

To: SIM Project Management Office

From: Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs Care Coordination Regional Leads

Funded by the State of Connecticut Department of Public Health, we represent four of the five regional care coordination centers for children and youth with special health care needs. We work with primary care sites across the state to connect families to services for their children and empower families to advocate for their children in health and other settings, such as schools and childcare sites. For the past ten years, we have served this special population of children and their families and coordinated our work with primary care practices to ensure that we are supporting the medical home model of care.

Thank you for sharing the excellent summary and recommendations from the CT SIM Community Health Worker (CHW) Advisory Committee. We are excited that Connecticut will join other states in supporting this class of health workers who can contribute to improving health outcomes for the State's population, expand the capacity of primary care sites to meet patient needs, address inequities in access and health across diverse populations, and bridge health and community services.

After careful review of the Report of the CHW Advisory Committee, we submit the following questions/comments for consideration:

- 1 We noted the use of term "care coordination" throughout the recommendations. Does this suggest that those who are currently working as "care coordinators" could fall under this group of CHWs? If so, will these "care coordinators" be able to pursue training, credentialing, employment, and reimbursement as CHWs?
- 2 Several professionals bridge community organizations and health care, such as health consultants in child care settings, breastfeeding consultants, and peer support workers in mental health, to name a few. Can these types of workers pursue training and certification and be considered under the CHW umbrella?
- 3 Is this report pertinent to SIM initiatives only, or is it a framework that will it be used for CHW policy in Connecticut in general?
- 4 Does the CHW Advisory Committee envision that CHWs will be employed by primary care sites? Several of the workers mentioned above are stationed in community organizations. Can primary sites contract with community organizations for the services of CHWs with specific training and expertise, such as the types of personnel mentioned in #1 and #2 above?

Again, many thanks for sharing this work. We believe that the Report and ensuing planning and implementation of a CHW plan for Connecticut will benefit from inclusion of a variety of health workers who can bridge primary care and community services with a goal of improving health outcomes and health equity.