



Request to be a CCALAC Community HealthCorps AmeriCorps Placement Site

Thank you for your interest in hosting the Community HealthCorps AmeriCorps program at your clinic site. We are looking for dedicated Community Clinic Association of Los Angeles County (CCALAC) Member Clinics to participate in hosting Community HealthCorps AmeriCorps Members (Members). In order to start the host site selection process we will need specific information from your clinic.

This includes the following documents:

- Organization Information Form
- Site Acknowledgement of Program Details Form
- Site Supervisor Selection Details Form
- Site Interest Narrative Form
- 1 Community HealthCorps AmeriCorps Member Assignment Description Worksheet **per requested Community HealthCorps AmeriCorps Member** - using Appendix 1 and 2 to complete

For questions or concerns about the Community HealthCorps AmeriCorps program or to submit the enclosed documents contact:

Malory Katz
Workforce Coordinator
Community Clinic Association of Los Angeles County
(213) 201-6525
mkatz@ccalac.org

Applications are due no later than April 15th, 2015.

Please note that we have a limited number of slots available and acceptances will be made on a rolling basis and will be based on a clinic's ability to meet the Community HealthCorps AmeriCorps goals and guidelines.

**All host site final selections and Community HealthCorps AmeriCorps Member selections are offered contingent on continued federal funding.*



Community HealthCorps



Organization Information

Name: _____

Address: _____

Phone: _____

Website: _____

Primary Contact for the Program

Name: _____

Title: _____

Phone: _____

Email: _____

How many Community HealthCorps AmeriCorps Members would you like to host: _____

Site Placement Locations

If Community HealthCorps AmeriCorps Members (Member) will be hosted at clinic/community sites other than the one listed above or if they will travel to multiple locations, provide all contact information for each site:

Site # 1: _____

Contact Name: _____

Address: _____

Phone: _____ Website: _____

Number of Community HealthCorps AmeriCorps Members hosted at this location: _____

Site #2: _____

Contact Name: _____

Address: _____

Phone: _____ Website: _____

Number of Community HealthCorps AmeriCorps Members hosted at this location: _____



Site Acknowledgement of Program Details

I acknowledge that in order to host a Community HealthCorps AmeriCorps Member,

_____ (clinic name) must provide:

- **Site Supervisor** – all sites will select one individual to be the Community HealthCorps AmeriCorps Member’s main supervisor and mentor. The Site Supervisor will participate in the interview and selection process. During the program year they will meet with the Community HealthCorps AmeriCorps Member for at least a half-hour every two weeks for mentoring and supervision, provide feedback and guidance on their assignment, connect the Member with training opportunities and take responsibility for the Member’s placement clinic experience. They will also coordinate staff orientation and agency-specific training for the Member. Lastly, Site Supervisors are responsible for approving timesheets and data reports every two weeks and evaluating Community HealthCorps AmeriCorps Members at the mid-term and end-of-term.
- **Community HealthCorps AmeriCorps Member Assignment** – clinics will work with the Community HealthCorps AmeriCorps Coordinator to draft a scope of work that will meet National Association of Community Health Centers (NACHC) federal guidelines and benefit the placement clinic. This assignment will guide the Community HealthCorps AmeriCorps Member’s work during their service term.
- **Site Match** – all sites will be required to pay a site match of **\$16,500 per Community HealthCorps AmeriCorps Member**. This amount goes towards paying the Community HealthCorps AmeriCorps Member stipend and benefits.
- **Work Space** – Community HealthCorps AmeriCorps Members must be provided with a desk and the equipment necessary to complete their assignment, such as a phone and computer.
- **Regular Communication** – While the Community HealthCorps AmeriCorps program is collaboration between the Community Clinic Association of Los Angeles County (CCALAC) and the placement site, as the Program Host, CCALAC is responsible for providing guidance and oversight of this federally run program. Sites are required to maintain regular communication with the CCALAC Community HealthCorps AmeriCorps Program Coordinator.

Program Contact Signature

Date

CEO/COO Signature

Date

CCALAC Program Coordinator Signature

Date



Site Supervisor Selection

Site Supervisor Role

All sites will select one individual to be the Community HealthCorps AmeriCorps Member’s main supervisor and mentor. **It is vital that this person is a member of your staff who has the time to take on an additional supervisee, and the ability to comply with the various Community HealthCorps AmeriCorps supervisor requirements.** These requirements include:

- A minimum of bi-monthly check in meetings with Member(s) for a half hour or more to provide mentoring, feedback and guidance on their performance
- Connecting Member(s) with regular training and professional development opportunities
- Taking responsibility for the Community HealthCorps AmeriCorps Member’s placement clinic experience, including the coordination of site orientation, agency specific trainings, oversight and management of day-to-day issues.
- Approval of timesheets and data reports every two weeks and evaluating Community HealthCorps AmeriCorps Members at the mid-term and end-of-term.
- Regular communication with CCALAC Program Coordinator regarding progress to goals and compliance with federal guidelines
- Attend site supervisor training as well as additional check ins and site visits with CCALAC Program Staff

Please provide the names and contact information of all identified Site Supervisors. Site Supervisors may supervise more than one Community HealthCorps AmeriCorps Member if they will be able to adequately meet the required Site Supervisor responsibilities for each Community HealthCorps AmeriCorps Member they supervise.

Site Supervisor for Community HealthCorps AmeriCorps Member #1:

Title: _____

Location: _____

Address: _____

Phone: _____

Email: _____

Site Supervisor for Community HealthCorps AmeriCorps Member #2:

Title: _____

Location: _____

Address: _____

Phone: _____

Email: _____



Site Interest Narrative

Please review and respond to the following questions.

1. Give a description of your potential Community HealthCorps AmeriCorps Member's day-to-day activities. In your description, please explain how this role is uniquely differentiated from the work of existing staff and how you plan to avoid displacement/duplication. **Please refer to Appendix 1 & 2 for guidance on AmeriCorps regulations around permitted and prohibited activities and definitions of duplication.**

2. Part of the Community HealthCorps AmeriCorps vision is to enhance workforce development and act as a national service pipeline for careers in community health centers. This is achieved in part by providing professional development opportunities and mentorship. Please describe the current role of your selected site supervisor and how he/she plans to incorporate the supervision of this program into his/her daily schedule to provide ongoing support and guidance to the Community HealthCorps AmeriCorps member(s).

3. Describe how you anticipate a Community HealthCorps AmeriCorps Member would positively impact your clinic and the communities you serve.

4. Please name your funding source for the site match of \$16,500 per member.

Appendix 1: Assignment Creation Guidelines

All sites must submit one detailed “Assignment Planning Worksheet” per requested Member. Roles will be reviewed and revised, as needed, in collaboration with the placement clinic, Site Supervisor and the Community HealthCorps AmeriCorps Coordinator. The “Assignment Planning Worksheet” will assist sites in thinking through federally pre-approved roles, the outcomes desired for each role and the permissible activities for achieving the outcomes. Below are guidelines that should be taken into consideration while developing roles.

Elements of a robust Community HealthCorps AmeriCorps Member assignment

Assignments should take into consideration the focus areas developed by the Community HealthCorps AmeriCorps program and work to incorporate any or all of the areas outlined below:

- **Enhance access to care** through strategies such as outreach, enrollment, health education, interpretation services, care coordination, case management, eligibility and application assistance, prescription assistance programs, and/or outreach.
- **Increase financial literacy** through strategies such as financial outreach services, eligibility assistance, financial counseling, and financial case management.
- **Enhance independent living** for persons with disabilities and/or older adults over 65 through activities outlined in the enhancing access to care or financial literacy sections.
- **Increase services for veterans and military family members** through activities outlined in the enhancing access to care or financial literacy sections.
- **Reduce childhood obesity** through physical activity programs, nutrition and health education.

In addition, assignments should incorporate the follow elements:

- Direct Service (**Minimum 60%**) - Community HealthCorps AmeriCorps Members are interacting directly with the target population outlined in their assignment.
- Training (**Maximum 20%**) – Community HealthCorps AmeriCorps Members are given opportunities to develop professional skills and interact with the community health landscape.
- Capacity Building – Community HealthCorps AmeriCorps Members are tasked with the creation or expansion of a new or developing program that allows them to leave a “legacy” project behind at the end of their service.

Resource: Appendix 1 outlines the focus areas approved for member service by the Corporation for National and Community Service (CNCS). Appendix 1 must be used to complete the Member Assignment worksheet.

Prohibited Activities

Community HealthCorps AmeriCorps Members may not **duplicate or displace** any current employee or volunteer or an employee or volunteer who has recently resigned or been discharged. This means Community HealthCorps AmeriCorps Members may not, under any circumstances, perform services, or activities that had been assigned to an employee or volunteer or to an employee or volunteer who has recently resigned or been discharged. Programs may not use Community HealthCorps AmeriCorps Members, even temporarily, to replace staff (i.e. fill in when they are sick, on maternity leave, and/or offsite for any reason)

Additionally, while on AmeriCorps time, Community HealthCorps AmeriCorps Members may not participate in influencing legislation, voter registration, protests/petitions, union organization, abortion services or referrals for abortion services, partisan political activities, or religious activities.

Appendix 2: Approved Role Focus Areas, Activities and Definitions

The chart below outlines the focus areas approved for member service by the Corporation for National Service (CNCS). Member assignments should reflect at least one of these focus areas.

PLEASE NOTE: The chart reads left to right. Column 1 outlines the focus area and how it will be measured by CNCS, Column 2 outlines activities members can complete within that focus area and Column 3 defines each activity.

Focus Area & Measurement →	Activities →	Definitions
<p>ACCESS TO CARE: ENROLLMENTS</p> <p>Members will meet with patients at least once for a minimum of 15 minutes with the purpose of improving the patient’s attitude toward the use of preventative and primary care services by (a) identifying and assisting patients who previously lacked access to enroll in primary health services, insurance and/or other health benefit programs, (b) helping patients understand the health benefits of seeking preventive and primary care and the risks of waiting until a health emergency arises before seeking care and (c) educating and coaching patients on key strategies for proper management of chronic conditions.</p>	<p>Services activities for this Member will include:</p> <p><u>Outreach services</u>, such as providing information related to accessing the health center and creating/distributing educational materials related to health center services with the result of an individual enrolling as a patient at the health center.</p> <p><u>Enrollment</u>, such as assisting clients with enrolling into health insurance, health services, or other health benefits programs.</p>	<p>Outreach Services: Patient services that result in the acceptance of a new patient into a provider’s panel who was formerly without a primary care provider at your health center. Registration information for the patient must be available.</p> <p>Enrollment (Insurance/Other Health Services): Enroll individuals in health insurance, health services (e.g. disease management program), and/or other health benefits programs (e.g. prescription assistance program). Enrollment would mean newly enrolled, because of Member activities. Individuals may or may not have existing health insurance.</p>
<p>ACCESS TO CARE: PROVIDING HEALTH CARE INFORMATION</p> <p>Members will meet with patients at least once for a minimum of 15 minutes with the purpose of improving the patient’s attitude toward the use of preventative and primary care services by (a) identifying and assisting patients who previously lacked access to enroll in primary health services, insurance and/or other health benefit programs, (b) helping patients understand the health benefits of seeking preventive and primary care and the risks of waiting until a health emergency arises before seeking care and (c)</p>	<p>Services activities for this Member will include:</p> <p><u>Health education</u>, such as facilitating workshops that focus on wellness, preventive disease management, or other improved health outcomes.</p> <p><u>Interpretation services</u>, such as providing written or verbal interpreter services related to health needs or instructions.</p> <p><u>Non-financial case management</u>, such as coordinating activities leading to self- management of chronic health conditions by</p>	<p>Health Education: Provision of health education or supportive counseling to individuals or groups focusing on wellness, preventive disease management, or other improved health outcomes.</p> <p>Interpretation Services: Provision of both written and verbal interpreter services for more than 15 minutes intended to help patients not fluent in English writing and/or speaking better communicate their medical needs and understand their medical instructions.</p>

<p>educating and coaching patients on key strategies for proper management of chronic conditions.</p>	<p>coaching clients on how to make appointments, arranging transportation, engaging with a specialist, and empowering clients to take charge of their health.</p>	<p>Non-Financial Case Management – Assessment: Non-medical evaluation that includes the use of an acceptable instrument measuring wellness and/or other health needs.</p> <p>Facilitation: Facilitation of a visit with a patient via either a follow-up encounter (e.g. appointment reminder calls or follow-ups, referral follow-ups) or a referral to a health and/or social services provider</p>
<p>FINANCIAL LITERACY</p> <p>Members will meet with economically disadvantaged individuals at least once for a minimum of 15 minutes with the purpose of increasing financial-health knowledge related to personal & community economic impacts/opportunities of health care choices by (a) identifying savings on prescription drugs, preventing and self- managing chronic conditions, (b) determining when best to seek primary versus emergency room care, and (c) assessing a patient’s eligibility to enroll in eligible health insurance and benefits programs.</p>	<p>Services activities for this Member will include:</p> <p><u>Financial outreach services</u>, such as providing financial literacy information related to accessing the health center and creating/distributing financial literacy educational materials related to health center services.</p> <p><u>Eligibility assistance</u>, such as assisting clients with insurance and health service eligibility screenings.</p> <p><u>Financial counseling</u>, such as facilitating workshops on topics including wealth education classes that encourage healthy living and the importance and methods of disease prevention, how to budget on limited financial resources, and how to negotiate fair and reasonable charges for health care services.</p> <p><u>Financial case management</u>, such as coordinating activities leading to self-management of chronic health conditions by coaching clients on how to make appointments, arranging transportation, engaging with a specialist, and empowering</p>	<p>Financial Outreach Services: Provision of patient services, inclusive of increasing knowledge on how to reduce personal medical costs and credit impacts through the use of services provided at a community health center that result in the acceptance of a new patient into a provider’s panel who was formerly without a primary care provider at your health center. Registration information for the patient must be available.</p> <p>Eligibility Assistance: Counseling of an economically disadvantaged individual that results in a submission of a completed application to a sliding fee scale, or health insurance program including Medicaid, Medicare, or pharmaceutical benefits program, or development of a payment plan.</p> <p>Financial Counseling: Provision of education and/or counseling on how to reduce personal medical costs and credit impacts. The education should focus on wellness, preventive disease management, and utilization of primary care vs. emergency</p>

	<p>clients to take charge of their health while gaining a better understanding of the financial benefits of maintaining good health.</p>	<p>department services.</p> <p>Financial Case Management - Assessment: Non-medical assessment that includes the use of an acceptable instrument measuring financial needs.</p> <p>Facilitation: Facilitation of a visit for an economically disadvantaged individual via either a follow-up encounter or a referral to a social services provider. The purpose of the facilitation must be to help the individual reduce personal medical costs and/or credit impacts.</p>
<p>INDEPENDENT LIVING</p> <p>This Measure is directly tied to serving persons with disabilities and/or older adults (over 65) through any of the service activities under the Primary Measures of Access to Care and/or Financial Literacy.</p> <p>Members will meet with older adult(s) and/or disabled individual(s) at least once for a minimum of 15 minutes with the purpose of increasing the patient's social ties/ perceived social support by (a) delivering health education related to self-management of chronic conditions, (b) assisting to identify and secure services such as home care assistance, transportation, legal assistance; and (c) connecting the patient to meaningful volunteer opportunities.</p>	<p>Service activities for this Member will include:</p> <p>Any activities outlined above that provide access to care or financial literacy to this special population (older adults and/or persons with disabilities).</p>	<p>Older Adults: Individuals age 65 or older.</p> <p>Persons with Disabilities: An individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. <u>NOTE:</u> It is only expected of Members to report serving this population if the individual being served either has a disability noted in their medical file or self discloses a disability to the Member who is providing services.</p>
<p>SERVICES TO VETERANS and/or VETERANS' FAMILY MEMBERS</p> <p>This Measure is directly tied to serving Veterans/ Veterans' Family Members through any of the service activities under the</p>	<p>Service activities for this Member will include:</p> <p>Any activities outlined above that provide access to care or financial literacy to this special population</p>	<p>Veterans: "a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable." section 101 of title 38, 23 United States Code</p> <p>Veterans' Family Members:</p>



<p>Primary Measures of Access to Care and/or Financial Literacy.</p> <p>Members will meet with veteran(s) and/or veterans' family member(s) for at least once for 15 minutes with the purpose of increasing the patient's social ties/ perceived social support by (a) securing services such as employment, financial counseling; and child care; and (b) connecting the patient with organizations serving veterans/ veterans' family members and volunteer opportunities such as AmeriCorps, American Red Cross, Blue Star Families, and nearby military bases and families.</p>	<p>(veterans/veteran's family members).</p>	<p>Immediate family members related by blood, marriage, or adoption to a veteran of the U.S. armed forces, including one who is deceased.</p>
<p>CHILDHOOD OBESITY (OPTIONAL)</p> <p>This Measure is directly tied to serving overweight, obese, or related at risk children under 18 through the service activity of Health Education under the Primary Measure of Access to Care.</p> <p>Members will meet with overweight, obese, or related at risk children under 18 at least once for a minimum of 15 minutes with the purpose of reducing childhood obesity by providing health education focused on proper nutrition AND/OR engagement in physical activity.</p>	<p>Service activities for this Member will include:</p> <p><u>Provision of Nutrition Education</u> through health education or supportive counseling to individuals or groups</p> <p><u>Provide Physical Education</u>, knowledge and ways to counteract obesity and other risk factors that includes an exercise and physical movement component.</p>	<p>Overweight, obese, or related at risk children under 18</p> <p>Nutrition Education: health education or supportive counseling to individuals or groups focusing on nutrition.</p> <p>Physical Education: knowledge and ways to counteract obesity and other risk factors that includes <u>an exercise and physical movement component.</u></p>



<p>Primary Measures of Access to Care and/or Financial Literacy.</p> <p>Members will meet with veteran(s) and/or veterans' family member(s) for at least once for 15 minutes with the purpose of increasing the patient's social ties/ perceived social support by (a) securing services such as employment, financial counseling; and child care; and (b) connecting the patient with organizations serving veterans/ veterans' family members and volunteer opportunities such as AmeriCorps, American Red Cross, Blue Star Families, and nearby military bases and families.</p>	<p>(veterans/veteran's family members).</p>	<p>Immediate family members related by blood, marriage, or adoption to a veteran of the U.S. armed forces, including one who is deceased.</p>
<p>CHILDHOOD OBESITY (OPTIONAL)</p> <p>This Measure is directly tied to serving overweight, obese, or related at risk children under 18 through the service activity of Health Education under the Primary Measure of Access to Care.</p> <p>Members will meet with overweight, obese, or related at risk children under 18 at least once for a minimum of 15 minutes with the purpose of reducing childhood obesity by providing health education focused on proper nutrition AND/OR engagement in physical activity.</p>	<p>Service activities for this Member will include:</p> <p><u>Provision of Nutrition Education</u> through health education or supportive counseling to individuals or groups</p> <p><u>Provide Physical Education</u>, knowledge and ways to counteract obesity and other risk factors that includes an exercise and physical movement component.</p>	<p>Overweight, obese, or related at risk children under 18</p> <p>Nutrition Education: health education or supportive counseling to individuals or groups focusing on nutrition.</p> <p>Physical Education: knowledge and ways to counteract obesity and other risk factors that includes <u>an exercise and physical movement component.</u></p>

COMMUNITY HEALTHCORPS MEMBER ASSIGNMENT

Member Name:		Program Site:	
Supervisor Name:		Service Location:	

Planned Member Service Activities

Select the service activities the Member is assigned. (Select service activities in at least one of the Primary Performance Measures.)

PRIMARY PERFORMANCE MEASURE – ACCESS TO CARE: (Select all that apply.)	<input type="checkbox"/> Outreach Services <input type="checkbox"/> Enrollment – Insurance (via Exchanges, Medicaid, CHIP) *If selected, also select Eligibility Assistance within the Financial Literacy Performance Measure. <input type="checkbox"/> Enrollment – Other Health Services *If enrollment in “Other Health Services” directly relates to assessing financial eligibility (i.e. Prescription Assistance Programs), also select Eligibility Assistance within the Financial Literacy Performance Measure. <input type="checkbox"/> Health Education <input type="checkbox"/> Interpretation Services <input type="checkbox"/> Non-Financial Case Management – Assessment <input type="checkbox"/> Non-Financial Case Management – Facilitation
PRIMARY PERFORMANCE MEASURE – FINANCIAL LITERACY: (Select all that apply.)	<input type="checkbox"/> Financial Outreach Services <input type="checkbox"/> Eligibility Assistance <input type="checkbox"/> Financial Counseling <input type="checkbox"/> Financial Case Management – Assessment <input type="checkbox"/> Financial Case Management – Facilitation
CAPACITY BUILDING SERVICE ACTIVITIES: (Select all that apply.)	<input type="checkbox"/> Volunteer Mobilization <input type="checkbox"/> Fundraising <input type="checkbox"/> On-Call Hours

Special Populations Expected to be Served

Select the special populations the Member is expected to serve. (Select all that apply.)

<input type="checkbox"/> Veterans <input type="checkbox"/> Veteran Family Members <input type="checkbox"/> Military Family Members <input type="checkbox"/> Children Under 18 who are overweight, obese, or at risk of becoming overweight/obese *Select only if the Health Education service activity within the Access to Care Performance Measure is selected. <input type="checkbox"/> Older Adults (65 or Older) <input type="checkbox"/> Persons With Disabilities
--

Member Development and Training Activities

Select career counseling, shadowing, and assignment-specific training planned. (Select all that apply.)

REQUIRED <input type="checkbox"/> Pre-Service Orientation (PSO) <input type="checkbox"/> Prescription for Success Curriculum <input type="checkbox"/> Service Assignment Training <input type="checkbox"/> Performance Measures Training <input type="checkbox"/> Spokesperson Trainings <input type="checkbox"/> Life After AmeriCorps Trainings OPTIONAL *Optional trainings should only be selected after the training has been requested by the Member and approved by the Program Coordinator. <input type="checkbox"/> Approved Independent Coursework <input type="checkbox"/> Approved Independent Service <input type="checkbox"/> GED Preparation <input type="checkbox"/> Shadowing
--

