

LEARNING FROM COMMUNITY HEALTH WORKER CERTIFICATION AND CREDENTIALING MODELS: TEXAS, OHIO, MINNESOTA, MASSACHUSETTS, NEW MEXICO, AND NEW YORK

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WHO ARE COMMUNITY HEALTH WORKERS?

- The Community Health Worker is a front-line public health worker who is a trusted member of the community being served, commonly engaged in direct outreach into low-income, underserved or 'hard-to-reach' communities. The Community Health Worker is uniquely knowledgeable of individual, family and community needs, including cultural characteristics, behaviors and attitudes. The Community Health Worker performs a unique intermediary or 'bridging' function by explaining the complexities of the system to help individuals and families understand and access services more readily, and communicating about individual and community cultures and needs to help the service delivery system improve access to higher-quality services. The Community Health Worker builds individual and community capacity by increasing individual, family and community self-sufficiency and health knowledge, improving collaboration between service delivery agencies and the community, and influencing attitudes and practices through a range of activities such as community education, informal counseling, social support and advocacy. (APHA CHW Section, 2006)



WHO ARE COMMUNITY HEALTH WORKERS?

- CHWs (21-1094) assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091). (Bureau of Labor Statistics, Standard Occupational Classification, 2010)



WHY THE FOCUS ON CHWS AND CERTIFICATION?

- One of the five overall goals for reducing disparities as identified by the Department of Health and Human Services. ¹
- Recommended as strategies in Patient Protection and Affordable Care Act (Public Law 111-148) and Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).
- As community members, they are able to integrate health information about prevention of disease and the health system into the community's culture, language, and value systems through:
 - Reducing cultural, linguistic, social, and financial barriers to health care.
 - Increasing access to care and facilitation of appropriate use of health resources by providing outreach and cultural linkages between communities and health systems.
 - Reducing costs by providing health education, screening, detection, and basic emergency care, and improving quality by contributing to patient-provider communication. ²

1. Department of Health and Human Services (HHS): *A Nation Free of Disparities in Health and Health Care*. Action Plan to Reduce Racial and Ethnic Health Disparities: 2011.

2. Witmer, Seifer, Finocchio, Leslie, & O'Neil, 1995.



SO WHAT IS CREDENTIALING AND CERTIFICATION?

- Credentialing is a process of administrative procedures and documentation that one must meet to gain a credential.
- A certification is a type of credential.
 - Creates a certificate that shows completion of training or education
 - Credentialing authority: educational, institutional, or employer-based
 - Requires: meeting eligibility, educational, competency requirements
 - Describes self as: “certified”



SIX CASE STUDIES

- Texas
- Ohio
- Minnesota
- Massachusetts
- New Mexico
- New York



COMMUNITY HEALTH WORKER AND PROMOTOR(A) CERTIFICATION

Texas

Information provided by:

Beverly MacCarty

Texas Department of State Health Services



COMMUNITY HEALTH WORKER CERTIFICATION IN TEXAS

- 1999
 - Temporary committee to make recommendations on issues involved in the voluntary training and certification of promotores or community health workers
- 2001
 - Department of State Health Services (DSHS) Training and Certification Program implemented
 - **SB751** - required that state health and human services agencies use certified promotores to the extent possible for recipients of medical assistance
 - **SB1051** - mandated that all promotores or community health workers who receive compensation for their services be certified



COMMUNITY HEALTH WORKER CERTIFICATION IN TEXAS STATUTORY AUTHORITY

- Department of State Health Services → Family and Community Health Services → Office of Title V and Family Health → Promotor(a)/Community Health Worker (CHW) Training and Certification Program
- Texas Health and Safety Code
 - Chapter 48
 - Training and Regulation of Promotoras and Community Health Workers
 - Requires certification for promotores or community health workers receiving compensation for services provided
- Rules
 - 25 Texas Administrative Code, §§146.1-146.12
 - Revised October 2010



CHW CERTIFICATION IN TEXAS

- Promotor(a)/Community Health Worker Training and Certification Program Provides certification for:
 - Promotores or Community Health Workers
 - Instructors
 - Training Programs



TEXAS CHW CERTIFICATION REQUIREMENTS

- Based on Training - Completion of an approved 160-hour competency-based training program certified by DSHS
- OR**
- Based on Experience – At least 1000 cumulative hours of community health work services within the most recent six years
- Certification is for a two-year period
- Continuing education required for certificate renewal
- 20 hours of continuing education every two years
- No cost for initial certification or renewal



CHWS IN TEXAS

- Over 1,300 certified CHWs in over 90 counties (total 254 counties)
- Significant increase in initial certification and renewal over past 1-2 years
- Employed by:
 - Health centers/clinics
 - Hospitals
 - Non-profit/community-based organizations
 - Faith-based organizations
 - Universities
 - Local health departments
 - State agencies and contractors
 - WIC offices
 - Health care plans
- CHW Networks in Texas
 - Several current regional or local promotor(a)/community health worker networks/associations, increased interest in state network/association development
 - Texas Public Health Association -Development of a Community Health Worker Workforce Section

PROMOTOR(A) OR COMMUNITY HEALTH WORKER TRAINING AND CERTIFICATION ADVISORY COMMITTEE

- Advises DSHS and the Texas Health and Human Services Commission (HHSC) related to the training and certification of persons working as promotores or community health workers.
- Nine members
 - 4 certified promotores or community health workers
 - 2 public members
 - 1 member with experience in adult education and training of promotores or community health workers
 - 2 professionals who work with promotores or community health workers



TEXAS CONTACT INFORMATION

Promotor(a)/CHW Training and Certification Program

Email: chw@dshs.state.tx.us

Phone: 512-458-7111 ext. 2208 or ext. 3860

Program Coordinators:

Beatrice Smith

Anna Garcia

Team Lead:

Beverly MacCarty

Website: <http://www.dshs.state.tx.us/mch/chw.shtm>



OHIO COMMUNITY HEALTH WORKER ASSOCIATION AND OHIO BOARD OF NURSING: CHW CERTIFICATION



Ohio

Information provided by:
Jewel Bell and Anne Seifert



COMMUNITY HEALTH WORKER (CHW) LAW AND RULES

- Section 4723.81, Ohio Revised Code
- Chapter 4723-26, Ohio Administrative Code

“As a community representative, advocates for clients in the community by assisting them in accessing community health and supportive services through the provision of such services as education, role modeling, outreach, home visits, or referrals”.



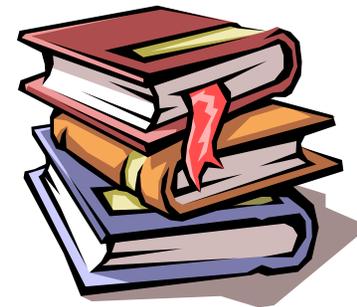
TRAINING PROGRAMS

- Approval of a training program
- Application must be approved by the Board
- Approval fee of \$300.00
- Approval valid for 2 years
- Board may conduct site visits
- Administered by:
 - dentist
 - nurse
 - optometrist
 - physician
 - dietician
 - counselor, social worker
 - chiropractor
 - psychologist
 - pharmacist
 - physician assistant
 - nursing home administrator
 - marriage and family therapist



TRAINING PROGRAMS

- Approved curriculum that includes 100 hours of didactic classroom instruction and 130 hours of clinical experience.
- Curriculum Content
 - Health Care
 - Community Resources
 - Communication
 - Individual and community advocacy
 - Health education and
 - Service Skills



CURRICULUM CONTENT

- Health Care includes:
 - Physical, mental, emotional, and spiritual impacts on health
 - Anatomy and physiology
 - Substance use and effects on health
 - Vital signs/CPR
 - Medical terminology
- Community Resources includes:
 - Referral methods to assist various target populations
 - Utilization of community resources, including entitlement programs
 - Recognizing and reporting signs of family violence, abuse and neglect
 - Recognizing and making appropriate referral for signs of mental health and addiction problems



CURRICULUM CONTENT

- Communication Skills includes:
 - Interpersonal
 - Effective interview techniques
 - Effective written communication
 - Appropriate telephone technique
- Individual and Community Advocacy includes:
 - Recognition of diversity and the role of the CHW in an interdisciplinary team
 - Supporting development of self care skills
 - Methods of serving as a community liaison



CURRICULUM CONTENT

- Health Education includes:
 - Healthy lifestyle choices such as nutrition, exercise and stress management
 - Adverse health consequences of smoking, drinking and drugs of abuse
 - Prevention and wellness
- Service skills and responsibilities includes:
 - Confidentiality
 - Care coordination
 - Documentation
 - Skills necessary to carry out an effective home visit
 - Needs throughout the span of a lifetime including the family during childbearing years and pregnancy, newborn, infant, adolescent, adults and seniors
 - Special health care and social needs of target populations



APPROVED TRAINING PROGRAMS

- Chatfield College
St. Martin, Ohio
- North Central State College
Mansfield, Ohio
- Cincinnati State Technical College
Cincinnati, OH



CHW CERTIFICATION

- Candidates must be 18 years of age with a high school diploma or equivalent
- Successfully complete an approved training program
- Submit a completed application including:
 - a criminal records background check
 - an application fee of \$35
 - attestation from a board-approved training program that the applicant is competent to provide care as a CHW
- Approximately 105 active CHW certificates
- Certificate renewal will occur biennially on or before March 1 of odd numbered years, i.e., 2007, 2009:
 - submit a renewal application
 - submit a renewal fee of \$35
 - meet continuing education requirements



CONTINUING EDUCATION

- Fifteen contact hours during each renewal period
- Required content:
 - One hour related to Ohio law and rules
 - one hour related to maintaining professional boundaries
- Use of a one time waiver to satisfy the continuing education requirement



BOARD OF NURSING DELEGATION TO CHWs: WHAT MAKES A TASK DELEGABLE?

- Requires no judgment based on nursing knowledge and expertise
- Results are reasonably predictable
- Can be safely performed according to exact directions
- Does not require complex observations or critical decisions
- Does not require repeated nursing assessments by the delegating nurse
- Consequences are minimal and not life-threatening



OHIO CONTACT INFORMATION

Ohio Community Health Workers Association (OCHWA)

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Questions regarding certification

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HEALTH CARE LAW REFORM IN MINNESOTA: COMMUNITY HEALTH WORKER CERTIFICATION

Minnesota

Information provided by:
Anne Willaert



MINNESOTA CHW ALLIANCE ORIGINAL GOALS

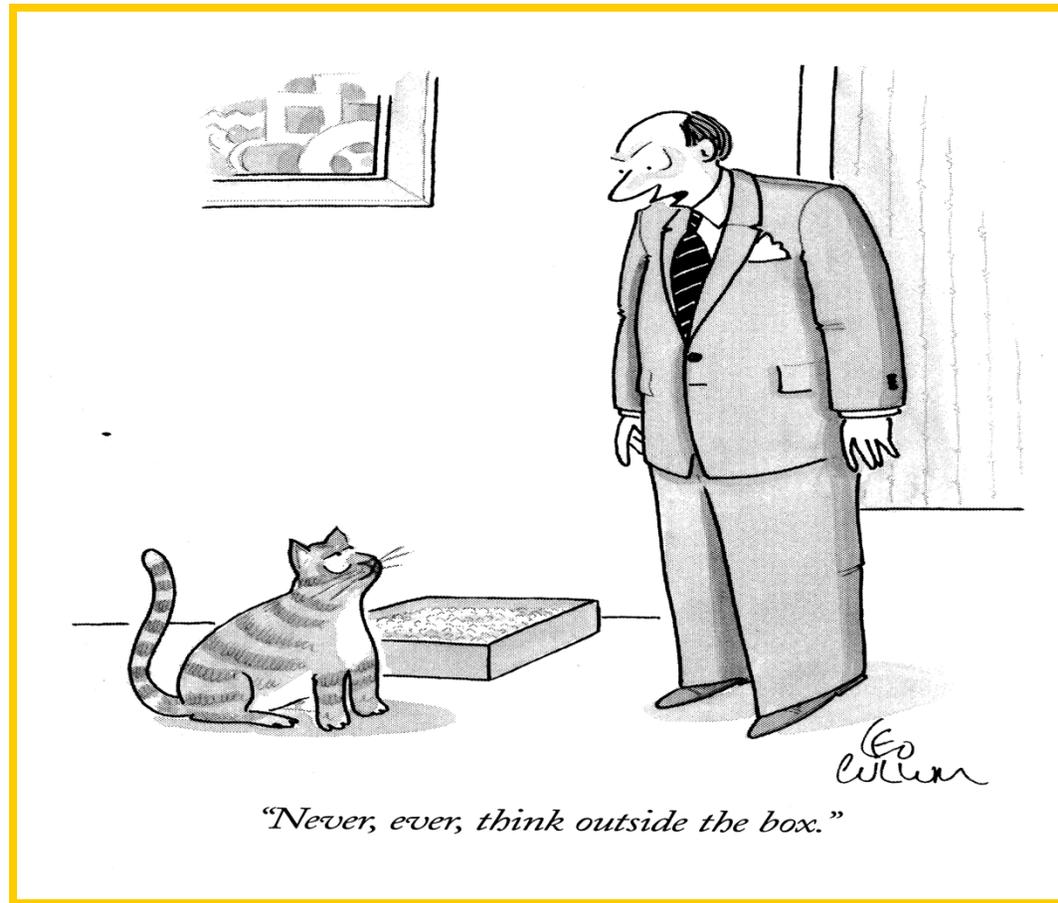
- Developed a standardized curriculum to educate CHWs in Minnesota.
- Developing professional standards for CHWs that will define their role in the health care delivery system.
- Incorporating CHWs into the health care workforce by creating a sustainable employment market.



WHERE DO YOU START



INNOVATIVE STRATEGY



PARTNERSHIP: EACH PARTNER HAS A ROLE

- Educational Institutions
- State Agencies
- State Associations
- Non Profit's
- Payers
- Industry
- CHW's





CHWs, Your Link to Continuing Care

Community Health Workers (CHW) come from the communities they serve, building trust and vital relationships.

This trusting relationship enables the CHWs to be effective links between their own communities and systems of care. This crucial relationship significantly lowers health disparities in Minnesota because CHWs: provide access to services, improve the quality and cultural competence of care, create an effective system of chronic disease management, and increase the health knowledge and self sufficiency of underserved populations.



SCOPE OF PRACTICE FOR A MINNESOTA COMMUNITY HEALTH WORKER



- Role 1: Bridge the gap between communities and the health and social service systems
 - Role 2: Navigating the health and human services system
 - Role 3: Advocate for individual and community needs
 - Role 4: Provide Direct Services
 - Role 5: Build Individual and Community Capacity
-
- Curriculum available at no charge to accredited post-secondary institutions in Minnesota
 - For sale to academic institutions outside of MN
 - Curriculum outline:
<http://www.mnchwalliance.org/CurriculumOutline.asp>



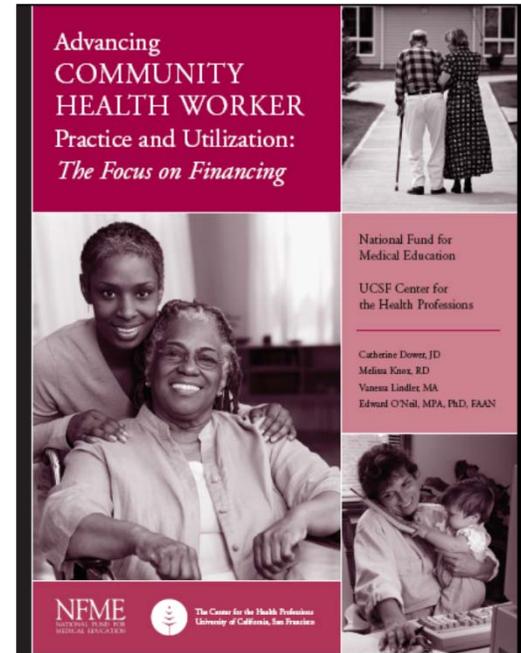
MINNESOTA CHW CURRICULUM

- Role of the CHW – Core Competencies (9 credit hours)
 - Role, Advocacy and Outreach - 2
 - Organization and Resources - 1
 - Teaching and Capacity Building - 2
 - Legal and Ethical Responsibilities - 1
 - Coordination and Documentation - 1
 - Communication and Cultural Competency - 2
- Role of the CHW – Health Promotion Competencies (3 credit hours)
 - Healthy Lifestyles
 - Heart and Stroke
 - Maternal Child and Teens
 - Diabetes
 - Cancer
 - Oral Health
 - Mental Health
- Role of CHW – Practice Competencies – Internship (2 credit hours)

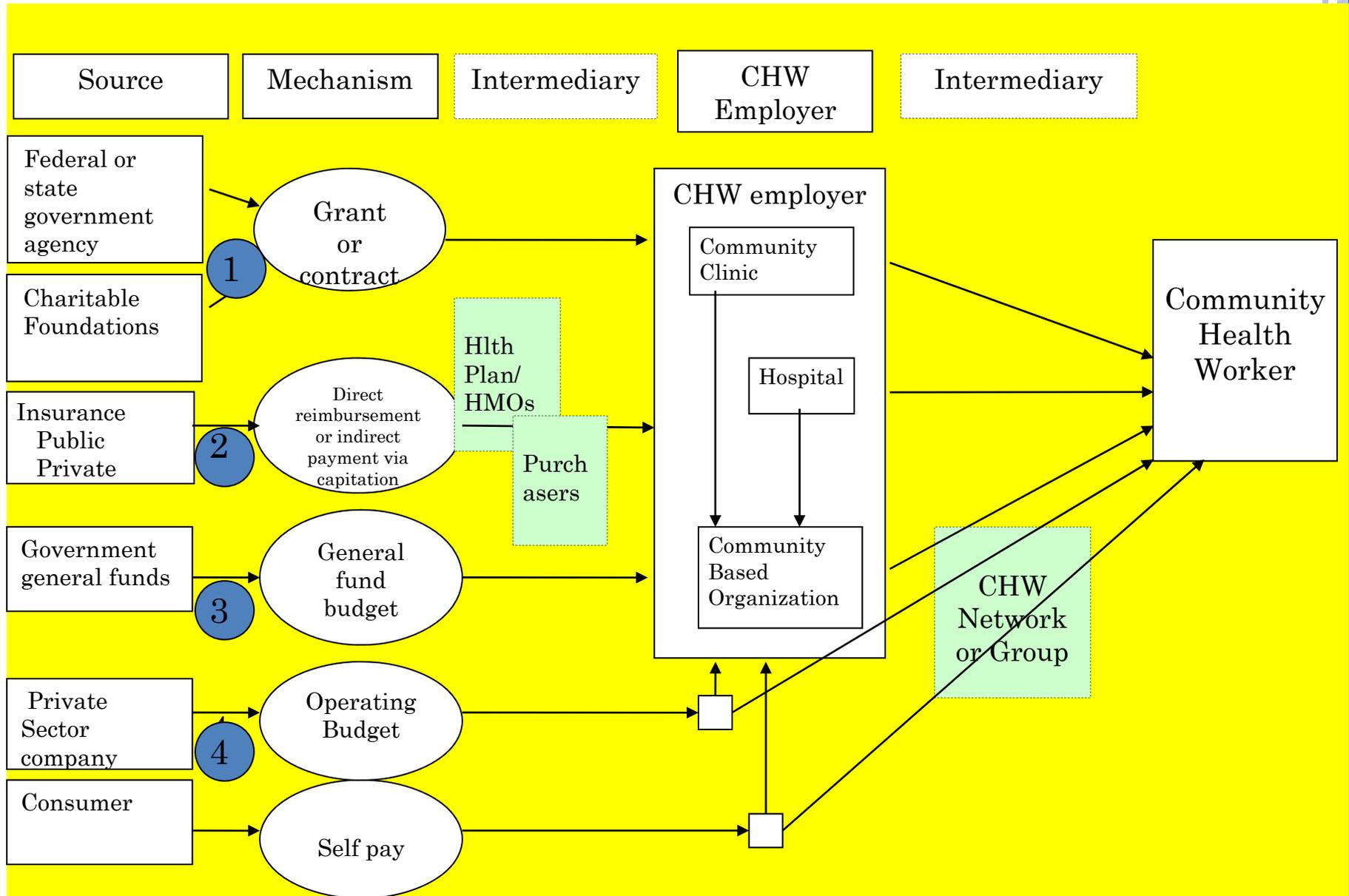


WORKFORCE STUDIES

- MN Studies
 - Twin Cities
 - Rochester
 - Southern MN
- Advancing Community Health Worker Practice and Utilization: The Focus on Financing (2006)
- 2007 HRSA National Workforce Study
 - <http://bhpr.hrsa.gov/healthworkforce/chwbiblio.htm>
 - 120,000
 - $\frac{3}{4}$ paid
 - Locations of employment



CHW Potential Funding Flow Chart



EMPLOYER PERSPECTIVE – MAKING THE BUSINESS CASE

What gets in the way in the next 364 days, 23 hours and 40 minutes?

- Language barriers
- No access to transportation
- Low health literacy
- Disagreeing with provider's assessment
- Aversion to medications
- Misunderstanding of how to properly administer medications
- Misunderstanding of treatment plan
- Dietary recommendations that do not include native food
- Distrust of physicians and Western medicine



MINNESOTA STATUTES 2008, SECTION 256B.0625, SUBDIVISION 49

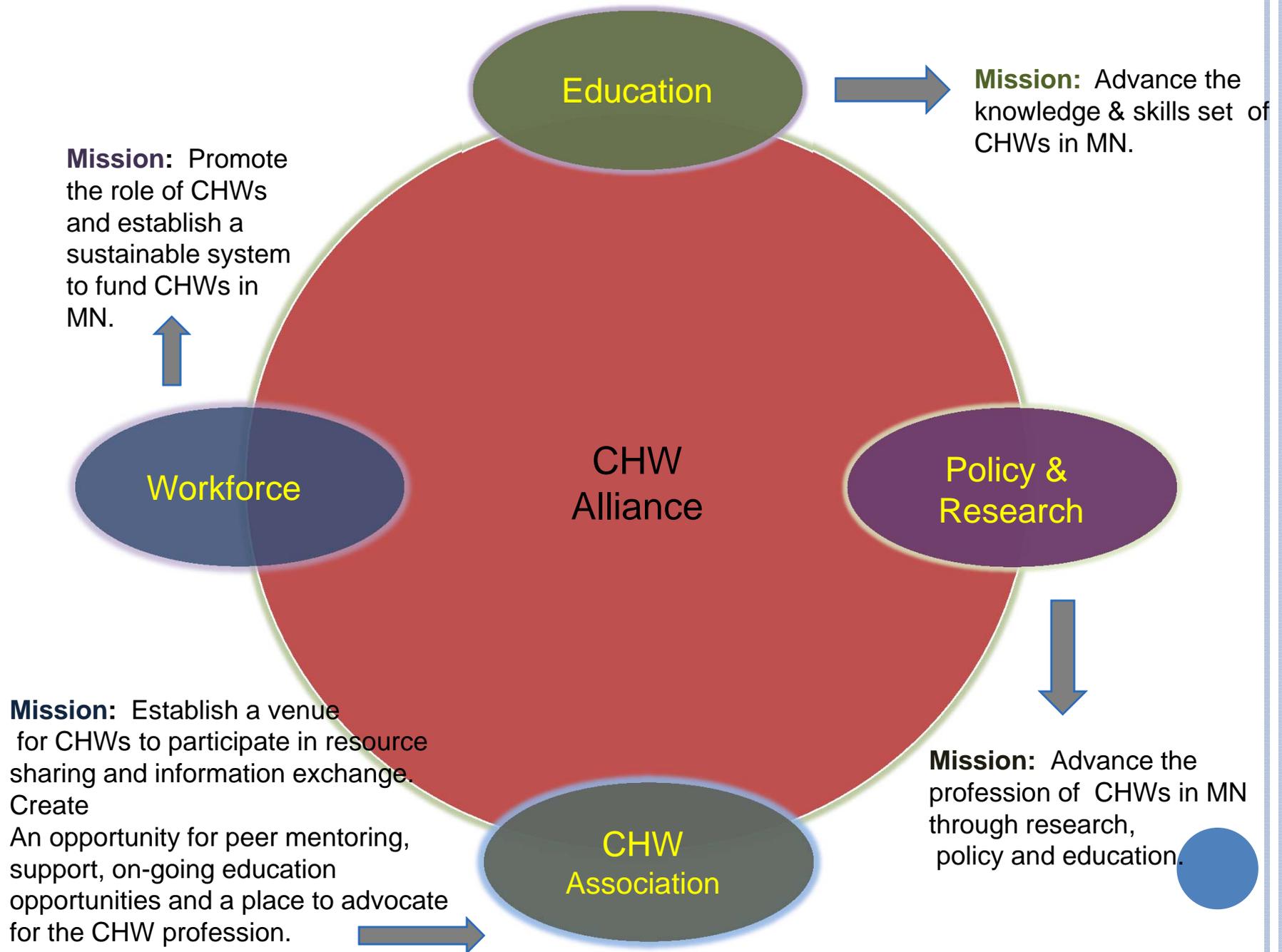
- Covers care coordination and patient education services, including oral health and dental care, provided by CHW certificate holder.
- Supervision must be provided by state Medicaid-enrolled physician, RN, advanced practice nurse, mental health professional, dentist or certified public health nurse operating under the direct authority of an enrolled unit of government.
- Grandfathering clause with end date of January 1, 2010.



COVERED SERVICES

- MHCP-enrolled CHWs may bill for *Patient Education and Care coordination services only*.
- The CHW covered services *must*:
 - Be supervised by professionals listed in legislation
 - **Order signed** by an MHCP-enrolled professional in the chart of an MHCP-eligible client
 - A documented **care plan**
 - CHW services provided **face-to-face**
- CHW Services for patient education and care coordination must be: (billing)
 - Billed in 30 minute units
 - Limit 4 units per 24 hours per recipient
 - No more than 8 units per calendar month per recipient





CHW WEBSITE AT WWW.MNCHWALLIANCE.ORG

PHOTO GALLERY | REGISTRATION | BECOME A SPONSOR | MEMBERS | CONTACT US | HOME

Minnesota Community Health Worker Alliance

Community Health Worker

- + Education
- + Workforce
- CHW Success Stories
- + Policy & Research
- + CHW Professional Alliance

The Minnesota Community Health Worker Alliance

Mission

The mission of the Alliance is to provide coordination for CHWs and CHW stakeholders work together to advance the CHW profession in Minnesota.

Vision

The Alliance's core principals are to incorporate the role of the CHW in the health and social service sectors and to decrease health disparities by addressing the social determinants of health by reducing barriers to health and well-being for the underserved populations in Minnesota.

PRINCIPLES OF ALLIANCE

Develop strong CHW Leadership

Reduce cultural and linguistic barriers to health care, improve quality and cost effectiveness of

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MINNESOTA CONTACT INFORMATION

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PROMOTING A SUSTAINABLE CHW WORKFORCE IN MASSACHUSETTS

Massachusetts

Information provided by:

Gail Hirsch

Office of Community Health Workers
Massachusetts Department of Public Health,

and

Board of Directors,

Massachusetts Association of Community Health Workers



MASSACHUSETTS BACKGROUND: THE EMERGING PROFESSION – 1990's

- Long term public health support for CHWs (1960's)
- Mid 1990's began focus (in MA and nationally) on CHW definition, guidelines/best practices, core competencies, training, supervision, recognition
- CHW leadership began to emerge
- Collaboration for CHW organizing
- Resources in DPH to support the workforce
- Federal CISS grant (HRSA MCHB, 2000-03) to build CHW infrastructure in Massachusetts



MASSACHUSETTS BACKGROUND: THE EMERGING PROFESSION – EARLY 2000’S

- Formation of MACHW – Massachusetts Association of CHWs – oldest statewide CHW association
- DPH contract policy for community-based vendors on CHW definition, training and supervision
- 1st MA CHW report: “Essential to Improving Health” (2005) – snapshot of the workforce
- 2003 partnership of MACHW, DPH and Mass. Public Health Association, leading to BCBS of MA Foundation funding for CHW policy advocacy



MASSACHUSETTS CHW DEFINITION

- The Massachusetts Department of Public Health (DPH) defines CHWs as public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:
 - Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
 - Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
 - Assuring that people access the services they need;
 - Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and
 - Advocating for individual and community needs.
- CHWs are distinguished from other health professionals because they:
 - Are hired primarily for their understanding of the populations and communities they serve;
 - Conduct outreach a significant portion of the time in one or more of the categories above;
 - Have experience providing services in community settings.



MASSACHUSETTS BACKGROUND: THE EMERGING PROFESSION – MID 2000'S

- CHWs included in MA 2006 universal health reform law, a health disparity provision
- Legislative mandate to DPH (Section 110, Ch. 58)
 1. Convene statewide Advisory Council
 2. Investigate the CHW workforce:
 - Use and funding of CHWs
 - Role in increasing access to health care
 - Role in eliminating health disparities
 3. Make recommendations for a sustainable CHW program in MA - training, certification and financing
 4. Report findings and recommendations to the Legislature



STATEWIDE CHW ADVISORY COUNCIL, 2007-09

ALL HANDS ON DECK

- State APHA Affiliate – Mass. Public Health Association
- State agencies (DPH, Medicaid, Dept. of Labor)
- CHW training programs
- Health plans (individual and association)
- Health care and community-based organizations
- CHW workforce
- Healthcare providers
- Hospitals
- Employers of CHWs (CHCs, hospitals, others)
- Foundations
- AHEC
- Academic institutions
- Primary care association
- Health policy advocates



IMPACT OF CHWS

- CHWs Increase Access to Care
- CHWs Improve Health Care Quality
- CHWs Reduce Health Disparities
- CHWs Improve Service Delivery
 - Reduced hospitalizations and use of emergency departments
 - Improved self-management of health conditions
 - In a review of 18 studies of CHWs involved in the care of patients with diabetes, Norris and colleagues found improved knowledge, lifestyle, and self-management behaviors among participants as well as decreases in the use of the emergency department (Norris et al., 2006).



2010 REPORT TO THE LEGISLATURE

- 34 recommendations in 4 categories:
 - Strengthen CHW professional identity
 - Strengthen CHW workforce development, including training and certification
 - Expanded public & private financing mechanisms
 - Establish state CHW infrastructure (Office of CHWs in Health Care Workforce Center)
- Recommendation 2.6 leads to Chapter 322, Acts of 2010: “An Act to Establish a Board of Certification of CHWs”



MASSACHUSETTS CHW CERTIFICATION BOARD

- Chapter 322 to go into effect January 2012
- Board to be established at DPH Division of Health Professions Licensure, convened by DPH Commissioner
- Law creates board, designates composition (11 members; at least 4 CHWs), other procedures; powers and duties
- Regulations to address certification of individual CHWs and training agencies, “grandmothering”, CEUs, renewals, complaints, etc.
- Massachusetts committed to CHW input to all aspects of certification



MASSACHUSETTS CONTACT INFORMATION

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Community Health Workers in Massachusetts: Improving Health Care and Public Health (MDPH Community Health Worker Advisory Council Report)

http://www.mass.gov/Eeohhs2/docs/dph/com_health/com_health_worker_s/legislature_report.pdf

RESOURCES at: www.mass.gov/dph/communityhealthworkers
and www.machw.org



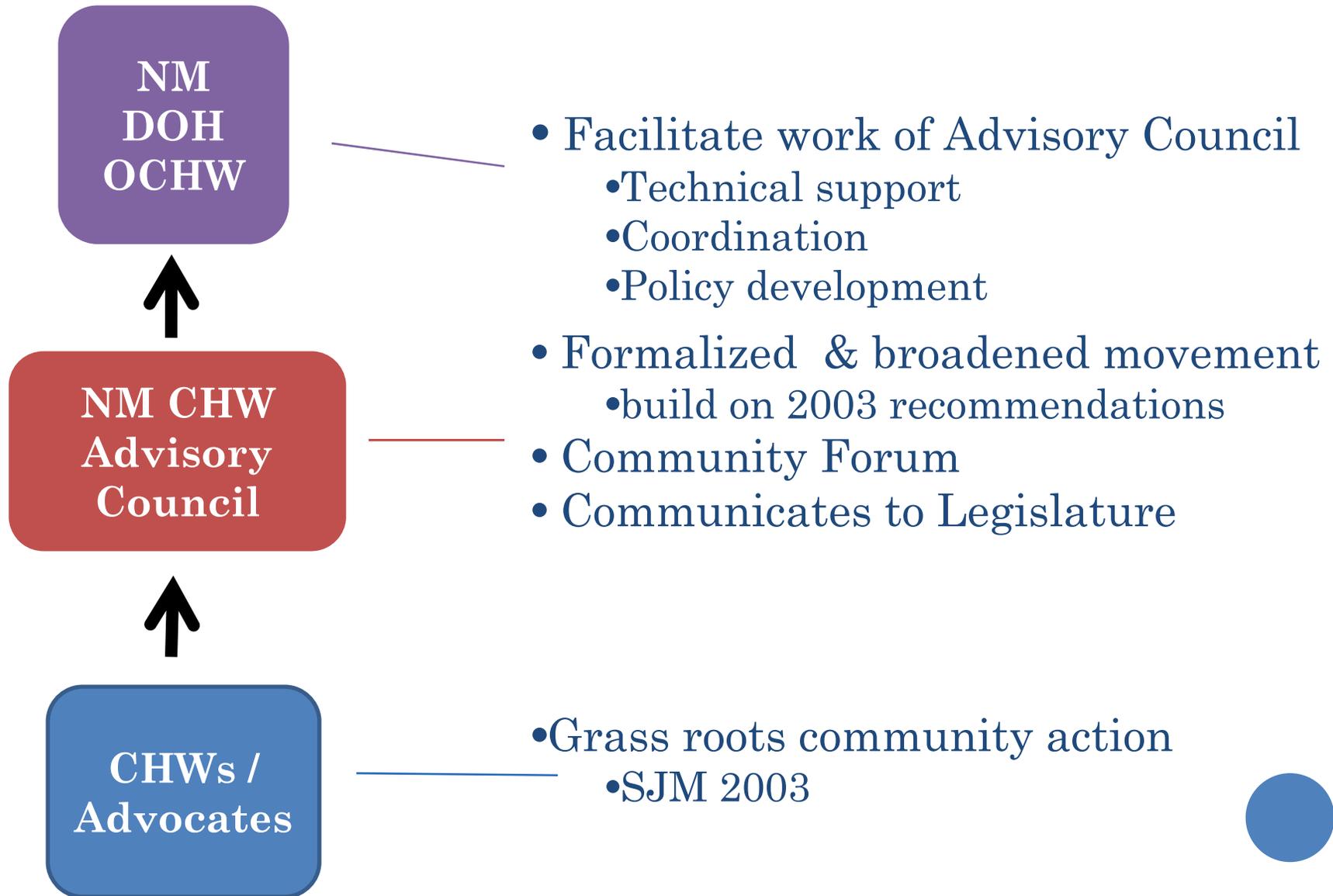
OFFICE OF COMMUNITY HEALTH WORKERS

New Mexico

Information provided by:
New Mexico Department of Health 2011



How is NM creating a CHW model?



FIRST STEP

- Implement a standardized training and certification program
 - Secure access to long term funding such as third-party payer reimbursement sources like Medicaid
 - Develop a common, transferable knowledge base among CHWs
 - Gain the recognition of other health-care professionals for the value of CHW services



WHAT DOES CERTIFICATION MEAN?

- Registration: NMDOH CHW Registry
 - Listing of individuals serving NM communities
 - Bring recognition to the CHW workforce
- Accreditation: Endorse current training programs that meet core competencies
- Certification: credential received after successful completion of an accredited training program
- Not licensure



WHAT ARE THE CORE COMPETENCIES?

1. Communication Skills: verbal & nonverbal; nonviolence; observation; documentation; negotiation; conflict resolution
2. Interpersonal Skills: relationship-building; trust; empathy; compassion; personal & professional boundaries
3. Supportive Coaching Skills: behavioral change; goal setting; maintenance & relapse prevention; disease management
4. Service Coordination Skills: home-visiting; system navigation; linking to services; case management
5. Capacity-Building Skills: strength-based approach; community organizing; individual empowerment; leadership development
6. Advocacy Skills: inform health and social service system; ability to speak up for individuals & communities
7. Technical Teaching Skills: adult teaching; facilitation; group presentation; computer skills
8. Organization Skills: identify strengths; planning; outreach; time management; prioritizing; safety
9. Knowledge of Community Needs, Services, and Resources



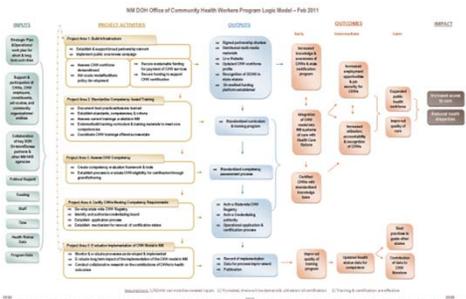
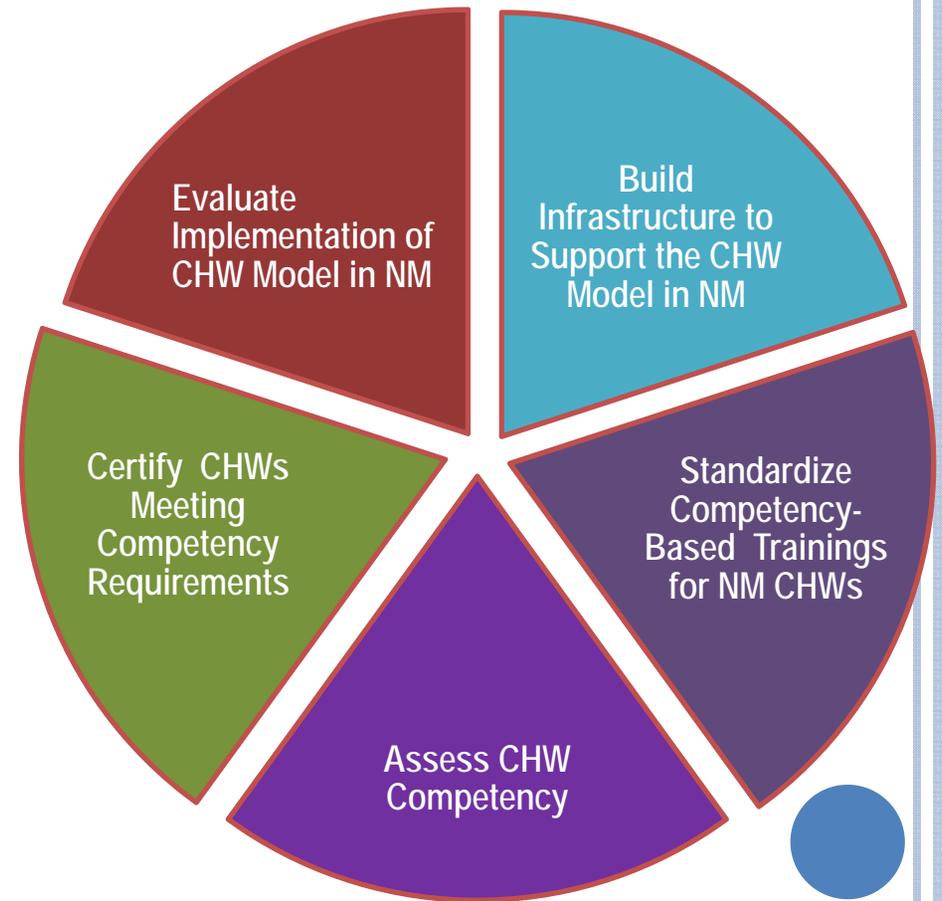
ESSENTIAL FEATURES OF PROGRAM

- Voluntary
- Provided on ability to demonstrate competency
 - Knowledge & skills
- Offered in multiple formats
 - Community settings or degree program
- Offered for minimal cost to CHWS
 - Establishment of funding to reimburse for services
- Inclusive eligibility
 - 18 years
 - High School diploma or equivalent
 - Provisional certification available for youth ages 12-17



STRATEGIC PLANNING PROCESS

- Break it down
 - 5 Project areas
 - Interdependent and mutually re-enforce one another
 - Must be addressed simultaneously
 - Requires multi-disciplinary expertise and action



4 PRIORITY WORKGROUPS

1. Public Awareness Campaign
2. CHW Workforce Assessment
3. Establish funding
4. Standardize competency- based training



NEW MEXICO CONTACT INFORMATION

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Program Development Coordinator

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NEW YORK STATE COMMUNITY HEALTH WORKER INITIATIVE

New York

Information provided by:
Sergio Matos, CHW Network of NYC



ADVANCE AND SUSTAIN THE CHW FIELD IN NYS

- Standardize the scope of practice
 - Developed 3 work groups
 - CHW Scope of Practice
 - CHW Training and Credentialing
 - CHW Financing
- Develop statewide training and credentialing
- Identify stable financing streams



SCOPE OF PRACTICE WORK GROUP PRODUCTS

- Preamble
- Functional Task Analysis
- Scope of Practice – Roles and Tasks
 - Need to have specific roles, tasks and skills to define the scope of practice
 - A **Role** is the larger function one endeavors to accomplish
 - A **Task** includes specific activities, which in turn contribute to fulfilling a larger function or role
 - A **Skill** is a proficiency acquired or developed through training or experience that allows one to complete a task
 - Functional Task Analysis describes each role of the Scope of Practice.
 - Task Statement (What CHWs do)
 - Task Outcomes
 - Coordination, supervision, team issues
 - Performance Variables
 - Skills by Task/Training Content (How CHWs do what they do)
- Preferred CHW Attributes
- Recommendations



SCOPE OF PRACTICE ROLES AND TASKS

- Role I: Outreach and Community Mobilization
- Role II: Community/Cultural Liaison
- Role III: Case Management and Care Coordination
- Role IV: Home-based Support
- Role V: Health Promotion and Health Coaching
- Role VI: System Navigation
- Role VII: Participatory Research



TRAINING & WORK GROUP RECOMMENDATIONS

- Training Content
 - Guidance for organizations/institutions that want to develop relevant and appropriate CHW training content – responsive to scope of practice
- Training Methodology
 - Guidance for trainers/educators on appropriate adult learner centered philosophies and adult learning principles
- Training Locations
 - Suggestions for diverse locations to improve accessibility and availability across the state
- Training Development and Delivery
 - CHW involvement to inform curriculum planning, development, delivery and evaluation - including CHWs as faculty & co-trainers
- Institutional Requirements
 - Meet the needs of CHWs and their employers – including supportive services
- Certification
 - How do we make all this happen?



FINANCE WORK GROUP RECOMMENDATIONS

- Policy Positions
 - Medicaid
 - New York State
 - New York State Department of Health
 - Commercial Insurance
 - Philanthropy
- Demonstration Initiatives
 - Medicaid Administrative Costs
 - Medicaid Care Team Integration
 - Medicaid Direct Services
 - Medicaid 1115 Waiver
 - DOH Grants & Contracts
 - Philanthropy
- Building the Business Case for CHWs
 - Medicaid Direct Provider Reimbursement
 - Commercial Insurance
 - Private Sector Organizations



NEW YORK CONTACT INFORMATION

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<http://www.chwnetwork.org>



NEXT STEPS FOR MICHIGAN

- Research to develop a definition and scope of practice for CHWs
 - Identify CHW Programs
 - Identify CHWs
 - Identify interested funders, supporters, etc.
- Conduct a CHW workforce investigation into the:
 - Use and funding of CHWs in Michigan;
 - The role of CHWs in increasing access to health care;
 - The role of CHWs in reducing health disparities.
- Determine if CHWs in Michigan are interested in credentialing and/or certification
 - Development of association
 - Coalition of partners
- Determine appropriate methodology of practice (i.e. follow another state's model, adapt, etc.)
- Develop advocacy and build legislative efforts.



SO WHAT'S NEXT MICHIGAN?

- Questions to Consider...

