

MWCN NETWORK NEWS

Summer 2022

<https://www.freepik.com/vectors/pharmaceutical-background>>created by starline

Message from the 2022 MWCN President

Darryl Roberts
Kansas City, MO, [Samuel U. Rodgers Health Center](#)

Hello to everyone!

Here in KC, we're trying not to melt every day. Unlike Arizona or Las Vegas, the 95 degrees isn't a "dry heat" those of you that live near rivers will get that easily. Strangely enough we all seem surprised that it's hot in June. Like---this happens every year. Seriously though take care of yourselves in the heat.

Had a lot of topics for this newsletter, but settled on a sort of mashup of them all---trauma informed care, mental health, and social determinants of health.

The last two years have tested us all. It's been frightening to go outside at times. And so many people entered ICUs and never came out and never had their families by their side during their last days. Nurses and doctors were doing heroic work as always and feeling so helpless that many just left the profession. My neighbor is an ICU nurse. She said she loves being a nurse but mentally and emotionally she's not sure she could do another wave. So, we've all just had to go into survival mode to get through. And after long enough it just wears you out emotionally and mentally.

Take care of yourselves and your colleagues. Ask how they are doing. Just because COVID isn't at 2020 levels doesn't mean it's all over. I have two coworkers out with it this past week. The anxiety over the economy and how much it costs to get gas or groceries is palpable. It hits you where you live, literally. Lean on each other for strength because people need to know they're not alone in their anxiety and worry.

We've all experienced trauma to some degree from this event. And we need to take that into account as we see our patients, those who would go without care if we were not here. Those who now have to make the choice of gasoline in the car or medicine? Work/employment or my health? We find that those with high ACEs (adverse childhood events) are more prone to emotional and mental issues later. So we use that to provide trauma informed care. So how do we now incorporate this "adverse adult event" which is the pandemic? By being cognizant that everyone was affected in some way by what happened. Some hide trauma better than others.

And that brings us to social determinants of health. Imagine the trauma and mental/emotional toll of not knowing if you can pay for groceries for your family or for medicine, or having to decide between the two. FQHCs occupy a special place. We are the safety net for the safety net. As we go through our days, think about what your patients who are in dire circumstances are telling you. In that way you can address those factors more completely.



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**MWCN 2022
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Message from the 2022 MWCN President

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“The Midwest Clinicians’ Network, Inc.’s (MWCN) mission is to enhance professional and personal growth for clinicians to become effective leaders for their health centers and promoters of quality, community-based primary health care.”

Allow me to paraphrase an article that I saw a few years back. A doctor in New York worked in a clinic where a lot of her patients were homeless or were in dire economic circumstances. She had a patient come in after she had some labs done for his diabetes. His numbers were abnormal and she was upset with his lack of effort into his own care. He noted that yes he knew the medications were important and he would try to do better. He’d had issues where he lost his job his car and had the electricity turned off for the days prior to the appointment. She empathized with his plight and reiterated that she was there to help him. She then handed him the prescription to take to the pharmacy and reminded him ‘now this medication is so important for your health, your life. Make sure you refrigerate this.’

The patient looked at her with a look of dismay. He said ‘you have not been listening to anything I’ve said.’ She was taken aback. Then he said ‘why

would you tell me to make sure this is refrigerated when I just told you I had my electricity turned off? I can’t put anything in my fridge that I need to keep cold.’

And the light bulb went off. And she made a point to incorporate this into her practice---don’t tell a patient who can’t afford food because his meds are expensive to ‘take this with food’ or chastise a patient for missing an appointment when you know he has to collect aluminum cans to ride public transportation.

So, as we go through our days, if you can be anything, be kind to each other and remember that so much of healthcare occurs outside of your clinic’s walls, where our patients live.

Thanks.
Darryl



TV’s Jane Pauley’s Personal Story: Why Community Health Centers Matter to Her

Jane Pauley has been a familiar face on America’s TV screens since she started on NBC’s “Today” and continues as anchor of CBS “Sunday Morning.” Her interest in mental health has grown through the years as she faced her own challenges and as she became connected to behavioral health leaders in her home state of Indiana. Now her name graces the front doors of the Jane Pauley Community Health Center locations in and around central Indiana, supporting their banner of “caring for our communities.” She’s a powerful advocate for the services they, and all community health centers, provide.

Conversations on Health Care hosts Mark Masselli and Margaret Flinter talk exclusively to Jane about this work and with Marc Hackett, CEO of the Jane Pauley Community Health Center. Just ask Alexa to “play the program Conversations on Health Care.”

Click below to watch the video...



RECRUITING SPECIAL POPULATIONS BOARD MEMBERS

By Jennifer A. Genua-McDaniel, on behalf of [Compliatric](#)

Recruiting Special Populations Board Members

The essence of the Community Health Center movement is ensuring that health centers are governed by a Board of Directors. Having a Board of Directors is part of the federal requirements, but Board composition must also meet certain characteristics (Health Center Program Compliance Manual, Chapter 20-Board Composition¹). For health centers that receive special populations funding² or health centers that are deemed as a special populations community health center (a Federally Qualified Health Center Look-Alike), the organization must ensure that, of their Board of Directors, one or more members are representative of each of those special populations³. While a representative of the special population does not have to be a patient, it is still vital that the health center ensures that 51% of the board have received at least one in-scope service at an approved in-scope site, within the past 24 months, which generated a health center visit. Recruiting board members can be challenging, but the following tips may help recruiting special population board members.

1. **Asking health center staff and collaborative partners for recommendations:**

One of a health center's greatest assets are its employees. Asking employees to recommend patients that are part of the community and want to give back through volunteer service may be one avenue to explore. Flyers and information on roles and responsibilities, what it means to be a board member, and the benefits of serving on the Board should be provided to employees to hand out. Remember; information should also be provided in the individual's preferred language if it is not English. It's important that potential board members feel comfortable enough to want to attend a health center meeting.

If your health center provides care at a migrant farm or homeless shelter, asking community partners if they know of any individuals who might want to serve on the board may be another option.

2. **Remove any barriers to becoming a board member or attending meetings:**

HRSA permits the health center to use Federal awarded funds to reimburse board members for; 1) expenses actually incurred by reason of their participation in board activities (e.g., transportation to board meetings, childcare during board meetings), or 2) wages lost by reason of participation in the activities of such board members if the member is from a family with an annual family income less than \$10,000, or if the member is a single person with an annual income less than \$7,000. More information on reimbursements can be found at <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-20.html#titletop>

It is important to consult with your health center's legal counsel on any potential IRS implications.

Health Centers who conduct Board of Directors meetings virtually may use media platforms that offer "add-ons", such as simultaneous translation along with capabilities for closed captions. It is important to remember when providing documents at a board meeting, the mode of delivery and literacy level of members should be taken into consideration. Remember, technology can be daunting for some, or may not be affordable cost, so providing equipment and/or providing education on how to use the equipment and various platforms is strongly recommended.

3. **Translate board packets in board member's preferred language:**

Some health centers whose board members have a preferred language that is not English provide board materials in the language of their board members, or utilize interpretation service. Using graphs, trending reports and other visual reports that use color can often convey meaning to measures such as finance and clinical. For example, use the color red to mean the measure needs attention, yellow to mean the measure has stayed the same, and green to mean the measure is trending above your goal. Consider having certain documents, such as meeting minutes and informational material, translated into preferred languages. Translated documents can provide vital information when members are completing their governing board responsibilities; especially when approving and voting on items.

It is important for health centers to remember that there is no right or wrong way to recruit special population board members. Recruiting of individuals should be performed in a dignified, culturally appropriate manner, keeping in mind methods to decrease barriers to serving on a board. HRSA provides federal awards to National Training and Technical Assistance Partners (NTTAP) which provide support to community centers that are deemed as a special populations health center, or receive funding to provide care for special populations. A list of these organizations can be found at: <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/national-training>



1 <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-20.html#titletop>

2 For this article, special populations is defined using the HRSA definitions; 330(h)-Individuals experiencing homelessness, 330(g)-Migrant and Seasonal Agricultural Workers (MSAW) and 330(i)-Residents of Public Housing

3 <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-20.html#titletop>

Improving Health Outcomes by Addressing Social Determinants of Health (SDOH) for Racial and Ethnic Minority Vietnamese Population

Prepared by: [Boat People SOS \(BPSOS\)](#)



Boat People SOS (BPSOS) is the largest Vietnamese American community-based organization with 501(c)3 status in the United States. BPSOS implemented the

Health Awareness and Promotion (HAPP) funded by the Office of Minority Health (OMH)¹ under the Partnerships to Achieve Health Equity program that spans from July 1st, 2017 to June 30th, 2022. The HAPP has a goal to increase access to and utilization of health care services for Vietnamese individuals with medical needs through the implementation of an evidence-based peer support intervention model and the evidence-informed clinical-community linkage system. These intervention models are being implemented in three (3) service locations: Virginia, Alabama, and California and one control site in Mississippi. Mississippi serves as the control site where treatment as usual (TAU) has been offered through the 5-year project period. A quasi-experimental comparison study is employed to explore independent and interactive influences of social determinants of health on behaviors, utilization of health services, and health conditions.

Target Population:

Vietnamese Americans are one of the fastest growing minorities in the United States, with a population increase of 78% from 2000-2019 (Pew, 2021). The number of Vietnamese immigrants and refugees in the United States quintupled from 1980 (231,120) to 2019 (2.18 million), making them the fifth (5th) largest foreign-born population and the fourth largest Asian American subgroup in the United States (ACS, 2019). The vast majority, 84% of Vietnamese preferred to speak Vietnamese at home, 52% have limited English proficiency, and 29% are linguistically isolated. Due to numerous social determinants of health (including language barriers, cultural misconception, healthcare access and quality, social and community context, and lack of transportation), Vietnamese Americans experience significant social and health inequities which affects a wide range of health risks and outcomes.

Interventions:

Peer Companion. The Peer Companion Model was adapted from Community Health Worker (CHW), an evidence-based model recognized by the National Center for Chronic Disease Prevention and Health Promotion to assist community members gain access to health services. In this model, a frontline health worker (peer companion) is recruited from the target community and trained to provide support to disadvantaged community members, helping them gain access to, and use health care services. Over the course of the project, 1,735 program

participants received support from peer companions to navigate for appropriate social and health services.

Clinical-Community Linkage E-referral (e-referral). The e-referral system is a secured, cloud-based electronic referral system developed by BPSOS in 2014 and launched in 2015 in Calif., through funding support from CDC – Racial Ethnic Approaches to Community Health (REACH) program. For this project, we leveraged CA's experience and the developed system to expand, refine referral methodology and then replicate the e-referral system to VA and AL in Y4 - Y5. The e-referral system in this model serves as the "bridge," linking project participants to clinical and community resources. The e-referral system enables clinical organizations (e.g., federal qualified health centers, primary care providers, specialists) and community-based organizations (CBOs) to initiate rapid bi-directional referrals, thus enabling patients to gain access to appropriate services across settings (i.e., cbo-clinical, cbo-cbo, clinical-clinical). For this project, we partnered with 9 CBOs and clinical organizations to implement the e-referral system. As the result, 688 Vietnamese Americans gained access to health and social services. Of those served, 97% utilized appropriate health services.

Project Outcomes:

This project was designed to document public-private partnerships and the extent in which the partnerships improve access to healthcare and utilization of health services among Vietnamese Americans as a result of community-based interventions—peer support and electronic referrals—in three cities.

- Partnership with 35 regional health centers and community-based organizations across 4 sites. Of the 35 partners, 9 participated in the e-referral network.
- 2,007 people attended chronic disease management workshops
- 1,919 people attended health literacy workshops
- 1,735 Vietnamese Americans accessed appropriate social and health services (including COVID-19 vaccines and booster shots) through peer support services. Peer support services include provision of cultural and linguistically appropriate information, education, community connector services, linking community members to health and social resources to assist clients avoid unnecessary hospitalizations.
- 688 Vietnamese Americans received appropriate health services through the use of the community-clinical linkages electronic referral system (e-referral).

Evaluation Design:

A quasi-experimental comparison study is employed to explore

1 Department of Health and Human Services Public Health Services. Grant Number: 5 CPIMP171143-04-00.

independent and interactive influences of social determinants of health on behaviors, utilization of health services, and health conditions for Vietnamese Americans across three sites (CA, VA, AL) and a control site (MS) with Treatment as Usual (TAU). Of note, the Vietnamese population residing in Mississippi shares similar characteristics (majority of the Vietnamese population is foreign-born, limited English, low-income, etc.) relative across all intervention sites including VA, CA, and AL. Given that the HAPP program is funded by a federal agency, the study has been registered and approved by the Institutional Review Board (IRB).

Sample:

From 2017 to 2022, BPSOS collected 999 pre-surveys and 999 post-surveys from program participants, data was used to evaluate the effectiveness of the peer support and community-clinical linkages interventions. The surveys included demographic information (gender, age, language, income, education level, etc.) and validated questionnaires adapted from the National Health Interview Survey (NHIS).

Analysis:

BPSOS used multilevel logistic regression models to detect significant change in each outcome variable within each site and differences in each outcome variable across sites. The data were modeled as individual respondents nested within timepoints, nested within sites. The main effect of site indicates differences across sites, averaged over time. The main effect of time indicates change over the five-year period, averaged across sites. The site X time interaction indicates the differences across sites in their rate of change over time (i.e., whether one site improved more quickly than another).

Result Findings:

Longitudinal comparisons from Year 2 pretest to Year 5 posttest. Years 4-5 coincided with the COVID-19 pandemic. Despite much fluctuation before and during the pandemic, the data show that the sites that received the electronic referral and peer support

interventions (Alabama, California, and Virginia) continue to show more favorable health indicators than the control site, Mississippi.

Specifically, in the Year 5 posttest, the intervention sites scored significantly higher than the control site on the following outcomes:

- Overall health excellent or good
- Medical checkup in past 3 months
- Confident that I can have a positive effect on my health
- In control of how and what I learn about health

Healthcare access and utilization decreased during Year 4, the peak of COVID-19. The intervention sites appear to be recovering from this challenge better than the control site. Most health indicators either remained high during the pandemic or increased to their pre-pandemic levels in the intervention sites throughout Year 5. In contrast, the control site is still showing poorer health indicators. This suggests that the interventions were effective and should be disseminated to other communities in this time of heightened need.

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For more information, visit: www.bpsos.org

MidWest Clinicians' Network Offering Patient Experience & Employee Satisfaction Surveys

MidWest Clinicians' Network (MWCN) have offered patient experience and employee satisfaction surveys for 20 years? Designed by FQHC and PCA staff, these actionable surveys are available in English and Spanish, can be utilized for process improvement, and can be easily customized to your health center.

[Learn more here](#) at MWCN.



So You Want to Start a Health Care for the Homeless Program

Spring 2021

Since 1996, [Health Care for the Homeless](#) (HCH) has been a designation (among four) within the federal health center program through the Health Resources and Services Administration (HRSA). [About 300](#) of the nearly 1,400 health centers are HCH grantees, sometimes referred to by their reference in the Public Health Service Act, as 330(h). Most HCH programs are part of a parent community health center. Some are programs of public health departments or hospitals. Just over 50 of these 300 agencies are independent not-for-profits that only receive the HCH grant, often described as standalones. Health center grantees are automatically Federally Qualified Health Centers, or FQHCs, which is a federal reimbursement designation sometimes used interchangeably with the term Community Health Centers (CHC).

Two main avenues establish health centers. First, the [New Access Point](#) (NAP) constitutes funding to create a new service site (e.g., clinic) – it cannot be used to expand services at an existing site and cannot fund a Mobile Medical Unit if applicants lack an existing brick-and-mortar site. Most recent base amounts were \$650,000. HRSA does not fund NAPs on a consistent schedule and, at the time of this writing, has indicated NAPs are not in the offing. Second is the Service Area Competition (SAC), the process by which existing health centers apply for a new cycle of their health center funding and other organizations can compete for that funding. Competing for an existing health center's grant can be difficult, unless the existing grantee is struggling with program compliance; moreover, it can sometimes be contentious.

Existing Community Health Centers

Organizations that already receive health center funding/designation are by far the best positioned to receive a Health Care for the Homeless grant because they are already mostly compliant with [health center program requirements](#). The only compliance change existing CHCs must make is to provide substance use treatment services. Standalones are eligible for a waiver for the consumer-majority Board requirement, though this does not apply to existing CHCs. HCHs must also report the shelter status of their clients experiencing homelessness, whereas non-HCHs only report the total. From a compliance standpoint, then, HCH is essentially the same.¹

Not-yet Health Centers

Eligible health center applicants include private nonprofits, public agencies, universities, hospital systems, and others. The application process should not be underestimated. And once funded, it is a challenge to become compliant with health center program requirements within the prescribed 120-day time frame. Prospective HCHs should carefully weigh the costs and benefits for this process (see resources below that might help) and consult legal experts. If your agency is not a health center grantee, consider partnering with your [local health center\(s\)](#) on a NAP or SAC.

Alternatives

The benefits of becoming a HRSA-funded health center extend beyond the initial \$650,000 base grant; health centers are eligible for many supplemental funding opportunities, including the historic investment as part of the [2021 American Rescue Plan](#). Health centers, including HCH, constitute a major component of the U.S. health care safety net. But since NAPs are released inconsistently, and the NAP process is too cumbersome for some, prospective applicants may consider alternative funding sources. Indeed, the majority of [medical respite/recuperative care](#) providers, for example, are not health centers (though many partner with health centers). Additionally, [street medicine](#) providers are most often hospital-based or independent nonprofits.

¹ But compliance is not the only consideration. The ethos of the Health Care for the Homeless model of care is rooted in a distinct history of person-centered, trauma-informed care. See the [General Recommendations for the Care of Homeless Patients](#).

GUIDE

Depending on what level and type of services you hope to provide, consider these non-HRSA funding options:

- [Community Benefit](#) funding from nonprofit hospitals
- Health care-related philanthropic organizations
- Community Foundations
- Partnerships with [Managed Care Organizations](#)
- Grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) such as [PATH](#), [SOAR](#), and [CABHI](#).
- Grants or contracts from state and local governments
- Direct [hospital investment/contracts](#)

Resources

- [So You Want to Start a Health Center?](#); National Association of Community Health Centers (2019)
- [How to Become a Health Center](#); Health Resources and Services Administration
- [Health Care for the Homeless: A Vision of Health Care for All](#); a history of the HCH program (2016)
- [CHroniCles](#); a project of the RCHN Community Health Foundation and other partners documenting the history of community health centers.
- Request technical assistance from:
 - [National Health Care for the Homeless Council](#)
 - Your state's [Primary Care Association](#)
 - [National Institute for Medical Respite Care](#)



Housing Insecurity and Health Centers: The Case for Screening and Beyond

Presented by the National Health Care for the Homeless Council
Previously recorded on November 9, 2021 | 12-1 pm Central

For the past four years, homelessness has risen across the country. According to the National Low-Income Housing Coalition, in no single US county can one afford a modest 2-bedroom apartment while earning the prevailing minimum wage. It is a 30-year crisis only recently garnering public attention. Fortunately, the Health Care for the Homeless (HCH) program exists, 300 agencies who served 65% of health center patients experiencing homelessness in 2020. But not every community has an HCH health center, and even those that do still struggle to serve all who live with housing insecurity. As a core component of the health care safety net, all health centers, regardless of HCH designation, have a stake in our affordable housing crisis.

This webinar will feature leaders whose health centers do NOT have HCH funding but provide quality services for people experiencing homelessness all the same. We will discuss data on homelessness across the country, what UDS shows on screening for housing insecurity among non-HCH health centers, strategies for screening inclusively, and the breadth of the HRSA definition of homelessness. We will conclude by highlighting a new HRSA-funded publication that goes deeper on all of these issues.

Presenters:

- **Arlene Simon** | COO, CIO | Alliance Community Health | Jersey City, NJ
- **Trisha Ecklund** | Paramedic | Vulnerable Populations Program Coordinator | Blue Ridge Health | Hendersonville, NC

Moderator:

- **Michael Durham**, MTS | Community Engagement Manager | National Health Care for the Homeless Council

To View Recording Click Here!

Come learn why FQHCs across the country are making the switch from legacy general employee training systems to **Compliatric**, the **COMPLETE** training and compliance management system designed for FQHCs and HRSA covered entities.

OUR CORE MODULES:

- OSV Program Management
- Policy & Forms Library
- Employee Training LMS
- Incident Management
- Agreement Management
- Auditing & Monitoring
- Grant Management
- Exclusion Monitoring
- Credentialing & Privileging
- CHC Board Management

HEALTHY RECIPE: Mediterranean Chopped Salad Pita

These Mediterranean Chopped Salad Pitas are full of fresh veggies and chickpeas! They're super flavorful and perfect for a quick and easy lunch of a healthy no-cook dinner! Serves 4-6. Nutrition: Calories 247, Sugar 3.2g, Sodium 709.6mg, Fat 17.1g, Carbs 18.4g, Protein 8.4g, cholesterol 16.7mg per serving (for 6).



INGREDIENTS:

- 1 small head romaine lettuce, chopped
- 1 (15oz) can chickpeas, drained and rinsed
- 1 tomato, diced
- 1 small cucumber, diced
- 1 small red pepper, diced
- 1/2 small red onion, diced
- 3/4 cup chopped kalamata olives
- 3/4 cup feta crumbles
- 2 tablespoons chopped fresh dill
- Pita bread for serving
- *Dressing:*
- 1/4 cup olive oil
- 2 tablespoons red wine vinegar
- 1/2 teaspoon dried Italian seasoning
- 1/2 teaspoon salt
- 1/4 teaspoon black pepper

DIRECTIONS:

1. Add dressing ingredients to a large bowl and whisk until combined. Next, add all remaining salad ingredients to the bowl and stir until everything is mixed together.
2. Spoon chopped salad mixture into warm pita bread and enjoy!

Resource:
<https://www.shelikesfood.com/mediterranean-chopped-salad-pitas/>

September 9 - 10, 2022 | 8:30am - 5:00pm CST

This is a two-day training for community health center (CHC) clinicians to learn about different aspects of CHC operations, expectations of them as clinical leaders, and how they fit into the overall governance structure of CHCs. This is the first clinical leadership program designed specifically for FQHCs in the Midwest. IPHCA has been hosting the introductory and advanced courses since 2012. Attendees will gain extensive knowledge and be provided with many peer networking opportunities. Our large facility allows learners adequate spacing in order to practice social distancing. Masks may be required based on local COVID-19 infection rates.

Participants will:

- Gain knowledge about the history of the Community Health Center (CHC) model, its unique features, funding sources, regulatory expectations and supporting organizations. Attendees will also learn about potential expansion opportunities and related challenges.
- Develop an understanding of the role of a CHC medical, dental and behavioral health director and how they fit into the overall CHC governance structure.
- Learn about management and leadership principles, styles, and skills, and how they relate to a medical/dental/behavioral health director's role. They will also learn about human resource principles including performance management and recruitment as it applies to the director's role.
- Enhance their proficiency as it relates to quality improvement, peer review, the FTCA malpractice program, and risk management in CHC settings.
- Learn how to read and create a health center budget.

Target Audience

Various clinical leaders, including Medical Directors, Dental Directors, Behavioral Health Directors, Quality Improvement Staff, C-Suite.

Registration Rates

- PHCA Member Rate: \$300.00
- Non-Member Rate: \$400.00

Location

Illinois Primary Health Care Association
500 S. 9th Street, Springfield, IL 62701
Second Floor
Parking Available Onsite



CEU

CHCI/WI will provide services related to the awarding of CME and CE credits for attendees of the "CHC Clinical Leaders Training Institute-Introductory Course," a live, in-person activity to be held September 9-10, 2022. 10.5 CEUs pending for: Dentists, nurse practitioners, nurses, pharmacists, physicians, physician assistants, psychologists, registered dietitians, and social workers.

Hotel Info

IPHCA has negotiated a room rate of \$109.00 at the Wyndham Springfield City Centre. The cutoff date for the room block is August 18, 2022.

[Reserve your room](#)

REGISTER HERE NOW!

Illinois

Various Positions

[Heartland Health Services](#) is looking to hire Physicians with the Specialty of Primary Care, Obstetrics/Gynecology, or a Family Medicine-OB. With 9 total locations in Central Illinois, we are a community based Urban setting with a Rural lifestyle if you seek a little of both. We offer a competitive base salary with incentive and bonus options along with a benefits package that is unmatched. Please contact Lauren Lenz, Vice President of Human Resources, by email at l.lenz@hhsil.com or phone 309-680-7636. Our website can be found at www.hhsil.com

Various Positions

Illinois Primary Health Care Association wants to help Physicians, Medical Directors, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Clinical Psychologists find rewarding careers at community health centers throughout Illinois and Iowa. To take advantage of IPHCA's complimentary recruitment assistance service please contact Emma Kelley, ekelley@iphca.org, or visit www.iphca.org.

Various Positions

[Eagle View Community Health System](#) is an FQHC seeking to hire a full-time Behavioral Health Specialist and two Dentists. BH candidate must be licensed either as an LCPC, LCSW, or LISW. Dentists have potential for National Health Service Corp Student Loan Repayment. A complete salary is offered alongside a community driven culture. Contact Colby Springer, HR, by email at cspringer@eagleviewhealth.org or by mail at PO Box 198 Oquawka, IL 61469 for more information.

Various Positions

Crossing Healthcare, an FQHC located in central Illinois, is looking to hire Pediatric Physician Assistants and Pediatric Nurse Practitioners. Both positions are primary care providers who manage uncomplicated acute and stable chronic illness. They are

responsible for health assessments, early detection of illness, health promotion, disease prevention and management. May also develop/coordinate special programs related to area of expertise. If you are interested in applying, go to www.Crossinghealthcare.org and submit your application and resume.

Various Positions

Are you a dynamic and experienced family physician, pediatrician and dentist looking for an opportunity to work for an established and expanding leader in Chicago healthcare? If so, [TCA Health, Inc.](#) is currently hiring. Please contact Sheila Gray, Human Resources Manager 77.995.5195 and/or submit your resume to sgray@tcachelath.org for consideration.

Indiana

General Dentist

[Raphael Health Center](#) is seeking to hire a motivated full-time GENERAL DENTIST. RHC offers a competitive salary and benefit package. Contact Carmelita Woods, Recruiting Manager by e-mail woods@raphaelhc.org for more information.

Various Positions

[ECHO Community Healthcare](#), a Federally Qualified Health Center serving Southwestern Indiana, has immediate openings for full-time RN, LPN and CMA positions in Evansville, Indiana. Indiana Licensures and Certifications are required. If you are interested in joining our team you can view our current opportunities [here](#) or contact Penny Ballew, HR Manager: pballew@echohc.org.



Iowa

Various Positions

[Peoples Community Health Clinic, Inc.](#) Waterloo, IA. Pediatrician, Family Med Physician, Psychiatrist, LISW. No hospital call, loan repayment possible. Full benefit package. Go to www.peoples-clinic.com/hr for more information or to submit CV to Human Resources.

Various Positions

[Primary Health Care, Inc.](#) is seeking talented individuals in a variety of positions including: IT Director, Dentist, Physician, Nurse Practitioner/PA, Psychiatric Mental Health NP, Nursing, Medical Assistant, Dental Hygienist, Dental Assistant, Billing Rep., Help Desk Associate, Project Manager, Marketing Specialist, Case Manager, and MORE! To view and apply, navigate [here](#). Lisa Thang at lthang@phcinc.net or 515-248-1831 for more information.

Michigan

Various Positions

[Family Health Care](#), (FHC) has openings for family medicine physicians, dentists, and optometrists at its rural health clinics in West Central Michigan. FHC provides competitive wages, generous benefit packages, student loan forgiveness, and flexible schedules. Contact Alan Neushwander at aneushwander@familyhealthcare.org or visit familyhealthcare.org/careers for more information.

LMSW/Behavioral Health Therapist

[Northwest Michigan Health Services, Inc.](#) is seeking to hire two full-time LMSW (will consider LLMSW) for Child and Adolescent Health Clinic within Manistee Area Public Schools and E3 behavioral health therapist position located within Mason County Central Schools. We offer a competitive salary and generous benefits package. For more information or to apply go to <https://nmhsi.org/> and click on Careers at the bottom of our homepage or email Catherine Anthony at canthony@nmhsi.org.

Various Positions

Grace Health, an FQHC in Battle Creek, MI has several career opportunities, including an opening for a Manager of Clinical Services, Manager of Patient Services, Family Practice and Pediatric Physician, Physician Assistant and/or Nurse Practitioner, patient service positions and clinical support positions (RN, LPN, MA). We offer competitive wages and a comprehensive benefits package that includes a sign-on bonus! For more information about these opportunities, please visit our careers page at www.gracehealthmi.org.

LMSW/LPC

[MidMichigan Community Health Services](http://www.healthynorth.org) is seeking fully licensed LMSW or LPC to provide counseling services to both adult and child patients which will work as a generalist within the primary care team. Full-time employment is preferred, but will consider part-time employment as well as possibility of partial remote work schedule as manager deems appropriate. Full benefits beginning day one of employment at no cost to provider include: medical, dental, vision, short/long term disability, life and AD&D, generous PTO and CME, as well as a \$5,000 sign on bonus. To apply please visit www.healthynorth.org/careers.

Minnesota**Various Positions**

Open Door Health Center is an FQHC located in Southern Minnesota (Mankato, Mn) seeking to hire (3) Fulltime/Part-time Dental Assistants , (2) Fulltime Dentist and (1) Dental Therapist . Looking for someone who is eager to help those that are primarily uninsured and underserved. We have sufficient space and equipment for 4 full time dentist, with 3 in Mankato and 2 in Jordan already on board. ODHC offers a competitive salary and benefit package. Go to www.odhc.org for more information or to submit CV e-mail hr@odhc.org

Various Positions

Sawtooth Mountain Clinic, a Federally Qualified Health Center serving residents and visitors of the North Shore of Lake Superior in Cook County, MN, has openings for full-time a Family Practice Physician, Care Coordination RN, Prescription Management RN, and Health Information Supervisor in Grand Marais, MN. Minnesota Licensures are required for the MD/DO and RN positions. If you are interested in joining our team you can view our current opportunities on our [website](http://www.sawtoothmountainclinic.org) or contact Ellen at recruiting@sawtoothmountainclinic.org.

Missouri**Various Positions**

[Missouri Ozarks Community Health](http://www.missouri-ozarks.com) is seeking a qualified Dentist, Physician, Licensed Social Worker, and Compliance/Safety Coordinator to join our growing

upbeat, positive team with focus on providing high quality care. Competitive salary/benefit package. Join our team by emailing your resume to jowens@mo-ozarks.org or apply via <https://mo-ozarks.org/apply>.

Nebraska**Various Positions**

Work at a [Nebraska Community Health Center!](http://www.hcan.org) Be part of our strength, and join a team of health professionals, patients and community members working together on effective, community-based solutions for meeting primary health care needs in medically-underserved areas. Apply at Hcan.careerwebsite.com.

Ohio**Various Positions**

Community Health Centers of Greater Dayton in Dayton, OH has multiple career opportunities for Clinical and managerial staff, including Family Practice physicians and Nurse Practitioner.s CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at sfleming@chcgd.org or visit our website, www.communityhealthdayton.org and apply under the Careers tab.

LISW/LPCC

[Lifecare Family Health & Dental Center](http://www.lifecarefamilyhealth.com) is adding a LISW or LPCC to our Behavioral Health team in Canton, OH. If interested please send your resume to hr@lifecarefhdc.org.



The HITEQ Center is a HRSA BPHC funded National Training and TA Partner (NTTAP) that supports health centers in using health IT to be data-driven organizations that provide comprehensive, high quality, and well-documented care that addresses barriers and realizes value. You can view HITEQ webinars on your own time to learn different strategies related to social data and population health and discover additional resources related to different strategies in social need screening.

Check it out here!

