STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee
Certification Design Group
Meeting Summary
Wednesday, November 30, 2016
9:00 am – 11:00 am

Location: Litchfield Room, CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill, CT 06067

Members Present: Grace Damio, Loretta Ebron, Liza Estevez, Linda Guzzo, Terry Nowakowski, Milagrosa Seguinot, Mayce Torres

Members on the Phone: Ashika Brinkley, Michael Corjulo

Other Participants: Luisa Casey, Meredith Ferraro, Bruce Gould, Maggie Litwin, Katharine London, Jenna Lupi, Denise Smith, William Tootle, Stanley Zazula

1. Call to Order and Introductions
The meeting was called to order at 9:07 am.

2. Public Comments
No public comments were submitted.

3. CHW Certification—Review and Discussion
Katharine London reviewed Carl H. Rush's bullets on the basics of certification (e.g., it is not a certificate of completion) and what a responsive CHW-certification system looks like (e.g., it includes a user-friendly application process). She also recapped the discussion of certification on 8/30/16, when the majority of committee members agreed that:

- Connecticut should pursue certification for CHWs.
- Certification should be voluntary.
- Certification should include a "grandparenting" process.
- There should be one certifying entity.
- A multi-stakeholder board should decide skill, training, and experience requirements.

She also recapped the cost- and no-cost-to-DPH options for certification (certification administered by DPH, statutory recognition, etc.) and presented the results of a survey of the certification design group members' views on aspects of certification (who should be the certifying entity? what should be the tasks of the certifying entity? etc.)

Members were fairly evenly split between wanting DPH and a non-profit to be the certifying entity (survey question 1). Grace Damio said she was unsure what to think because she needed to know more about non-DPH options. She recognizes that DPH is a large bureaucracy that can move slowly and in which things can get lost. But she also wondered if another organization with less infrastructure and

already existing administrative capacity might not be just as slow and difficult to make move. She needs to know more to determine which is the better option.

Milagrosa Seguinot stated that she is not in favor of having DPH be the certifying entity because of what she has heard and learned about its bureaucracy. The committee already knows what to expect from a DPH-controlled certification based on testimony from its own representative. CHWs need a different entity that will work in their interests, take care of CHWs, and guide them. Those who selected DPH in the survey might not know exactly how CHWs work. She mentioned an unnamed non-DPH entity that might be willing to administer CHW certification and asked Meredith Ferraro if she would be willing to summarize the discussion about certification that Southwestern AHEC had had with their consultant Carl H. Rush the previous day.

According to Ms. Ferraro, Mr. Rush made the following relevant points:

- State agencies tend to have more processes for licensure, and with licensure comes regulation of scopes of practice. No state is regulating CHW work as if they were licensed. Their scope of work is not being held to the fire. If someone who is licensed does not practice within their scope of work, they can be brought before a board and potentially stripped of their license.
- Because CHWs' scope of work is not clinical, no state has brought it under the scrutiny of licensure/regulation. There is no compelling public interest for them to have a credential that requires regulation, and besides many CHWs are volunteers and the state can't really regulate volunteers.
- In many states, New York in particular, there are a lot of occupations that say "certified" X (e.g., occupational therapist assistant), and if someone is "certified" that means they are licensed. New York decided therefore not to go with certification because they didn't want to mix up CHW certification with being licensed. Ms. Ferraro added that Connecticut was looking at certification because insurers have said that they would only pay for CHWs if they were certified.
- Most states have voluntary certification, which means it doesn't need to be regulated. It means that there needs to be documentation that people have met certain standards.
- Certification doesn't need to be administered by the state for qualifications, but certain state agencies (e.g., Medicaid) may require certification if payment is involved.
- In Florida and Arizona, independent non-state agencies administer certification, and Massachusetts has a certification board. The CHW association in Arizona administers certification and sends the names of people who qualify for certification to the state and the state maintains the list. Maintaining that registry, Ms. Seguinot interjected, is the state's only involvement with the certification process , which is something she likes because it allows CHWs to be identified by the state and enables it to know who CHWs are, but that's it.

Ms. London asked if anyone would like to speak to why DPH should be the certifying entity. Bruce Gould said that the whole thrust of what the committee is trying to do is to help give stature to CHWs as a profession. And based on discussions with payers, they require certification, but not necessarily licensure. The committee has to make sure that whatever it comes up with has some stature similar to that of all the other health and consumer-accountable professions regulated by DPH and that it is acceptable to payers in order to achieve the committee's goal of sustainable payment. He expressed concern about having CHWs stand alone and be outside of the DPH frame that encompasses the rest of the healthcare workforce.

Denise Smith urged the committee to keep in mind the potential for certification to produce unintended negative consequences (e.g., disqualifying some of the most qualified people to be CHWs) and recommended decentralizing certification (e.g., not giving complete control of training to one entity) so as not to exclude certain local communities and cultural subgroups. Committee members explained that multiple entities would be able to train even if a single entity administered the state-wide certification process.

Ms. Damio asked if creating professional stature and the kind of standards that payers would respect was just as likely whether or not certification sat inside DPH. Dr. Gould said it would depend on what payers think.

Commenting on question 2, Mayce Torres stated that she wants some kind of presence at DPH—in the form of a registry, for example—but does not want DPH to choose the certifying entity. She also expressed concern about the difficulty involved in trying to change anything about certification that got written into law.

Ms. London reviewed the concerns and issues that had so far been raised:

- stature
- acceptance of certification by payers and employers
- difficulty of changing law
- empowering CHWs to guide their own future

Assuming the committee wanted certification, she then asked: What is the most likely path to getting there? Who is going to make sure it happens, wherever it happens to be institutionally located? Where will the funding come from? If it goes to DPH, legislation and appropriations will be required. If it went to a private entity, where would the funding come from and who would make it happen? Ms. Lupi noted the importance of being realistic about the feasibility of creating anything new and securing new state appropriations in the current climate.

Ms. Damio reiterated her earlier question about whether creating a whole new entity and infrastructure creates more or less difficulty than that posed by DPH. Terry Nowakowski's concern about DPH is that there is very little money left in the system and that DPH is moving to regulate and license everything. She wants to avoid adding layers of money. Ms. London replied that certification requires money because people have to administer it. One can either try to persuade legislators to appropriate funds or go to someone else for funding, but there is no getting around the need for funding. Ms. Ferraro observed that certification fees can fund the certification process and that perhaps employers or philanthropic organizations could be persuaded to pay them or philanthropic organizations could be persuaded to subsidize the cost of administering the certification process. Ms. London emphasized that either state funding or a grant will be needed to get a certification process going.

Dr. Gould expressed concern about starting with the question "Can we find the money?" instead of "What does the healthcare system need and what do patients deserve?" Ms. Smith stressed that payers need to be consulted early on and that they need to put forward their minimum set of standards, which one would hope would contain a subset of universal standards indicating that payers will accept certification in at least a certain number of specified areas. She also noted the importance of collecting data (which CHW billing codes might facilitate) on CHW interventions to enable evaluation of their effectiveness. Linda Guzzo suggested that it might help to think about certified nurse aides and personal

care assistants (PCA). The former are overseen by DPH and the latter are not. She said there are many issues with the PCA model (e.g., people who need care go on to Craigslist to find a PCA) and thinks CHWs fall somewhere in the middle between the two models.

Ms. Torres commented on question 3, saying that she is leaning toward a board in DPH a little more because if the board was in a private entity, she would not be able to hold it accountable. Ms. Seguinot responded that CHWs would decide if an entity was appropriate to represent them. Ms. London explained that legislation could stipulate the composition of a board located at DPH. If it is at a private organization, they can do whatever they want. Liza Estevez expressed concerns about not being able to influence the decisions and composition (i.e., CHW representation) of a private board. Ms. Nowakowski stated that she is not anti-DPH but wanted to point out that master's-level clinicians (counselors, social workers, etc.) are not licensed by DPH, but legislation authorizes them to bill under another professional's license. She said that is how the bulk of healthcare works today. It is similar to a certificate model.

Ashika Brinkley said she understood the desire to have a board at DPH and to have CHWs at the table, but she didn't think the nature of CHW work would allow them to sit at a lot of meetings. She was concerned about creating a process that requires a certain level of engagement by CHWs outside their regular professional responsibilities because it could create a situation where there are lots of board and advisory committee meetings that CHWs cannot actually participate in. The result would be a legislated process that is not informed by the people actually doing the CHW work.

Ms. London observed that a private entity could have started a certification program in Connecticut at any time but that that has not happened. She asked why and what would need to happen to push that forward. Ms. Ferraro cited a lack of funding and the need for a lot of research on what the infrastructure needs of the process are. She said it is a whole process, a business. Ms. London agreed that funding and a whole infrastructure are needed to make the decision process about certification happen and pointed out that DPH, while perhaps slow, does have the infrastructure in place and has been doing certification for a long time. Ms. Damio noted the irony of trying to get away from grant funding for CHWs while at the same time entertaining the possibility of needing to rely on grant funding to get a certification process up and running. She said that the fragility and vulnerability of creating a whole new entity keeps striking her as daunting and questioned whether doing that is realistic. Dr. Guzzo pointed out that many parts of a certification infrastructure already exist in the form of the community colleges' CHW-certificate programs. Ms. Lupi suggested that while a certification process that consists merely in DPH's approving training programs might not be ideal, it may be more feasible than other models of certification.

After the committee had discussed more of the survey results (questions 4-7), Ms. Lupi proposed the following certification model and asked members to describe any problems with it:

- Have an organization like the CHW Association of CT (CHWACT)—which is now a subset of the CT Public Health Association and therefore has some evolving infrastructure—review (every two years, for example) the existing training programs in the state and approve all of those that met whatever criteria (related to core competencies, etc.) CHWACT established.
- Then have DPH—and this could be spelled out in legislation—certify all of the training programs approved by CHWACT. Anyone who completed these certified trainings would be a "Certified CHW."

- Certification would be voluntary, but only those who completed a certified program could call themselves “certified” CHWs.

Members liked the proposal. Ms. Ferraro stressed the need for CHW input into curriculum content and recommended that academia/professional educators have input as well. Ms. Damio suggested that CHWACT could convene an advisory group to work with them, a proposal that drew strong support from several members. Ms. Lupi added that her proposal would mitigate some of the costs to DPH and limit the degree to which new infrastructure would need to be built. Ms. Smith emphasized that CHWs need to be respected as professionals even in this development phase and therefore should be provided with financial support to enable them to participate in it. Members agreed that Ms. Lupi’s proposal addressed most of the issues raised earlier. For example, it would:

- provide stature
- perhaps not require legislation (and thus avoid fears about policies being “set in stone”)
- empower CHWs
- be achievable
- be potentially achievable within a reasonable timeframe
- foster accountability to CHWs

Ms. Lupi explained that she thought the proposal would probably still require some legislation for the DPH component. Ms. London described Ms. Lupi’s proposal as being like the statutory recognition model (music therapist) and consisting of three parts:

- CHWACT (potentially under guidance from an advisory group) would approve training programs.
- The approved training institutions would award the certification to those who completed the training and report their names to DPH.
- DPH would maintain a list/registry of certified CHWs.

Ms. Lupi clarified that, although not necessarily opposed to it, she was not actually proposing that DPH keep a registry.

4. Wrap Up and Next Steps
Members agreed that an additional meeting would be necessary before they could make a recommendation to the full advisory committee. Therefore, the next meeting of the certification design group will be on 12/15/16, when the full committee was already scheduled to meet.

5. Adjourn
The meeting adjourned at 11:16 am.