



Learning Collaborative Series: Strategies for Health Care Coverage

Monday March 9, 2009 12:00-4:30pm

KVIE Public Television, Community Room

2030 W. El Camino Avenue

Sacramento, CA 95833

FACT SHEET

PURPOSE

The purpose of the **Strategies for Health Care Coverage** series is to provide an opportunity for organizations to share their evidence based experiences and accelerate learning and widespread implementation of effective outreach, enrollment, retention and utilization (OERU) strategies. We hope the learning collaborative series will serve as a useful tool to help other counties adapt similar programs in their communities.

Strategies for Building a Certified Application Assistant Network

During this session participants will:

- Learn the elements of building a Certified Application Assistant Network
- Explore ways to establish a CAA Network where participants are able to:
 - ◆ hear the recent outreach, enrollment, retention and utilization administrative and policy changes
 - ◆ share best practices and address challenges relating to Healthcare OERU
 - ◆ participate in capacity building activities
 - ◆ operate under a common set of standards to advance the CAA profession

PARTICIPANTS AND TEAM APPROACH

Workshops are open to representatives of community organizations and agencies participating in OERU activities. We expect that participants will have a sincere interest in finding a way to replicate or adapt the strategy/model to fit the needs of their own county. Participants are asked to attend the learning collaborative session in "teams" so that they can develop a realistic and achievable action plan to take back and implement to their county. A maximum of three representatives from a county can register for the session. Space is limited and priority will be given to participants who register in teams. **To register, please submit the attached Team Participation Form by Monday, March 2, 2009 to sheliac@chc-inc.org or 323.295.9467**

TECHNICAL ASSISTANCE

Participants will be given an opportunity to follow-up with presenters on implementation questions via phone calls, emails, and resource sharing.

SCHEDULE

Developing Effective Collaborations will take place 12:00-4:00pm Team participants should register using the attached form. Lunch will be provided.

TRAVEL SCHOLARSHIPS

The *Covering Kids and Families* Project will provide travel scholarships to organizations that cannot afford travel costs to the session. CKF will reimburse for mileage at a rate of .40 per mile or airfare at the least expensive rate available, as well as ground transportation (shuttles, taxi, etc.), and parking, not to exceed \$250. A limited number of travel scholarships are available and will be distributed based on need and geographic representation. **Please contact sheliac@chc-inc.org if you plan to apply for a travel scholarship.**





Learning Collaborative Team Participation Form

I plan to attend: Strategies for Building a Certified Application Assistant Network Please provide primary contact information for your team to help with organizing this session.

TEAM MEMBER 1		
Name:		
Title:		
Organization:		
Address:	City:	Zip Code:
Phone:	FAX:	E-mail:
Identify the constituency your agency/organization identifies/represents: <input type="checkbox"/> Policy Community <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Education Community <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Other (specify in the space provided):		
<input type="checkbox"/> Foundation/Funder <input type="checkbox"/> Government/Public Sector <input type="checkbox"/> Provider Community Employer/Business Community <input type="checkbox"/> Employer/Business Community		
TEAM MEMBER 2		
Name:		
Title:		
Organization:		
Address:	City:	Zip Code:
Phone:	FAX:	E-mail:
Identify the constituency your agency/organization identifies/represents: <input type="checkbox"/> Policy Community <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Education Community <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Other (specify in the space provided):		
<input type="checkbox"/> Foundation/Funder <input type="checkbox"/> Government/Public Sector <input type="checkbox"/> Provider Community Employer/Business Community <input type="checkbox"/> Employer/Business Community		
TEAM MEMBER 3		
Name:		
Title:		
Organization:		
Address:	City:	Zip Code:
Phone:	FAX:	E-mail:
Identify the constituency your agency/organization identifies/represents: <input type="checkbox"/> Policy Community <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Education Community <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Other (specify in the space provided):		
<input type="checkbox"/> Foundation/Funder <input type="checkbox"/> Government/Public Sector <input type="checkbox"/> Provider Community Employer/Business Community <input type="checkbox"/> Employer/Business Community		

Please email or fax your completed form no later Monday March 2, 2009 to Shelia Claverie at 323.295.9467 or e-mail to sheliac@chc-inc.org

