OHS CONNECTICUT Office of Health Strategy

Report to the Legislature on CHW Certification

RESPONSE TO PUBLIC COMMENTS

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The Office of Health Strategy has prepared the following response to comments and questions on behalf of the Community Health Worker Advisory Committee.

1. Health Equity Solutions

Health Equity Solutions submits the following comments in response to the "Report to the Legislature on Community Health Worker Certification." We appreciate the opportunity to provide comments on the proposed report and recommendations to the Connecticut State Legislature. HES fully supports Community Health Worker (CHW) certification in Connecticut and believes this report carefully lays out the important considerations and recommendations necessary to move the state forward to fully recognizing and integrating the CHW workforce in Connecticut. We laud the committee for its diligence and would like to share the following comments and recommendations.

1. We support the two pathways to CHW certification presented in the report but recommend altering the language to avoid using the terminology "new CHW." Proposed change: Align the language used in Recommendation 1 throughout to describe the pathways as Pathway 1 and Pathway 2 OR Path 1 and Path 2. **Section F, Recommendation 1**

   Response: This change has been made.

2. As written, newly trained CHWs could not be considered for certification, despite going through a certified training program/vendor, unless they can demonstrate experience equivalent to 1,000 hours in the past 3 years. This seems like a high bar for the training pathway. It translates to not being able to get certification until one has met the employment and/or volunteering time despite having training from a certified training program. Additionally, would the internship hours or training hours count toward the experience hours? We recommend re-evaluating this recommendation to consider the time, money, and effort spent in pursuing training, especially since the report outlines recommendations to certify training entities. **Section F, Recommendation 1a**

   Response: The Committee considered a pathway to certification that requires only the completion of a training program. The Committee felt that a training program provides the basic skills to serve as a Community Health Worker but that the basic skills are insufficient as the only criteria. The nature of CHW work requires an in-depth understanding of the community in which a CHW serves. Anyone could enroll in a CHW training program, but that training alone would not provide the experience needed to serve as an effective CHW. Because certification is voluntary and not mandatory, the Committee felt that certification should represent a minimum, yet reasonable, level of proficiency that could only be demonstrated through work or volunteer experience. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification. Furthermore, a supervisor would need to observe a CHW over a period of time in order to assess and certify the CHW's proficiency in at least four (4) skills. Internship hours could count toward this experience requirement.

3. We recommend editing *Table 4. Certification Requirements in Certificate and Certification States* to include both pathways. As written, it looks as if the training pathway is the only way to obtain certification. **Section F, Recommendation 1a**

   Response: This change has been made.

4. While the only eligibility criteria recommended is that applicants should be at least 16 years of age, subsequent recommendations in the report limit the ability of a 16-year-old applicant from being able to fulfil the certification requirements. It seems unlikely that a 16-year-old will have the work/volunteer history to secure a recommendation from a supervisor who can attest to the competencies outlined on the recommendation form. In addition, it seems unlikely that one would have the 1,000 hours of experience to demonstrate the skills required for the first pathway or the 2,000 hours of the experience for the second pathway. As such, we recommend that the age criteria be raised to 18 years old so that young adults who wish to pursue a CHW certification have adequate time and ability to develop the training, work or volunteer history that meets the CHW certification requirements. This can create opportunities for high schools, technical schools, or alternative education realms to provide instruction and training opportunities for students who can seek CHW certification upon graduation. **Section F, Recommendation 2**

   Response: The Committee deliberated on this recommendation at length. While it is true that a 16-year-old is unlikely to meet the training and experience requirements, it is possible that through volunteer experience, a young adult would qualify. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly that we should not unnecessarily prohibit certification for the few individuals who may pursue it.

5. For those who are engaged in the training track, we recommend making it clear that an internship or other supervisor/manager from a volunteer experience can a provide reference. **Section F, Recommendation 3**

   Response: This has been added.

6. Since CHWs are integral to the community and there is a focus on cultural competency and humility, we recommend that 2 hours of continuing education requirements be focused on cultural competency/humility or on systemic racism/oppression and that 2 hours be focused on social determinants of health (SDOH) every two years. **Section F, Recommendation 5**

   Response: This has been added. Like the other continuing education requirements, CHWs will self-attest that these hours have been completed in the specified categories. A subset of CHWs may be required to present evidence of completion of these hours as determined by the Certifying Entity.

7. In order to not place undue burden on DPH or an Advisory Board, the committee may consider adopting the CHW Code of Ethics developed by the American Association of CHWs or using the Code of Ethics

already adopted by the CHW Association of CT for continuity and legitimacy. (See AACHW toolkit sponsored by the RWJF). **Section F, Recommendation 7**

Response: A recommendation that the Advisory Body adopt the Code of Ethics as previously adopted by the CHW Association of CT has been added.

8. We recommend providing a rationale for the CHW Association serving in a Lead Administrative role and having a seat on the Advisory Body. **Section F. 1, Recommendations 10 and 10a**

   Response: The Committee recommends the CHW Association serve as the lead administrative role in addition to having a seat on the Advisory Body in order to ensure that CHWs have a strong voice and leadership role in the complete development of the Certification Program. Further, the Committee recognizes the critical importance of a strong CHW Association in Connecticut to promote and support the CHW workforce. The Committee believes this leadership role will provide the Association a needed platform from which to continue their work. This explanation has been added to the Report.

9. In order to ensure that there is not an undue burden on CHWs to maintain certification, we recommend that the recertification fee be as nominal as possible. There does not appear to be a formal recommendation from the committee regarding the recertification fee. **Section F. 1, Recommendation 11**

   Response: These types of fees are decided by the Legislature. We have added a recommendation (8a) that fees be nominal and to provide an option for waived fees due to financial burden. However, the latter may be difficult to administer and assess through the Department of Public Health.

10. This recommendation starts by outlining training requirements for Non-CHW and CHW Instructors. It then goes on to outline additional requirements in a bulleted format. For clarity, where the additional criteria are outlined, we recommend changing the reference from CHW Instructors to Instructors who are CHWs. As currently worded, there were several readers who saw this as additional criteria for all who serve as training instructors of CHW curriculum. **Section F. 2, Recommendation 16**

    Response: This change has been made.

11. For clarity, does the wording in Recommendation 16 regarding the additional requirements for Instructors who are CHWs mean that a community college or community-based training program located in New Haven preferably not hire an instructor who is a CHW from Hartford? Why is this important/relevant? Additionally, how does one prove knowledge of the community and what is a sufficient threshold of such knowledge? **Section F. 2, Recommendation 16**

    Response: The intent of the Committee was to emphasize the importance of the CHW Instructor having experience working in underserved or vulnerable communities. The recommendation has been amended, removing “Preferably reside in the community” and adding “Knowledge of the community and community resources.”

12. The role of CHWs in the process of training other CHWs is critical. There is a concern that it may be difficult to identify CHW training instructors in Connecticut who meet the criteria outlined in this proposal. While the key considerations point out that the Committee liked the Texas model of 1,000 hours of experience, the Committee has also added the additional 3-5 years of experience, the completion of the Core Competency Training, and the community knowledge requirements, which may make becoming a training instructor as a CHW more cumbersome than those who are non-CHW instructors. Therefore, we recommend the CHW training instructor requirements be modified to make it less cumbersome and more accessible to potential trainers. **Section F. 2, Recommendation 16**

    Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training. Further, experience with the Core Competency training and knowledge of the community have proven critical in helping students fully understand their future roles. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently meet these requirements. The Recommendation has been modified to reflect additional requirements for trainers who are not CHWs.

13. The makeup of the CHW Advisory Body as proposed comprises 6 CHWs, 1 CHW Association representative, 2 CHW training/education representatives, 1 CHW employer, 1 health care provider, and 1 health educator. There may be a perceived or actual conflict of interest with the training/education representatives on the body reviewing and approving training vendors. **Section F. 2, Recommendation 18**

    Response: This is an important consideration. We propose that the training representatives advise on the full development of the certification program, but do not participate in the review and approval of training programs. This change has been made in the Report.

14. PA 17-74 defines a CHW as one who does research related to the SDOH and basic screenings and assessments of any risks associated with SDOH. Therefore, we recommend that the CHW Advisory Committee consider amending the roles and skill in *Appendix B. Connecticut Modifications to C3 Roles and Skills* by updating Role 7 to include "conducting basic screenings to assess risks associated with SDOH" and Skill 10 to include "engage in research around SDOH". **Appendix B**

    Response: The CHW Advisory Committee spent a great deal of time establishing the roles and skills included in this Report. The Roles and Skills were approved as part of the 2017 Report of the Advisory Committee, which was also subject to a period of public comment and approval by the SIM Steering Committee. Because of the length of that approval process, the Committee would strongly prefer to maintain Roles and Skills as approved in the 2017 Report.

Thank you again for the opportunity to make comments and recommendations on this important report. Health Equity Solutions is committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents. This report outlines significant steps to achieve these goals.

Response: Thank you for your thoughtful comments, recommendations, and support.

2. Community Health & Wellness Center of Greater Torrington

The Community Health & Wellness Center of Greater Torrington submits the following comments in response to the "Report to the Legislature on Community Health Worker Certification." We appreciate the opportunity to provide comments on the proposed report and recommendations to the Connecticut State Legislature.

We are a Federally Qualified Health Center serving Litchfield County. Our mission is to keep communities healthy. We provide compassionate, high quality and patient centered services without discrimination, with cultural competence, and where all people matter regardless of their ability to pay. We cannot provide these services without the assistance of CHWs. Whether it is to help a patient obtain health insurance, food security, housing, clothing, etc. so that he/she may be able to focus on better health outcomes, we as an organization would not be able to treat the whole person if not for the help and input from Certified Application Counselors, Medical Case Managers and Community Health Workers as a whole.
We support the SIM report to the legislature as it demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism.

The report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. We offer the following comments and recommendations.

1. We like the two pathways to CHW certification presented in the report. We do recommend providing clarity in pathways outlined in **Section F. 1 Certification Requirements**. The use of the term "new CHW" is confusing and does not neatly align with the language in **Recommendation 1** regarding the training and without training. We offer naming the requirements Path 1 and Path 2, would provide greater clarity.

   Response: This change has been made.

2. We agree that facilitating the participant-provider relationship and effective communication referenced in Appendix B, Sub-Role #3 is imperative in order for providers to fully understand each participant's particular circumstances, which will result in better overall health outcomes.

   Response: Thank you for this feedback.

3. We support the idea of being able to negotiate and advocate on behalf of participants presented in Table 2. Skills and Sub-Skills letter j. We need to be able to speak on behalf of the participants we serve in order to be able to help empower them to speak for themselves.

Response: Thank you for this feedback.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the work of CHWs.

We support certification and thank you again for the opportunity to make comments and recommendations on this important report. *Community Health & Wellness Center of Greater Torrington* is committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents. We applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office believe this report outlines significant steps to achieve these goals.

Response: Thank you for your thoughtful comments, recommendations, and support.

3. Planned Parenthood of Southern New England (PPSNE)

Planned Parenthood of Southern New England (PPSNE) is pleased to submit the following comments in response to the "Report to the Legislature on Community Health Worker Certification."

PPSNE is the largest provider of family planning and reproductive health care in Connecticut, with 16 health centers statewide, serving over 65,000 women and men annually. PPSNE has participated in the SIM process in multiple ways.

1. We have had a role on the CHW Advisory Committee of the SIM for the past two years, and Lauren Rosato of PPSNE has served on the *Methods and Administration of Certification Program Design Group.*
2. As a provider awarded NCQA PCMH Level 3 and Planetree Bronze status, PPSNE is now offering comprehensive primary care and referral in Hartford, as well as direct access to behavioral health care. We have employed a community health worker (CHW) to great advantage in that city's North End, an extremely diverse neighborhood characterized by both low income and high/unmet need for basic health services.
3. With SIM support, PPSNE expects to offer full primary care at our Stamford health center within the coming year. Our experience in Hartford tells us that the role of the CHW is a vital, necessary connection between our centers and those who experience daily life in a particular community.

We support the SIM report to the legislature, which demonstrates a strong collaborative effort to ensure that access to Community Health Worker (CHW) certification is available to the full range of individuals who are qualified to be neighborhood "connectors" regardless of age or educational attainment level.

The report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how that certification will be administered by DPH, and outlines the training/experience criteria for prospective and current CHWs who seek certification.

Community Health Workers are invaluable to advancing health outcomes and health equity for individuals and communities. A formal certification process will support both the emergence and visibility of this growing para-professional group. Certification will encourage provider organizations like PPSNE to employ more CHWs to benefit our patients and communities, while contributing to the public and population health goals of better overall health at lower cost.

We support CHW certification appreciate the opportunity to make comments and recommendations on this important report. Planned Parenthood of Southern New England will continue its commitment of staff to the SIM CHW Advisory process. Our organizational mission includes a strong emphasis on the elimination of health disparities, and we consider improved access to primary care and advancement of community health workers to be an enormously promising approach to improving the overall health of Connecticut's residents.

Below are two compelling examples, from our Hartford Community Health Worker, of the vital role she has already played at PPSNE:

"One of our patients with uncontrolled diabetes, kidney disease, and cardiac issues kept returning to us as his primary care provider. We consistently referred him to the appropriate specialists because of the complexity of his conditions. Often we lost track of this patient – we were unable to get in contact with him due to out of service phones and he often no-showed to appointments. We frequently received notice that he went to the ER when he had symptoms and this was a recurring theme.

A few weeks ago, I met with him in my office for an hour and together we addressed the barriers he was having in taking care of his health. I told him that every time we get an ER note with his name on it, we get sad, and that we do not want to see him die. The patient got emotional and said that he realizes he needs to take care of himself more, and that he needs to do his part and show up to his appointments or else he will not get better. I gave him my direct contact information, and helped arrange transportation for his endocrinologist and cardiology appointments.

We wrote it all out (date, location, time of pickup, time of drop-off, phone numbers, etc.) in large print (to accommodate his vision), and he read it back to me to confirm mutual understanding. The next week, I get a call from the patient. He called me just to let me know that he went to all three diabetic education classes, and that they went well. Since then, the patient has been calling me directly to give me updates about his care. He's arranged transportation himself for his follow-up specialist appointments. He has become motivated to take charge of his health, do his part, and ask for help when he needs it."

"Another patient was prescribed several medications for various conditions. When I called to follow-up with the patient, I learned that she did not pick up all her medications due to one of them (to treat depression) costing over $100.

When I discussed this with our clinician, she told me that the medication was generic and should not be costing that much. So I called the pharmacy, the patient's insurance company, and was transferred through several departments until I learned that the medication was a tier 1 drug and confirmed that it should not be

that expensive. I communicated this with the pharmacy, providing them evidence of what the patient's insurance claimed. It was clear that they had made a mistake on their end and they fixed the cost.

I asked them to re-process all the patient's medications for that year (2018), and it turned out that the patient had overpaid for multiple medications the previous month. The patient was refunded nearly $200 due to these errors, and was able to pick up the rest of the ones she was prescribed."

These two examples are among the many that will strengthen the case for Community Health Workers.

Again, thank you for the opportunity to comment on the work of the SIM CHW Advisory Committee and the necessary steps to achieve our shared goals.

Response: Thank you for your thoughtful comments and support. The Committee is grateful to have Lauren Rosato's participation and further appreciates PPSNE's examples that demonstrate the critical importance of the CHW workforce.

4. Thomas Buckley, Associate Professor UConn School of Pharmacy

On bottom of report page 25, Recommendation 16 states CHW training instructors, both CHW and non-CHW should have "Proof of completion of a CHW Core Competency Training" (2nd bullet).

1. Question: What qualifies or would be accepted as "proof of completion" of this training for a CHW or non-CHW trainer? Appendix F (Draft Training Vendor Application) simply has a check box for "Proof of completion of a CHW Core Competency Training"

Response: To become an approved training vendor, an applicant would have to attest to their trainers having completed the CHW Core Competency Training and be able to provide evidence of such training if requested. Most trainings provide participants with a certificate of completion, which would suffice as evidence of training completion. The Advisory Body may also choose to accept other proof of Core Competency Training or expertise.

5. Josh Wang, Yale MBA Candidate

Please see below for my thoughts on comments. Thank you for all the work on this and for releasing this for public comment.

1. **Recommendation 6**: Should mention that having abided by the Code of Ethics prior to certification is also a requirement to be issued certification: It doesn't say this right now. My reading of the current language is that the Code of Ethics only applies post-certification, but should apply pre-certification also (to some extent).

   Response: Thank you for this comment. While the Committee agrees that a CHW should always uphold the Code of Ethics, it is not possible to hold an applicant to this Code prior to granting certification.

2. **Recommendation 4:** Should probably be clear here that outside of state CHW experience is valid for the purposes of applying for CT CHW experience (or is it?)

   Response: This clarification has been added as a note in Table 3, as part of Recommendation 1a.

3. **Recommendation 10:** Unclear for:

   - 1 Health Care Provider with direct CHW experience
     - Is this a clinician?
     - Or is this a rep from a health provider/hospital?
   - 1 CHW employer - you probably want 2: a CBO as well as a health institution employer.

   Response: A health care provider is a clinician- this may include a physician, physician assistant, nurse or other clinician that has direct experience working with or supervising a CHW. We have added "(clinician)" to the recommendation for clarification.

   The Committee expressed concern about the size of the Advisory Body, however, this point is well taken. CBOs and healthcare organizations represent two different but equally important perspectives on CHW certification. The composition has been adjusted to include both types of employers. To maintain the size of the Advisory Body, we recommend removing the health educator from the composition. As CHWs often serve as health educators, we believe the 7 CHWs represented on the Advisory Body will fulfill this role.

4. **Recommendation 13**: In considering the 50 hours, it seems like only the demand side of the equation has been considered. Good, high-quality, internships are needed which require suppliers of these internships - and they need to be considered. Of the best potential suppliers of internships, what is the minimum number of hours they believe is necessary? Remember that there is a fixed cost to recruiting and administering the intern. You may say: well 50 hours is floor, and there is no ceiling. However, 50 hours is also an anchor, and a supplier which sees minimum 3 weeks as necessary may very well prefer simply to not offer the internship, rather than deviate so far from the anchor number.

   Also - the # of hours should be a multiple of work hours per week, no? If you look at the internship hours required by other states, they are pretty much all multiples of 40-43, except MN which is between 36-45 - but that's between the 2 suppliers provide broader ranges. Internships are in practice designed as a per week project, not per hour. 50 hours doesn't work well in reality, unless either you expect suppliers to have interns come in for 1 week, then Monday; or work 50 hours in one week.

   Response: Thank you for this comment. The recommendation has been updated to indicate that 50 hours represents a minimum number of hours for an internship offering. As mentioned, an internship provider may choose to exceed that number of hours based on their needs. It is the experience of the Committee that internships are often variable over the course of weeks or months, and not necessarily aligned with a standard work week. The Committee reviewed several other state requirements, as well as some of the existing training programs in Connecticut and feels strongly that a minimum 50-hour internship will be most beneficial and least burdensome.

5. **Table 3** needs additional clarification. This table could be have different meanings:

- It could mean that New CHWs require 1000 hours of experience - which would be contradictory. And if they have 1000 hours of experience, don't they most likely have a job - and if so, then would they still need a 50 hour internship? I suspect that the internship requirement would not be helpful in this case.
- Perhaps instead it means that the New CHW needs to work 90 hours and then have a 50 hour internship and then have 1000 hours of experience before being certified as a CHW. In this case, I would suggest that a "provisional" certification is granted straight after the internship - it has been discussed that many providers and payers will want some type of certification before hiring. If certification is only granted after the 1000 hours then I suspect there will be a bottleneck in the labor market for those who have completed an internship and training, but not the 1000 hours. Also, if this is the case, the language should probably read "1000 hours over 3 years".

Response: The two certification tracks have been renamed as Path 1 and Path 2 to avoid confusion over the term “new” CHW. Your second point is well taken, however, the Committee felt that the nature of CHW work requires an in-depth understanding of the community in which a CHW serves. Anyone could enroll in a CHW training program, but that training alone would not provide the experience needed to serve as an effective CHW. Because certification is voluntary and not mandatory, the Committee felt that certification should represent a minimum, yet reasonable, level of proficiency that could only be demonstrated through work or volunteer experience. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification. While a provisional certification could be helpful, the administration of such a certification would add additional cost and burden that would not likely benefit CHWs.

6. **Tables 4 and 9** are misaligned on internship hours for Massachusetts, Texas, and Rhode Island.

Response: This has been adjusted.

6. Hartford Health and Human Services, Project ACCESS

A state certification process for Community Health Workers (CHW) has been long overdue. I commend the tireless efforts by those involved in developing the report before us. As a participant to the process, I have gone and advocated for what will become a transformation with a tremendous impact on care delivery in our state, especially among low income and ethnic minorities for whom my programs serve in our flagship viral hepatitis program at the City of Hartford.

I write on behalf of that project as its Project Manager to express some suggestions to further the positive impact the certification would bring to the allied workforce that work in my programs. We have these professionals serving in the corrections systems, in community health centers, in drug treatment clinics, community based organizations and supportive housing. It is from that experience I write to bring to your attention three issues: 1.) the representativeness of the sources guiding the development of this report, 2.) the gap in the fiscal assessment valuating the certification process, and 3.) the lack of clarity around the advisory board.

1. **The Representativeness of the Sources Guiding the Report's Development:** It is undisputable that there is very little cohesively documented about community health workers training in Connecticut. However, that should not limit the design of our process toward undue deference to what other states have done and the voice of one expert, as this report has done, without acknowledging our own. If any about the design matters, it is that such a process reflects our priorities and be compatible with the changes happening in our healthcare systems. Below are several suggestions to achieve that:
    - In addition to the credentialing processes of other healthcare professionals overseen by the Department of Health, Connecticut has a robust legacy of training paraprofessionals through DHMAS and DOH. Remnants of those programs--how they have been administered, how much they have costed and the performance reports—are accessible through AIDS CT and Corporation for Supportive Housing. In addition, administrative reports from each respective funder (DMHAS/DOH) on these training programs, including workforce development assessment, are publicly accessible.
    - While it is early to place a value tag on the role of community health workers for our state, the evolution of PCHM into the current demonstration initiative under PCHM+ should be the basis for gauging the demand of this certification process. The report makes no such attempt and in so doing renders a huge disservice to such an opportunity. Under the triple aim matrix (cost reduction, improve patient experience and better population health outcomes) undergirding PCHM+, community health workers are integral to achieve our 2020 goals.

    Response: Thank you for these comments. There are several examples of successful training programs across agencies and outside of State Government, as noted. For the reasons detailed in the Report, the Committee ultimately felt strongly that the Department of Public Health is the ideal Certifying Entity for the CHW workforce. The rationale for this extended beyond cost to issues of equity with other health care providers. Based on this recommendation, the Committee believed that the best agency to project administration costs would be DPH as it already oversees 65+ certifications. As DPH will not be providing training, the cost to provide training was not relevant to this Report.

    CHWs have been of critical importance to the PCMH+ Program, and the Report has been updated to reflect this (Section D).

2. **The Gap in the Fiscal Assessment Valuating the Certification Process:** As presented, the report has not provided an exhaustive fiscal analysis as called for by its authorizing legislation. It mentions a $25,000 cost accrued from having the Department of Health administer the process in contrast to two other alternatives. There is no justification provided as to how the report arrived at the aforementioned amount, particularly when one of the alternative is cited as needed a recurring payment of $10,000 annually to support the certification process. Furthermore, as the infrastructure of the whole process has been spelled out, it certainly would be fiscally imprudent to ignore that hidden costs, such as an enforcement officer who is tasked with investigating professional violations, or how much would be compensated to the Connecticut Association of Community Health Workers

for the administrative duties of Advisory Board, and the cost of the maintaining (as infrequent as they are) the meeting of the Advisory Board. Therefore, I suggest the following:

- *Comparative Cost Analysis.* We mentioned the existence of similar training programs in Connecticut. A cross-sectional analysis of those audit reports would add additional confidence to the fiscal analysis here. In additional, a comparative cost analysis of other state's operating budgets for their respective program would further strengthen the one provided here.
- *DCF Analysis.* There exists enough data via the Department of Labor and Department of Health to project the value of the process over the next couple of years.

Response: We appreciate the recommendation to be as comprehensive as possible in assessing the fiscal implications of a CHW certification program. To compare costs with other training programs, however, would not provide insight into the cost of administering a certification program. The Committee has not proposed administering a standard training program. During the Committee's recommendation design process, four other states were contacted for information about their program costs. The information we were able to obtain, which was not as detailed as being requested here, was shared with the Committee during this process, and can be reviewed in this presentation. Additional details presented to the Committee can be reviewed in this presentation.

To conduct an analysis of the projected value of establishing a certification program for CHWs is a worthy goal. Such analyses have not previously been conducted when establishing certifications for other healthcare providers, and such an analysis was not considered to be within the scope of work for this mandate given the available resources. In writing this Report, the SIM and AHEC teams did investigate previous studies that have assessed the value of certification and licensure in advancing workforces.

Additional detail has been added to section G to provide more background on the potential benefits of professional licensure.

3. **The Lack of Clarity around the Advisory Board:** What concerns me the most, besides the underdeveloped role and cost association of the Connecticut Association of Community Health Workers, is the asymmetrical decision making process. The design mistakes over-representation of Community Health Workers (n=5) added to group as a proximate counter-weight to the rest of the stakeholders' interest (or inherent bias) on the board. This is a false comparison and a compromise on the intent of the certification process as the vehicle through which community health workers are integrated into our healthcare system. Five community health workers, representing a perspective and interest of themselves, is still no match for the corporate interests of the other members. Compounding the challenge is the question which sectors will they be representing (corrections versus supportive housing versus acute care health facilities, etc.) I can't belabor the point save for making a slight suggestion that the Steering Committee considers evidence-based practices in board development in distributing decision-making authority by function versus role in order collectivize the voting privileges and balance competing interests.

Response: We appreciate the focus on ensuring the voice of the CHW workforce is heard above others on the Advisory Body. The composition of the Advisory Body as written includes 7 CHWs and 5 additional voting members, which provides a slight majority of CHWs. The Committee felt strongly about the inclusion of CHW employers and trainers, with a modification that training representatives not be included in the training vendor approval process.

Thank you so much for this opportunity. On behalf of our programs, I eagerly anticipate the approval of this process as law in our state.

Response: Thank you for your thoughtful comments, recommendations, and support.

7. Charter Oak Health Center

Charter Oak Health Center submits the following comments in response to the "Report to the Legislature on Community Health Worker Certification." We appreciate the opportunity to provide comments on the proposed report and recommendations to the Connecticut State Legislature.

Charter Oak Health Center promotes healthier communities by providing quality, safe, patient-centered health care services in medically underserved areas, regardless of ability to pay. Currently, I'm working as a Community Health Worker and feel that having a certification for CHWs is a critical piece in making us well known in the communities.

We support the SIM report to the legislature as it demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism.

The report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. We offer the following comments and recommendations.

1. We like the two pathways to CHW certification presented in the report. We do recommend providing clarity in pathways outlined in **Section F. 1 Certification Requirements**. The use of the term "new CHW" is confusing and does not neatly align with the language in **Recommendation 1** regarding the training and without training. We offer naming the requirements Path 1 and Path 2, would provide greater clarity.

   Response: This change had been made.

2. We support the community and want to provide the best service possible to the community with all the various trainings we have received. We should be recognized by a certificate for all the hard work, long hours, and dedication; we put towards helping those in need regardless of the ability to pay or problem at hand.

Response: Thank you for this comment. The Committee also believes that CHWs should be recognized for the work they do to improve health outcomes for the members of their communities. This Report serves as an initial step toward establishing such a recognition through certification.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the work of CHWs.

We support certification and thank you again for the opportunity to make comments and recommendations on this important report. Charter Oak Health Center is committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents. We applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office believe this report outlines significant steps to achieve these goals.

Response: Thank you for your thoughtful comments and support.

8. Connecticut Voices for Children

Thank you for this opportunity to submit comments on the "Report to the Legislature on Community Health Worker Certification." Connecticut Voices for Children fully supports these efforts to create a certification process for Community Health Workers (CHW) in Connecticut.

For nearly two decades, Connecticut Voices for Children has coordinated Covering Connecticut's Kids and Families. This coalition brings together staff from the Department of Social Services and Access Health CT with those who enroll individuals in health insurance plans, including many CHWs. For this reason, we are acutely aware of the important contributions of the state's CHWs and the opportunities to recognize and expand this workforce. Further, we appreciate the Advisory Committee's focus on the dual aims of reducing the burden of the certification process on CHWs while ensuring professional standards.

We offer the following suggestions:

1. *Recommendation 1*: The dual paths to certification presented in the report seem like a positive approach for the many existing CHWs in the state. We suggest naming the paths "Path 1" and "Path 2" for clarity. In addition, it would be helpful to clarify whether or not the path for those currently working as CHWs is time-limited.

   Response: This change has been made.

2. *Recommendation 1a*: The proposed certification requirements for those not currently working as CHWs in CT include a higher number of hours of experience per applicable year than other states. We suggest decreasing the hours of experience to the 100-200/year required by other states. Requiring many hours of experience in addition to training may limit the number of individuals eligible for certification after training. The proposed 1,000 hours in 3 years seems high because it may be difficult for those undertaking the training path to obtain a paid or volunteer position prior to certification.

Response: Thank you for this comment. While the Committee recognized the perceived burden that this requirement places on potential certified CHWs, the Committee felt that the nature of CHW work requires an in-depth understanding of the community in which a CHW serves. Anyone could enroll in a CHW training program, but that training alone would not provide the experience needed to serve as an effective CHW. Because certification is voluntary and not mandatory, the Committee felt that certification should represent a minimum, yet reasonable, level of proficiency that could only be demonstrated through work or volunteer experience. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification.

3. *Recommendation 5*: While we agree with the committee's recommendation to allow for a breadth of competencies and roles, the importance of cultural competency is central to the work of CHWs and we suggest requiring that two hours of the continuing education focus on cultural competency.

   Response: This change has been made. Please note that as with the other required continuing education hours, this will rely on self-attestation. The Certifying Entity may occasionally require a subset of CHWs to provide evidence of completion of these hours.

4. *Recommendation 10*: We support the recommendation and suggest adding details to clarify the authority and governance processes of the Advisory Body.

   Response: Thank you for this recommendation. The Advisory Body was recommended based on the process used in other states to fully develop and implement their certification programs. Their authority would be granted in statute, should legislation be proposed and passed. We have added clarification on this component in the Report.

CHWs are key to promoting health and health equity in Connecticut and advancing these recommendations will be an important step in recognizing their contributions.

Response: Thank you for your thoughtful comments, recommendations, and support.

9. Elderly Hispanic Program

The Elderly Hispanic Program submits the following comments in response to the "Report to the Legislature on Community Health Worker Certification." We appreciate the opportunity to provide comments on the proposed report and recommendations to the Connecticut State Legislature.

The Elderly Hispanic Program strives to enhance the quality -of- life and self -sufficiency of seniors with limited English proficiency in welcoming environment. This program offers bilingual information and assistance to low- income, Hispanic older Adult aged 60+ in Bridgeport, CT. The Elderly Hispanic Program assists senior citizens daily by providing information on public benefits programs and local services through one on one and group sessions. This program operates within the City of Bridgeport Health Department. The Goal for this program is provide Spanish and non-Spanish seniors in Bridgeport community with information about and connection to benefits and community services. The coordinator of this program is going to guide senior to the community services.

We support the SIM report to the legislature as it demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism.

The report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. We offer the following comments and recommendations.

1. We like the two pathways to CHW certification presented in the report. We do recommend providing clarity in pathways outlined in **Section F. 1 Certification Requirements**. The use of the term "new CHW" is confusing and does not neatly align with the language in **Recommendation 1** regarding the training and without training. We offer naming the requirements Path 1 and Path 2, would provide greater clarity.

   Response: This change has been made.

2. The suggestion is in relation to the certification, instead of being for two years, the certification can be for four years with continuous education or training.

   Response: Thank you for this comment. Based on this response and other concerns raised through this public comment period regarding the cost and burden to CHWs, the Committee has adjusted the length of certification to three years, at which point recertification would be required. Consistent with the Committee's recommendations, 10 hours of continuing education would be required per year for a total of 30 hours required for recertification. In addition to reducing the burden on CHWs, extending the length of certification reduces the burden and administrative cost on the Certifying Entity.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the work of CHWs.

We support certification and thank you again for the opportunity to make comments and recommendations on this important report. *Elderly Hispanic Program* is committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents. We applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office believe this report outlines significant steps to achieve these goals.

10. Connecticut Department of Public Health

The following public comment on the "Report to the Legislature on Community Health Worker Certification" is synthesized from comments made by key staff from Chronic Diseases, Office of Health Equity, Practitioner Licensing and Investigations, Public Health Systems Improvement, and the State Innovation Model and submitted on behalf of the Connecticut Department of Public Health.

Overall/unspecified comments regarding the report

1. CHW's initiatives are integral to many of the SIM strategies, particularly the Prevention Services Initiative (PSI). Implementation of contractual agreements between Community Based Organizations and Health Care Organizations will rely on the ability of these agencies to hire CHW's. That is also true for other SIM work streams not managed by DPH, such as the DSS shared savings program (PCMH+), Primary care Modernization (PCM) and the Clinical and Community Integration (CCIP) programs.

   Housing and energy insecurity are social determinants of health and have economic, health, and educational impacts. There could be potential opportunities for cross training and development of CHWs to assess health, safety and energy efficiency issues within the home and refer clients to available services. It is not clear how certification could address specialized areas, if general certification would cover any specialization, or whether specialized certification would be needed.

   There is a lack of recommendations regarding CHW supervision and specific guidance and support to organizations that may employ CHWs. This may be out of scope for the report, but it is critical to success of CHW models.

   CHW remuneration and career advancement are also critical issues that are not addressed explicitly.

   Response: Thank you for these comments, as these are all important considerations for the CHW workforce.

   Because CHWs serve in a range of roles and have the ability work across sectors, the Committee felt that it was important to establish a general certification that would ensure proficiency in the basic skills and qualities needed to effectively serve in this role. The general certification ensures that we do not silo CHWs, which could add to the already fragmented healthcare system and take away from the unique abilities that CHWs offer. Much in the way a physician or a nurse completes their initial training and licensure, a CHW should also demonstrate a core set of skills which they can then build upon to "specialize" in a specific area. Such specialization would depend on community and employer needs, as well as the unique skills or interests of the CHW. CHWs typically possess extensive knowledge of community resources, including housing and energy resources, and they are able to make referrals as needed by their clients.

   As this Report focuses specifically on certification, specific supervision guidance was not included. However, recommendations on CHW supervision are critical to the effective implementation of Community Health Worker initiatives, and as such have been utilized in the SIM Community and Clinical Integration Program. While there are many examples of effective supervision models, the SIM initiative also intends to document and distribute recommendations on integrated CHW models based on the experience in Connecticut.

   Certification is intended to serve as a first step toward increased pay and improved career opportunities for CHWs. However, the Committee acknowledges that this is only one component of realizing such benefits. States that have been effective in promoting their CHW workforce have invested in strong Associations and central organizing units within State government. Such recommendations expand

beyond the scope of this Report, but are important for Connecticut to consider as momentum continues to build for this workforce.

Comments about Section C. Making the Case for Community Health Workers

2. First paragraph, second sentence: "…enabling them to bridge ethnic and racial inequities in healthcare." Inequities are the differences is resource allocation or distribution, while a disparity is the difference in health outcomes.

   Response: This change has been made.

Comments about Section D. Background on the State Innovation Model CHW Initiative

3. The framing makes it seem that CHWs would work on clinical teams but could there are other possible arrangements, such as being self-employed or working on behalf of a CBO, where this could prove to be difficult. Language should be included to address scenarios where CHWs work outside of clinical teams.

   Response: This language has been adjusted to clarify the dual opportunities for CHWs.

Comments about Section F. Recommendations for a CHW Certification Program in Connecticut

4. Rec 1a. Although there has probably been an extensive discussion by the committee, 90 hours of training; a 50-hour internship; and 1,000 hours experience for new CHWs seems like a high barrier to entry, and it may discouraging to the potential workforce.

   Response: Thank you for this comment. While the Committee recognized the perceived burden that this requirement places on potential certified CHWs, the Committee felt that the nature of CHW work requires an in-depth understanding of the community in which a CHW serves. Anyone could enroll in a CHW training program, but that training alone would not provide the experience needed to serve as an effective CHW. Because certification is voluntary and not mandatory, the Committee felt that certification should represent a minimum, yet reasonable, level of proficiency that could only be demonstrated through work or volunteer experience. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification.

5. Rec 1a. The reviewing of portfolios for certification could be time intensive and there is no indication as to who would be responsible for that.

   Response: The intention was that the Department of Public Health would be responsible for ensuring that the required elements of the portfolio are submitted. The portfolio approach is different than other professions, but helps support the unique backgrounds of this particular workforce and has been an effective strategy in Rhode Island. The Committee included representatives of the Department of Public Health who supported this recommendation. Community Health Workers on the Advisory Committee believed that the portfolio approach empowers this unique workforce to demonstrate their knowledge and skills through a process more consistent with their experience.

6. Rec 3. “Immediate family member” should be operationalized more clearly for Supervisory or Community references. Do we mean parents, children and spouses, as outlined by FMLA? CT OPM’s definition also includes siblings and other relative who live in the same household.

   Response: This has been clarified to include parents, children, spouses, siblings, and other relatives living in the same household.

7. Rec 3. Under supervisory reference, recommend changing “… (not including #11 knowledge base).” to “…other than Skill #11: Knowledge Base, which would be required of all applicants seeking certification.”

   Response: This change has been made.

8. Rec 6. Consider adding that organizations employing CHWs should support this with paid CE time

   Response: This has been added as a Note to accompany the Recommendation.

9. Rec 7. DPH should be responsible for developing a code of ethics for this or any profession; this should be developed by the profession itself.

   Response: A recommendation that the Advisory Body adopt the Code of Ethics as previously adopted by the CHW Association of CT has been added.

10. Rec 15. It may be difficult to meet the 40% instruction time requirement given that the CHW labor pool is limited. Would there be a system or systems to oversee the quality and outcomes of the instruction?

    Response: The Advisory Body would be responsible for determining how to assess the quality or outcomes of the instruction. The Advisory Body may choose to randomly review the curriculum of one training vendor annually, for example. In addition, pre/posttests, skills assessments and other methods may be utilized to assess effectiveness.

11. Rec 16. As identified in the comment for recommendation 15, the labor pool of instructors that meet this experience requirement may be quite limited.

    Response: The Committee felt strongly about the requirements listed for certified trainers, as previously noted. The Committee consulted with multiple training organizations in the State who verified that their trainers would meet the requirements as listed.

12. Rec 16. Set a minimum number of years of experience working FT as a CHW instead of a range for CHW instructors.

    Response: This change has been made to a minimum of three years.

Comments about Appendix B

13. Table 2, item 9 (Professional Skills and Conduct). Suggestion to add "Ability to maintain professional boundaries and ability to conduct activities within scope of practice" as a sub-skill.

Response: The CHW Advisory Committee spent a great deal of time establishing the roles and skills included in this Report. The Roles and Skills were approved as part of the 2017 Report of the Advisory Committee, which was also subject to a period of public comment and approval by the SIM Steering Committee. Because of the length of that approval process, the Committee would strongly prefer to maintain Roles and Skills as approved in the 2017 Report.

Other comments/observations

14. The Executive Summary (pp. 5) has two AHEC agencies partnering with SIM, both of which use the AHEC acronym with no distinction; you may want to rephrase to clarify the acronym is for the AHEC and not the entire agency.

Response: This has been clarified.

15. Under Key Decision Points, "The Design Group developed recommendations (that **-or-** to) address…"

Response: This has been changed.

16. The first table in Appendix B (pp. 35) is missing a label.

Response: This has been corrected.

11. Milagrosa Seguinot, Community Health Worker

I have been a Community Health Worker with Southwestern Area Health Education Center for almost 12 years. My connection with the community in Bridgeport is to make sure children and adults are vaccinated and up to date with their vaccines. I also provide health education on different topics like oral health. The community in Bridgeport is very culturally diverse and have different needs. Part of my duties are to identify Social Determinants of Health that are affecting the community's wellbeing, their quality of live and their health. I connect the community with resources and help them navigate the system once these SDOH are identified. My work will not end until individuals are able to access the services they need and they can live a better quality of life.

I support the SIM report to the legislature as it demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism.

The report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. I offer the following comments and recommendations.

1. I like the two pathways to CHW certification presented in the report. We do recommend providing clarity in pathways outlined in **Section F. 1 Certification Requirements**. The use of the term "new CHW"

is confusing and does not neatly align with the language in **Recommendation 1** regarding the training and without training. We offer naming the requirements Path 1 and Path 2, would provide greater clarity.

Response: This change has been made.

2. **Recommendation 2 -** I like the fact that this recommendation is allowing the youth to be involved, but I questioned myself on how much experience or time for training they will have to be able to qualify for the certification. I think that 18 years old will be the eligibility requirement to apply for certification. The individual will be better prepared to work with the community (experience and knowledge).

   Response: The Committee deliberated on this recommendation at length. While it is true that a 16-year-old is unlikely to meet the training and experience requirements, it is possible that through volunteer experience, a young adult would qualify. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly that we should not unnecessarily prohibit certification for the few individuals who may pursue it.

3. **Recommendation 5 – This recommendation says that certification should be issued for two years and for renewal.** I suggest that the certification should be issued for three years and for renewal. Taking into consideration that CHWs pay rate is low, this will be an obstacle to have the workforce applying for certification and even considering renewal. What will happen if employers do not want to support their Community Health Workers on this matter?

   Response: Thank you for this comment. Based on this response and other concerns raised through this public comment period regarding the cost and burden to CHWs, the Committee has adjusted the length of certification to three years, at which point recertification would be required. Consistent with the Committee's recommendations, 10 hours of continuing education would be required per year for a total of 30 hours required for recertification. In addition to reducing the burden on CHWs, extending the length of certification reduces the burden and administrative cost on the Certifying Entity.

4. **Recommendation 6 – Conferences, webinars, workshops, seminars, trainings, presentations and self-studies should count toward continuing education hours and be tracked on a designated tracking sheet.** I agree with this part of the recommendation, but totally disagree that this **should be complete outside of employment or volunteer positions.** This is a perfect example of how employers are not recognizing and supporting the work of the CHWs. Professional Development should be part of the benefits the employee will receive. Making the CHW complete continuing education requirements (CERs) on their own time is inappropriate and unfair.

   Response: The recommendation has been changed to remove the requirement that continuing education hours be completed outside of employment or volunteer positions.

5. **Recommendation 7 – Applicants for CHW certification should commit to abide by a CHW Code of Ethics.** I will change instead of a **Code of Ethics** to a Code of Conduct. This will give the CHW a better understanding of what they need to abide by. (E.g. A CHW cannot engage into a discussion with a client or offend a client on any matter.)

   Response: A recommendation that the Advisory Body adopt the Code of Ethics as previously adopted by the CHW Association of CT has been added. Upon consultation with the CHW Association of CT, this may be adjusted to "Code of Conduct."

6. **Recommendation 10 – The CHW Association of CT should serve as the administrative lead for the Advisory Body, etc.** I like the fact that the Office of Health Strategy may consider providing support to the CHW Association of CT taking into consideration that the CHW Association of CT have no funding or enough work force to do this.

   Response: The Office of Health Strategy and other healthcare organizations in the state recognize the current resource limitations of the CHW Association of CT. OHS also recognizes the importance of a strong Association to support and propel the workforce and is committed to working with the Association to realize this goal.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the work of CHWs.

I support certification and thank you again for the opportunity to make comments and recommendations on this important report. As a Community Health Worker, I am committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents. I applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office. I believe this report outlines significant steps to achieve these goals.

Response: Thank you for your support, recommendations, and continued commitment to improving your community and supporting CHWs across the State.

12. Connecticut Health Foundation

I write on behalf of the Connecticut Health Foundation in response to the "Report to the Legislature on Community Health Worker Certification." We are in full support of moving forward with defining a process for community health worker certification for the state of Connecticut. We applaud the State Innovation Model Project Management Office and the SIM CHW Advisory Committee for significantly moving this process forward.

While we are in full support of establishing a process for certification, we offer the following suggestions for modifying the recommendations in the report to strengthen its potential impact:

Certification process (Recommendation 1)

1. It is important to standardize the certification process for community health workers, and having two separate paths, as recommended in the report, could lead to confusion and a lack of consistency. We recognize the need to offer an alternate certification process initially to avoid imposing unnecessary barriers for existing community health workers, but recommend that this alternate pathway be time-limited.
    - *Suggested change:* We recommend that the "experienced CHW" certification process be used primarily to "grandparent" existing CHWs in Connecticut, and for CHWs transferring from other states. As such, we suggest that this path have an end date for existing CHWs in Connecticut, and only remain in effect for CHWs moving from other states. We suggest the "experienced CHW" process be limited to CHWs from out of state beginning in 2021.

    Response: Based on several other recommendations received through public comment, we have renamed the two pathways as "Path 1" and "Path 2" to reduce confusion with the terms "new" and "experienced" CHWs. The Committee deliberated extensively on the question of a time-limited path to certification. Ultimately, they determined that implementing such a limitation could prohibit long-serving CHWs in Connecticut from becoming certified. For example, an employed CHW may not choose to pursue certification when the option is initially offered due to their current employment status. If they then lose their job or choose to pursue another opportunity in five years, they may not be eligible to become certified due to the time-limited nature of Path 2. The Committee felt strongly that this could negatively impact the workforce and those served.

Participation on the advisory body (Recommendation 10b)

2. One of the key reasons for certification is to help move the state closer to sustainable funding for community health worker services. It is critical that potential payers for community health worker services are engaged in the process and are fully able to participate. We suggest that all stakeholders should have an opportunity to vote.
    - *Suggested change:* We recommend that DSS, DMHAS, and commercial payers have a voting role for the advisory body. This will promote continued engagement from these key stakeholders.

    Response: The Committee deliberated on this question extensively. Ultimately, the Committee felt that it was inappropriate for potential payers to vote on certification requirements for a workforce. Instead, the Committee felt that the workforce itself should define the requirements to demonstrate proficiency in their field, as is standard in other workforces. In discussions with Connecticut state agencies that oversee certifications and licensure, there was no notable precedent for including payers on such an Advisory Body, nor were payers included in similar groups in other states. While the Committee agreed that is important to engage payers, it did not feel that this Advisory Body was the appropriate place to do so.

Costs associated with certification (Recommendation 8)

3. We agree that the Department of Public Health should be the certifying entity, given its existing infrastructure. However, we wonder about the assumptions behind the assertion that one half-time staff (at a $25,000 cost) would be needed to support certification, given the relatively low volume of certification requests. Table 14 indicates there are currently 470 employed CHWs, and not all employed CHWs are expected to complete the certification process. Additionally, since recertification would occur every other year for CHWs, the volume to certify CHWs will likely be lower in subsequent years. While the start-up costs might be equivalent to $25,000, a part-time employee might not be needed to sustain the certification process.
   - *Suggested change:* We recommend estimating the start-up costs for certification separate from the ongoing expenses for the department to maintain the certification process. We recommend that a rigorous review of the costs for DPH be conducted to estimate ongoing expenses after the start-up.

     Response: This estimate was provided by the Section Chief for Practitioner Licensing and Investigations who oversees over 65 certifications and licensures. We have adjusted the language in the report to reflect your comments by indicating that the likely costs would require "at most" a half-time employee for a "maximum of $25,000." We further noted that the costs would likely be lower ongoing due to the relatively low number of CHWs and every other year recertification requirements. At the same time, the cost to the State is not simply to issue certifications. The report also recommends that the Department be responsible for investigating and adjudicating complaints received regarding CHWs who may have violated a code of ethics or committed other acts that could impact their ability to perform their role. This is a role of the Department with all regulated professions. The likelihood of complaints warranting investigation will increase as more people become certified.

   - *Suggested change:* We recommend adding language to allow for outside funding to support the start-up costs for this program.

     Response: This has been added.

   - *Suggested change:* Table 11 recommends a $100 applicant fee for certification. Cost could be a barrier for CHWs to pursue and maintain certification. It is not clear from the current draft whether this fee is intended to offset the expenses for DPH. If so, more clarity on expenses and justification should be provided.

     Response: Table 11 was intended to estimate the most likely applicant fee for certification based on other DPH issued licenses or certifications. This clarification has been added. The fees help offset the costs incurred by the State and are ultimately determined by the Legislature.

Instructor qualification (Recommendation 16)

4. We agree that instructors need an understanding and appreciation of the workforce, but the requirements in this section might limit the number of talented instructors. The report notes that non-CHW instructors would need at least 1,000 hours of training experience, along with 3 to 5 years of experience working fulltime as a CHW. Based on Recommendation 1, this would nearly qualify an

individual as a "grandparented" CHW. Does this mean the committee is recommending that all instructors be certified CHWs?

- *Suggested change:* We recommend providing more clarity for this recommendation, and suggest reconsidering the required length of training and work experience for CHW instructors.

Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training. Further, experience with the Core Competency training and knowledge of the community are critical to help students fully understand their future roles. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently meet these requirements. Ultimately, this requirement would ensure that all trainers who are CHWs would also be eligible to be certified CHWs, although this is not an explicit requirement.

Recommendation 16 has been edited for clarity.

Age requirement (Recommendation 2)

5. We recognize the consideration the committee gave to the appropriate age requirements. However, as the report outlines, certification would require a tremendous amount of experience – at least 1,000 hours for a new CHW and 2,000 for an experienced CHW. Given that the requirements for certification are clear, is it imperative to include a minimum age?

Response: The Committee deliberated on the question of minimum age extensively. Some Committee members felt strongly that establishing a minimum age ensures some level of maturity required to serve as a CHW. Other Committee members felt that this was unnecessary. Setting a minimum age of 16 ensured a certain level of maturity without excluding potential CHWs with extensive high school volunteer or work experience, particularly individuals from vulnerable populations who may be very active in their communities.

Continuing education requirements (Recommendation 5)

6. We agree that certified CHWs should have continuing education requirements. We further recommend that CHWs should be required to document this education to assure that this critical continuing education is completed.

Response: The Committee agrees that such documentation is important. The recommendation to attest to the completion of these continuing education hours is consistent with the Department of Public Health's existing approach to continuing education verification. DPH conducts random audits of the certifications it oversees to ensure compliance with the continuing education requirements.

We appreciate the significant strides that the State Innovation Model Project Management Office and SIM Community Health Worker Advisory Committee have taken to move the state closer to certifying this critically important workforce. As an organization focused on health equity and improving health outcomes for people of color, we understand the critical role that community health workers can play to

better connect people in their communities to much needed health services. We will continue to support efforts to move the state toward establishing community health workers as a sustainable, paid workforce. Thank you for allowing us to provide comments, and for your consideration.

Response: Thank you for your comments, suggestions, and ongoing support.

13. Community Health Worker Association of Connecticut

The Community Health Workers Association of Connecticut submits the following comments in response to the "Report to the Legislature on Community Health Worker Certification." We appreciate the opportunity to provide comments on the proposed report and recommendations to the Connecticut State Legislature.

The Community Health Workers Association of Connecticut is a statewide professional association for CHWs from many types of settings or programs, with a variety of different job titles and for supervisors and champions. We are a Section of the Connecticut Public Health Association (CPHA). Our mission is to advance the community health worker workforce through policy, education, research and leadership. We provide information, training and capacity building for CHWs, CHW employers, CHW champions and community members. We offer CHWs opportunities for networking and for professional development. We influence policy, and advocate for a strong CHW workforce in Connecticut. We also share data about the value of the CHW work in Connecticut, New England and the U.S.

We support the SIM report to the legislature as it demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism.

The report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. We offer the following comments and recommendations.

1. We like the two pathways to CHW certification presented in the report. We do recommend providing clarity in pathways outlined in **Section F. 1 Certification Requirements**. The use of the term "new CHW" is confusing and does not neatly align with the language in **Recommendation 1** regarding the training and without training. We offer naming the requirements Path 1 and Path 2, would provide greater clarity.

   Response: This change has been made.

2. **Recommendation 2 -** We like the fact that this recommendation is allowing the youth to be involved, but I questioned myself on how much experience or time for training they will have to be able to qualify for the certification. We think that 18 years old will be the eligibility requirement to apply for certification. The individual will be better prepared to work with the community (experience and knowledge).

Response: The Committee deliberated on this recommendation at length. While it is true that a 16-year-old is unlikely to meet the training and experience requirements, it is possible that through volunteer experience, a young adult would qualify. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly that we should not unnecessarily prohibit certification for the few individuals who may pursue it.

3. **Recommendation 5 – This recommendation says that certification should be issued for two years and for renewal.** We suggest that the certification should be issued for three years and for renewal. Taking into consideration that CHWs pay rate is low, this will be an obstacle to have the workforce applying for certification and even considering renewal. What will happen if employers do not want to support their Community Health Workers on this matter?

   Response: Thank you for this comment. Based on this response and other concerns raised through this public comment period regarding the cost and burden to CHWs, the Committee has adjusted the length of certification to three years, at which point recertification would be required. Consistent with the Committee's recommendations, 10 hours of continuing education would be required per year for a total of 30 hours required for recertification. In addition to reducing the burden on CHWs, extending the length of certification reduces the burden and administrative cost on the Certifying Entity.

4. **Recommendation 6 – Conferences, webinars, workshops, seminars, trainings, presentations and self-studies should count toward continuing education hours and be tracked on a designated tracking sheet.** We agree with this part of the recommendation, but totally disagree that this **should be complete outside of employment or volunteer positions.** This is a perfect example of how employers are not recognizing and supporting the work of the CHWs. Professional Development should be part of the benefits the employee will receive. Making the CHW complete continuing education requirements (CERs) on their own time is inappropriate and unfair.

   Response: The recommendation has been changed to remove the requirement that continuing education hours be completed outside of employment or volunteer positions.

5. **Recommendation 7 – Applicants for CHW certification should commit to abide by a CHW Code of Ethics.** We will change instead of a **Code of Ethics** to a Code of Conduct. This will give the CHW a better understanding of what they need to abide by. (E.g. A CHW cannot engage into a discussion with a client or offend a client on any matter.)

   Response: Response: A recommendation that the Advisory Body adopt the Code of Ethics as previously adopted by the CHW Association of CT has been added. Upon consultation with the CHW Association of CT, this may be adjusted to "Code of Conduct."

6. **Recommendation 10 – The CHW Association of CT should serve as the administrative lead for the Advisory Body, etc.** We like the fact that the Office of Health Strategy may consider providing support

to the CHW Association of CT taking into consideration that the CHW Association of CT have no funding or enough work force to do this.

Response: The Office of Health Strategy and other healthcare organizations in the state recognize the current resource limitations of the CHW Association of CT. OHS also recognizes the importance of a strong Association to support and propel the workforce and is committed to working with the Association to realize this goal.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the work of CHWs.

We support certification and thank you again for the opportunity to make comments and recommendations on this important report. The Community Health Workers Association of Connecticut is committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents. We applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office believe this report outlines significant steps to achieve these goals.

14. Universal Health Care Foundation

Universal Health Care Foundation of Connecticut appreciates the opportunity to submit comments on the "Report to the Legislature on Community Health Worker Certification." We support the effort to create Community Health Worker certification standards. The SIM report to the legislature demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism.

Universal Health Care Foundation of Connecticut is dedicated to achieving universal access to quality and affordable health care and to promoting health in Connecticut. We envision a health care system that is accountable and responsive to the people it serves and continues to be an important source of quality employment and vitality in our communities. The Foundation is committed to the advancement of community health workers to reduce health disparities and improve overall health of all of Connecticut's residents.

Community Health Workers (CHWs) are one important strategy to achieving our vision and have supported the work to make Community Health Workers an integral part of our state's health care systems. We see the work on CHW Certification as a crucial step towards that integration.

The report takes a thorough and comprehensive approach. It carefully outlines proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and discusses possible training/experience criteria for prospective and current CHWs who seek certification. We offer the following comments and recommendations.

1. The requirement for 1000 hours of experience may be a bit too restrictive and keep potentially well-qualified, well trained CHWs from achieving certification. (Recommendation 1a)

Response: The Committee considered a pathway to certification that requires only the completion of a training program. The Committee felt that a training program provides the basic skills to serve as a Community Health Worker but that the basic skills are insufficient as the only criteria. The nature of CHW work requires an in-depth understanding of the community in which a CHW serves. Anyone could enroll in a CHW training program, but that training alone would not provide the experience needed to serve as an effective CHW. Because certification is voluntary and not mandatory, the Committee felt that certification should represent a minimum, yet reasonable, level of proficiency that could only be demonstrated through work or volunteer experience. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification. Furthermore, a supervisor would need to observe a CHW over a period of time in order to assess and certify the CHW's proficiency in at least four (4) skills.

2. We suggest raising the eligibility age for certification from 16 to 18 years old, to allow for young adults to have the time to satisfy certification requirements. (Recommendation 2)

   Response: The Committee deliberated on this recommendation at length. While it is true that a 16-year-old is unlikely to meet the training and experience requirements, it is possible that through volunteer experience, a young adult would qualify. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly that we should not unnecessarily prohibit certification for the few individuals who may pursue it.

3. We like that the Committee was cautious about placing an unnecessary burden on CHWs regarding continuing education. We do suggest, however, that at least two (2) of the required 20 hours of continuing education focus on cultural competency or systemic racism/oppression, and at least two (2) of the required hours address social determinants of health. (Recommendation 5)

   Response: This has been added. Like the other continuing education requirements, CHWs will self-attest that these hours have been completed in the specified categories. A subset of CHWs may be required to present evidence of completion of these hours as determined by the Certifying Entity.

4. The report recommends applicants complete continuing education hours outside of volunteer and/or employment positions. We suggest consideration of allowing CHWs to count trainings or other educational experiences from their volunteer and/or employment positions towards continuing education, as it may be a challenge for a CHW to seek outside opportunities in addition to their volunteer and/or employment positions. (Recommendation 6)

   Response: The recommendation has been changed to remove the requirement that continuing education hours be completed outside of employment or volunteer positions.

5. We also ask that recertification fees be nominal since no dollar amount is given. We suggest allowing for a process to waive the fee if there is a financial burden on the CHW applying for recertification. (Recommendation 11)

Response: These types of fees are decided by the Legislature. We have added a recommendation (8a) that fees be nominal and to provide an option for waived fees due to financial burden. However, the latter may be difficult to administer and assess through the Department of Public Health.

6. Requirements for CHW instructors should be as flexible as possible. A CHW's knowledge and experience is critical to share with CHWs, so we recommend easing the requirements so that more CHWs can become instructors as this field grows. (Recommendation 16)

Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training. Further, experience with the Core Competency training and knowledge of the community are critical to help students fully understand their future roles. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently meet these requirements.

Recommendation 16 has been edited to provide clarity.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the importance of the work performed by CHWs.

We support certification and thank you again for the opportunity to make comments and recommendations on this important report. Universal Health Care Foundation of Connecticut is committed to the advancement of Community Health Workers to reduce health disparities and improve overall health of all of Connecticut's residents. We applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office and believe this report outlines significant steps to achieve these goals.

Response: Thank for your comments, recommendations, and continued support.

15. Adriana Rojas

Thank you for the time and effort that went into preparing this Report. I am generally in favor of the recommendations put forth by the Committee, but I have some questions and suggestions, listed below.

1. **Recommendation 2:**
   This recommendation states that "Applicants should be at least 16 years of age to apply for CHW certification."
   I fully support this lower age limit. I think it is a wonderful way to engage youth in peer support models and a way to get them to engage with their community in a meaningful way.

   Response: Thank you for your comment and support.

2. **Recommendation 3:**
   This recommendation states that "At least one supervisor, who has experience supervising Community Health Workers (or other staff titles who perform CHW roles), must attest that the applicant has the required paid or volunteer hours performing at least five CHW Roles…"
   I'm not sure if I'm understanding this correctly. My read on this is that, to apply for CHW certification, you have to have a reference from a supervisor who has experience supervising people with CHW-like responsibilities. However, with the age requirement being 16 years old, I'm not sure how many teenagers would have had a job before and especially one in an area like that and be able to produce such a reference. And even for those who are older than 16 years, some of the strongest candidates for CHW roles may have jobs that are not related to CHW responsibilities.

   Response: The requirement may be difficult to fulfill for 16-year olds, but certification is voluntary. Therefore, this requirement does not prevent a 16 year-old from working as a CHW or in a similar position and obtaining the necessary experience to apply for certification. Many of the roles that CHWs perform can be demonstrated through positions that may not be considered CHWs, which is why the recommendation allows for supervisor references from those with experience supervising employees who perform CHW roles, instead of strictly CHWs. Such roles cover a broad range- for example, a list assembled by the CHW Advisory Committee previously included over 50 titles for CHW-like positions.

3. **Recommendation 5:**
   This recommendation states that "Certification should be issued for two years and for renewal, applicants should be required to attest to the completion of 20 hours of CERs."
   I agree with requiring some type of continuing education. The communities will face changes every year and it will be important for CHWs to stay current with any 'hot topics' or pain points that the communities they are serving are facing—health related and otherwise.

   Response: Thank you for your comment and support.

4. **Recommendation 13:**
   This recommendation states that "Training programs should include 90 hours of training and an internship with a minimum of 50 hours."
   While there will be many ways to design a training, I was imagining full-day training opportunities from 9am-5pm. With that, 90 training hours would be 11 days. I think that by making the training requirement as 80 hours, it would allow for a 10-day training (2 weeks). I am curious to hear how the internship portion might be achieved since I'm not sure how feasible it would be for a full-time CHW to fit in those hours unless there were ample opportunities outside of work hours or if their current job could count an internship hours.

   Response: The Committee considered several different approaches to training, including an 80-hour training requirement. They ultimately recommended 90 hours as this is consistent with the requirements for Community Colleges, therefore supporting a credit-based program which could serve as a workforce pipeline toward other professions. The internship is important to provide the CHW with the ability to observe, apply and practice core CHW skills and services in a work environment. This provides for additional training, supervision and feedback from public health and health care professionals. A 50

hour internship was felt to be enough time to provide for time to apply skills and is consistent with current programs at community colleges. Internships in other states range from 72 – 160 hours, which was felt to be too much for CHWs entering the field. The timing of the internship and how it is implemented is up to the individual, training program, and internship site.

5. **Recommendation 15:**
   This recommendation states that "At least 40% of the hours of instruction should be taught or co-taught by faculty who are Community Health Workers."
   I like that this places an emphasis on the importance of having someone who does the work be part of training. It allows for them to provide more context to the training materials. However, I am concerned about putting an actual percentage on the recommendation.

   Response: The Committee reviewed a number of training programs in other states, and felt that it is important to have an experienced CHW train others entering the profession. Most states did not specify if the instructors were CHWs, other than Massachusetts who identified that CHWs should be instructors for a minimum of 40% of the training. In a college setting, there are often requirements for instructors to have a Bachelors or Master's degree, so we want to be sure that there be a minimum of 40% for CHW instructors. Ideally, the preference would be 100%, understanding however, they perform various other roles.

6. **Recommendation 16:**
   This recommendation states that "CHW instructors should have 3-5years of experience working fulltime as a CHW and preferably reside in the community."
   Does this mean that in a CHW training certification program there will be instructors who are CHWs and some who are not CHWs; for those who are CHWs, they should have 3-5 years of experience working fulltime as a CHW (thus not allowing those who are new to the field)?

   Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. As 1,000 hours of experience is only equivalent to 6 months of full-time work, an additional 3 years minimum of CHW experience is important to ensure CHW Trainers can fully support students engaging in CHW training.

   Recommendation 16 has been edited for clarity.

7. **Recommendation 16:**
   This recommendation states that "CHW training instructors, both Non-CHW and CHW, should have at least 1,000 hours of experience training individuals who provide community health work services…in the previous six years."
   I think that this requirement for CHWs could create a barrier to being involved as a trainer because I'm not sure of how many opportunities CHWs have to train others. Also, I'm curious as to how someone, CHW or not, would be able to prove that they have that number of hours.

   Response: The Committee believes the components of this recommendation are critical to ensure adequate training for CHWs in Connecticut. In developing this recommendation, the CHW Committee consulted with multiple training organizations in Connecticut who conveyed that their trainers currently

meet these requirements. Trainers would need to attest to the completion of these hours through the training vendor application (Appendix F) submitted to the Advisory Body. The Advisory Body will determine how to verify this attestation.

Thank you for the opportunity to comment.

16. Jacqueline Ortiz Miller, Previous CHW

My name is Jacqueline Ortiz Miller, and I submit the following comments in response to the "report to the Legislature on Community Health workers Certification. I thank you for the opportunity to provide comments on the proposed report and recommendations to the Connecticut State Legislature.
As a previous Community Health Worker, I would like to state that although I do support the SIM report to the legislature as it demonstrates a strong collaborative effort to ensure that Community Health Worker (CHW) certification is approached in the least restrictive manner while ensuring quality and professionalism. I also find that the report carefully outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. However, I offer the following comments and recommendations.

Requirements for certification and renewal of certification of community health workers, including any training, experience or continuing education requirements:

1. **Recommendation 1- Connecticut should establish two ongoing paths to certification: one path with training and one without training. The two paths will serve individuals currently working in a CHW capacity and those that are interested in starting their careers as CHWs.** The language under that states two pathways for CHW certification is not clear. The pathways should be outlined.

   Response: The two paths to certification have been renamed as Path 1 and Path 2 to help reduce confusion.

2. **Recommendation 2 - To be eligible to apply for CHW Certification, applicants should be at least 16 years of age. There should be no additional eligibility requirements**.

   The effort to include youth is a good suggestions. However, I recommend that it be increased to 18 years of age, and that a caveat to the consideration for certification be one that includes documentation that demonstrates at least 1 year of prior volunteer work within a community. As you consider certification to be part of recognizing and professionalizing the CHW as a workforce, it is imperative that core values, roles and responsibilities of a CHW be considered across all age levels, and that certification is not a free-for-all option. Our communities deserve better. I would also consider liability and safety concerns when working with younger populations.

   Response: The Committee deliberated on this recommendation at length. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly

that we should not unnecessarily prohibit certification for the few individuals who may pursue it. Because certification does require the specified number of hours of experience, the Committee felt that an experienced 16 or 17 year old should be eligible for certification.

3. **Recommendation 5 – Certification should be issued for two years and for renewal, applicants should be required to attest to the completion of 20 hours of continuing education requirements (CERs). The Certifying Entity should not routinely require applicants to produce evidence of completion but could request such documentation.**
   CHW's have an employment history that includes low wages, no benefits, and lack of employer support regarding opportunities for professional development to include trainings and certifications. I recommend increasing the certification to 3 years, allows for CHWs to establish themselves professionally, and hopefully have the financial security to cover any out-of-pocket expenses as it relates to CEU's and re-certification**.**

   Response: Thank you for this comment. Based on this response and other concerns raised through this public comment period regarding the cost and burden to CHWs, the Committee has adjusted the length of certification to three years, at which point recertification would be required. Consistent with the Committee's recommendations, 10 hours of continuing education would be required per year for a total of 30 hours required for recertification. In addition to reducing the burden on CHWs, extending the length of certification reduces the burden and administrative cost on the Certifying Entity.

4. **Recommendation 6 – Conferences, webinars, workshops, seminars, trainings, presentations and self-studies should count toward continuing education hours and be tracked on a designated tracking sheet**. I recommend that professional development trainings occur during working hours, and not required on a CHW's personal time. This goes against the purpose of this work, which is to recognize CHW's as a valued and respected workforce.

   Response: The recommendation has been changed to remove the requirement that continuing education hours be completed outside of employment or volunteer positions.

Requirements for recognizing training program curricula that are sufficient to satisfy the requirements of certification:

5. **Recommendation 13: Training programs should include 90 hours of training and an internship with a minimum of 50 hours.** Recommendation that the time frame be 70 hours of training and 70 hours of practicum that is distributed between outreach, public health, research, and home visits, and includes a community event. This allows for the practicum to allow for a richer experience.

   Response: The Committee felt that to cover the updated Core Competencies (C3) that 90 hours of training is the amount of time needed, taking into consideration both the training at the Community Colleges and at community-based agencies. The internship is important to provide the CHW with the

ability to observe, apply and practice core CHW skills and services in a work environment. This provide for additional training, supervision and feedback from public health and health care professionals. A 50 hour internship was felt to be enough time to provide for time to apply skills, and is consistent with current programs at community colleges. Internships in other states range from 72 – 160 hours, which was felt to be too much for CHWs entering the field. The timing of the internship and how it is implemented is up to the individual, training program and internship site.

6. **Recommendation 14: Training modality and methodology should follow Adult Learning Principles, include role-playing, and be interactive.** A suggestion is that it be culturally responsive, meet CLAS standards, and be in plain language. All tools that a CHW will need in the field.

   Response: The Committee agrees with these suggestions, as these topics are covered in the core competencies. (Appendix B).

7. **Recommendation 17: Assessments of successful training completion should utilize (1) pre- and post-tests, (2) skills assessment, and (3) include a capstone project or portfolio, or a combination of the two.** I am left wondering with all of the requirements listed in this section, will the certification training allow individuals an opportunity to bridge into a degree program at the Community College level, or are these barriers that are excluding certain intersections who may have different identities, language barriers, academic barriers, ableism, unemployment, etc. from entering this workforce. Have considerations regarding curricula considered intersectionality in not only the curriculum but also in terms of the community being served?

   Response: The Committee considered being able to utilize the training as a step toward a degree program at the college level, thus having the 90 hour requirement for training. Each training vendor will be required to describe their assessment process for the students. Utilizing Adult-based learning and Popular Education type methodologies allows for different types of student assessments.

Community Health Workers are invaluable to advancing health and health equity for individuals and communities. Moving forward on these recommendations will enable Connecticut to create a certification process that further recognizes the work of CHWs.

I support the certification efforts, and thank you again for the opportunity to make comments and recommendations on this important report. I thank the SIM CHW Advisory Committee and the SIM Program Management Office believe this report outlines significant steps to achieve these goals.

Response: Thank you for your thoughtful comments, suggestions, and support.

17. Supriyo Chatterjee

I work in the healthcare and technology industry and with emphasis on healthcare policy and economic development. In 2017, I advocated the Connecticut Legislative Bill SB 126 – An Act Concerning Community Health Workers by submitting testimonial supporting the bill and was pleased to see it pass and become Public Act 17-74.

The report outlines the proposed requirements for certification and renewal of certification for CHWs, addresses how the certification will be administered, and the training/experience criteria for prospective and current CHWs who seek certification. I offer the following comments and recommendations.

1. **Recommendation 1a:** For the requirements for new CHWs – 1000 hours in 3 years appears excessive. My suggestion would be for a 2-year timeframe with 600-700 hours. This parallels other fields' requirements of vocational training or a comparable 2-year Associate Degree from a community college. Keeping training period on par with other vocational fields would help the prospective student in career decision-making and development.

   Response: The Committee considered a pathway to certification that requires only the completion of a training program. The Committee felt that a training program provides the basic skills to serve as a Community Health Worker but that the basic skills are insufficient as the only criteria. The nature of CHW work requires an in-depth understanding of the community in which a CHW serves. Anyone could enroll in a CHW training program, but that training alone would not provide the experience needed to serve as an effective CHW. Because certification is voluntary and not mandatory, the Committee felt that certification should represent a minimum, yet reasonable, level of proficiency that could only be demonstrated through work or volunteer experience. The Committee felt strongly that the recommended number of hours of experience, which is equivalent to 6 months of full-time work, is necessary and reasonable for certification. Furthermore, a supervisor would need to observe a CHW over a period of time in order to assess and certify the CHW's proficiency in at least four (4) skills. Internship hours could count toward this experience requirement.

2. **Recommendation 2:** Keep minimum age of 18 years with a high-school or equivalent diploma. CHW training & certification should parallel most other vocational fields (see Recommendation 1a comment above).

   Response: The Committee deliberated on this recommendation at length. While it is true that a 16-year-old is unlikely to meet the training and experience requirements, it is possible that through volunteer experience, a young adult would qualify. The Committee does not want to prevent a motivated 16 or 17-year old from receiving certification, especially in vulnerable communities. Several members of the Committee work with CHWs in this age bracket and felt strongly that we should not unnecessarily prohibit certification for the few individuals who may pursue it.

3. **Recommendation 5:** Twenty Continuing Education credits requirements over a two-year period appears adequate. The subject of the credit work should include topics from the CLAS subjects (Culturally and Linguistically Appropriate Services), technology (computers & communications), and regulatory topics (new laws & updated procedures).

   Response: Per previous comments, 2 hours of continuing education requirements will be focused on cultural competency and 2 hours will be focused on social determinants of health (SDOH) every two years. The Committee felt that adding too much specificity to the Continuing Education requirements could limit CHW exposure to new and emerging topics, as well as add an unnecessary burden if such continuing education opportunities were not readily available.

4. **Recommendation 5 & 6:** In matters of training, professional development, regulations, and industry practices – it is recommended that the CHW Governing Organizations remain cognizant of development from other organizations such as DECD, DMHAS, DSS, Dept of Labor (DOL), Dept of Education and other related organizations. This would help in responding with changes to the CHW curriculum and requirements. Accordingly, should there be new legislations concerning the afore-mentioned organizations, it is hoped that the CHW Governing Organizations address it with advocacy and cooperation.

   Response: Thank you for this comment. The Office of Health Strategy is committed to promoting and expanding the CHW workforce as part of its overall health improvement strategy. While the OHS strategy is evolving, we appreciate this reminder and plan to collaborate with other organizations on programs, initiatives, or legislation that will help achieve this goal.

5. **Recommendation 7:** A Code of Ethics* is a must as CHWs will address the needs of patients and public members in subjective settings. *COE will provide guidance and also enhance personal and professional development. The COE* adopted and governed by the CHW Association of CT should be adequate for the new CHWs and his/her career path.

   Response: A recommendation that the Advisory Body adopt the Code of Ethics as previously adopted by the CHW Association of CT has been added.

   I support certification and thank you again for the opportunity to make comments and recommendations on this important report. I applaud the work of the SIM CHW Advisory Committee and the SIM Program Management Office believe this report outlines significant steps to achieve these goals.

   Response: Thank you for your thoughtful comments, suggestions, and support.

18. Questions from the CHW Engagement Webinar Held on August 8, 2018

1. **On the slide about the training/continuing education hour requirements I believe it said that those hours should be completed outside of work or volunteer time. I'm wondering about the reason for that as it could create a barrier for CHWs who don't have additional time available in their daily schedules to complete training on their own time if organizations are willing to sponsor them.**

   Response: Your point about daily schedules and organizations being willing to sponsor or provide Continuing Education is correct. This recommendation has been adjusted to remove the requirement that training and continuing education hours be completed outside of work and volunteer positions.

2. **In the future I would like to get more information about the designed tracking sheet (self-study).**

   Response: The tracking sheet can be found in Appendix E, Page 42 of the Report.

3. **Who/what entity may be a 3rd Party?** ***Need clarification of the question in terms of the context.***

Response:
Recommendation 8: The Department of Public Health (DPH) should serve as the CHW Certifying Entity. The Department of Public Health should be responsible for the administrative tasks related to certification including reviewing applications, verifying that requirements have been met, issuing certificates, and maintaining a CHW registry like those maintained for other professionals that are searchable by name and region.

The Committee considered three possible certifying entities: the Department of Public Health (DPH), the CHW Association of CT, and a third party certification organization. Based on the assessment of four other key states, the Committee concluded the following:

- The certifying entity would need credibility, capacity, and infrastructure
- Strong support from State leaders would help establish the State as the certifying entity o Funds would likely be needed to help subsidize the cost of certification, regardless of the certifying entity
- Funding to support certification could come from multiple sources

The 3rd party that was considered was a Certification Board who works mainly with behavioral and mental health providers and serves as the certifying entity the field. They are an independent 501(c)(3) non-profit organization who administers a certification exam/s and handles the applications. A comparison of the duties, and pros and cons of a 3rd party entity alongside the other entities is found on page 20 in Tables 6 and 7.

The Committee ultimately recommended DPH based on the following:

- Infrastructure: DPH has the needed infrastructure to serve in this capacity, as it already provides certification for 65 other health care providers
- Sustainability: 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.
- Cost: Certification fees will be more easily controlled through DPH than through a third party.
- Length of Implementation: Although the process for establishing certification through DPH may take longer, it is important to consider the long-term sustainability of the program.

4. **Have Reimbursement structures been developed or are being considered?**

Response: Reimbursement for CHW services is one of the driving factors in developing a certification program in Connecticut, though the Committee emphasizes that certification will not guarantee reimbursement. CHWs are currently being funded through several sources in Connecticut including grant funding, Medicaid add-on payments through the PCMH+ Sharing Savings Program, State Innovation Model funding through the Community and Clinical Integration Program, and several other time-limited funding streams.

The State Innovation Model CHW initiative supports sustainable reimbursement structures for CHWs, specifically non fee-for-service solutions. As such, the SIM team is currently developing a primary care payment model proposal that would likely include CHW services. This proposal will be developed and shared with the governor-elect by December 2018. The Office of Health Strategy currently views this as one of the most promising sources of sustainable CHW funding. In addition, there may be fee-for-service

reimbursement strategies adopted by Connecticut healthcare payers for specific, evidence based services. The SIM initiative is working to further demonstrate the effectiveness of CHW services, including Return on Investment analyses, through our Community and Clinical Integration Program and Prevention Service Initiative.

5. **Capital Community College has a CHW track, will students be required to do additional training or will they be ok with the college course?**

   Response: Based on the requirements outlined in Recommendations 12-17, the course offered through Capital Community College would meet the requirements to become an approved training vendor. Therefore, a student who completed this course and internship, plus the required number of hours of experience, would qualify to apply for certification. No additional training would be needed.

   The training recommendations for Certification are for 90 hours of training and 50 hours of an internship. The training program can be offered by an approved training vendor, which may be a community college or a community-based agency that is approved by the CHW Certification Advisory Body. Research is currently being conducted to see if the 90 hours of training can be recognized for college credit, which would then allow for CHWs to continue an educational track in human services, social sciences or other degree program.

6. **For those that are currently performing as CHW and Community Health Specialist in CT, how would this certification affect their current work status? Also, when I was hired for the CHW position I hold, I was required to possess a Bachelor's Degree in Human Services or Social Sciences - The fact that there is no requirements to apply for this certification other than being 16 years of age feels like a downgrade in job hierarchy.**

   Response: For current CHWs, the Committee felt that Certification would validate their knowledge, skills and abilities to perform the job of a CHW. Certification may also open the door for more permanent funding sources, as described in Question #4 above. Employers may or may not choose to require certification prior to hiring a CHW, but establishing certification creates a baseline of requirements that all certified CHWs meet.

   There are currently numerous types of CHW jobs. Some employers do require a specific education level, and establishing a baseline certification will not necessarily change this. It is ultimately up to individual employers to determine what the required education level is to work for the organization. Often, a more advanced level of education will serve as a career ladder for CHWs and other professions. Information about career ladders for CHWs can be found at: https://chwresourcesct.org/partnersemployer-groups/career-ladder/

7. **Please explain how this came about with the re-certification and how in depth was the discussion that generated this recommendation?**

   Response:
   There was significant discussion about continuing education requirements by both Design Group 1 and Design Group 3 when coming up with the recommendations for re-certification. The CHWs who participated in this process felt strongly that it is important to keep updated in the field, especially as the

field becomes recognized and grows. Discussions were reinforced by researching what other states require for recertification, which can be found in Table 5 below.

Table 5. State CHW Certification Continuing Education Requirements

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	

**CORI: Criminal Offender Record Information.*

8. **If I have been working as a CHW for many years, will I need to take a test or apply to get certified?**

Response: No. Certification is voluntary, so CHWs will not be required to become certified. If experienced CHWs do want to pursue certification, there are two pathways. The Report has now been updated to refer to these paths as "Path 1" and "Path 2." Path 2 requires that an applicant demonstrate their hours of experience, but does not require the completion of a training program. There are additional items that an applicant would need to submit to become certified, but training would not be required for Path 2. There would be no requirement to take a test for either Path.