Maryland Department of Health and Human Hygiene
Workgroup for Workforce Development of Community Health Workers
Meeting Date: Monday, March 23, 2015
Meeting Minutes
10:00 AM to 1:00 PM

Call to Order:
The eighth meeting of the Workgroup on Workforce Development of Community Health Workers was held at the Maryland Hospital Association, 6820 Deerpath Road, in Elkridge, Maryland. Dr. Laura Herrera Scott welcomed the group and gave an overview of the agenda.

Members in Attendance:
Deborah Agus, Kim Burton, Perry Chan, Elizabeth Chung, Kimberly M. Coleman, Jennifer Dahl, Ashyrra Dotson, Terri Hughes, Pat McLaine, Mar-Lynn Mickens, Sonia Mora, Marcos Pesquera, Maxine Reed Vance, Mike Rogers, Maura Rossman, Kate Scott, Yvette Snowden, Lesley Wallace, Lisa Widmaier, Richard Tharp

Objectives for the Sixth Workgroup Meeting:
- ***Minutes from the February 23 meeting were approved.***
- ***Review of Recommendations***—the goal of the meeting is to review and summarize the recommendations of the group for the final report.
- ***Closure and Feedback—***hear final comments from the group and public.

Review of Recommendations
Dr. Herrera Scott asked that the group vote on how to describe the recommendations in the final report. Dr. Herrera Scott and Dr. Russ Montgomery led a review of the recommendations of the group:

Recommendation 1: Definition of a Community Health Worker
- The definition was reviewed and accepted for inclusion in the final report.

Recommendation 2: Community Health Worker Roles
Recommendation 3: Community Health Worker Competencies
- The roles were reviewed and accepted for inclusion in the final report.
- The competencies were reviewed and accepted for inclusion in the final report.
    - The group discussed possible adoption of compressed roles and possible adoption of reconfiguration and additions to the competencies that were presented on February 23, 2015 workgroup meeting
    - Though not adopted, the compressed roles and reconfigured competencies will be included in the final report as appendices

Recommendation 4: Community Health Worker Certification

- Certification was reviewed and accepted for inclusion in the final report.
    - The group recommended that there be a two tier certification mechanism.
        - Tier I
        - 80 hours of training
        - May be deemed as pre-certification
        - Training would be the initial step toward certification and would count toward the 160 hour requirement
    - Tier II which would require 160 hours of training and would be required for certification
        - 160 hours could be a variable combination of classroom hours and practicum
    - The group discussed all CHWs must receive rigorous training
    - Certification could and should be a multi-level career ladder i.e. some CHWs work part time, have families, and have a variety of personal circumstances that necessitates some flexibility in training that is offered and how certification is executed
    - Emphasis is on a career ladder for CHWs, as there will likely be different kinds of reimbursement policies in relation to CHW certification
    - For other states, reimbursement seems to be the key driver for certification; of those states that provide some type of Medicaid reimbursement for CHW services, all require certification
    - The group stated that there are non-Medicaid payment models that don't require that certification for CHWs i.e. there is a model in Dallas whereby CHWs are reimbursed per contact for monitoring of those patients who are at risk for re-admission (not clear whether these CHWs are certified)

Recommendation 5: Community Health Worker Training, Certification, Advisory Committee

- The Community Health Worker Training, Certification and Advisory Committee was reviewed and accepted for inclusion in the final report.
    - The group recommended that there be a "body" that oversees and/or advises certification, curriculum development, and the two-tiered training programs and other duties could be assigned to this "body"
    - The exact physical location, membership, qualifications, and duties and responsibilities of this "body" could not been decided because of time constraints
    - Reference will be made in the report to certifying bodies in other states as a framework
    - Some states actually have Boards of certification or other oversight by State Health Commissioners.

    - This “body” may report to the Oversight Body

Recommendation 6: Grandfathering

- Grandfathering for CHW certification was reviewed and accepted for inclusion in the final report.
    - Grandfathering would be allowed for those CHWs who have undergone 80 hours of training and have 4,000 hours of documented CHW experience.
    - It is proposed that a timeframe be applied to grandfathering, possibly two years or a stipulated date whereby grandfathering for certification would no longer be accepted
    - Experience would have to be accumulated prior to the regulations being in place—the concept is ‘credit for time served’
    - Suggestion to add requirement that the experience has to be recent (within 2-4 years), and the grandfathered CHW must meet current competency standards

Recommendation 7: Community Health Worker Oversight Body

- The Oversight Body to report to the Legislature and oversee CHWs was reviewed and recommended to be combined with Recommendation 5.
    - The group stated that the oversight body and the advisory body may have multiple, overlapping functions
    - For other states, oversight bodies include the Department of Public Health, Department of State Health Services, Board of Nursing, state Medicaid program, and state universities and colleges

Closure and Feedback:
Goal is to have final report completed by end of April to allow ample time for feedback from group. The report will be distributed through targeted channels and posted on the web site.

Public Comments:
Dr. Herrera facilitated comments from public attendees.

- **Marsha Green, LifeBridge Health**
    - Emphasized that we want CHWs to be respected i.e. be careful with the language used in describing certification
    - Believes that all CHWs on both tiers will want to be certified and that all CHWs should be certified
    - CHW profession lacks respect
    - CHWs are the voice of the patient/client
    - CHWs wear a lot of “hats”

    - It takes a while to document your information i.e. to show documentation for grandfathering
    - Started out working with HIV pregnant women and is no doing cardiovascular
    - The skill is "communication"

- **Shantia Collins, Charles Co. Dept. of Health**
    - Emphasized that no grandfathering is perfect, but training is continuous and refresher training should be an option
    - CHWs wear two "hats" for the client and the organization
    - You will gain a variety of experiences depending on the job

- **Landas Lockett, Charles Co. Dept. of Health**
    - Suggested that we use wording in certification that requires continued education of a certain number of hours to maintain certification
    - Format for comments should be streamlined i.e. easy to interpret
    - Suggested that we distribute final report through MOTAs, hospitals with CHW programs

- **Jerry Wade, Charles Co. Dept. of Health**
    - Feels that certifying body should be made up of at least 50 percent CHWs i.e. because they do the work
    - Wants to be overseen by those who have shared experiences
    - Need everyone to work as a unit
    - Let CHWs check each other
    - Communities are 24/7

- **Perry Chan (member of workgroup)**
    - Suggested that CEUs should be tailored to function and that many CHWs are part-time, so this should be considered when setting time limit for work hour experience

Next Meeting:
This is the final meeting of the Workgroup. No future meetings are scheduled.

Adjournment:
The meeting adjourned at 11:20 AM.