicable), notifying health plans of provider change in status.	\$ -
2. Estimated cost of a Locums Tenens or other part time provider	\$ -
3. Malpractice tail coverage costs, if any	\$ -
<b>A. Total Termination Costs</b>	<b>\$ -</b>
<b>B. Replacement Costs</b>	
4. Advertising Costs	\$ -
5. Pre-Interview Staff Time - to arrange advertising; accept, sort and document applications (written and electronic); respond to telephone and written inquiries, arrange visits including logistics (hotel, travel, recruitment dinner), schedule telephone interviews and meetings with medical director, other staff involved in the decision process.	\$ -
6. Professional Recruiting Service Expenses	\$ -
7. Interview Staff Expenses	\$ -
8. Interview Direct Costs (on-site face-to-face interview visits)	\$ -
9. Post Interview Expenses - staff time for negotiation, other hiring expenses (bonus, relocation)	\$ -
<b>B. Total Replacement Costs</b>	<b>\$ -</b>
<b>C. Net Impact to Revenue</b>	
10. Revenue Loss from Leaving Provider	\$ -
11. Revenue Recovered from Locum Tenens	\$ -
<b>C. Total Net Impact to Revenue [Recovered - Loss]</b>	<b>\$ -</b>
<b>D. New Hire/Onboarding Costs</b>	
12. Payroll startup, Benefit Enrollment, establish passwords, email account	\$ -
13. Credentialing services cost (internal or Credentialing Verification Organization (CVO))	\$ -
14. Internal and external publicity announcements	\$ -
15. Equipment and Uniform expense	\$ -
16. Orientation Costs	\$ -
17. Cost of Productivity lost to startup	\$ -
<b>D. Total New Hire/Onboarding Costs</b>	<b>\$ -</b>
<b>Total Financial Impact</b>	<b>\$ -</b>

# RESOURCE: BURNOUT ASSESSMENT TOOL



Image from Pixabay

- Assessment & recommendations for identifying and addressing burnout at the organizational level
- 7 questions, 5-10 minutes to complete
- <https://chcworkforce.org/star%C2%B2-center-burnout-assessment-tool>

# RESOURCE: SELF-PACED COURSES

- 10 Courses on various recruitment and retention topics including:
  - Advertising and Sourcing Candidates
  - Building the Recruitment Team
  - Administrative Strategies for Improving Retention
  - Developing an Effective Employee Engagement Plan
- 101 and 201-level courses
- Roughly 30 minutes to complete
- <https://chcworkforce.org/platforms#explore>



# STAR<sup>2</sup> CENTER SUPPORT



- Tools & Reports
- Webinars
- Individual Technical Assistance
- ...and much more in our Resource Library!

# STAY IN TOUCH!

- [clinicians.org](http://clinicians.org)
- [chcworkforce.org](http://chcworkforce.org)
- [sspeer@clinicians.org](mailto:sspeer@clinicians.org)
- 703-577-1206



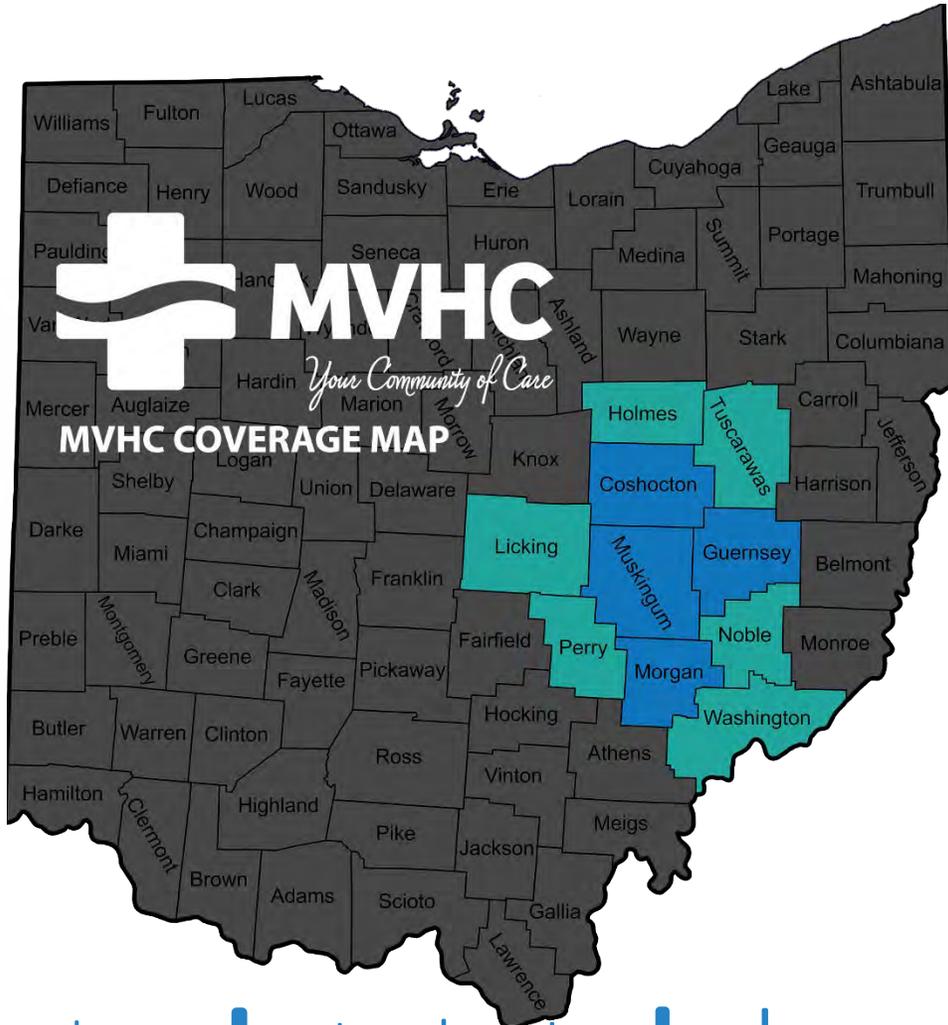
**Provider Recruitment and Retention Training for Health Centers: Addressing Issues with Staffing, Recruiting and Retention in the Face of a Pandemic**



**MVHC**

*Your Community of Care*

# WHO WE ARE



Founded in 2008, MVHC is a FQHC serving patients in Southeast Ohio.

**Community Impact.** Currently, MVHC serves over 43,000 patients on an annual basis which equates to 1 in 5 individuals in our coverage area utilizing MVHC services.

**Quality.** As an NCQA recognized patient-centered medical home, MVHC is committed to delivering high quality care to our patients. In 2020, MVHC was recognized by HRSA as a Gold Health Center Quality Leader

**Impacting The Economy.** With an annual budget of \$35 million, MVHC employs nearly 400 healthcare professionals and is constantly expanding in our market areas.

**Locations.** MVHC operates 11 locations in 4 counties resulting in 137,000+ annual patient visits.



# MVHC RECRUITMENT STRATEGY

## Provider Recruitment Strategy:

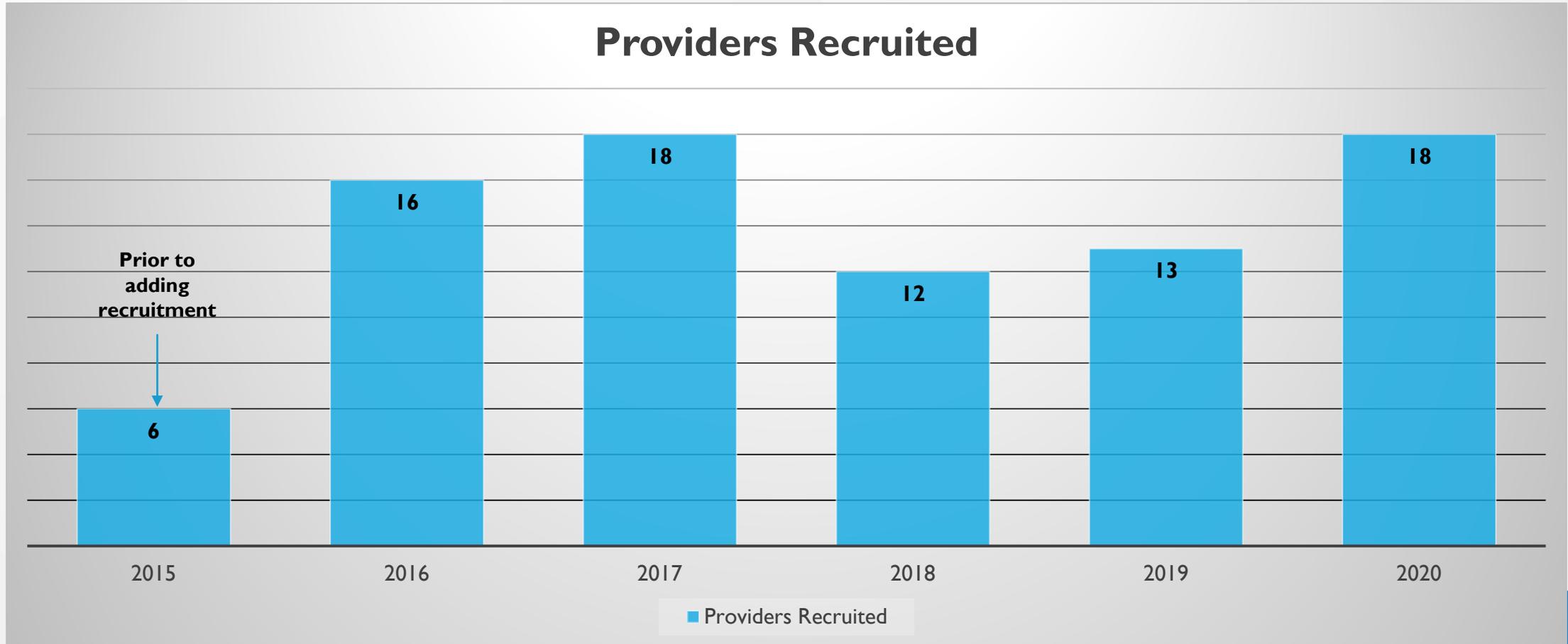
- Full-time dedicated recruiter
- Utilize numerous Sourcing Tools: Practicelink, Practice Match and traditional job search tools
- Direct mailers to specific provider types
- Social media postings with videos
- Specific targeted job fairs
- Relationship with schools and residency programs as well as on-site training opportunities.
- Cultivate potential recruits for numerous years
- Organized interviews that incorporate numerous team members and opportunity for the recruit to experience a “day in the life of an MVHC provider”

# MVHC RECRUITMENT INVESTMENT

## Investing in recruitment:

- In 2016, MVHC invested in additional resources to enhance provider recruitment efforts. The Chief Employment Experience Officer position was added to the organization.
- In 2018, MVHC added full-time dedicated position for provider recruitment.

# MVHC RECRUITMENT TRENDS



# MVHC RETENTION STRATEGY

- **Measure:** MVHC completes an annual provider satisfaction survey to measure numerous aspects of the employment experience.
- **Partnership:** Medical Staff Leadership Committee – joint committee of executive leadership and medical directors as well as other members of the medical staff. Committee promotes an environment of transparency.
- **Appreciation and Recognition Events:** Annual provider recognition dinner, Annual mission awards, National Health Center Week employee recognition event, Family fun day and other events and celebrations.



# OTHER RETENTION ACTIVITIES

## **Provider Retreats:**

One day interactive team retreat to recharge and focus on process improvement opportunities.

## **Employment Contract Strategy:**

MVHC's employment contract avoids restrictive language such as non-compete clauses and other items that could potentially cause conflict.

## **Flexible Schedules:**

MVHC allows for flexible schedules to help the provider achieve a desirable work/life balance.

## **Patient Support Services:**

MVHC offers a wide variety of support services that allow providers an opportunity to present patients with solutions to their challenges.

# MVHC EMPLOYMENT EXPERIENCE

## **Management Philosophy:**

Management is focused on providing all staff members with a positive work experience. This philosophy is the foundation of MVHC's culture that ensures all team members are working to achieve their individual career goals.

## **Employment Culture:**

The management philosophy has developed a culture that has given MVHC a reputation as an employer of choice.





**MVHC**

*Your Community of Care*

**QUALITY.  
AFFORDABLE.  
HEALTHCARE.**

# REDEPLOYMENT, RECRUITMENT, AND RETENTION IN THE TIME OF COVID-19



## Staying True to Mission, While Rapidly Adapting to Crisis

Karen Ashley, EdD  
Director of Education, Weitzman Institute

Amanda Schiessl, MPP  
Program Director, Co-Principal Investigator  
National Training and Technical Assistance  
Program, Weitzman Institute

# COMMUNITY HEALTH CENTER, INC.

## Locations and Service Sites in Connecticut

### Federally Qualified Health Centers (FQHCs)

- ⊙ Nation's largest safety net setting: 1,352 FQHCs
- ⊙ Located in designated high need communities
- ⊙ Caring for 28 million patients annually
- ⊙ 93% served are below 200% poverty
- ⊙ Public reporting on cost, quality, and utilization

### CHC Profile

- ⊙ Founding year: 1972
- ⊙ Primary care hubs: 16; 204 sites
- ⊙ Annual budget: \$120m
- ⊙ Staff: 1,300
- ⊙ Patients/year: 105,000; Visits/year: 600,000
- ⊙ SBHCs across CT: 180; Students/year: 17,000
- ⊙ Specialties: onsite psychiatry, podiatry, chiropractic
- ⊙ National leaders in quality and innovation

### Elements of Model

- ⊙ Fully Integrated teams and data
- ⊙ Integration of key populations into primary care
- ⊙ Data driven performance
- ⊙ "Wherever You Are" approach to special populations

### Weitzman Institute

- ⊙ QI experts; national coaches
- ⊙ Project ECHO® — special populations
- ⊙ Formal research and R&D
- ⊙ Clinical workforce development
- ⊙ NNPRFTC / NIMAA / ConferMED



# WEITZMAN INSTITUTE



## Telehealth Innovation

- Weitzman ECHO
- ConferMED



## Care Delivery Transformation

- Clinical Training & Specialty Support
- Weitzman Learning Academy

Located in Connecticut, Colorado, and California, **Weitzman Institute** is the first community-based research center established by a Federally Qualified Health Center.

## Training the Next Generation

- Nurse Practitioner Residency Training
- Post Doctoral Psychology Residency Training
- National Institute for Medical Assistant Advancement (NIMAA)

## Research

- Pain & Opioid Addiction
- Complex Care Coordination
- Behavioral Health Integration
- Elimination of Health Disparities
- Telehealth



# THE PATH TO CHANGE

## Objectives

1. Describe the early COVID-19 landscape, the need for immediate change, and how we responded across staffing
2. Review clinical and non-clinical initiatives that were rapidly implemented
3. Describe examples of newly implemented procedures for staffing



# PRE-COVID LANDSCAPE

## **Prior to COVID era all clinical services delivered on site face to face:**

- CT mandated private insurances cover video telehealth but no mandate for Medicaid or Medicare
- Small trial in Behavioral Health for video telehealth
- GPE grant for training psychology students including telehealth development
- Asynchronous electronic clinical care
- Beginning to position ourselves for the revolution in clinical care we knew was coming

## **State wide clinical service delivery and national footprint:**

- Zoom based administrative meetings
- Synchronous and asynchronous training through Weitzman Institute

## **Student training:**

- Mostly face to face
- eSupervision in postdoctoral residency program
- Remote hosted nursing and psychiatric nursing residencies

# REDEPLOYMENT, RECRUITMENT, AND RETENTION IN THE TIME OF COVID-19



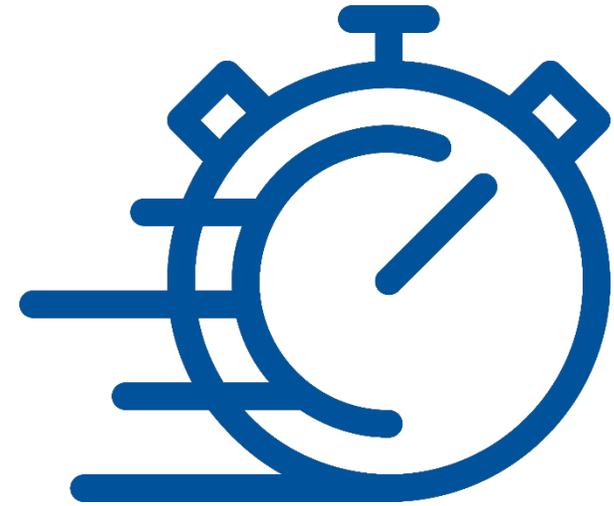
## Staying True to Mission, While Adapting to Crisis

Addressing necessary steps to ensure continuous quality care for CT's most vulnerable populations

1. Reviewing the existing foundation
2. Implementing change rapidly
3. Refining the process

# RAPID IMPLEMENTATION

1. Redeployment of Staff
  - No layoffs, no furloughs
2. Continuation of Care
  - Transition to telehealth



# RAPID IMPLEMENTATION: REDEPLOYMENT OF STAFF



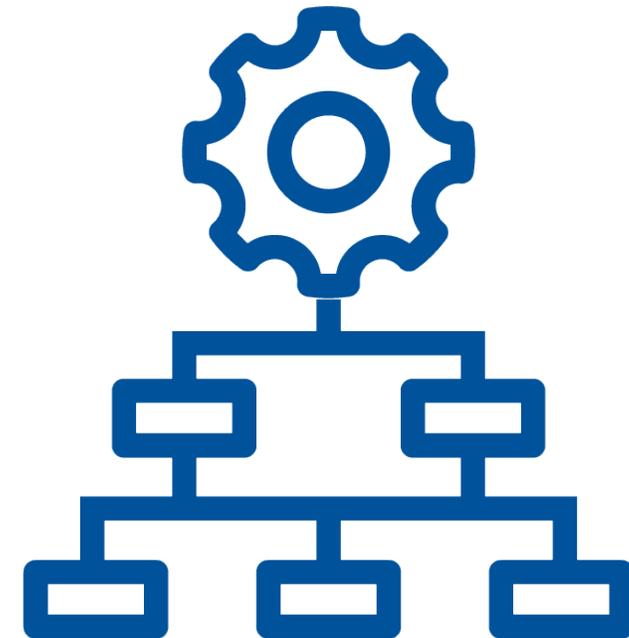
## Clinical

1. Dentists- COVID Testing specimen collectors
2. Hygienists- COVID Testing registration and specimen handling support
3. Dental Assistants- COVID Testing registration

# RAPID IMPLEMENTATION: REDEPLOYMENT OF STAFF

## Clinical

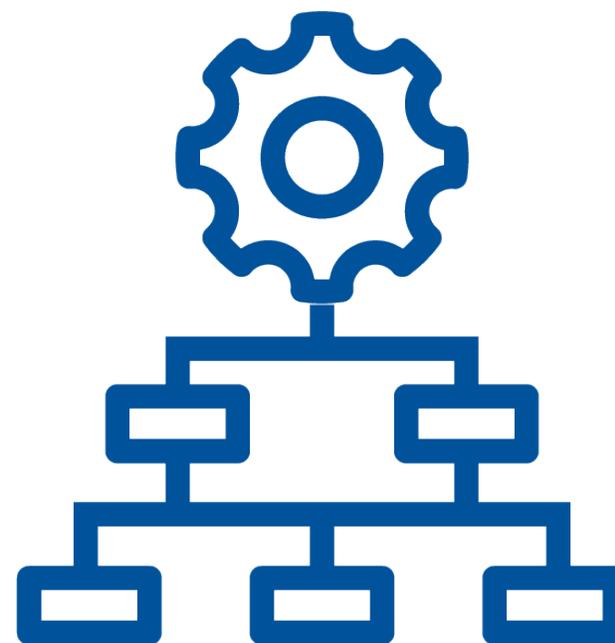
1. School Based Health Centers: Medical
  - COVID Triage Line
  - “Main Site” support
  - COVID testing patient call back
2. School Based Health Centers: Behavioral Health
  - Assess for increased BH patient need
  - Support Electronic Warm Hand Offs



# RAPID IMPLEMENTATION: REDEPLOYMENT OF STAFF

## Non-Clinical

1. Operations
2. Research Teams
3. Access to Care
4. Patient Experience Team



# RAPID IMPLEMENTATION: CONTINUATION OF CARE

## Tele-Team Based Care and the Virtual Team

1. Provider-MA Dyads
2. Separation of RN staff
3. Virtual team members
  - Integrated care
  - Operational support



# TRAINING STAFF TO AN EVER-CHANGING LANDSCAPE

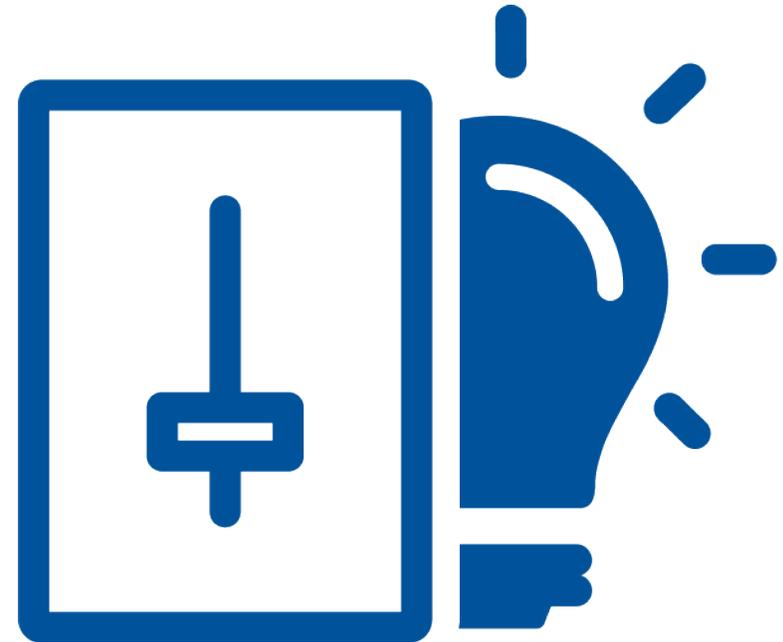


Sample Training Video

- Staff are trained by discipline and role
- One on one concierge training when necessary
- Clinical and operational Leaders directly supported all trainings
- Retrain to changing environment
- Create clear training materials for staff to refer to
- Record all trainings with access to all staff

# REFINING THE PROCESS: DIMMER SWITCH

1. Regulation changes
2. Reimbursement
3. Ongoing workforce planning
  - Regional COVID-19 rates
  - PPE supplies
  - Patient need (balance of telehealth and face-to-face)



# MORE WORK TO DO PATH FORWARD

1. Addressing Integrated Model
2. Solidifying Logistics
3. Supporting Policies
4. Supporting Infrastructure
5. Continuing Communication
6. Road to new delivery model of care



# SUMMARY



1. Assess the current state and leverage current foundation
2. Rapidly implement vital initiatives to maintain sustainability for patients and the organization
  - Re-deploy all available staff to support the overall operations
  - Build on current IT and EHR Systems
  - Centrally define a process for Virtual Visits and In Person Visits
  - Use Telehealth to expand access to key populations
3. Refine overall process over time
  - Track data and reevaluate goals
  - Continuous Trainings- incorporate COVID-19 practices and Telehealth
4. Consider the Path Forward

## LEARNING COLLABORATIVE OPPORTUNITY

# Fundamentals of Comprehensive Care Learning Collaborative

The 4-month participatory learning experience is designed to provide Federally Qualified Health Centers (FQHCs) that are beginning or restarting their move to high performance team-based comprehensive primary care with knowledge about the basic principles and best practices of care and the strategies to plan for implementation.

- The Collaborative will consist of four videoconference learning sessions with primary care teams from across the country.
- The action periods between sessions will include assignments and deliverables, and calls between health center coaches and CHCI mentor coaches to facilitate the uptake of the intervention.

# RESOURCES

## Weitzman Institute

1. Covid-19 ECHO Series: [weitzmanlearning.org/coronavirus/1590-2/](https://weitzmanlearning.org/coronavirus/1590-2/)
2. NTTAP: [weitzmaninstitute.org/NCA](https://weitzmaninstitute.org/NCA)
3. Path Forward: [weitzmanlearning.org/the-path-forward/](https://weitzmanlearning.org/the-path-forward/)
4. Leadership Coaching & Change Strategy Consultation: [weitzmanlearning.org/coronavirus/covid-19-resources/](https://weitzmanlearning.org/coronavirus/covid-19-resources/)
5. Telehealth Resources: <https://www.weitzmaninstitute.org/telehealth-resources>



**HRSA**

NATIONAL HEALTH

**SERVICE**

CORPS



# NHSC 101

## COVID-19 Task Force Webinar

October 27, 2020

**Israil Ali | Director**

Division of National Health Service Corps (DNHSC)  
Bureau of Health Workforce (BHW)  
Health Resources and Services Administration (HRSA)





# The National Health Service Corps

- **The National Health Service Corps (NHSC)** builds healthy communities by supporting qualified health care providers dedicated to working in areas of the United States and its territories with limited access to primary health care, regular dental, behavioral health care, and preventive screenings.
- **NHSC clinicians improve access to these crucial services** by practicing in health professional shortage areas across the country.
- **In exchange for their service in high-need areas, NHSC offers scholarship or loan repayment funding** that helps pay off their health profession student loan debt.



# Impact of the NHSC

*More than*  
**16,000**  
*NHSC members are currently providing care to more than*  
**17**  
**million**  
*people in the U.S.*

Many NHSC members continue to serve in areas of greatest need up to two years after completing their service obligation



# LOAN REPAYMENT PROGRAMS

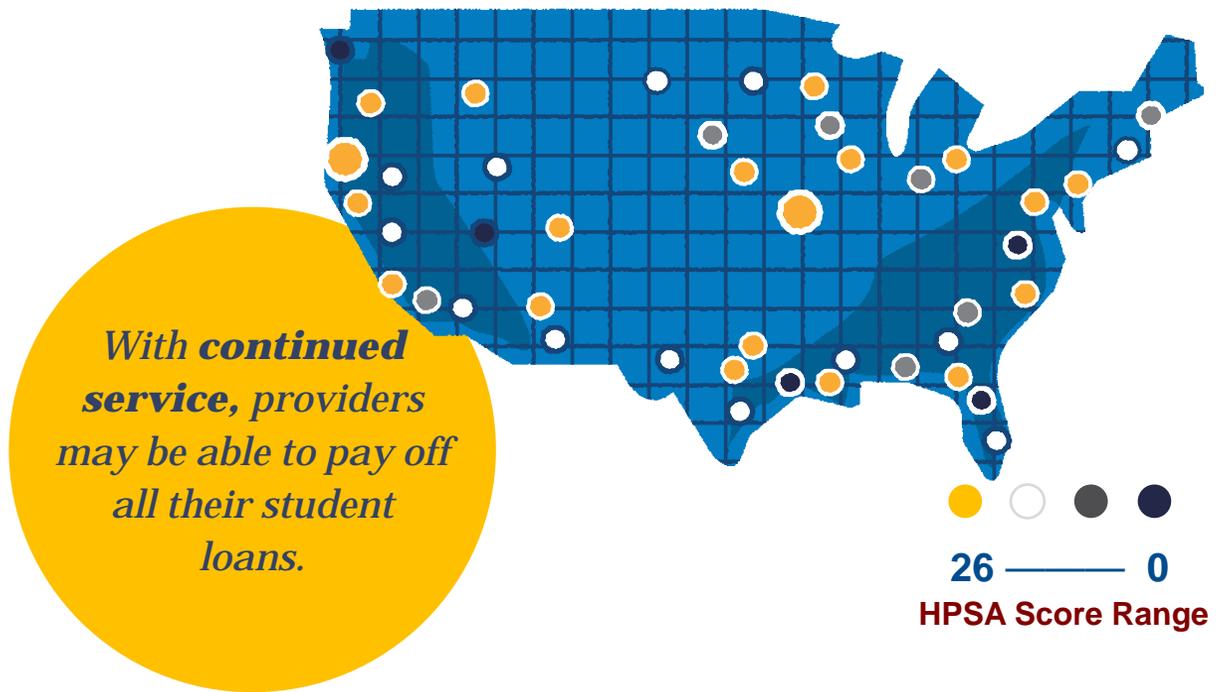


# Loan Repayment Program

UP TO  
**\$50,000**  
FOR 2 YEARS OF  
SERVICE

Offers fully trained primary care clinicians loan repayment in exchange for service in an area of greatest need, called a Health Professional Shortage Area (HPSA).

Higher HPSA Score = Higher Need



Applicants working at NHSC-approved sites with higher HPSA scores are given priority.

# Loan Repayment Program

## Providers Receive Loan Repayment in Addition to a Competitive Salary from Their Employers

**1**

Providers find a job at an NHSC-approved site

**2**

Apply to the NHSC for loan repayment



*Watch the NHSC Site Video on the "HRSA Tube" YouTube channel.*

*Find positions at NHSC-approved sites using the Health Workforce*

*Connector:*

*<https://connector.hrsa.gov/>*



# Loan Repayment Program

## Eligibility



U.S. citizen or national



Currently work,  
or applying to work,  
at an NHSC-approved site



Have unpaid government  
or commercial loans for  
school tuition, reasonable  
educational costs, and  
reasonable living expenses,  
segregated from all other  
debts



Licensed to practice  
in state where employer  
site is located

### Must be licensed in one of the following eligible disciplines:

- Physician (MD or DO)
- Nurse practitioner (primary care)
- Certified nurse-midwife
- Physician assistant
- Dentist (general or pediatric)
- Registered dental hygienist
- Psychiatrist
- Psychologist (health service)
- Licensed clinical social worker
- Psychiatric nurse specialist
- Marriage and family therapist
- Licensed professional counselor

# SUBSTANCE USE DISORDER WORKFORCE LOAN REPAYMENT PROGRAM



# Substance Use Disorder Workforce Loan Repayment Program

*Expands and improves access to quality opioid and substance use disorder treatment in underserved areas nationwide*



AWARDS UP TO  
**\$75,000**  
FOR A 3-YEAR SERVICE  
COMMITMENT

- Must be trained and licensed to provide SUD treatment at NHSC-approved SUD treatment facilities

# Substance Use Disorder Workforce Loan Repayment Program

## Eligibility



Must be a U.S. citizen or national working at an NHSC-approved substance use disorder (SUD) treatment facility



### Eligible Providers:

Medicine: MD, DO, NP, CNM, PA  
Mental/Behavioral Health: HSP,  
LCSW, PNS, MFT, LPC  
**Substance Use Disorder  
Counselors**  
**Registered Nurses**  
**Pharmacists**



Must be trained and licensed to provide SUD treatment



Must have unpaid government or commercial loans for school tuition, reasonable educational and living expenses, segregated from all other debts

### Priority is given to applicants:

- With DATA 2000 waivers;
- Currently providing care in an opioid treatment program; or
- Who have a license or certification in substance use disorder interventions, such as master's-level substance use disorder counselors.

# RURAL COMMUNITY LOAN REPAYMENT PROGRAM



# Rural Community Loan Repayment Program

*Expands and improves access to quality opioid and substance use disorder treatment in **rural** areas*



AWARDS UP TO  
**\$100,000**  
FOR 3-YEAR SERVICE  
COMMITMENT

- Must be trained and licensed to provide SUD treatment at NHSC-approved rural SUD treatment facilities

# Rural Community Loan Repayment Program

## Eligibility



Must be a U.S. citizen or national working at an NHSC-approved rural substance use disorder (SUD) treatment facility



Eligible Providers:  
Medicine: MD, DO, NP, CNM, PA  
Mental/Behavioral Health: HSP, LCSW, PNS, MFT, LPC  
**Substance Use Disorder Counselors**  
**Registered Nurses**  
**Pharmacists**  
**Nurse Anesthetists**



Must be trained and licensed to provide SUD treatment



Must have unpaid government or commercial loans for school tuition, reasonable educational and living expenses, segregated from all other debts

### Priority is given to applicants:

- With DATA 2000 waivers;
- Currently providing care in an opioid treatment program; or
- Who have a license or certification in substance use disorder interventions, such as master's-level substance use disorder counselors.

# Medication-Assisted Treatment (MAT) Training

We partnered with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Providers Clinical Support System (PCSS) to connect clinicians to free MAT training.



*Helps increase the number of Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver-certified clinicians in high-need communities.*



[nhsc.hrsa.gov/mat-training](https://nhsc.hrsa.gov/mat-training)

## Why should you complete MAT training to obtain a DATA 2000 waiver?

- Be a part of the solution to our nation's opioid epidemic.
- Help increase access to comprehensive SUD treatment in rural and underserved areas.
- Be a priority applicant for some NHSC programs.

## Are you eligible for the free training?

You are eligible for MAT training (and the waiver) if you have an active \*Drug Enforcement Administration (DEA) number to dispense controlled substances and are one of the following:

- **Physician (MD/DO)**
- **Nurse practitioner (NP)**
- **Physician assistant (PA)**
- **Certified nurse-midwife (CNM)**

\*Applying for your DEA number only takes a few moments. Visit <https://apps.dea diversion.usdoj.gov/webforms/> to learn more.

# STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM





# Students to Service Loan Repayment Program

## Award

The NHSC offers up to \$120,000 in tax-free loan repayment for 3 years of full-time service or 6 years of half-time service. Loan repayment begins during residency. With continued service, eligible providers may be able to pay off all their student loans.

### Initial Award Amounts

UP TO  
**\$120,000**  
FOR 3 YEARS Full-time

UP TO  
**\$120,000**  
FOR 6 YEARS Half-time

# Students to Service Loan Repayment Program

## Eligibility



U.S. citizen or national



Full-time student in the final year at an accredited school, pursuing a degree in medicine, dentistry or advanced practice nursing



Must complete an accredited primary medical care residency in an NHSC-approved specialty, Dentist and advance practice nurses are highly encouraged (but not required) to complete a post-graduate training, but not required.



Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts

# SUPPORT & RESOURCES



# Support & Resources

## NHSC-Approved Sites

- NHSC clinicians serve at approved sites throughout the nation.
- NHSC-approved sites are outpatient facilities providing primary care medical, dental, and/or mental and behavioral health services.
- The facility may be located in a rural, urban or tribal community.
- To apply to become an NHSC site, the facility must be an [eligible site type](#) and meet applicable requirements.





# Support & Resources

## NHSC Eligible Site Types

- Federally Qualified Health Centers
  - Community Health Center
  - Migrant Health
  - Homeless Program
  - Public Housing Program
  - School-Based Program
  - Mobile Clinic
- FQHC Look-Alikes
- Indian Health Service Facilities
- Certified Rural Health Clinics
- Correctional or Detention Facilities (Federal/State/Immigration and Customs Enforcement)
- Critical Access Hospitals
- Community Mental Health Centers
- State or Local Health Departments
- Community Outpatient Facilities
  - Hospital Affiliated
  - Non-Hospital Affiliated
- Private Practices (Solo & Group Practice)
- School-Based Clinics
- Mobile Clinics
- Free Clinics
- Substance Use Disorder Treatment Facilities



# Support & Resources

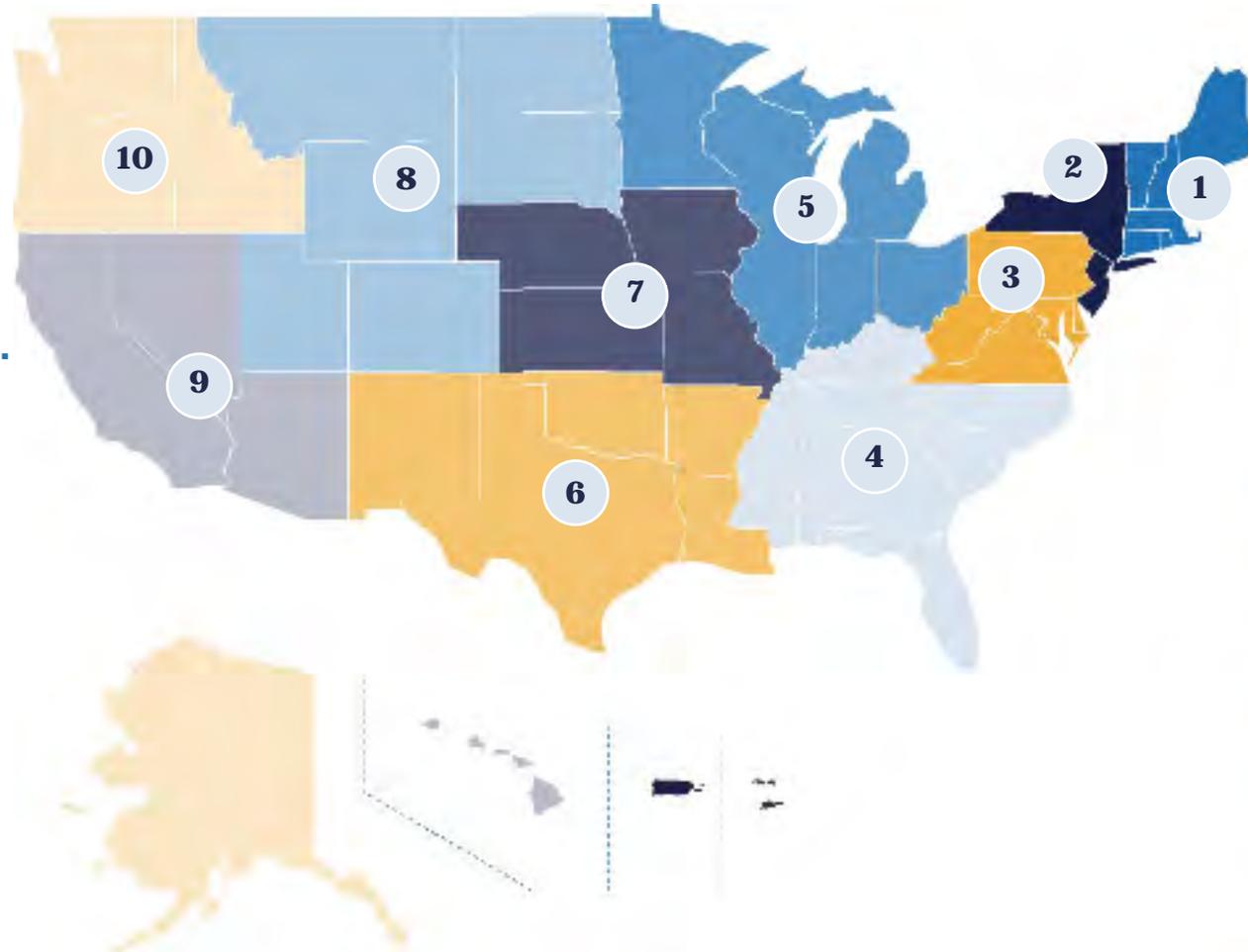
## NHSC-Approved Substance Use Disorder (SUD) Eligible Treatment Facilities

**To be an NHSC-approved SUD treatment facility, sites must have demonstrated that they meet the requirements set forth in the NHSC Site Agreement and NHSC Site Reference Guide, including submission of SUD documentation.**

- SAMHSA-certified opioid treatment programs (OTPs)
- Office-based opioid treatment facilities (OBOTs)
- Non-opioid substance use disorder treatment facilities (SUD treatment facilities)
- Federally Qualified Health Care Centers (FQHCs)
- Rural Health Clinics (RHCs)
- American Indian Health facilities
- FQHC Look-Alikes
- State or federal correctional facilities
- Critical Access Hospitals
- Community health centers
- State or local health departments
- Community outpatient facilities
- Private practices
- School-based clinics
- Mobile units and free clinics

## Support for Providers

- Support for you in your region
- Dedicated BHW staff located in 10 regional offices provide dedicated contacts for your area.
- Find your contact on the NHSC website



## Regions

- 1 Boston
- 2 New York
- 3 Philadelphia
- 4 Atlanta
- 5 Chicago
- 6 Dallas
- 7 Kansas City
- 8 Denver
- 9 San Francisco
- 10 Seattle

# Linking Providers to Communities

## Health Workforce Connector



Where Health Care Professionals  
Connect with Sites

Currently over **17,000** NHSC- approved  
sites with **6,000+** job vacancies

## Virtual Job Fairs

Live, fully interactive, and free online  
events that occur online throughout the  
year



Connect job-seeking primary care  
providers who are interested in serving  
high-need communities with NHSC  
and Nurse Corps healthcare facilities

<https://connector.hrsa.gov/connector>

<https://bhw.hrsa.gov/provider-recruitment/virtual-job-fairs>



# Support & Resources

## Contact Us

- **Israil Ali, Director**
- Division of National Health Service Corps (DNHSC)
- Bureau of Health Workforce (BHW)
- Health Resources and Services Administration (HRSA)
- Phone: 1-800-221-9393 (Customer Care Center); M-F, 8 a.m. to 8 p.m. ET, except federal holidays

Web <http://nhsc.hrsa.gov>

Virtual Job Fair: <http://jobfair.hrsa.gov>

Health Workforce Connector: <http://connector.hrsa.gov/>

 Facebook: <http://facebook.com/nationalhealthservicecorps>

 Twitter: <http://twitter.com/NHSCorps>

 LinkedIn: <http://www.linkedin.com/company/national-health-service-corps>

# Questions?

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# Webinar Evaluation

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Please take a moment to complete the webinar evaluation:

<https://www.surveymonkey.com/r/LP796S6>



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