

STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee

Meeting Summary
Tuesday, June 19th, 2018
2:30 pm – 4:30 pm

Location: Litchfield Room, CT Behavioral Health Partnership, Hartford Room (3rd Flr), 500 Enterprise Drive, Rocky Hill, CT 06067

Members Present: Terry Nowakowski, Milagrosa Seguinot, Tiffany Donelson, Grace Damio, Liza Estevez, Darcey Cobbs-Lomax

Members on the Phone: Mayce Torres, Lauren Rosato, Ashika Brinkley, Michael Corjulo, Chioma Ogazi, Loretta Ebron

Members Absent: Thomas Buckley, Juan Carmona, Migdalia Belliveau, Linda Guzzo, Robert Zavoiski, Peter Ellis, Nicholas Peralta

Other Participants: Jenna Lupi, Katharine London, Fernando Morales, Meredith Ferraro, Maggie Litwin, Fatawu Mahama, Stephanie Burnham, Dashni Sathasivam, Randy Domina, Supriyo Chatterjee, Chris Andressen, Bruce Gould, Erika Lynch, Cecil Tengtanga, Maria Millan, Giselle Carlotta-McDonald, Tylor Anderson, Juliana Lewis, Tekisha Everette, Dana Robinson Rush, Elena Padin, Keturah Kinch

1. Call to Order and Introductions

Terry Nowakowski served as Chair and called the meeting to order at 2:36pm.

2. Public Comments

No public comments were submitted for discussion.

3. Approval of Minutes

Motion: to approve minutes from 5/15/2018 – Terry Nowakowski

First: Terry Nowakowski

Second: Grace Damio

Abstention: Tiffany Donelson

All in favor

4. Vote - 3 group recommendations

Motion made by Terry Nowakowski

Second: Liza Estevez

Abstentions: none

All in favor

5. Review of Design Groups Recommendations

Recommendation on Certification Requirements (Design Group 1):

Katharine London began Group 1 by presenting the decision points tasked with: Certification process.

- The group recommended that the certification process be easy to access for both new and experienced CHWs. Process not create barriers, have simple application process for applicants, references and supervisors. The group also recommended one page format, use check boxes when possible, use of simple English language and keep the cost low.
- No certification exam, no background checks, and no degree requirements.
- Group reviewed requirements of other states regarding hours of experience, classroom hours, field hours (internship) and written exam. States were FL, MA, RI, TX, KY, MO, NM, OH, OR, and SC.
- Alternative pathways to certification including grandfathering and grandparenting to become a CHW including length of time for certification and continuing education. In addition, two ongoing paths to certification: one path with training and one without training. Reciprocity was not recommended due to different variations in other states.
- For new community health workers the group recommended the following:
 - Training requirements of classroom hours and internship. Including 1000 hours experience working as CHW whether paid or unpaid in the last 3 years.
 - Applicants might use an optional portfolio to demonstrate their scope of experience to prospective employers, have professional references that includes one supervisor and a personal reference.
 - The applicant should include one personal reference of someone who can attest to knowledge of language, experience, culture and community needs. Personal references should not include immediate family, sharing the same household, or from a romantic or domestic relationship.
- For experienced CHWs the group recommended the following:
 - Training – none is required.
 - Experienced CHW should possess 2000 hours of experience paid or unpaid in the last 5 years. Resume should be requested, portfolio documenting years of experience used as an example in Rhode Island.
 - Applicant should have professional reference to include at least one supervisor with at least 3 years of supervisory experience supervising CHWs or staff titles who perform CHW Roles. This individual must attest that applicant has a least 2000 paid or unpaid hours performing at least five CHW roles and demonstrated proficiency in at least four CHW skills not including #11 knowledge base.
 - Personal references, one personal reference should be included, from someone who knows applicant for at least one year, and can attest applicant's knowledge of language, culture and community needs. A personal reference should not include someone from an immediate family, sharing the same household, or from a romantic or domestic relationship.
- Certification be every two years. Renewal process should only require 20 hours of continuing education. Design group 3 might consider specific requirements for the training hours.

Additional discussion: (Pending)

Code of ethics. Some states have code of ethics some states do not. Should there be a process in CT? CT Certification board has one standard code of ethics, which can be considered.

- **Other topics that require additional clarification and consensus:**
 - Professional and personal references; clarity is needed whether the professional reference should come from a supervisor.
 - Ensure that the professional reference required experience (3 years in a supervisory role) is reasonable- adjust the language as needed.

Methods and Administration of Certification Program (Design Group 2)

Loretta began Group 2 by presenting the decision points tasked with:

- Certifying entity
- Designating CHW board structure and roles,
- Establishing certification eligibility
- Application steps as well as determining who is responsible for assessing application.
- Registration process and assessing fiscal implications.

The group reviewed recommendations from other states including MA, FL, TX and RI to get a better understanding and background for each decision point and to determine whether these decisions are truly supportive of community health worker and whether they are realistic to implement.

The groups recommended that DPH (Department of Public Health) should serve as CHW certifying entity due to these reasons:

- DPH has the infrastructure to serve and it already provides certification to over 65 other health care providers.
- DPH should be responsible for the administrative tasks related to certification including reviewing applications, verifying requirements and issuing certificates.
- The group had also recommended a separate advisory body that will have more prominent role in the development of the certification program; and that it should meet semi-regularly to assess the needs to adjust certification standards, and weigh in on critical questions.

The 3 key objectives of the advisory body are:

- To review certification criteria
- Processes and policies developed by the certifying entity
- Respond to questions regarding individual certification requests and issue annual recommendations and adjustments.
- Advisory body should consist of one representative from DSS, and DMHAS, 6CHW'S, 1 CHW Association of CT representative, 1 community-based CHW training organization representative, 1 Community College representative, 1 Commercial Payer, 1 CHW employer (with hiring capabilities), 1 Health Care Provider with direct CHW experience, 1 health educator.

The representatives should be elected through a neutral appointment process. CHW Association of CT should serve as the administrative lead for the advisory body.

Eligibility requirements: minimum age of 16 years old required for CHW, no minimal education level, no residency requirements, and no personality traits. There should be no other requirements such as those related to criminal background checks. Any such requirements should be at the discretion of the employer.

The application process should be as follows:

- Applicant submits documents to the certifying entity, no materials will require notarization, copies accepted.
- The Department of Public Health should issue notice of certification or denial to the applicant. For certification renewal, applicants should be required to attest to the completion of required CEs and be able to produce evidence of completion of these CEs if requested.
- It is preferred that applicants have the option to submit application via email, online, or regular mail. However, the Design Group defers to the Department of Public Health.
- The Department of Public Health should maintain a CHW registry similar to those maintained for other professionals that are searchable by name and region.

Other topics for additional review:

A discussion regarding the fees for the certification, as well as other costs associated with the certification process ensued, but no final recommendations were made to date. It still needs to be determined whether requiring DSS/DMHAS/Commercial payer representation on the Advisory Body presents a conflict of interest.

Recommendations on Training Curricula (Group 3)

Liza Estevez began Group 2 by presenting the decision points tasked with:

- Group accepted the C3 core competencies previously decided by the CHW Advisory Committee.
- Training hours should be a minimum of 90 hours and 50 hours of internship should be required as part of a CHW training.
- Training modality/methodology should be based on adult learning principles, should include role-play and be interactive.
- Training delivery should be in-person training or hybrid training to include in-person sessions with distance learning in “real-time”. Online training should not be allowed.

Key decision points on instructor qualifications, type of assessment and training vendor criteria.

- Instructor qualifications, adapted from Texas to include a minimum of 1000 cumulative hours of experience, training individuals who provide CHW services and other health care professionals.
- Minimum of 40% of training shall come from CHW trainers or faculty.
- CHW training assessment not be just a test, utilize skills assessment, pre, and posts-tests.
- Training vendor criteria, a minimum of 90 hours of training. Training should be based on adult learning principles, should include role-play and be interactive.
- In-person training, hybrid training to include in-person sessions, distance learning in “real-time”, and at least 50-hour internship provided.
- Training vendor, accredited by The Council for Higher Education or a similar accreditation body, does not need to have trained or sponsored CHW training, no career ladder.
- Training vendors should not be limited to the type of organization they are but should identify themselves, have a plan to screen and recruit participants, state the cost of training and specify training frequency.

Continuing education should be referred to as continuing education (CEs) or contact hours.

A tracking sheet should be used to track Conferences, webinars, workshops, seminars, training, presentations, and self-studies and these activities to be done outside of employment.

6. Discussion

Grace had a question about the language regarding a recommendation for the instructor qualifications! Stating that 40% training hours should be done by faculty who are Community Health Workers or Community Health Worker Trainers. Meredith answered that in some states community health worker trainers become certified community health worker trainers. Maggie added that these instruction hours should be delivered by community health worker but not necessarily a community health worker trainer. **The group decided to revisit this recommendation and ensure that instructor qualification requirements can be verified.**

A group member asked if there was a way that the CHW website and CT Association have list of trainers and prices on their websites. **The group made a decision to talk about this in the next meeting and include a recommendation to post CHW Training Vendor program costs online.**

One group member asked about the Internship requirement, and how it is defined in the recommendations and that language might be adjusted. Signed off letters must be present that internship was completed.

There was also a question about the core competencies, which is an advance course done across the country. The evaluation that came out of that training defines core competencies.

Next, Jenna reviewed the notes from the meeting to include revisiting the language of the professional and personal references, internship requirements language, Instructor qualifications, reviewing the 3 year supervisory requirement for professional reference and determine whether requiring DSS/DMHAS/Commercial payer representation on the Advisory Body can potentially be a conflict of interest and vendor transparency with the costs associated. The group will also revisit and recommend on liability policy to protect the Advisory Board.

The group took a vote on 3 design group recommendations contingent upon addressing the issues previously stated by Jenna.

Motion made by Terry Nowakowski

Second: Liza Estevez

Abstentions: none

All in favor

Next Steps

- Draft Legislative Report sent to CHW Advisory Committee
- July 17th - discuss draft legislative report containing all recommendations, recommend changes, approve the report and release for public comment.
- July 20th - August 14th Report is open for Public Comment
- July 20-August 14: Forums/Webinars to get additional feedback from CHWs on Report & Recommendations
- August 21: CHW Advisory Committee reviews public comment and recommends edits
- September 13: Steering Committee reviews Report and approves for delivery to the legislature
- Jenna will send out a doodle poll to see if we get a quorum during our August meeting and/or reschedule the date if necessary.

7. Adjourn

Terry Nowakowski made a motion to adjourn the meeting at 4:30 pm. Second by Millie Seguinot.
Meeting adjourned at 4:30 PM