

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



**Community Health  
Worker Advisory  
Committee**  
*Design Group 1*

May 1, 2018

# Agenda

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1. Welcome and Introductions ..... 5 mins
2. Review decisions from previous meetings & other groups ..... 30 mins
3. Review draft reference forms ..... 15 mins
4. Discuss **Length of time for certification, continuing education**  
required for renewal, any other renewal requirements, and  
requirements in other states ..... 15 mins
5. Begin discussion of grandfathering requirements ..... 20 mins
6. Next Steps ..... 5 mins

# Design Group 1 Agenda

Meeting Date	Topic
April 3	<b>Required work experience</b> and how to verify work experience (e.g. through references)
April 17	<b>Work experience</b> continued <b>Reference forms</b> <b>Portfolio</b> of accomplishments and required documentation
May 1	<b>Length of time</b> for certification, <b>continuing education</b> required for renewal, any other renewal requirements
May 15	<b>Alternative pathways</b> to certification for
	—Experienced CHWs ( <b>grandparenting</b> /grandfathering process)
	— <b>Reciprocity</b> for CHWs certified in another state
	—Individuals with <b>related certification/training</b>
	<b>Code of Ethics</b>
May 29	Review and Confirm Decisions

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# Background

# Public Act 17-74: An Act Concerning Community Health Workers (1 of 2)

Be it enacted by the Senate and House of Representatives in General Assembly convened: Section 1.  
(NEW) (*Effective October 1, 2017*) (a) As used in this section,

**"community health worker"** means a public health outreach professional with **an in-depth understanding of the experience, language, culture and socioeconomic needs of the community** who

- (1) serves as a liaison between individuals within the community and health care and social services providers to**
  - facilitate access to such services and health-related resources,
  - improve the quality and cultural competence of the delivery of such services and
  - address social determinants of health
  - with a goal toward reducing racial, ethnic, gender and socioeconomic health disparities, and
- (2) increases health knowledge and self-sufficiency** through a range of services including outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health and basic screenings and assessments of any risks associated with social determinants of health.

# Public Act 17-74: An Act Concerning Community Health Workers (2 of 2)

(b) The director of the state innovation model initiative program management office shall, within available resources and in consultation with the Community Health Worker Advisory Committee established by such office and the Commissioner of Public Health,

- study the **feasibility of creating a certification program** for community health workers.
- Such study shall examine the **fiscal impact of implementing such a certification program** and include recommendations for
  - (1) requirements for certification** and renewal of certification of community health workers, including any training, experience or continuing education requirements,
  - (2) methods for administering a certification program**, including a certification application, a standardized assessment of experience, knowledge and skills, and an electronic registry, and
  - (3) requirements for recognizing training program curricula** that are sufficient to satisfy the requirements of certification.

(c) Not later than **October 1, 2018**, the director of the state innovation model initiative program management office shall report, in accordance with the provisions of section 11-4a of the general statutes, on the results of such study and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services.

# CHW Roles and Skills

## CHW Roles

1. Cultural Mediation among Individuals, Communities, and Health Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

## CHW Skills

1. Communication Skills
2. Interpersonal and Relationship-building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base

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# Decisions from Design Group 1 Meetings



# Design Group 1 Decisions: Requirements NOT to include

Design Group 1 agreed to recommend **NOT** to include the following requirements:

- 1. Certification exam** – rejected by the full committee because an exam would not assess key CHW skills
- 2. Background checks** – should be conducted by employers because the type of background checks required may vary by the specific job duties (consider the background checks required to make home visits to frail elders vs. engaging justice-involved individuals in treatment)
- 3. Education** – A requirement for a high school diploma, bachelor's degree, etc. should be up to each employer because the type of education required may vary by the specific job duties (consider the education required to assist clients in implementing very specific treatment protocols vs. connecting migrant worker to services)

# Design Group 1 Decisions: Experience and Verification

1. Application form and reference forms should be short and quick to fill out, and should use language that is easy to understand
2. Applicants for certification must:
  - a. List experience consisting of at least 1000 paid or volunteer hours, in the last 3 years, performing at least 5 CHW Roles, and demonstrating proficiency in at least 4 CHW Skills (not including #11 knowledge base)
  - b. Submit a portfolio including 3 of the 8 items on Rhode Island's list (we will use the same list). (Recommend that training programs help participants assemble their portfolios)
  - c. Submit names and contact information for at least 3 references
3. Applicants must receive references from at least 3 people
  - a. At least one reference must be a supervisor
  - b. At least one reference must have at least 3 years experience supervising Community Health Workers (or other staff titles who perform CHW Roles)
  - c. At least one reference must have known the applicant for at least 3 years
4. Supervisor references (as a group) must attest that in the last 3 years the applicant:
  - Has at least 1000 paid or volunteer hours performing at least 5 CHW Roles and demonstrated proficiency in at least 4 CHW skills (not including #11 knowledge base)
  - Example: one supervisor might attest to 800 hours performing roles 1, 2 & 9 and demonstrating proficiency in skills 6 & 8 and a second supervisor could attest to 200 hours performing roles 3, 4 & 5 and demonstrating proficiency in skills 2 & 3
5. At least one personal references must attest that the applicant:
  - Has “an in-depth understanding of the experience, language, culture and socioeconomic needs of the community”

# Feedback from Rhode Island: Portfolio Requirement

Questions from Fatawu Mahama, SW AHEC

Responses from Deborah Garneau, RI Dept of Health

1. Could you share with us the rubric/s the certification board or Subject Matter Experts use to assess the Portfolio and other requirements for CHW certification application? The Portfolio guidelines are attached. There is no real rubric, since the applicant meets or doesn't meet the category. If there is a question, the staff of the RICB may ask the applicant for clarification. We haven't run into many issues.
2. How do they review CHW Portfolio submissions? The staff of the RI Certification Board review the Portfolio materials. The review involves checking to see if the portfolio requirement is satisfied. There is no quality score – just satisfied or not.
3. What is working well with regards to the CHW Portfolio requirement? The variety of materials accepted to satisfy the portfolio requirement. Many applicants submit more than the required 3.
4. What challenges have you faced with this Portfolio requirement? When I have spoken to potential applicants, they are intimidated by the Portfolio requirement. I can usually alleviate the concerns but I wonder how many CHWs do not submit their application for this reason.

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## Update from Design Group 2

# Review: Group 2 Decision Points

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1. Determine a Certifying Entity
2. Designate CHW Board Structure and Roles
3. Establish Certification Eligibility
4. Establish Application Steps
5. Determine who is responsible for assessing applications
6. Determine Registry Process

# Design Group 2 Recommendations as of April 17

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## Advisory Body

- The **Certifying Entity** should be responsible for the administrative tasks related to certification including reviewing applications, verifying that requirements have been met, and issuing certificates.
- A **separate Advisory Body** should be established to inform the full development of Certification Standards. The Advisory Body would have a more prominent role in the initial development of the Certification Program, and would meet semi-regularly thereafter to assess the need to adjust the Certification Standards and to weigh in on critical questions as identified by the Certifying Entity.

## Design Group 2 Recommendations as of April 17

- The Advisory Body should include: 1 representative each from **DPH, DSS, and DMHAS; 6 CHWS; 1 CHW Association of CT representative; 1 community-based CHW training organization representative; 1 Community College representative; 1 Commercial Payer; 1 CHW employer; 1 Health Care Provider** with direct CHW experience; **1 health educator**
- The Advisory Body representatives should be selected through a **neutral appointment process**, such as the process used to select SIM advisory committee members
- The **CHW Association of CT** should serve as the administrative lead for the Advisory Body, including such activities as scheduling meetings and coordinating recommendations

## Certification Eligibility

- There should be **no minimum education level** required for CHW Certification.
- There should be **no residency requirements**.
- There should be **no personality trait requirements**.
- There should be no other eligibility requirements for CHW Certification, such as those related to criminal background checks. Any such requirements should be at the discretion of the employer.



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# Renewal requirements

# Renewal requirements – Examples from other states

State	Certification Length of Time	Continuing Education Requirements	Other Requirements
Florida	2 years	10 hours/year	\$100
Massachusetts	2 years	15 hours	Fee, CORI check
New Mexico	2 years	30 hours	\$45, CORI check
Oregon	3 years	20 hours	CORI check
Rhode Island	2 years	20 hours	Fee
Texas	2 years	20 hours	

# Grand-fathering – CHW Advisory Committee recommendation from 2017

- DPH shall allow for grand-fathering: For the first two years, DPH shall issue certifications to CHWs who demonstrate knowledge of the core competencies and experience of the CHW field based on either a) completion of a designated number of hours as a CHW and recommendations from current or previous employers or b) a reduced number of hours of experience and passing the standardized competency-based assessment (number of hours to be determined by DPH and Advisory Committee).
- DPH shall assess and determine the need for a pathway to certification based on CHW experience beyond the initial two-year grand-fathering period. Such a process may require completion of a designated number of hours as a CHW, recommendations from current or previous employers, and passing the standardized competency-based assessment.
- Certification shall be voluntary.

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# Discussion

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# Next Steps