



2019-21 Biennium Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: 1K - Train Community Health Workforce
Budget Session: 2019-21 Regular
Budget Level: Policy Level
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Agency Recommendation Summary

The Community Health Worker (CHW) Task Force was convened by the Health Care Authority as part of the Healthier Washington Initiative (HWI) in 2015 to develop actionable policy recommendations to align the CHW workforce with the HWI. The Task Force released a report in 2016 with recommendations regarding CHW roles, skills, and qualities; training and education needs; and finance and sustainability considerations for long term CHW integration into Washington's health system. This proposal would implement the training and education recommendations defined in the 2016 Task Force report and the upcoming report required by the 2018 supplemental budget proviso.

Fiscal Summary

Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	\$586	\$574	\$164	\$164
Total Expenditures	\$586	\$574	\$164	\$164
Biennial Totals		\$1,160		\$328
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	1.3	1.3	1.3	1.3
Average Annual		1.3		1.3
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$276	\$274	\$88	\$88
Obj. B	\$97	\$96	\$31	\$31
Obj. C	\$50	\$50	\$0	\$0
Obj. E	\$114	\$114	\$34	\$34

Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. G	\$15	\$15	\$3	\$3
Obj. J	\$9	\$0	\$0	\$0
Obj. T	\$25	\$25	\$8	\$8

Package Description

CHWs can improve health outcomes and lower healthcare costs by helping people understand the healthcare system and connecting people to health services like preventive screenings, behavioral health support and chronic disease self-management. They can be powerful partners in reducing disparities because they are uniquely able to address individual and community level factors unrelated to medical care, often referred to as the social determinants of health, which data show can drastically improve health outcomes. For example, one of the social determinants can be proximity to a doctor's office. If a person lives in a rural community and their nearest doctor is miles away, that person may not be able to seek medical care because they don't have access to sufficient transportation. CHWs can drive the patient to their appointment, help organize other transportation, or perform minor procedures in the patient's home such as taking blood pressure measurements or providing diabetes self-management instruction. Although there is large return on investment in utilizing CHWs, there is a limited policy framework governing the utilization of CHWs in Washington State and the training they receive. The Community Health Worker Task Force was convened by the Health Care Authority as part of the Healthier Washington Initiative (HWI) in 2015, and released a report in 2016 with training and education recommendations.

This proposal builds on the recommendations in the Task Force's 2016 final report and the 2018 budget proviso to reconvene Task Force stakeholders to finalize training structure recommendations and CHW coalition building efforts. This proposal would fund designing and implementing a training framework that is specific to the CHW workforce needs of Washington and establishes expectations for the knowledge, skills, and abilities a trained CHW would have.

Rural populations will benefit most from this proposal since rural populations often experience a shortage of providers. Currently, utilizing CHWs to stretch the available workforce in rural communities is challenging because it is difficult to get insurance reimbursement for CHW services. This is largely because of inconsistency in CHW training and skills. A certified training program would help insurers and employers know exactly what they are paying for and what they can expect from the CHW workforce.

Several reports clearly document the return on investment when utilizing CHWs in health care prevention. Evidence shows that community health workers improve access to care and health outcomes for vulnerable populations. A 2015 CDC report^[1] underscored CHWs' effectiveness in promoting primary and follow-up care for a wide range of health care concerns, including asthma, maternal and child health, diabetes, and home

visiting. In addition, the Massachusetts Department of Health^[ii] found that CHWs help contain costs by preventing unnecessary urgent and emergency room visits and hospitalizations. A July 2008 Trust for America's Health report indicates an return on investment (ROI) of almost 6:1 when investing in proven community based prevention programs.

Historically, the CHW role has been perceived as a stepping stone to other professions that are reimbursed by the medical system, rather than a profession itself. In this way, the value of the CHW connection to communities and the needs of the communities being served has been discounted. Recognizing CHWs as valued health care educators and providers will allow many underserved communities access to health care services in culturally competent and supportive ways. This package will allow DOH to build a strong framework for CHWs to be integrated into the health care system statewide.

Implementing the recommendations of the task force will include:

1. Developing training curricula and adapting DOH's training system as needed;
2. Creating a system for reviewing training courses regularly to ensure training programs, including those delivered by non-agency providers, meet minimum standards for quality (certification of training programs);
3. Training CHW trainers;
4. Creating tools for CHW employers and supervisors so that they know what they can expect of CHWs who complete certified training programs;
5. Continuing to facilitate linkages to career pathways for CHWs; and
6. Establishing networks and a statewide association to facilitate an inclusive mechanism for on-going workforce development and policy development efforts.

This proposal will also fund DOH's training program as current grant sources are insufficient to develop training curricula. DOH is not requesting the full costs of the training and will continue to use grants to supplement any additional funding the agency receives to build specialty modules and trainings such as specialty training on tobacco cessation. DOH is also exploring the possibility of financing training programs through charging fees to training programs for certification. Minimizing costs to the individual is important to ensure that CHW with low incomes or who work for very small organizations do not encounter barriers to getting training.

Baseline funding from GFS will also allow DOH to customize its CHW training program to achieve the needs of Washington, as defined the forthcoming 2019 set of recommendations, rather focusing on grantor requirements which may not align with the greatest needs of the general public.

Assumptions and Calculations

Expansion or alteration of a current program or service:

Prior to State Fiscal Year 2019 the Community Health Worker program was funded through a combination of federal and local dollars, with an average annual budget of \$400,000 to \$615,000 over the past seven years with occasional increases when new training modules were developed. These funds covered 1.5-3.0 FTE, maintenance of training modules, travel costs for CHW trainings both for DOH staff and also for participants. As other programs funded through federal grants have needed to utilize the CHW training program to help meet their public health initiatives, training modules have been added utilizing those federal grants. One of the main sources of federal funding for the CHW program was a Center for Disease Control grant which will end in September of 2018. In the 2018 supplemental budget the CHW program received \$150,000 in one-time funds for State Fiscal Year 2019 to implement one-third of the recommendations of the Community Health Worker Task force, as well as to reconvene the task force to make further recommendations on establishing and maintaining a sustainable Community Health Worker training program in Washington State. This request will fund developing and implementing the remaining recommendations.

Detailed assumptions and calculations:

One time funding in the amount of \$586,000/year for FY20 and FY21 will support DOH's ability to implement the CHW Task Force's identified training requirements and CHW coalition development efforts. This includes identifying gaps and updating training curriculum based on evidenced based training principles, implementing a flexible "train the trainer" framework for supporting multiple modalities of training delivery, and support a sustainable CHW state coalition to serve as the primary CHW education and policy hub.

This work will include:

- Funding to cover 3 FTE Health Services Consultants (\$373,000);
 - A consultant (\$50,000);
 - A web-based Learning Management Platform (\$40,000);
 - Travel (\$20,000 - \$15,000);
 - Training materials (\$5,000 for printing and reproduction); and
 - A CHW Association / Network (\$50,000).
- Estimated expenditures include 1.4 FTE in FY 2020-21 and 0.3 FTE in FY 2024-25 to assist with increased division and agency workload.

Ongoing funding, starting in FY20, in the amount of \$164,000 will support DOH's ability to provide Community Health Worker Training to at least 75 participants per year, with priority given to CHW who volunteer and/or work in agencies with limited funding resources.

Funding will cover the costs of

- 1 Health Services Consultant 3 FTE (\$120,000);
- Web based Learning Management Platform/ curriculum updates (\$25,000); and

Travel and Training Materials (\$24,000 – split evenly between travel and printing /reproduction).

Workforce Assumptions:

See attached FNCal.

Strategic and Performance Outcomes

Strategic framework:

This package supports the Governor’s priority of healthy and safe communities by empowering individuals and communities to improve their overall health and monitor chronic conditions without medical intervention.

This package also supports the agency’s strategic plan by implementing the public health elements of Healthier Washington and ensuring health equity and improving population health.

Performance outcomes:

Developmental

- Development, piloting, evaluation and refinement of curricula standards

Process

- Number of CHWs who complete training in the new model
- Number of CHW Supervisors who complete training in the new model
- Number of additional quality CHW training programs that form in Washington

Impact/Outcome

- Percent of CHWs who are trained in a quality program that become employed within 6 months
- Percent of CHWs who are trained in quality programs that move into other health professions
- Percent of CHWs who are trained in a quality training as a requirement by their employer and/or host organization

Satisfaction of employers and /or host organization with CHW who completed quality training programs

Other Collateral Connections

Intergovernmental:

DOH does not anticipate any direct impacts on other intergovernmental agencies. However, DOH plans to partner closely with Health Care Authority, the Department of Social and Health Services, and the

American Indian Health Commission. These entities also served on the original Task Force. Their support is anticipated.

Stakeholder response:

Stakeholders of this proposal include: CHWs (including culturally appropriate models, such as *promotoras de salud* and others); members of the CHW Task Force; Health Systems; CHW training programs; the Healthier Washington Initiative; and Accountable Communities of Health. DOH anticipates support from most, if not all, of these partners. Many participated in the Task Force that released the recommendations we propose to implement. However, DOH anticipates some difficult questions and concerns from other stakeholders.

Some questions we anticipate are:

- *Why take steps towards certification of training programs (as opposed to certifying individual CHW)?*

Some members of CHW and provider groups are opposed to individual CHW certifications. Standards for training or certification of training programs helps establish core competencies, knowledge, skills, and abilities so that employers and providers can integrate CHWs into their clinics without individual CHW certifications. It also strengthens the reputation of the profession and facilitates insurance reimbursement for the services provided by CHWs. Insurance reimbursement provides a sustainable funding stream to support the work of CHWs and allows for clinics and other organizations to fully intergrate this role into their care teams.

- *Does this change mandate certification or licensure?*

No, DOH is exploring the possibility of certifying training programs, not individuals. At this time, there are no plans to license individual CHW.

- There will likely be concerns about background checks, if they are required. It is not uncommon for licensed and unlicensed health professionals to be subject to background checks. Some states require CHW to undergo background checks. It will be important to help CHW understand that a finding in one's background check is not necessarily a disqualification.

There are likely to be scope of practice concerns among some healthcare providers. DOH is trying to mitigate this by referring to the past and upcoming CHW Task Force reports, which involved healthcare providers in addition to CHW.

Legal or administrative mandates:

The Healthier Washington Community Health Worker Task Force made recommendations in 2016 to align the CHW workforce with the Healthier Washington Initiative, including the development of a

training and education framework, as well as the development of additional recommendations to support the sustainability of the CHW workforce. DOH received funds for FY19 which required the first group of recommendations related to training and workforce development. This request is to partially fund the base infrastructure of DOH's CHW training program and fully fund the implementation of the next set of training recommendations defined in the 2018 proviso final report.

Changes from current law:

N/A

State workforce impacts:

This proposal includes 3 FTE for both FY20 and 21 and 1 FTE for both FY22 and FY23. This will not impact collective bargaining, compensation, or benefits for the state workforce.

State facilities impacts:

N/A

Puget Sound recovery:

N/A

Agency Questions

Did you include cost models and backup assumptions?

See attached FNCAI.

Reference Documents

- 2019CHWDPMMap.docx
- CHWImplementation-DecisionPackag-FinancialCalculator.xlsm

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No