

Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
BPHC Enrichment Series: Community HealthCorps
November 13, 2014, 1 – 2:30 p.m. ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During today's conference questions may be asked online at any time using the question box. At the end of today's conference there will be a question-and-answer session where questions can also be asked by phone.

At that time you may press star-1 on your touchtone phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time.

I would now like to turn the conference over to Mr. Jim Macrae. Thank you, you may begin.

Jim Macrae: Good afternoon and good morning to those out on the west coast. I am Jim Macrae, the Associate Administrator for the Bureau of Primary Health Care and welcome to our Bureau's enrichment series.

Our enrichment series is a series of webinars that we do here in the Bureau of Primary Health Care that highlight best practices and innovative models being implemented at health centers across the country, in particular in this area to focus on outreach and enrollment.

This enrichment webinar will highlight a cost effective and innovative strategy for outreach and enrollment. The National Association of Community Health Centers'/Community Health Corps Program. This program is one of the largest, in fact, I think it is the largest health focused AmeriCorps program with more than 500 members in health centers across the country. This includes agencies in 16 states and the District of Columbia.

In particular, they're focused on improving access to healthcare and doing it through this innovative model. AmeriCorps itself is a nationally recognized program that engages more than 75,000 volunteers each year to provide intensive services to meet our country's most critical needs in education, public safety, health, and the environment.

Our own Bureau provides support as many of you know to health centers across the country that provide high quality primary health care services to medically underserved communities and vulnerable populations.

As we get ready for open reenrollment, which I'll just take a minute to do a quick commercial, which starts in less than 48 hours so please,- if you're not ready, please get ready immediately in terms of all of this activity. We continue to promote stronger collaborations between health centers and many of our national training and technical assistance cooperative agreements, NCAs for short.

For example, Cherry Street Health Services, which is actually now Cherry Health Services in Grand Rapids, Michigan, and the Community Health Corps have developed a strategic partnership to help uninsured patients and other vulnerable populations gain access to affordable health insurance coverage through the health insurance marketplace, Medicaid, and the Children's Health Insurance Program.

Through these efforts overall HRSA's made significant investments in outreach enrollment nationwide. In fact, now on an annual basis the Bureau of Primary Health Care and the health resources and services administration provides over \$150 million annually to over 1100 health centers to provide outreach and enrollment services.

And if that's not enough, in our latest report health center grantees like Cherry Health have supported over 16,000 trained outreach and enrollment assistance workers, providing assistance to more than 7 million people in their efforts to become insured.

The overall goal of our enrichment webinar today is to learn more about the Community Health Corps program, and in particular to share best practices for addressing outreach and

enrollment needs, and how your health center can adopt the successful, cost effective outreach and enrollment strategy.

We look forward to engaging with you with the presenters and sharing your own experiences. And I personally just want to take a moment to thank our presenters for making the time today.

They have some really, I think, incredible information to share with you on a program that I think personally is something that many more health centers should look at exploring because it really does take advantage of an incredible spirit of volunteerism that we know exists in this country, pairing that up with health center's mission, and creating not only a set of volunteers to do incredible work but what I also hope is a set of future leaders in the health center movement.

So we're very excited, as you know, to kick off enrollment. It actually goes from - 48 hours from now, November 15, 2015 to February 15, 2015. So please take the information from this call and hopefully utilize it in that enrollment period. But also think about how you might utilize this program in the future.

And with that I will now turn it over to Kim Sibilsky, Chief Executive Officer over the Michigan Primary Care Association who will be today's moderator. Thanks, Kim.

Kim Sibilsky: Thank you, Jim. Hi, I'm really - want to thank you. I'd like to thank the Office of National Assistance and Special Populations for giving me this opportunity to showcase a wonderful program and a truly stellar grantee organization here in Michigan, Cherry Health.

Also to have the opportunity to have Gerrard Jolly to speak with us. Gerrard Jolly is the program director for the Community HealthCorps program within the National Association of Community Health Centers and is National Director.

And our two speakers with Cherry Health that will be speaking to you today are Marsha Hazen, she's Community HealthCorps manager, and Michelle Fitzgerald who's Region 3 lead navigator. So we - if I may, Marsha and Michelle.

Marsha Hazen: Thank you. My name is Marsha Hazen. I'm the program coordinator for Cherry Health's Community HealthCorps program. I actually started my journey with our organization as a Community HealthCorps member myself. I served two years as a member of the Community HealthCorps from 2008 to 2010.

After I completed my service I was hired on as a staff member with Cherry Street Health Services as it was called at the time. And I was an application trainer so I taught our providers and clinical staff how to use an electronic health record system that we were implementing at the time.

When the Community HealthCorps manager position opened up last year I jumped on the opportunity to take on that role within the organization. I'm a true believer in the power of AmeriCorps and I know first hand the impact that program has on our patients, on our health centers, on our community, and ultimately on the members themselves.

Michelle Fitzgerald: And I am Michelle Fitzgerald, the Region 3 Lead Navigator. And that position basically covers the 13 county region in West Michigan. So I am sort of an expert to all those counties as well as here locally in Grand Rapids about the Affordable Care Act and health insurance programs.

Here at Cherry Health I also serve as our sort of team lead program coordinator of our outreach enrollment department. So I kind of have both of those roles. I also started at Cherry Health or Cherry Street Health Services at the time as a HealthCorps member doing Medicaid enrollments. So kind of a lot of history here but hopefully we can share our experience with you here today.

So first of all here's one of our newest health centers, part of the city health center in Grand Rapids just to give you a quick view. And we'll just move right on to the next slide.

So Cherry Street Health Services or Cherry Health has over 20 locations and we are spread across Grand Rapids, Michigan; Greenville, Hastings and Detroit. Our newest health center

is in Hastings at (Berry) County. And our service locations - usually about every two years we start to add a new - two to three years we add a new service location.

And that's kind of what prompted our name change as well that now we are so much more than just our first location, which is located on Cherry Street. But we are a health system now. Next slide.

Marsha Hazen: So I want to talk to you a bit about who we are and who we serve. So Cherry Health is the largest federally qualified health center in Michigan. We offer a wide variety of services.

We have medical services for individuals - really all stages of life from newborns to seniors. So this includes pediatrics, teen health services, women's health, including OBGYN, prenatal support programs, WIC, and support services for new mothers.

We have family medicine and adult medicine as well. We have onsite pharmacy that offers 340B drug discount program. We also have dental services at both - in our health center location and it's part of our school link program that we'll talk about a little bit more in a minute.

And we also provide vision services for adults and children. We have a vision clinic here at our heart of the city health center allocation. And we also offer that service in 78 different schools through our See To Succeed program.

Cherry Health provides a wide variety of behavioral health services. We really - spanning from counseling services to psychiatric care, and even targeted case management for individuals that have, you know, chronic health conditions that they're trying to manage successfully.

We also offer behavioral health services to our staff and actually the Community Health Corps members as well through the employee assistance center. So this program offers counseling services to help alleviate workplace stress and other concerns that come up before they have - started affecting work performance.

Cherry Health has several residential treatment programs for individuals that are transitioning out of the criminal justice system to help them build skills needed to really successfully enter - or re-enter society.

And Cherry Health is on the front lines of healthcare by implementing an integration of medical and behavioral health services, really wrapped around the patient. And Michelle will explain those to you a little bit more. Next slide.

Michelle Fitzgerald: All right. So some of our - in general, our best practices at Cherry Health, the integration of the physical and behavioral health services is certainly one of our hallmarks as well as sort of a pilot program in the country.

We started this model in our Durham clinic is what we refer to it as and so this is for people who have really chronic conditions, both behavioral and mental health. It's part of our person centered medical home goal that we're working towards always to really wrap around those services for the whole person.

We've also implemented this very recently in our pediatric health center at one of our sites to kind of model it there as well and see kind of the changes of involving the whole family for the child who's experiencing some of these chronic needs.

We do have our school links oral health programs in 78 schools, that is one of our biggest programs. We have a huge need for oral health in this area. So vision care services, as she stated, and both of these are programs that were some of the initial programs that Health Corps were involved in.

And then of course, our West Michigan leadership and outreach - outreach and enrollment, we do serve - as I said, that 13 county region. And so we've really been a - we're kind of a lead for individuals and families seeking assistance with health insurance but also for other health centers, for other assistance personnel across the region.

We serve kind of as a resource in some of the collaborations that we're a part of. Next slide.

Marsha Hazen: All right, so how do we utilize our Community HealthCorps program within our health center? We're actually the largest Community HealthCorps program in the country. We have more than 30 members currently servicing on our team. So they serve in a really wide variety of roles within the program.

So community outreach is one of the areas that our members focus on. So they're really going out and representing Cherry Health at health fairs and community resource fairs to inform community residents about our health centers and the services that we have available.

And this is really important because many people don't know about community health centers and know that anybody can access services here regardless of income or insurance, that we have sliding scale fees. So the members really act as ambassadors for our health centers.

We have members that serve as health insurance enrollment assistance so they become certified as certified application counselors to provide that enrollment assistance to patients and community members through the health insurance marketplace and also with the Healthy Michigan plan, which is Michigan's Medicaid expansion program.

The members also educate these individuals on insurance because for a lot of people this is the first time that they've had access to affordable healthcare coverage. So we want to make sure that they really understand how health insurance works and what services are covered on the plan that they ultimately select.

We have members that serve as interpreters for patients that have limited English proficiency. We have a very large Spanish speaking population so most of our interpreters are Spanish interpreters but we also have a Vietnamese interpreter on our team this year as well that serves that population as well.

We have members that serve with our prescription assistance enrollment program. So if an uninsured patient is unable to afford medications that they've been prescribed and there's not a generic form of the medication available then our members could help assist them

with applying for free medications that are often offered through the pharmaceutical company.

We have a few members that serve with our women's health network program. So this program offers free mammograms, breast exams, pap smears, and pelvic exams to uninsured women. Our members assist patients in the enrollment into that program and they also provide health education around the importance of early breast cancer or screening.

We offer a wide variety of health education so our members provide health education in a number of different ways. One of our new initiatives is coordinating Cherry Health new speakers' series to bring various health education topics to different target populations throughout our community. So this would include, like, seniors, homeless population, veterans and their families as well.

We have members that serve around discharge prevention so since we serve individuals that have to overcome barriers to accessing healthcare it's really important that they understand how important it is to come to their scheduled appointments.

So our members follow up with patients if they miss scheduled appointments, they also educate the patients about our no-show policy, provide referrals for transportation services, or other community programs that educate individuals about, you know, utilizing their medical home rather than using emergency services.

We have a reach out and read program here at our health center and so we have a member that coordinates that program. Reach out and read is a program that promotes early literacy and school readiness in pediatric exam rooms.

It gives new books to children, ages six months to five years old during their well child checks. And it advises parents about the importance of reading aloud to their children.

We have a program that we call engage, prevent, empower. It's a new initiative that tracks our patients to ensure that they've received preventative screenings and services that are recommended for them.

We also incorporate financial literacy. So members are using a curriculum that was designed by the consumer financial protection bureau to provide financial education and tools to help individuals and families lower their personal healthcare costs.

Another one of our focuses is reducing childhood obesity. So we have members that participate in a number of different initiatives focused in this area. Members act as coaches. We have two separate running programs that are serving children to teach healthy habits.

We also recently formed a partnership with the Kent District libraries to offer the Eat, Play, Grow program at five different library branches per month. Eat, Play, Grow teaches children ages six months and younger and their adult caregivers about making healthy nutrition and physical activity choices. Next slide.

So this is our contact information in case you have any questions and want to get in touch with us.

Kim Sibilsky: Thank you, Marsha and Michelle. What I'd like to do now is swing this over to Gerrard Jolly, once again, National Director of the Community HealthCorps program within the National Association of Community Health Centers. Gerrard?

Gerrard Jolly: Thank you very much, Kim. And I'm really excited to hear that overview that Marsha and Michelle shared of the various types of activities and roles that Community HealthCorps AmeriCorps members can play within health center while still meeting national standards across the program.

I want to introduce myself. I am the National Director of Community HealthCorps and have the privilege of leaning on the development and execution of our program's vision, goals, and strategies to achieve that vision of increasing access to care and preparing the primary care work force of tomorrow.

I've been in this role for about a month and a half now so I am getting my feet wet in this role but I've had the privilege of serving as the National Deputy National Director for five years prior to that.

Before I begin I want to offer appreciation and thanks to HRSA and to the Bureau of Primary Health Care, the Office of National Assistance and Special Populations for extending the invitation to us to be able to talk about this impactful program that although we're having great impact in 16 states and D.C. right now we're setting on the course to increase that impact to all 50 states in the next ten years.

We wouldn't be able to accomplish that work without the corporation for national and community service, which is the federal agency that administers the AmeriCorps program.

We've - they supported our work for two decades now and we are really appreciative of the support that they give us to allow us to be able to bring national service resources into community health centers to help meet unmet needs of patients and communities.

I want to also acknowledge the executive directors and CEOs out there and community health centers and primary care associations to recognize the high value proposition that the use of AmeriCorps members bring to the health centers and to their patients.

And Marsha and Michelle are certainly great representatives of both the program coordinators who administer the program on the ground locally and the - over 500 Community HealthCorps - AmeriCorps members that are helping to build the trust and increase the knowledge and education of health center patients so that they're able to both navigate the health center and utilize it much more effectively than they would be able to do so otherwise.

And they are definitely great demonstration of how effective we have been able to be in these 20 years of meeting that aspect - that workforce development aspect of our mission. So thank you, Marsha and Michelle.

And lastly, my team back at the National Association of Community Health Centers who I know are listening in and they're the ones who do the real hard work at the national level of administering the programs so that I'm able to get out and promote and cheerlead for the program. So thank you guys back at NACHC.

So who are we at the National Association of Community Health Centers? We are the trade association for community health centers and primary care associations based in Bethesda, Maryland; been around since 1971 addressing the lack of access to basic healthcare.

We promote efficient and comprehensive high quality care for all underserved populations. Back in 1995 the National Association of Community Health Centers along with a number of CEOs of community health centers got together to recognize the need to promote healthcare of the underserved more fully while developing and grooming the next generation of the healthcare workforce to form Community HealthCorps - this program that we're highlighting today.

Community HealthCorps has 36 direct grantees including community health centers, primary care associations, health center controlled network, consortiums, and even a university out in rural Idaho.

We are the largest health focused AmeriCorps program and placing over 500 positions - individuals volunteering in community health centers. They serve in over 200 locations in 16 states and the District of Columbia. And they address a number of special population including homeless, migrants, farmers, and individuals living in public housing health centers as well as school-based health centers.

What Community Health Corps does is to help assist community health centers in providing that outreach and enrollment to prospective patients and to the uninsured and underinsured.

We are proud to look back on this past year, 2013-14 where Community HealthCorps members - those 500 or so helped over 18,000 people enroll into health insurance, that's

about one out of every seven clients that our Community HealthCorps /AmeriCorps members served.

And between January and March of this year, 2014, Community HealthCorps /AmeriCorps members enrolled over 6,000 individuals, which was nearly a 50% increase in the enrollment assistance that was provided during the same period in 2013. And that included both health insurance, enrollments into private insurance, and into Medicaid.

Over one-fifth of our Community HealthCorps /AmeriCorps members became certified application counselors in the last year and we expect a greater number - nearly 140 to focus activities in health insurance enrollments in the coming year.

So we're excited about the impact that our program is having, both now and into the future as it relates to outreach and enrollment into communities. And these programs are engaged in various activities in this area that include things such as providing services within libraries, within restaurants and rec centers in order to increase the convenience for people with limited transportation and to increase the awareness of the Affordable Care Act to the general public.

So they are finding various avenues and various ways in order to engage with patients where they are.

In addition, we assist health centers to deliver health education and build that trust among patients we've helped to retain current patients to health centers as the competition increases for our patients these days.

We also assist those patients to understand how to better navigate the healthcare system when they're transitioning from the hospital and emergency care to primary care. We help them to avoid returning to the hospital for unnecessary hospitalization.

We're providing support to patients to help them to be able to provide self management of their chronic conditions, being able to better manage their care, and to raise the awareness

and help them to access community-based resources for a variety of health center patients, including older adults and individuals who are disabled.

So you might be thinking, okay, there's a lot that this program does. How do I become a part of it and what might it cost me - the health center or PCA to participate? So let's talk a little bit about what the - what the costs are, what the matching requirements are. So the typical max award that we make to community health centers is just under \$10,000 per position.

And those awards are typically matched on a one to one basis depending upon the project model at the local level. Typical costs at the local level can include the individual who coordinates the program at the local - their salary and benefits, which vary from 50% to up to 100% of that's individual salary depending upon how many AmeriCorps members they have at their site and therefore the amount of time for coordination that is involved.

It also includes workers compensation for those individuals who served, just making sure that they have the proper protections in case of injury, which we are happy to say is very minimal in our program thankfully.

They provide member health insurance. They cover criminal history checks to ensure that the individuals who are serving the most vulnerable populations are themselves individuals who one would not need to be concerned about. And they provide member training, travel gear, and supplies.

And we're happy to provide sample budgets and to connect interested and prospective applicants to current grantees who can help you better understand how they set up systems at the local level to be able to provide and care for the program at their sites.

So we shared what the costs are. How can you apply for and become a part of the Community HealthCorps program? We do have an application process that typically runs in three-year grant cycles. We are currently in the section year of our three-year grant cycle. We release our requests for proposals by November 15 so we're actually going to have one that we'll be releasing in the next day or two.

And we offer technical assistance to prospective applicants about a week after that release so that would give you a little time to look through that notice of funding and get a good sense of how you might be able to effective opportunities and engaging opportunities for Community HealthCorps members at your site.

We ask for prospective applicants to submit a letter of intent to apply to us and those are typically due by December 1. And the applications - the full applications will be due about two weeks later by December 15.

We then - after reviewing the applications and we'll talk - hopefully, in the Q&A session about what makes for a great applicant but we look for a number of factors in - including the experience that a center can offer for AmeriCorps members, whether or not they have a history of being able to manage a federal grant as well as if they have evidence basis for ensuring that the project that they'll use the AmeriCorps members for are indeed having a meaningful impact or have the potential to have a meaningful impact within the community.

We'll - after we review those applications we'll develop a national application that we'll submit to the incorporation for national and community service. And then as we wait to hear back on that application we provide recruitment assistance to applicants - and - starting from January until the program actually starts up. And we notify you in June that you were - that our funding has been awarded and that we can really move forward and move ahead in terms of having impact in getting these programs off the ground.

We do also provide a training during the summer just before the program start up for the coordinators at those project sites. We bring all of them together so they can benefit both from the experience and the questions and answers that are exchanged during those trainings. And projects start up typically between August 1 and September 15.

Our proposal this year - as I mention again, we'll be going out later this week and we'll be putting that out to community health centers and through primary care associations nationwide so we ask you to look out for that and you'll see my contact information at the

end of this presentation if you want to reach out to me with any questions that you might have about applying for the program.

Lastly, we want to note the benefits that we offer to those individuals who serve. They are what helps you to be able to recruit them and bring them in. Primarily is the fact that they want to be able to give back to individuals in their community.

These are very dedicated individuals - individuals who are interested in going into the health field. And others who may be from the local communities who may be curious about the health center and want to volunteer their time and are learning about the community health field and they're receiving a transformative experience through participating as well.

They do receive additional benefits such as childcare if they're eligible. They receive education award after they complete their term of service, which is typically a year and - up to 1700 - a minimum of 1700 hours of service that they provide to the community health center.

And those education awards or scholarships that they receive are upwards of \$5600. They get a great community health experience. They are immersed in the community health center environment and being able to engage in the communities - surround community health centers. The professional skill development that they receive from the doctors and the nurses and the other staff at the community health centers and primary care associations is invaluable.

And it helps to prepare them to go on to careers in primary care. And I think, again, Marsha and Michelle are very good examples to demonstrate that skill development that they receive and that are now benefiting millions of individuals around the country.

And they - the Community Health Corps members always remark about the value that they receive from engaging and interacting with individuals of various diverse backgrounds, the number of very special populations with whom they interact that helps to expand both their knowledge, their awareness, and just their thinking overall.

So we're excited, again, to be highlighting the work of our program. We look forward to following up with any questions that anyone may have. My contact information is here. If you'd like to reach out and learn more about Community HealthCorps we'll be happy to share more information with you. Thanks so much.

Kim Sibilsky: Thank you, Gerrard. And thanks to our three presenters. I'd like now to take the opportunity to ask some questions that I've had on my mind for a while and hopefully areas of interest to those of you who are participating in the webinar.

With the Community HealthCorps, certainly the volunteers are major component. Now you have the opportunity to have two of them sitting by me right now. I'd like to ask Michelle if she wouldn't mind just giving me a brief little view of what it was that captured your imagination and queued into being a volunteer with the corp.

Michelle Fitzgerald: Certainly. I would say that probably the number one reason why I decided to be a part of Community HealthCorps Corps was professional development. I had just finished my masters in social work at the time and I just wasn't exactly sure where I wanted to end up. I knew there were, you know - social work has many options and I was interested in several of them.

And so this opportunity kind of arose and I took advantage of it and it definitely was a different aspect of social work than I had really explored before maybe in school. It's not necessarily - you know, the number one thing people go to social work school for is to be part of a health center.

And so anyway, that was really - just to kind of find out a little bit more about this aspect of my profession and to get some - really solid experience. I also do have a degree in Spanish and so I was hoping to be able to put that to use in the practical setting and really hone those skills for using Spanish in a professional setting.

And so definitely I was able to accomplish all of those things during my experience here with Cherry Health Community HealthCorps.

Kim Sibilsky: Terrific. Marsha, if you would?

Marsha Hazen: Yes, so for me it was really more about building some of the hands-on experience and having the foot in the door. In a health care setting it's difficult to be able to gain that experience if you don't have a clinical background. And I was interested in moving into health care as a career. I was thinking about going into dental hygiene at the time.

And I was on the waitlist to get into a program at a local community college. And so this was a great opportunity for me to get some actual hands-on experience in a healthcare setting during that time. And ultimately I just decided to stay.

Kim Sibilsky: And we're grateful for that waiting list to actually - so that you are staying with us. Michelle, would you give us an idea how Cherry Health first heard about NACHC Community HealthCorps program?

Michelle Fitzgerald: Well, I was not there but it was about ten to 12 years ago when Cherry Street at the time as they were called did get involved. And they kind of heard about it through other NACHC members who were participants in the program or who were thinking about participating in the program.

And that first year we ended up with six members and, you know, I think in general there was some skepticism about what these members would do or how they'd be used at the health center. But as it turns out, the successful - the success of the program, even that first year, was obvious.

Some of the members were involved in our school dental programs and so one of the things that was happening is that people were getting screened in these school dental programs and they were getting referred for follow up care. And then the rate of successful referral to people who were actually getting into that follow up, you know, restorative care was extremely low.

And so some of our service members that year were involved with following up with those students and with those families to get them into that, you know, restorative follow up care.

And it was just a huge increase. I mean unbelievable from one year to the next how much those referrals - the success of those referrals improved. So I think since that point, you know, we were sold. We recognized the value of the program and the value of having service members doing some of these really difficult tasks.

Kim Sibilsky: Terrific. I can see that that really added to the board's ability to decide to continue to invest and to grow (unintelligible) grants in the nation.

Gerrard, if I could, I'd like to ask you what do you look for in a quality applicant organization?

Gerrard Jolly: Thank you for asking that question, Kim. A number of aspects that we look for - we look for that history that - of strong organization in terms of their operation ensuring that they can manage a Community HealthCorps program, that's extremely important to ensure that the - AmeriCorps members have the appropriate supervision and supports that they're - they have a quality experience.

We also look for those organizations that are - that have projects that are high quality projects, perhaps they're working on expanding in an area that they haven't worked in before or perhaps they're looking to reach out to a new audience that they haven't connected with previously but that they wanted to for some time and had been thinking about how they might be able to have greater impact in those communities and be able to help their patients more - even more effectively than what they already are.

So you know, providing a real - a quality, real meaningful experiences for Community Health Corps members is something that we look for in a good applicant.

We also look for - again, whether or not they have an evidence basis for the activities that they anticipate having AmeriCorps members engage in, whether or not they'll have real

impact - positive impact on the communities that are being served, you know, whether it's through the experience of the health center or efforts that they've undertaken before that demonstrate and indicate that this new effort or this expanded effort will continue to have great impact.

Or whether it's through research that's being - that's come out that helps to make the case for that - this evidence to support the impact that will be provided by the program.

And then we want to make sure that they are certainly committed as an organization - to both the mission in terms of increasing access to care but utilizing national service as a way to do that - as an effective way to do that and recognize the value that AmeriCorps and National Service brings to the health center community.

Kim Sibilsky: So Gerrard, you're familiar with Cherry Health and so I'd like to ask you the question. Then I'll ask Michelle the same question afterwards. What do you believe were the two key factors that contributed to Cherry Health success in receiving the Community HealthCorps funding?

Gerrard Jolly: Well, I think that Marsha and Michelle made the case for it and demonstrated that when they shared the variety of types of meaningful opportunities that they provide for Community HealthCorps members at Cherry Health. Just those - providing a various number of roles and activities really helps AmeriCorps members to have a meaningful experience.

And they demonstrated their ability to be able to do that very effectively. So I would say that that was one thing - was those variety of roles and the experience that they would provide for the AmeriCorps member.

When Cherry Health - or Cherry Street Health services at the time, now Cherry Health, came to us they were already a well-established community health center that had a strong history of being able to outreach into communities.

And so that strong history was also a strong contributing factor for their selection as a Community HealthCorps project.

Kim Sibilsky: Great, thank you. Michelle, same question. The two key factors that contributed to Cherry Health's success in receiving and continuing to receive funding through the corps?

Michelle Fitzgerald: I'd say that one of those factors is certainly a commitment to the spirit of the program that you can't view national service - you can't view a Community HealthCorps as just another set of employees, you know, to do these tasks. It really is, you know, a team of service members who are there to make these improvements.

And so you know, as an organization, committing to the ideology, committing to that vision of the program is really important. And I think that, you know, that's been a constant that there is at least, you know, a strong commitment to that spirit of service.

And I would say that second factor is similar to what Gerrard was saying but I'm calling it investment in the program. And I don't just mean the financial investment, although that certainly, you know, is necessary but the investment from the staff and from the individuals who are working directly with the service members to make it a meaningful experience.

And that ties into kind of that spirit as well. You know, people are investing in developing this program and assisting along the way. Certainly, you know, my interactions - I am constantly working with HealthCorps corps members with outreach and enrollment.

And so really having people who are taking the time to invest into the program - kind of on all aspects, I would say, is another really crucial factor.

Kim Sibilsky: Wonderful, thanks, Michelle. Marsha, I - would you - a perfect great segue on from Michelle's answer, describe how you and the board prepared your staff and prepare your staff to work with Community HealthCorps volunteers?

Marsha Hazen: Yes, so kind of in the early years, again, we were just bringing on six members at the time. And I think staff around the organization didn't really understand how to utilize them and really

and what AmeriCorps members and Community HealthCorps members - what their role was.

So it's important for them to really identify an unmet need in the organization or an unmet need that - with the patients that we serve so that we can target the services that the members will ultimately be doing towards those individuals.

It's also really important to educate staff starting from, you know, the organization leadership all the way down, you know, through the members.

So organization leadership really needs to understand the program, know what the benefits are for the organization, and understand kind of what the requirements are, the buy-in, and really the compliance issues, you know, keeping that program afloat.

The site supervisors - so here at Cherry Health, you know, our AmeriCorps site supervisors, they're just staff people around the organization. They're not getting any additional benefits for being site supervisors.

So it's really important for them to have a really good scope and understanding of the program and what ultimately their role is and how they're members can really help to expand and enhance the services that our organization provides.

We include in our new staff orientation a piece about what Community HealthCorps is, really educating people that they're not staff people, they are AmeriCorps members. They're here to serve a unique role in the organization. And I think that's really important for everybody to understand.

We also include information about HealthCorps in our organization newsletter on a regular basis to really drive that message home so that people keep it in the front of their minds.

And we also do what we call member profiles. So we take a picture of our members and our members fill out some details about themselves and what their service is and we actually physically post those in staff areas of our various health centers.

Again, it's just a reminder for the staff that work at our health center that our health corps members are unique, that they're different, and that they're not staff members. And that's really been our approach to preparing individuals at our health centers.

Kim Sibilsky: So using volunteers (unintelligible) something health centers have always done. You talked about preparing to some extent but what were some of the challenges, Michelle, of actually using those volunteers and the challenges of working in a dually funded program, both the Bureau and NACHC?

Michelle Fitzgerald: Well, I think that what - one of our strategies to kind of mitigate these issues is to have somebody as a HealthCorps manager who is detail orientated and very organized. It is certainly not easy and in the past there have been times where, you know, we've had some kind of audit done and we're not exactly reporting how we needed to be and so - you know, then you have to go back to the drawing board and kind of fix it.

And of course, you know, the different reporting standards do change from time to time as well. And so staying on top of all of that, it does require somebody who's really - who's invested.

You know, if it's not a full time - if it's a small program and it's not a full time manager, you know, you definitely need somebody who can kind of see this information, see what needs to be collected, and then put that into practice with the members.

So it's definitely something that - it's not easy, it's something to consider. I think it helps as well when you have, you know - after the program's been established for a while you do get this movement from AmeriCorps' team or HealthCorps team to staff.

And so when you have people in the organization who are aware of what HealthCorps is and aware of some of these requirements, especially, you know, like the non-duplication standard, that's crucial to have people who are, you know, your eyes and ears out there really looking out for - well, I don't think that this is exactly how we're supposed to be dealing with this or I don't think that this is - you know, an appropriate report.

So that helps as well once you kind of have a few years under your belt.

Kim Sibilsky: So Gerrard, from the national program perspective, briefly what kind of challenges have you seen in terms of the introducing volunteers into health centers that may be haven't used volunteers in the past?

Gerrard Jolly: Well, you know, it definitely takes some education and understanding of what the roles of AmeriCorps volunteers particularly would be within the health care and health center environment. As was mentioned earlier, you know, they are there to serve unmet needs and these folks are really being prepared to be the health care workforce of tomorrow.

So perhaps other volunteers who are not with AmeriCorps may come in and, you know, they say whatever you need us to do we'll do it. And with the AmeriCorps program they are, you know - where we're looking to provide a really meaningful experience for them to help them adjust the really high impact needs within the health center and within those communities surrounding health centers.

And so that distinction provides or requires some education and understanding and knowledge of the types of roles that are most effective and most valuable to prepare an individual who you want to - to come back and work at your health center after they've finished their term of service and to go on to become the next CEO at a community health center or in the primary care association or other community health or primary care environment.

Kim Sibilsky: Great, thank you, Gerrard. My next question I'd like to direct to Marsha. Could you tell me how Cherry Health outreaches, recruits, enrolls, both volunteers and sites for participation?

Marsha Hazen: Yes, so for members it's really important that we find quality members for our program. They make a one-year commitment to the program. So we really want to make sure that it's a good fit, not only for the members but also for our program.

So we do a lot of recruitment. We go to a variety of career fairs, most of which are through colleges and universities. We've actually attended (GAAP) career fairs which are really an awesome opportunity to recruit members, you know, people that are maybe in their undergrad and thinking about either going on to graduate school or medical school.

But they want to take a year or two off and gain some professional experience. So I tend to find a lot of really great members at those kind of events.

And actually once you get your program up and running I think the best people for promoting and recruiting are the members themselves. So as we go into the - our second half of the program year our members go out into the community, usually to their own alma maters and do AmeriCorps promotion and Community HealthCorps s promotion after school.

So they're talking peer to peer to other individuals who might be interested. And you know, they have the actual experience of what it's like to be a member, how difficult it might be to live on the living allowance, but also that it's - it is doable and feasible and that they get a lot of benefits from it.

So when members are the ones that are giving that message it's much more strongly - the buy-ins a lot better for people that are hearing that message than if you have somebody coming from outside the program trying to do that.

Kim Sibilsky: Yes, lived experience. Michelle, if you wouldn't mind, can you give me some perspective on how you gauge the consumer or patient acceptance of working with Community HealthCorps folks?

Michelle Fitzgerald: One of the ways that stories - I guess, they are called great stories, are collected, members themselves report - you know, they report their numbers, their statistics of, you know, who they're serving and what they're doing. But they also collect great stories. And so these are coming from their personal experience in their direct service.

You know, in our program we do have - our positions are direct service and so our members are working every day with patients. And so they report on that. And another more formalized way I guess would be our patient satisfaction surveys. And so we do that each year as a health center as a whole.

And so some of those responses as well, that only helps us to identify areas where - you know, that might benefit from including health corps service members but then also get, you know, some feedback on areas where they're doing really well.

And so those are kind of the main ways that we do get that feedback about, you know, how is this functioning and how is this working for our health center.

Kim Sibilsky: Right. Thank you very much. We haven't talked much about compliance program, compliance. And many of us are grant-funded folks who understand that. What's been most helpful to you, Marsha or Michelle in terms of maintaining compliance with HealthCorps programs?

Marsha Hazen: Yes, so it is a very - you know, complex program to manage. There's a lot of facets. I sort of say that, you know, I'm kind of my own HR department. I'm program coordinator. I'm a compliance officer. So there's a lot that's involved with it.

But really I think understanding the program, really understanding not just what the compliance requirements are but really why those rules are in place.

And ultimately it's educating everybody else that has interaction with your members to understand those compliance responsibilities as well. Because it really is everybody that is involved in the program that makes or breaks compliance for our programs.

Kim Sibilsky: Excellent, thanks, Marsha. Gerrard, if you wouldn't mind could you speak to us about what (unintelligible) funding support does the Community HealthCorps program provide to grantees?

Gerrard Jolly: I don't mind at all, Kim. So the - immediately after programs are funded we bring them right into a training opportunity for the program coordinators and that's that summer training that happens just before their program starts up where we bring them all together and truly, you know - really seeing what the program expectations are, answer questions for them.

But I think the real benefit that comes, the program coordinators, those who are experienced, interacting with those who are new, being able to share what types of activities their members are doing at their individual sites, how they structure their programs at the local level.

You know, just some of the tricks of the trade that they're able to exchange as a result of being able to come together once a year to engage with one another and - before they go into the new program year.

In addition to that, we do monthly webinars for the programs where, you know, we cover either a topic of professional development or some aspect of program management whether it's recruiting and retaining your members or whether it's the appropriate types of training support that they might provide, various aspects that we cover during those monthly webinars.

Our team in the national office is organized to reach out and engage with sites through site visits where we also take the opportunity to conduct trainings while onsite and just engage and get - gather feedback and experiences and insights from the programs throughout the country and really find out what types of activities they're doing so we can draw on those best practices and share those across the program as well.

So it's providing those trainings, webinars, support, guidance, policies, the whole gamut that helps our site to be able to maintain and operate an effective and engaging program.

Kim Sibilsky: That's terrific, thank you so much, Gerrard. Now just before I hand this back to Hubert Avent I want to ask - Marsha, has it been worth it?

Marsha Hazen: Absolutely, I'm going to say a resounding yes. From our health corps or our community - basically we touch all different aspects of our community and our health centers. The members really are able to - it's really expand and enhance the services that our organization is able to do.

Without them we would really struggle to be able to reach the target population that we do right now.

Also, I think that community health centers - if they start at a Community HealthCorps program they have a great avenue to really recruit amazing staff people because within the AmeriCorps program and Community HealthCorps specifically we do 12 hours of training per month.

So the members really get a very in depth understanding of our community health center and how it functions. They understand health disparities, cultural sensitivities, the primary care environment, the importance of health literacy, and they get to really hone their skills and learn professional development.

And they're very invested in alternatively being a solution. And for a lot of members, when they finish their program year they're looking to step into a staff position and they have that enthusiasm that they're bringing to the table.

And again, for the members, it's just an amazing opportunity to be able to get that hands-on experience, really learn in a professional environment, and be part of the solution to increasing access to healthcare for our underserved population.

Kim Sibilsky: So you can hear the excitement, the interest, the value, the experience of these folks from Cherry Health. I want to thank from my moderator's position, Marsha and Michelle, and also want to give - be very - express my gratitude to Gerrard Jolly with the national program at NACHC.

And I'd like to swing this over to Hubert Avent of the Office of National Assistance and Special Populations who will open it up for Q&A to all the rest of you. Thank you very much.

(Hubert Avent): Good afternoon everyone. On behalf of the Office of National Assistance and Special Populations I wish to thank Marsha and Michelle for an excellent presentation of a model of outreach that works.

In addition I wish to thank NACHC and Mr. (Jolly) for his presentation for possible funding sources which I know many of our grantees are always interested in receiving information around funding activities. So now I would like to go turn the presentation into a Q&A session so that the others can ask questions of interest also.

Coordinator: Thank you. We will now begin the question-and-answer session. If you would like to ask a question please press star-1, unmute your phone, and record your name clearly. Your name is required to introduce your question. If you need to withdraw your question press star-2.

Again, to ask a question please press star-1. And we'll take a few moments for the questions to come through. Please stand by. Again, as a reminder, please press star-1 on your phone and record your name if you have a question. One moment, please. We do have a question from (Jane Notch). Your line is open.

(Jane Notch): Thank you. I have a question about due dates. I have a Community HealthCorps application that has the LOI due tomorrow, November 14 and an application due December 1 with the program starting April 1 but the dates you give during the presentation were a bit later than that.

Gerrard Jolly: This is Gerrard, I'll answer that. Thanks for your question. I think you are looking at application that's for the current year, the application that we're releasing tomorrow is for the next year program. So that's why the dates are different.

Coordinator: We're showing no further questions at this time. But as a reminder, if you would like to ask a question by phone you may press star-1 and record your name at the prompt. One moment, please.

Kim Sibilsky: , this is Kim, if I could I'd like to jump in and when Jim was - Jim Macrae was introducing us he really showcased how the Community HealthCorps program might interact with our outreach and enrollment activities. I'd like to take a moment if we can for Marsha and/or Michelle to address the outreach and enrollment in their case?

Michelle Fitzgerald: Yes, so with our outreach and enrollment program we have several - or AmeriCorps members/HealthCorps members who are trained as certification application counselors. They also have been trained on our Michigan Medicaid system, which is a separate training program. And Cherry Health has had a long-standing history of assistance with Medicaid enrollments and so that's kind of always been a HealthCorps member role through the years.

And it's a great use of member time. It's a great way, number one, for more people to be kind of - become aware of how that system works because it is not an easy process for people to access Medicaid as their health insurance.

Now as far as when we moved into this transition into the Affordable Care Act the responsibilities for health insurance outreach and enrollment really grew. And of course, with AmeriCorps, with HealthCorps , you have people who are, you know, making a one-year commitment or possibly a two-year commitment.

And so the training is ongoing. And so it's worked very well for our health center to have myself as sort of the expert, you know, the health center expert as well as the local regional expert on the Affordable Care Act because there is so much training, so much involvement.

And then you have somebody who's kind of keeping on top of all that and then making sure all the members also have that information so they can effectively help consumers.

And we've had a lot of great success in the past year and we expect - as we approach open enrollment we expect a lot of similar great works this coming fall.

Coordinator: We are still showing no further questions by phone at this time.

Hubert Avent: Go ahead.

Kim Sibilsky: Okay, great. I - we, of course, have more interesting questions and the answers here on this slide. Marsha and Michelle, you probably have some advice for starting Community HealthCorps programs for potential grantees. Who - how would you like to steer their path?
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Marsha Hazen: Yes, so Gerrard mentioned earlier that really looking to another organization that has a similar kind of type as yours or similar size is a great place to start. So if you're a PCA, look for another PCA that has a community health corp. If you're a community health center look to another community health center to see what they found to be a really great model and how they're approaching things.

I'd also suggest really focusing on making sure that the program is staffed appropriately. Again, like Michelle mentioned, it is very detailed oriented and takes a lot of focus and concentration to maintain all that the program has involved. So really staffing the program appropriately is really important.

Also, just making sure that the whole organization is really buying in to the plan and really understand what Community HealthCorps s brings to the table. And again, understanding that they are a unique resource and they are not like just any other staff person.

Another thing that we do here at Cherry Street is identify really team leaders to be the experts in various areas. So Michelle is our team lead when it comes to outreach and enrollment, she has all the knowledge in that area. I have very little.

So in order for my members to be educated and to know and become experts in the areas of their service assignments it's really important that you identify key staff members that can guide them and give them the information that they need.

Again, I already talked about utilizing your current members to help recruit second-year members or recruiting members beyond that. Our program - we have a huge amount of members who actually do a second year with our program. So they really move into a

leadership role on the team. And I think that that's a really huge success of our program as well.

And another piece of advice that I would give is connecting with other local AmeriCorps programs. So connecting with your state AmeriCorps program. We here in West Michigan have a West Michigan AmeriCorps collaborative. And I meet on a monthly basis with other program coordinators for all different AmeriCorps programs.

And we really support each other and share resources and it really - ultimately impacts the members because they're able to see a much larger scope of the national service movement when they're able to train with and serve along side other AmeriCorps members that maybe are from completely different kinds of teams.

Gerrard Jolly: This is Gerrard. I noticed a question that's in the queue. How many grantees does NACHC plan to fund during this next funding cycle for the Community HealthCorps ?

We do expect to fund up to 40 grantees during this cycle under the application that we're going to be releasing in the next day or two. Thank you for that question.

Kim Sibilsky: I'd like to ask another question if it's all right with you, (Hubert)? I'm going to assume that's a yes. Marsha talked about getting in touch with other health centers to in effect mentor new programs.

Gerrard, could you give us an idea of how you might go about helping to match programs? And also, are there ways that you actually convene different Community HealthCorps programs through the course of the year for peer to peer support?

Gerrard Jolly: Yes, Kim. We're actually - our primary areas of focus center around both the use of - effective use of health center resources around access to community resources, the asset mapping kinds of activities as well as around helping folks to be able to understand the relationship between their health care choices and their financial bottom line.

And so we have developed - I guess, forums for our programs to be able to connect in those particular areas on a monthly basis to talk about how they are developing activities within each of those areas, the effectiveness of those activities, the feedback that they are getting from patients as a - as they are served in those various areas as well.

So that's something that - a monthly forum that we're - to bring our sites together based on where they fall within those various focus areas.

In terms of where programs receive matched dollars from, it really varies. Other grants are often part of that whether it's through foundations or through community organizations, whether it's some of those may be - may be private organizations or corporate organizations within the local communities that see the value of supporting the work that AmeriCorps members are doing and provide support to the centers.

Others are - you know, utilizing their health center revenues to cover the costs and the match that's provided through the program. So it varies by health center and we can certainly provide more details around that for interested applicants.

Coordinator: Again, as a reminder, if you would like to ask a question by phone please press star-1 and record your name at the prompt. Thank you.

Gerrard Jolly: This is Gerrard, while we're waiting on the next question I did just want to note from the outreach and enrollment perspective, Community HealthCorps /AmeriCorps members have unique access to communities. They're often the first point of contact for patients. They're able to work with patients and clients from the beginning of the process through the end of the process.

Additionally, they're able to integrate other healthcare services into their enrollment activities such as health education, referrals, and resource assistance. They bring both valuable skills and the time to be able to help health centers establish strong partnerships to expand their outreach.

Some of our health centers are partnering with Enroll America and other - and community hospitals as well as other various initiatives to be able to expand outreach and enrollment in communities.

And I think Michelle mentioned the value that many of them bring in terms of having the bilingual ability to be able to speak to individuals in languages from Mandarin to Spanish to Vietnamese to Korean and various other languages in different centers in various parts of the country.

They're able to create resources for patients to better organize their health insurance related documentation, help patients to be able to navigate and retain their new coverage options and meet the various regulations. You know, as patients who have not had insurance for the first time are coming into the system it can be very daunting to understand just what insurance is and how insurance works.

For many of us who've had insurance for a long time, if we ever switch jobs we can understand the challenge of trying to figure it all out.

And so for individuals who are doing it for the first time, the Community HealthCorps ps members can be a really valuable asset in helping folks understand how health insurance works, to be able to use that health insurance to - in the most effective manner so that they are able to, both save cost to themselves and hopefully those costs roll up to the system overall.

Coordinator: We are showing no questions by phone at this time.

Kim Sibilsky: We in Grand Rapids have one more question if we might. Right now during all of the expansion that's been going on with health centers around the country, with the enrollment into Medicaid expansion plans, and new covered lives through the exchange, the issues of recruitment of new health center patients is, of course, an interesting question to those of us in these health centers.

Not only recruiting them but how do we retain them. Are there ways that the community health - Community HealthCorps's programs can help either - and/or in recruitment and retention?

Marsha Hazen: Absolutely. So I think one of the strengths of the program is that members do receive 12 hours of training per month. So they have a really great opportunity to learn about our community health center and all the services that we provide.

So it makes them really great ambassadors and really, I think, uniquely positioned to understand the scope of an organization. So again, when they're out at community health fairs and resource fairs, they can really talk to individuals about all the services that Cherry Health offers.

Whereas a staff person may know their department very well or their role very well, but aren't often really as aware of kind of the larger scope of the organization - all the different services that are available.

I think AmeriCorps members are also - are really great ambassadors for our health center by building relationships so we're out there really working with partner organizations and building new relationships all the time.

So you know, a lot of people that are kind of new to our area or maybe didn't realize what Cherry Health has to offer are often times exposed to it for the first time by meeting a Community HealthCorps member or talking with them about how to partner around certain initiatives.

Our team also does a lot of community service projects, about once a month we get together and go out and serve our community in a variety of different ways. We're always wearing some kind of a HealthCorps or AmeriCorps logo when we're doing that.

So it's another great way for us to really promote our health center and so that people can understand that we're really a community-based organization and that we're there to serve our community.

Kim Sibilsky: So it goes back to you, (Hubert). I want to thank all of you once again for the opportunity to allow us to showcase this tremendous Michigan program so my thanks and - to you.

(Hubert Avent): We wish to thank you and - both the presenters and the audience for that great participation today. And hopefully you will continue to participate in ONASP enrichment series and there will be one in the future on recruitment and retention so be on the lookout. Thank you again.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time. Speakers, please allow a moment to silence and standby for the post conference.

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