



2020 Supplemental Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: B5 - Train & Educate Comm Health Workers
Budget Session: 2020 Supp
Budget Level: Policy Level
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Agency Recommendation Summary

Rural populations and communities of color often experience barriers in accessing quality health care. Community Health Workers are an effective means to address such barriers. The Washington State Department of Health requests resources to implement just released recommendations of the legislatively mandated Community Health Worker Task Force to design and implement a training framework and establish training standards, which will improve access to care and health outcomes for vulnerable populations.

Fiscal Summary

Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	\$0	\$660	\$650	\$246
Total Expenditures	\$0	\$660	\$650	\$246
Biennial Totals		\$660		\$896
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	0.0	4.7	4.7	1.6
Average Annual		2.4		3.2
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$0	\$330	\$330	\$115
Obj. B	\$0	\$126	\$126	\$44
Obj. C	\$0	\$110	\$100	\$40
Obj. E	\$0	\$45	\$46	\$29
Obj. G	\$0	\$15	\$15	\$7
Obj. J	\$0	\$1	\$0	\$0

Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. T	\$0	\$33	\$33	\$11

Package Description

Background:

Community Health Workers (CHW) improve health outcomes and lower health care costs by helping people understand the health care system and connecting people to health services like preventive screenings, behavioral health support and chronic disease self-management. CHWs are often members of the communities they serve and can help to build connections and trust between community and the health care system, reducing barriers to clinical care access. They are powerful partners in reducing disparities by addressing individual and community level factors unrelated to medical care (i.e. social determinants of health).

Evidence shows CHWs improve access to care and health outcomes for vulnerable populations. A 2015 Centers for Disease Control and Prevention (CDC) report 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. A Trust for America's Health report indicates a return on investment (ROI) of almost six to one when investing in proven community-based prevention programs.

In 2018, the Legislature designated funding for DOH to reconvene a CHW Task Force to further develop training and education recommendations. The 2018 CHW Task Force completed its work and on July 26th released recommendations in four key areas: CHW abilities, methodology, employer support, and infrastructure. Those recommendations now need funding in order to be implemented.

Problem Statement:

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. Communities of color and other marginalized groups such as the LGBTQ community whom have experienced barriers to accessing quality health care may benefit greatly from CHW connections.

Recognizing CHWs as valued health care educators, connectors and providers allow many underserved communities access to health care services in culturally appropriate and supportive ways. This request allows DOH to build a strong framework for CHWs to be integrated into the health care system statewide.

Implementing the 2018 recommendations of the task force will include:

- Developing an ongoing statewide, multi-stakeholder leadership group that is majority CHW in membership to advise on workforce issues;
- Adapting the departments existing training system and updating the curricula to align with Task Force recommendations;
- Creating a system for reviewing training courses regularly to ensure training programs, including those delivered by non-agency providers reflect Task Force recommendations, including CHW core skills and abilities;
- Training CHW trainers;

- Creating tools for CHW employers and supervisors to increase awareness of CHW competencies and the tools CHW need to be effective;
- Continuing to facilitate linkages to career pathways for CHWs; and
- Growing regional networks and a statewide association to support the collaboration and alignment of CHWs statewide.

There is no dedicated state funding for the CHW training program and federal grant funding is minimal. As a result, the sustainability of the training program is unstable. Baseline funding from the state general fund will also allow DOH to respond to the recommendations of the CHW Task Force, including the development of a statewide multi-stakeholder leadership group and adapting DOH's CHW training program to better serve the community.

Assumptions and Calculations

Expansion or alteration of a current program or service:

Prior to state fiscal year 2019, the CHW 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. These funds covered 1.5 to 3.0 FTE, maintenance of training modules, and travel costs for CHW trainings. A grant from the Centers for Disease Control and Prevention (CDC) which ended in September of 2018, was the major source of funding for the program. The CHW program received \$150,000 in one-time funds for state fiscal year 2019 to reconvene the Community Health Worker Task Force to make further recommendations on establishing and maintaining a sustainable CHW training program.

Detailed assumptions and calculations:

One time funding in the amount of \$660,000 per year for fiscal year 2021 and fiscal year 2022 will support the department's ability to implement the CHW Task Force's recommendations and CHW coalition development efforts. This includes developing a statewide leadership group to guide implementation of recommendations and other decisions impacting CHW worker force, 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, resources and tools for CHW supervisors, and support a sustainable CHW state coalition to support CHW networking and alignment. These assumptions are based on the current program's annual expenditures as well as the one-time funding DOH received to convene the CHW Task Force and generate the legislative report.

The needed resources to support this work include:

- 2.0 FTE of an Health Services Consultant (HSC) 3, 1.0 FTE of an HSC 4 and 0.25 FTE of a Washington Management Service (WMS) staff and associated costs: \$390,000;
- A consultant: \$15,000;
- Meeting costs such as CHW travel, facilities rental, and materials: \$15,000;
- A web-based Learning Management Platform: \$40,000;
- Travel: \$15,000;
- Training materials: \$5,000 for printing and reproduction;

- A CHW Association/Network: \$50,000; and
- Other administrative support services: \$130,000.

Ongoing funding, starting in fiscal year 2021, in the amount of \$246,000 will support the department's ability to provide Community Health Worker Training to at least 75 participants per year, with priority given to CHWs who volunteer and/or work in agencies with limited funding resources. These assumptions are based on a paired down version of the existing training program.

Funding will cover the costs of:

- 1.0 FTE of an HSC 4 and 0.05 FTE of WMS 2 and associated costs: \$130,000;
- Web based Learning Management Platform and curriculum updates: \$40,000;
- Travel and Training Materials: \$12,000 – split evenly between travel and printing/reproduction;
- Meeting costs such as CHW travel, facilities rental, and materials: \$15,000; and
- Other administrative support services: \$49,000.

Workforce Assumptions:

See attached financial calculator (FNCAL)

Strategic and Performance Outcomes

Strategic framework:

This request 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 request also supports the agency's strategic plan by implementing the public health elements of Healthier Washington and Ensure health equity and improve population health.

Performance outcomes:

Developmental

- Development, piloting, evaluation and refinement of DOH curricula based on task force recommendation (skills, abilities, methodology);
- Creation of statewide, multi-stakeholder leadership group;
- Development of a statewide CHW training train-the-trainer model; and
- Resources to support CHW supervisors.

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; and
- Number of CHWs connected to a regional network or statewide association.

Impact/Outcome

- 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; and
- CHW supervisors who retain CHWs in their position for 12 months.

Percent of CHWs who are trained in quality programs that move into other health professions.

Other Collateral Connections

Intergovernmental:

DOH will partner closely with Washington State Health Care Authority, the Department of Social and Health Services, the American Indian Health Commission and local health jurisdictions, with a focus on those that employ CHWs. These entities were strong contributors for each of the CHW Task Force convenings. Their support is anticipated.

Stakeholder response:

Stakeholders of this proposal include: CHWs (including culturally appropriate models, such as promotoras de salud and others); the Washington CHW Association (WACHWA), regional CHW networks, members of the CHW Task Force; Health Systems; CHW training programs; the Healthier Washington Initiative; and Accountable Communities of Health. The department anticipates support from these partners. Many participated in the Task Force that released the recommendations the department proposes to implement. However, DOH anticipates some difficult questions and concerns from other stakeholders.

Some questions DOH anticipates are:

Why does the state need a Leadership Group and the WACHWA?

The CHW Task Force recommended a multi-stakeholder leadership group that was majority CHW but included other stakeholders such as health systems, insurers and associations, this Leadership group would meet ongoing to support the implementation of recommendations across Washington State and further CHW workforce development. The WACHW is a statewide association that does not include non-CHW stakeholders. The WACHWA provides an opportunity for CHWs to be connected to CHWs across the state to share information and support each other.

Why take steps towards developing standards for training programs instead of certification of training programs or individuals?

Standards for training or training programs help establish core competencies, knowledge, skills, and abilities so employers and providers can integrate CHWs into their clinics without certifications of individual CHWs networks or agencies.

Some members of CHW and provider groups are opposed to individual CHW certifications. The 2018-

2019 CHW Task Force did not recommend certification of training programs because of potential unintended consequences local CHW network trainings. Instead, the CHW Task Force recommended the development of training standards. Certification of training programs will be topic addressed through the CHW leadership group.

Does this change mandate certification or licensure?

No, the CHW task force did not recommend certification of training programs. Exploring the possibility of certifying training programs, not individuals. At this time, there are no plans to license individual CHWs or develop a training program certification, however this topic will be discussion in further detail by the CHW leadership group.

Other anticipated concerns

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 CHWs to undergo background checks. It will be important to help CHWs understand a finding in one's background check is not necessarily a disqualification.

There are likely to be scope of practice concerns among some health care providers. The department is trying to mitigate this by referring to both CHW Task Force reports, which involved health care providers, and statewide professional associations in addition to CHWs.

Legal or administrative mandates:

This request is not a response to legal or administrative mandates.

Changes from current law:

This request does not require any changes to statutes or rules.

State workforce impacts:

This request does not impact existing collective bargaining agreements.

State facilities impacts:

This request does not impact facilities and workplace needs.

Puget Sound recovery:

This request is not related to Puget Sound recovery efforts.

Reference Documents

- PL B5 Train & Educate Comm Hlth Workers-FNCAL.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