

STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee
Meeting Summary
Tuesday, February 21, 2017
11:00 am – 1:00 pm

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

Members Present: Migdalia Belliveau, Yolanda Bowes, Thomas Buckley, Michael Corjulo (Chair), Grace Damio, Tiffany Donelson, Lauren Rosato, Milagrosa Seguinot

Members on the Phone: Ashika Brinkley, Loretta Ebron, Liza Estevez, Mayce Torres, Robert Zavoski

Members Absent: Juan Carmona, Darcey Cobbs-Lomax, Peter Ellis, Linda Guzzo, Terry Nowakowski, Chioma Ogazi, Nicholas Peralta

Other Participants: Joanne Calista (phone), Supriyo Chatterjee, Brenda DelGado, Sarah Diamond (phone), Tekisha Everette (phone), Meredith Ferraro, Bruce Gould, Maggie Litwin, Katharine London, Jenna Lupi, Lisa Puglisi (phone), Carl Rush (phone), William Tootle, Stanley Zazula (phone)

1. Call to Order and Introductions

Michael Corjulo served as Chair and called the meeting to order at 11:09 am.

2. Public Comments

Lisa Puglisi offered the expertise of Yale's Transitions Clinic to help train CHWs to work with those who have been recently released from prison.

3. Approval of Minutes

Motion: to approve minutes from 11/17/16 –Yolanda Bowes; seconded by Milagrosa Seguinot.

Vote: all in favor.

4. Certification Decision Process Overview

Katharine London highlighted key activities of the committee's certification decision-making process over the last several months:

- Two CHW Advisory Committee meetings devoted to certification.
- Three design group meetings on certification.
- Review of certification discussion from the CHW symposium.
- Survey of committee members' preferences regarding certification.
- Assessment of certification processes and considerations in 19 states.
- Review of detailed assessments of certification in New Mexico, Massachusetts, Florida, Rhode Island, Oregon, and Minnesota.

- Communication with Chris Andresen and Commissioner Raul Pino from DPH and the Connecticut Certification Board to better understand the differences between existing certification processes.

Ms. London relayed that on 8/30/16 a majority of the committee agreed that:

- CT 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 skills, training, and experience

Components and desirable aspects of certification identified at committee meeting on 10/20/16 include:

- code of ethics
- does not create a barrier to CHW upward mobility
- is not punitive at the state level

Questions raised at the 10/20/16 committee meeting include:

- Should there be disqualifying factors for obtaining certification, such as a felony?
- Should certification be tiered?

At the design group meeting on 11/30/16, a majority agreed:

- that a multi-stakeholder board/commission/advisory committee should include CHWs, CHW employers, policy makers, and representatives of higher education
- on a set of tasks for which the certifying entity should be responsible (developing training and experience standards, scope of practice, assessment process, renewal process, code of ethics, etc.)
- that the certification process should be established within one year
- that certification rules and processes should be updated every two years

5. Certification Recommendation Overview

Ms. London explained that several certification principles emerged from design group deliberations. The ideal certification process for CHWs:

- ensures individual CHWs have achieved core competencies
- develops a sense of professionalism and workforce identity among CHWs
- can be recognized by employers or payers
- does not prohibit experienced CHWs from continuing their work
- does not hold CHWs to unfair standards
- is not cost-prohibitive for CHWs
- empowers CHWs to control their own future

She added that the design group wrestled for a long time with the question of who should be the certifying entity, but eventually came to consensus that DPH should be responsible for establishing the

CHW program. The reasoning was that all professional groups in Connecticut are somehow certified, licensed, registered, etc. by DPH and that it should be no different for CHWs.

The certification design group therefore recommends that DPH establish a CHW certification program in which CHWs receive an individual 24-month certification from DPH and are placed on a CHW registry if they (a) complete an approved training program and (b) pass a standardized competency-based assessment. Key elements of the recommendation are as follows:

- DPH shall designate CHW training programs as “DPH approved” based on a standardized curriculum review conducted by agency staff or a contractor.
- DPH shall establish a standardized competency assessment of both skills and knowledge.
- The assessment shall be administered by one or more DPH-approved entities.
- DPH shall issue individual certifications to CHWs who have completed an approved training program AND demonstrated proficiency through the standardized competency assessment.
- Certification shall be granted for 24 months.
- Re-certification will require evidence of the completion of continuing education hours and evidence of experience providing CHW services in the past 24 months.
- Verification of continuing education and employment shall be administered by DPH or its contractor.
- DPH shall allow for grandfathering.
- DPH shall establish a certified CHW registry.
- Certification shall be voluntary.
- DPH shall be established as the CHW certification authority under statute. Only CHWs who have received this certification from DPH may use the title “Certified CHW.”
- DPH shall use the [definition](#) and [scope of practice](#) developed by the CHW Advisory Committee (based on the national [C3 recommendations](#)) as the basis for developing curriculum standards.
- DPH shall establish a CHW Advisory Committee to advise it on development of the training program and competency-assessment standards and corresponding certification procedures.

Grace Damio, a design group member, followed up Ms. London’s summary of the certification recommendation by explaining that one of the big issues that the group grappled with was whether certification should be administered by DPH or some other entity. They were ultimately able to overcome their concerns about the bureaucratic nature of DPH by recognizing that it already has an infrastructure in place to administer CHW certification and that, as Ms. London said earlier, DPH is involved in some way with most other professions. DPH Commissioner Raul Pino’s remarks and assurances on 2/7/17 of his support for certification through DPH also resolved the group’s reservations, helping persuade them to recommend that DPH be the certifying entity.

6. Explanation of Recommendation

Ms. London presented the rationale behind each element of the design group’s recommendation:

DPH

- DPH has stature and is recognized as the certifying entity for most health professions in the state.
- DPH has the existing infrastructure and knowledge of certification processes.
- There is interest on the part of DPH to provide CHW certification.

24 Months

- This was the timeframe the majority of the committee chose in the certification survey.

Registry

- A registry will enable employers to identify CHWs who have obtained certification.
- A registry will also enable the removal of CHWs who have violated the code of ethics.

CHW Training Programs

- Approving training programs reduces the administrative burden of reviewing individual applicants' training experience.
- Approving training programs encourages existing training programs to enhance their curriculum.

Standardized Competency Assessment

- A standardized competency assessment will ensure an unbiased review of skills and knowledge. Separating the assessment from the curriculum is an important way to keep the reviewer impartial.

DPH Approved Entities

- Administration of the assessment by approved entities reduces the administrative burden on DPH.

Individual Certifications

- Individual certifications issued by DPH will provide stature to the CHW profession.
- Individual certification will recognize not only the completion of the training program, but also completion of the standardized competency assessment.

Continuing Education Hours

- Continuing education hours were recommended by the committee.
- The number of hours will need to be determined since it varies between states.

Evidence of Experience

- Evidence of experience was recommended by the committee.
- The documentation process will need to be determined.

Grandfathering

- This was a recommendation from the majority of the committee based on the certification survey and included demonstration of knowledge and recommendations from employers.

Voluntary Certification

- This was a recommendation from the majority of the committee based on the certification survey.

Statute

- DPH as the certifying entity will have to be approved by the legislature.

Certified CHW

- Certification will remain voluntary, enabling many CHWs to continue their work. However, the designation of "Certified CHW" will differentiate those who have completed an approved training program and successfully completed the assessment. This designation may stand out to employers over time.

Definition and Scope of Practice

- DPH should use the [definition](#) and [scope of practice](#) as has been agreed upon by the committee.

CHW Advisory Committee

- This committee could be the existing SIM CHW Advisory Committee.
- If the SIM CHW Advisory Committee became the advisory committee to the DPH certification process, additional members might need to be added.

7. Recommendation—Discussion to Approve

Discussion of the design group's recommendation and rationale resulted in the following points and proposed revisions:

- The standardized assessment should take into consideration language barriers and different learning styles.
- The standardized assessment should address cultural competency.
- There should be an alternative pathway to certification that accepts experience in lieu of training.
- The CHWs on the Advisory Committee to DPH should come from a broad range of backgrounds.
- DPH should be required to seek the advice and consent of the Advisory Committee.
- Statute language should be strong enough to protect the certification system from budget cuts or less supportive DPH commissioners.

The committee was generally supportive of the design group's recommendation and the proposed revisions but asked to see everything in writing before making a final decision.

8. Legislative Update

Jenna Lupi relayed that the public hearing for the CHW bill (SB-126) was held on 2/10/17 and that testimony is available [online](#). Tekisha Everette explained that the Public Health Committee voted unanimously on 2/15 to move forward with drafting the bill and that its purpose is to codify in statute the definition and scope of practice approved by the CHW Advisory Committee. Katharine London added that the hope is that the committee's recommendation for certification will get added to the text of the bill.

9. Next Steps and Adjourn

CHW Initiative staff are preparing a whitepaper that describes all that the committee has done to arrive at its recommendation for certification. Ms. Lupi will schedule a webinar to discuss Comprehensive Primary Care Plus, a funding opportunity from CMS that would provide upfront payment to primary care providers for costs related to, for example, CHWs. The SIM PMO is considering whether to pursue this opportunity.

Lauren Rosato thanked the certification design group for all of its great work over the last few months.

The meeting adjourned at 12:54 pm.