

Massachusetts League of Community Health Centers

 &

 Suffolk University/Sawyer Business School

 Moakley Center for Public Management

*2020-2021*

Certificate Program in

Community Health and Community

 Health Center Management

***Raise Performance*, *Retain Talent, Recruit the Competition***

**MLCH/Suffolk Program**
40 Court St., 10th Floor
Boston Ma, 02108

**Certificate Program in Community Health and**

**Community Health Center Management**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In its ongoing efforts to address workforce issues in community health, the Massachusetts League of Community Health Centers, in partnership with Suffolk University, has developed a certificate program to advance the skills and careers of community health center middle managers. The Certificate Program in Community Health and Community Health Center Management is the result of hours of League consultation with health center executive directors, administrators, clinicians and board members on the challenges health centers face in retaining and promoting staff, particularly middle managers. In response, the League collaborated with Suffolk University to create a certificate program specifically tailored to the unique needs of health center professionals who desire to increase their skill level and advance within their health center organization.**

**Although training programs do exist in public and human service management, the League has identified serious barriers for mid-career staff in need of certain skills that will take them to the next level of management responsibility: (1) lack of financial resources to pay for education; (2) inadequate release-time from work responsibilities; and (3) a perception that existing programs are not tailored to the specific skill sets required by community health agencies.**

**Addressing these barriers through a program that is uniquely structured for health center middle level managers, the program seeks to: (1) increase the number of qualified health center mid-managers; (2) provide career growth opportunities for mid-managers; and (3) introduce mid-managers to others in similar positions as mentors who will provide counseling and support.**

**Program Sponsors**

* *The League & Suffolk University Certificate Program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,666,805 with 71.5 percentage of costs financed with non-governmental sources. All program content reflects the views of participating faculty and does not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*
* *The League & Suffolk University Certificate Program is supported by funds from the University of Massachusetts Medical School/Commonwealth Medicine (CWM), MassAHEC and MassHealth*.

 

***CERTIFICATE PROGAM IN COMMUNITY HEALTH***

***AND COMMUNITY HEALTH CENTER MANAGEMENT
2020-2021 Class Schedule***

*(Potential for up to 12 graduate credit waivers for certificate graduates enrolled in Suffolk University graduate programs. Tuition value at Suffolk $14,000).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Notes** | **Block 1** | **Block 2** | **Block 3** | **Block 4** | **Block 5** |
| Location: **Beginning Online and moving to FSF as soon as safely possible** **Onsite location TBD by MLCHC****Class Time**: 9-12 & 1-4 or all day 9-4 in Block 3 or 8:30-4:30 in Block 5**Orientation**:9/18/20 at 3:30pm**Tuition:** $3,950**Info Session**: 1/22/21**Graduation**: June 2021MLCHC Liaison:**Simpson**MCPM Liaison: **Matava** | Fridays9/18-10/16/20Intro to Community Health Services Management (MCPM 823/HLTH705)**Curry**Human Resource Mgt(MCPM 716)***Bowes***  | Fridays10/30-12/4/20***(No Class 11/27)***Intro to Community Health Services Management (MCPM 823/MCPM 705)***Curry***Human Resource Mgt(MCPM 716)***Bowes*** NOTE: 12/11 is a snow day make-up for Block 2 (if needed) | Fridays1/8-2/5/21Leadership in Community Health Services (MCPM 718) ***Driscoll*** Contemporary Challenges in Community Health Centers**Hunt** NOTE: 2/12 is a snow day make-up for Block 3 (if needed) | Fridays2/26-3/26/21 Technical Grant Writing for Public Funding **TBD** Leadership in Community Health Services (MCPM 718) ***Driscoll***  NOTE: 4/2 is a snow day make-up for Block 4 (if needed) | Fridays4/9-4/30/21Financial Management(MCPM 847)**Buckley** NOTE: FOUR ALL Day Sessions 8:30-4:30 |



***CERTIFICATE PROGAM IN COMMUNITY HEALTH***

***AND COMMUNITY HEALTH CENTER MANAGEMENT***

 **Application Form**

***Please attach the completed Supervisor’s Recommendation/Agency Commitment Form and return on or before August 31, 2020 or earlier as applications are reviewed on a rolling basis and space is limited.***

Name:

Sex:

OPTIONAL

Female Male

Ethnicity:

Languages fluent in: Any reasonable accommodations required? (Y / N)

(Please specify)

Job Title: Agency:

Member (Yes / No)?

Work Address:

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: Cell Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please feel free to use additional paper to answer any of these questions***

Brief job description-

Briefly describe your previous work experience-

Years of professional experience? yrs. Years of supervisory/management positions? yrs.

Education: ***(check most advanced level completed)***
High school diploma/GED Associates Degree in

Bachelor Degree in

Master’s Degree in

Describe what you think will be your next job:

Are you interested in pursuing a graduate degree in management? [ ]  Yes [ ]  No

What are the three main areas of expertise that you would like to be able to master from your participation in the Certificate in Community Health and Community Health Center Management Program?

1.

2.

3.

****

**Participation Contract**

I understand that my enrollment in the *Certificate in Community Health Management Program* requires my commitment to attend all classes (24 weeks), pay for class materials as required (book fees totaling $175.00) to participate fully in the curriculum, and to participate in an evaluation of the program. I also understand that after attending the second class meeting my tuition is no longer refundable. In exchange for my agency’s supporting my participation by providing me with paid time-off to attend classes, I agree to continue working for my current employer for at least one year after graduation from the program.

Applicant signature Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Process**

Once the application and recommendation forms are complete, please submit them with the $50 Agency Registration Fee (one per health center) to the League Admissions Committee. If the application is not complete, it will cause a delay with the review process.

 ***APPLICATION DUE DATE*: August 31st**

***ADMISSIONS DECISION***: **September 11th**

**PLEASE NOTE:**

***MISSING CLASSES AND INCOMPLETE HOMEWORK ASSIGNMENTS WILL JEOPARDIZE YOUR CHANCES OF RECEIVING GRADUATE CREDITS FOR THE PROGRAM.***

 For any questions regarding the program and/or application process, please contact Nicole Simpson at nsimpson@massleague.org.

**Please attach, or use the space provided on page 2 to provide, a 500-word essay on why you would like to participate in this program, and specific ways this program will help you in your career.**

Describe why you would like to participate in this program:





**Supervisor’s Recommendation/Agency Commitment Form**

Supervisor’s Name Title

Organization Address

City Zip Phone

Fax Email

Applicant’s Name

### Please complete the following or attach a signed recommendation letter.

I have supervised the applicant for years, and have known the applicant’s work for years. S/He is in the top 5% 25% 50% of all the people whom I have supervised.

In five years, I expect the applicant to be able to assume a position as .

I recommend the applicant for participation in the Certificate in Community Human Service Management Program without reservation highly

I base my recommendation on the following factors:

Supervisor’s Signature Date

As the applicant’s Sponsoring Agency representative, I agree to pay a $50 nonrefundable Agency Application Fee (a onetime fee, regardless of the number of applicants) and agree to pay the tuition fee **for members** of $3,950

 or **for non-members** of $5,200 I understand that the tuition fee is not refundable after my employee attends the second class meeting. **I realize that participants in the program must attend at least 20 of the 25 class meetings to be eligible to graduate and agree to give enrolled employees paid time off in order to attend classes and participate in an evaluation of the certificate program, and to adjust their work requirements accordingly.** I understand that all Certificate Program enrollees will commit themselves to continued employment with their sponsoring agency for at least one year following their graduation.

Authorized Sponsoring Agency Signature Date

Return completed application, with payment made out to:

**MLCH/Suffolk Program**
40 Court St., 10th Floor
Boston Ma, 02108

by

**August 31, 2020**

to:

**Mass League of Community Health Centers**, 40 Court Street, Floor 10, Boston, MA 02108

Questions? Please contact: Nicole Simpson at: nsimpson@massleague.org or 617.