



C O N N E C T I C U T  
*Office of Health Strategy*

# Community Health Worker Advisory Committee

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June 19, 2018

# Meeting Agenda

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|--|--------|
| 1. Introductions/Call to Order                 | 5 min  |
| 2. Public Comment                              | 10 min |
| 3. Approval of the Minutes                     | 5 min  |
| 4. Design Group 1 Recommendations & Discussion | 30 min |
| 5. Design Group 2 Recommendations & Discussion | 30 min |
| 6. Design Group 3 Recommendations & Discussion | 30 min |
| 7. Review and Next Steps                       | 10 min |
| 8. Adjourn                                     |        |

# Introductions/Call to Order

# Public Comment

2 minutes per comment

# Approval of the Minutes

# Design Group 1

## Recommendations & Discussion

# Design Group 1 – Topics for Review

1. **Requirements imposed by some other states**
  - **Certification exam**
  - **Background check**
  - **Educational requirements**, such as a high school diploma or bachelor's degree
2. **Required experience and how to verify experience**
  - **References**
  - **Portfolio** of accomplishments and required documentation
3. **Alternative pathways to certification for**
  - Experienced CHWs (**grandparenting**/grandfathering process)
  - **Reciprocity** for CHWs certified in another state
  - Individuals with **related certification/training**
4. **Renewal requirements**
  - **Length of time** for certification
  - **Continuing education** required for renewal
5. **Code of Ethics**

# Design Group 1: Goals for certification process

Group members expressed a number of goals:

- Include requirements that make certification **meaningful** to employers and payers
- Make the certification process easy to access for **new CHWs** and **experienced CHWs**
- **Do not create barriers**
- **Simplify** the application process for applicants
- **Simplify** the recommendation process for CHW references/supervisors
- **Simplify** the review process for the entity that has to review submitted applications
  - Keep forms to one page
  - Use check boxes instead of free text, where feasible
  - Use clear language that does not require a high level of literacy and that is easy to translate into other languages
- Keep the cost down

# Design Group 1 Recommendations: Do NOT 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: Review of other states' requirements

- Other states' requirements vary widely
- Many states approve training curricula but do not have a certification or registry process

	CHW Certification States					CHW Certificate States					
Requirements	CT Proposed	FL	MA	RI	TX	KY	MO	NM	OH	OR	SC
Hours of experience	1000	500	2000	1000	1000	-	-	-	-	-	-
in the previous x years	3	5	10	5	6						
Classroom hours	90	30	80	30	160	40	160	100	100	80	120
Field hours (internship)		-	-	80	-	80	60		130		yes
Written exam	No	Yes	No	No	No	No	No	No	No	Yes	Yes

# Design Group 1 Discussion: Paths to certification

- What requirements would be meaningful and yet not impose barriers?
- Design group 1 discussed the variations in personal circumstances among applicants
- Many states “grandparented” in experienced CHWs when they first started their certification programs. NM, SC, & TX require a training certificate OR experience
- Training programs include all CHW roles and skills, but a specific job may not

## Recommendations:

- Establish 2 ongoing paths to certification: one path with training and one without training
- Do not allow for reciprocity for other states, because (1) requirements vary so much from state to state, and (2) there is no structure in place to administer reciprocal certifications, as there is for other professions. People moving to Connecticut can be certified through one of the two paths to certification

# Design Group 1 Recommendations: Requirements for *new* CHWs

- a. **Training.** Training as recommended by Design Group 3 (classroom hours plus internship)
- b. **Experience.** 1000 hours experience working as a CHW, paid or unpaid, in the last 3 years
- c. **Optional Portfolio.** Applicants *may* submit a portfolio including 3 of the 8 items on Rhode Island's list (we will use the same list), at their option. (Recommend that training programs help participants assemble their portfolios to demonstrate their breadth of experience to prospective employers)
- d. **Professional reference.** At least one supervisor, who has at least 3 years' experience supervising Community Health Workers (or other staff titles who perform CHW Roles), 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)
- e. **Personal reference.** At least one personal reference must attest that the applicant has "an in-depth understanding of the experience, language, culture and socioeconomic needs of the community." A personal reference may *not* be provided by an immediate family member, any person sharing the same household, or any person who is now or ever has been in a romantic or domestic relationship with the applicant.

# Design Group 1 Recommendations: Requirements for *experienced CHWs*

- a. **Training.** None
- b. **Experience.** 2000 hours experience working as a CHW, paid or unpaid, in the last 5 years
- c. **Portfolio.** A resume documenting years of experience plus a portfolio including 3 of the 7 other items on Rhode Island's list. (Rhode Island's list includes a resume)
- d. **Professional reference.** At least one supervisor, who has at least 3 years' experience supervising Community Health Workers (or other staff titles who perform CHW Roles), must attest that in the last 5 years the applicant has at least 2000 paid or volunteer hours performing at least 5 CHW Roles and demonstrated proficiency in at least 4 CHW skills (not including #11 knowledge base)
- e. **Personal reference.** At least one personal reference, who has known the applicant for at least one year, must attest that the applicant has "an in-depth understanding of the experience, language, culture and socioeconomic needs of the community." A Personal Reference may *not* be provided by an immediate family member, any person sharing the same household, or any person who is now or ever has been in a romantic or domestic relationship with the applicant.

# Design Group 1: Review of other states' renewal requirements

- Continuing education requirements help CHWs stay current with rapidly changing practices
- Continuing education requirements provide states with a vehicle to recommend or require specific training needed to address current circumstances, e.g. use of Narcan to prevent overdose

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	

# Design Group 1 Recommendations: Renewal requirements

- **Length of time:** Certification should be good for 2 years
- **Continuing education:** Renewal should require 20 hours of continuing education, but no other requirements. Design Group 3 may want to consider whether there should be any specific requirements for those 20 hours.

# Design Group 1: To be determined: Code of Ethics

- A Code of Ethics was established by a national group 10 years ago and adopted by the CHW Association of CT
- Other states (MA, RI, OR) adopted a similar Code of Ethics – applicants for certification must agree to abide by this Code
- Some states require applicants to agree to abide by a set of laws or a general code of ethics for all professions certified by the certifying entity
- Some states have established a process for investigating potential ethics violations and taking disciplinary action
- Applicants for certification through the CT Certification Board (e.g. for Peer Recovery Specialist) “must commit to and demonstrate consistent adherence to the CCB Code of Ethical Conduct (2012) & CCB Code of Ethical Conduct – Disciplinary Procedures (2010)”

# Design Group 2

## Recommendations & Discussion

# Design Group 2 Decision Points

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
7. Assess Fiscal Implications

# Design Group 2 Decision Making Process

For each decision point, the design group asked:

- How did Massachusetts, Florida, Texas, and Rhode Island address this decision?
- What has the CHW Advisory Committee already expressed in relation to this decision?
- Is our recommendation:
  - Truly supportive of Community Health Workers?
  - Realistic to implement?

# Design Group 2 Recommendations-Certifying Entity

1. The **Department of Public Health (DPH) should serve as the CHW Certifying Entity**. The key reasons for this recommendation are as follows:

- DPH has the needed infrastructure to serve in this capacity, as it already provides certification to over 65 other health care providers.
- DPH represents a more sustainable option for certification once it is named as such in statute. A third party would rely on raising funds on an annual basis, which may negatively impact the longevity of a CHW Certification program.
- Certification fees will be more easily controlled through DPH than through a third party.
- Although the process for establishing certification through DPH may take longer, it is important to consider the long-term sustainability of the program.

2. The Department of Public Health should be responsible for the administrative tasks related to certification including reviewing applications, verifying that requirements have been met, and issuing certificates.

## Design Group 2 Recommendations- Advisory Body

3. A separate **Advisory Body** should be established to inform the full development of Certification Standards. The Advisory Body should have a more prominent role in the initial development of the Certification Program, and should 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.
4. The three **key objectives of the Advisory Body** are to:
  - Review certification criteria, processes and policies developed by the Certifying Entity
  - Respond to questions from the Certifying Entity on individual certification requests, as needed via a standard process for assessing and responding to such questions
  - Issue annual recommendations for needed adjustments to the certification criteria based on national trends

# Design Group 2 Recommendations- Advisory Body

## 5. The **Advisory Body** should include:

- 1 representative each from 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

## 6. The Advisory Body representatives should be selected through a neutral appointment process, such as the process used to select SIM advisory committee members

## 7. The **CHW Association of CT** should serve as the administrative lead for the Advisory Body, including such activities as scheduling meetings and coordinating recommendations

# Design Group 2 Recommendations- Eligibility

## 8. CHW Certification **eligibility requirements** should be as follows:

- There is a minimum age of 16 years old required for CHW Certification
- 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.

# Design Group 2 Recommendations- Application Process

## 9. The **application process** for certification should be as follows:

- Applicant submits all required application materials to the Certifying Entity, including any required recommendations or verification of training. The only exception would be if the Department of Public Health has a policy requiring prime verification (verification directly from the source, such as directly from an employer).
- No materials should be required to be notarized, and copies of materials should be accepted (for example, copies of training certificates).
- The Department of Public Health should review the application and verify that all requirements have been met.
- The Department of Public Health should issue notice of certification or denial to the applicant.

## Design Group 2 Recommendations- Application Process, Renewal & Registry

10. For **certification renewal**, applicants should be required to attest to the completion of required CEUs. Applicants should be able to produce evidence of completion of these CEUs if requested.
11. It is preferred that applicants have the option to submit application materials via email, online, or regular mail. However, the Design Group defers to the Department of Public Health on this point.
12. The Department of Public Health should maintain a **CHW registry** similar to those maintained for other professionals that are searchable by name and region.

# Design Group 3

## Recommendations & Discussion

# Design Group 3 Recommendations on Training

## Topics for Review:

1. Content – Identify Core Competencies
2. Number of Training Hours
3. Internship
4. Training modality/methodology
5. Training Delivery
6. Instructor Qualifications
7. Type of Assessment
8. Training Vendor Criteria
9. Continuing Education

# Design Group 3 Recommendations on Training

- **Goals:** The design group wanted to achieve a robust CHW training, but did not want one that was too onerous for the CHWs or the CHW Trainers.
- **Process – We reviewed:**
  - Core Competencies approved by the CHW Advisory Committee
  - Hours of training in other states, as well as hours of current trainings in CT
  - Training modality/methodology and training delivery in other states
  - Training vendor criteria from other states (also reviewed forms)
  - Reviewed variety of methods to assess proficiency and looked at how current training in CT are assessing
  - Gathered input from a national expert, Carl Rush
  - Continuing education in other states

# Design Group 3 Recommendations on Training

## 1. Content – Identify Core Competencies

- **Accepted the C3 Core Competencies previously decided on by the CHW Advisory Committee**
  - **Already looked at in detail by CHW Advisory Committee, did not need to revisit**

## 2. Number of Training Hours

- **90 hours minimum**
  - **90 hours was decided to enable the opportunity for CHW trainings with an on-ramp with credits**

## 3. Internship

- **Required as part of a CHW Training, minimum of at least 50 hour**
  - **Decision was made based on input from Carl Rush, group did not want this internship to be too onerous, but felt it was important to have one**

# Design Group 3 Recommendations on Training

## 4. Training modality/methodology

- **Based on Adult Learning Principles, should include role play and be interactive**
  - Took into account recommendation from Carl Rush that “CHW education should at least be based on adult learning principles”

## 5. Training Delivery

- **In-person training recommended; hybrid training to include in-person sessions with distance learning in “real-time.” Online training will not be allowed.**
  - Looked at other states and gained input from Carl Rush about training delivery “in-person is always best”

# Design Group 3 Recommendations on Training

## 6. Instructor Qualifications

- **“Experience – At least 1000 cumulative hours of experience training individuals who provide community health work services including promotores, community health workers, and other health care paraprofessionals and professionals in the previous six (6) years.” Adapted from Texas.**
- **“At least 40% of the hours of instruction shall be taught or co-taught by faculty who are Community Health Workers or Community Health Worker Trainers.” Adapted from Massachusetts.**
  - Decision based on review of other states, did not want instructor qualifications to be too restrictive

# Design Group 3 Recommendations on Training

## 7. Type of Assessment

### **Criteria for CHW training assessment:**

- **Not just a test**
- **Utilize Pre and Post-tests**
- **Utilize a Skills Assessment**
- **Include a Capstone Project or Portfolio, or some combination of the two**
  - Discussed different types of assessment methods, how current CT CHW trainings are assessing proficiency in there trainings, did not want there to just be a test
  - There was agreement that there should be a skills assessment, but no one method was decided on

# Design Group 3 Recommendations on Training

## 8. Training Vendor Criteria (based on recommendations stated on previous slide)

<b>Number of Training Hours</b>	Must meet a minimum of 90 hours of training
<b>Training Method(s)</b>	Based on Adult Learning Principles, should include role play and be interactive
<b>Training Delivery</b>	In-person training recommended; hybrid training to include in-person sessions with distance learning in “real-time.” Online training will not be allowed.
<b>Content – Core Competencies</b>	C3 Core Competencies previously decided on by the SIM CHW Advisory Committee
<b>Internship</b>	Required as part of a CHW Training, minimum of at least 50 hour

# Design Group 3 Recommendations on Training

## 8. Training Vendor Criteria con't. (based on recommendations stated on previous slide)

<b>Instructor Qualifications</b>	<ul style="list-style-type: none"><li>• “Experience – At least 1000 cumulative hours of experience training individuals who provide community health work services including promotores, community health workers, and other health care paraprofessionals and professionals in the previous six (6) years.” Adapted from Texas.</li><li>• “At least 40% of the hours of instruction shall be taught or co-taught by faculty who are Community Health Workers or Community Health Worker Trainers.” Adapted from Massachusetts.</li></ul>
<b>Evaluation</b>	<ul style="list-style-type: none"><li>• Not just a test</li><li>• Utilize Pre and Posttests</li><li>• Utilize a skills assessment</li><li>• Include a Capstone Project or Portfolio, or some combination of the two</li></ul>

# Design Group 3 Recommendations on Training

## 8. Training Vendor Criteria con't.

<b>Accreditation</b>	Training vendor should be accredited by The Council for Higher Education or a similar accreditation body* <ul style="list-style-type: none"><li>– Wanted someone else looking at the training</li></ul>
<b>Experience</b>	Training vendors do NOT need to have trained or sponsored a CHW training in the past two years <ul style="list-style-type: none"><li>– Did not want to restrict new potential training sites</li></ul>
<b>Career Ladder</b>	Training vendors do NOT need to include an “on-ramp” for higher education <ul style="list-style-type: none"><li>– Not all CHWs may want to take training as part of a career ladder</li></ul>
<b>Organization Type</b>	Training vendor should identify what type of organization they are; training vendors are NOT limited to any specific organization type <ul style="list-style-type: none"><li>– Did not want to restrict any organizations from being a training vendor</li></ul>

# Design Group 3 Recommendations on Training

## 8. Training Vendor Criteria con't.

<b>Screening &amp; Recruitment</b>	Training vendor should disclose how they plan to screen participants; training vendor should explain how they plan to recruit participants <ul style="list-style-type: none"><li>– Did not want any standardized screening process, leaving it up to the training vendor to decide (example Gateway requires a high-school diploma or GED)</li></ul>
<b>Cost</b>	Training vendor should state how much the CHW training will cost
<b>Frequency</b>	Training vendor should state how many trainings they plan to offer; recommended to hold at least one training annually

## Design Group 3 Recommendations on Continuing Education

- **Should be referred to as Continuing Education (CEs) or Contact Hours**
  - Did not feel that they should be referred to as Continuing Education Units (CEUs) because this is usually tied to accreditation
- **Should be able to count hours towards Continuing Education from: Conferences, Webinars, Workshops, Seminars, Training, Presentations, and Self Studies**
- **Utilize a tracking sheet to track activities and hours (similar to Indiana's)**
- **Should be done outside of employment and/or volunteer position**

# Next Steps & Timeline

**July 10:** Draft Legislative Report sent to CHW Advisory Committee



**July 17:** CHW Advisory Committee Meeting provides feedback on Draft Report



**July 20-August 14:** 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 Report edits



**September 13:** Steering Committee reviews Report and approves for delivery to the legislature

# Adjourn