



Department of Health
 2021-23 Regular Budget Session
 Policy Level - P7 - Support Recommendations for CHWs

Agency Recommendation Summary

The Department of Health (DOH) requests funds to implement the 2018 Community Health Workers Task Force recommendations to provide statewide leadership, training, and integration of Community Health Workers (CHWs) with insurers, healthcare providers, and public health systems. During the COVID-19 response, CHWs have proven themselves to be invaluable by providing coordination for case contact tracing and resource access for individuals in isolation and quarantine, particularly for populations with access barriers related to language, culture, mobility, and multiple co-existing health conditions.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	4.7	4.7	4.7	4.7	4.7	4.7
Operating Expenditures						
Fund 001 - 1	\$627	\$627	\$1,254	\$627	\$627	\$1,254
Total Expenditures	\$627	\$627	\$1,254	\$627	\$627	\$1,254

Decision Package Description

Problem

Navigating the healthcare system is a challenge for many people, but it can be especially difficult for those with barriers related to language, culture, mobility, and other socioeconomic and demographic disparities. To address this issue, the 2018 Community Health Workers Task Force (Task Force) made recommendations to provide leadership, training, and integration of Community Health Workers (CHW) with insurers, healthcare providers, and public health systems. CHWs engage with their communities to provide culturally-relevant information to guide people to the care and resources they need.

One of the shortcomings of the existing healthcare system is that providers may offer guidance which does not always align with the lived experiences and realities of their patients. Evidence shows that CHWs improve access to care and health outcomes for vulnerable and underserved populations, including communities of color because they are trusted members of the communities they serve. In healthcare settings they are crucial and valued members of clinical care teams as they help patients navigate the often confusing healthcare system, which allows for more comprehensive and seamless patient support.

CHWs are able to disseminate and improve receptiveness and adherence to difficult or unpopular public health messages in their communities by identifying barriers to adherence and developing achievable, individualized, culturally appropriate solutions. As DOH continues to respond to COVID-19 and prepares for future community outbreaks, CHWs are necessary to support case contact tracing and resource coordination for individuals in isolation and quarantine. CHWs are key to promoting COVID-19 prevention measures to marginalized communities and are an important resource for flu and COVID-19 vaccine education. In addition, the United States Department of Homeland Security's Cybersecurity and Infrastructure Security Agency recently issued a memorandum that identified CHWs as essential critical infrastructure workers during the COVID-19 pandemic. This designation is due in part to the flexibility of the CHW role, since CHWs may also provide a variety of care to other vulnerable populations. For example, CHWs may provide care to adults in home settings, thereby allowing those patients to avoid higher risk interactions.

Investing in a strong CHW framework for Washington State promotes equity and reduces health disparities in underserved communities. Many communities, in particular communities of color, continue to experience health inequities that have been exacerbated by COVID-19. CHWs are urgently needed to respond to COVID-19 and they will continue to be needed in the future as the state and nation recover from the deepened health inequities resulting from the pandemic.

CHWs are key to achieving health equity as they are uniquely able to work within communities to reduce health disparities. A newly-created CHW Leadership Committee would provide statewide guidance for CHW training to employers, training participants, and community members so that they have a shared understanding of CHW skills, roles and abilities.

Recommendations of the Task Force

Implementing the 2018 Community Health Workers Task Force recommendations will include specific objectives in three key areas, including:

Leadership: This proposal will shift from an episodic gathering of CHW stakeholders to a formal, ongoing platform and voice through the creation of a CHW Leadership Committee. This committee will invite and use feedback from CHWs and the representatives of the health systems, and related stakeholders to collaboratively define and guide the emerging and evolving roles of CHWs. This multi-stakeholder leadership group will consist of a CHW majority and is well-suited to provide advice on CHW workforce issues;

Training: This proposal supports a training system to establish career pathways for CHWs. DOH will update curricula in response to prior task force recommendations as well as for consistency, emergency response needs, and culturally relevant materials. In the longer term, regional training programs in which regional CHW networks will partner with DOH to provide localized CHW training, allowing for the continued and sustainable development of the CHW workforce; and

Integration: This proposal will allow the new CHW Leadership Committee to facilitate bidirectional communication between CHW networks, the Washington Community Health Worker (WA CHW) Association, and healthcare systems to ensure CHWs and other stakeholders across the state may help to shape the recommendations of the Committee. Training and readiness of CHWs as part of the Statewide COVID Care Coordination Center is essential to achieving successful isolation or quarantine of patients. Clarifying the CHW's role as an essential workforce and integrating them with key stakeholders, including healthcare systems, local public health departments, and community based organizations is also important.

Assumptions and Calculations

Expansion, Reduction, Elimination 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 supported 1.5 to 3.0 FTE, maintenance of training modules, and travel for CHW trainings. A Center for Disease Control and Prevention (CDC) grant, which ended in September 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. The previous one-time proviso funding was not used to implement the current training program. At this time, there is no identified funding for the 2021-23 biennium. Without new funding this program, the only statewide CHW training program, will cease to exist.

Detailed Assumptions and Calculations:

On-going funding in the amount of \$650,000 per fiscal year will support two essential and interconnected components of establishing a strong CHW workforce in Washington State:

- The creation and maintenance of a CHW Leadership Committee (\$237,000 per fiscal year) to guide the implementation of the CHW Task Force recommendations and further define CHW Work Force roles and intersections with health systems; and
- The expansion and maintenance of the DOH CHW Training Program (\$413,000 per fiscal year) to provide accessible, culturally-relevant, statewide CHW training to ensure a ready, competent workforce to respond to emerging health needs like COVID-19, as well as efforts to reduce existing health disparities and barriers to accessing healthcare services.

To support the newly created CHW Leadership Committee, DOH will need:

- 1.0 FTE Health Services Consultant 3 (HSC3) (\$102,588 per fiscal year) to:
 - Coordinate stakeholder engagement and build connections between DOH and CHW stakeholders in the community. This includes establishing bidirectional communication mechanisms between the Leadership Committee and CHW networks across the state;
 - Prepare CHW Leadership Committee meetings, which includes ensuring member participation, engaging in research and development for agenda content, and executing logistics; and
 - Prepare and manage CHW Leadership Committee budgets contracts and grants.
- 0.2 FTE Washington Management Service 2 (WMS2) (\$29,158 per fiscal year) to:
 - Provide leadership to expanding and implementing CHW Task Force recommendations through the CHW Leadership Committee.
- Travel for quarterly in-person Leadership Committee meetings and meetings with CHW networks and other stakeholders. The leadership meeting will be held monthly with only one every four months being in person the rest being virtual. (\$20,000 per fiscal year).
 - It is assumed there will be four meetings per year and 15 people per meeting;
 - For each of the 15 people, it will cost \$125 per person per meeting for lodging and \$100 per person per meeting as a stipend; and
 - In addition, two DOH employees will need to attend.
- Other administrative costs, including Information Systems (IS) support services, communications and training (\$12,000 per fiscal year).

To support the CHW Training Program, DOH will need:

- 1.0 FTE Health Services Consultant 4 (HSC4) (\$111,949 per fiscal year); and
- 1.0 FTE HSC3 (\$102,588 per fiscal year) to:
 - Prepare and facilitate CHW training courses at locations across Washington state (typically, over 700 new CHWs are trained each year); the inclusion of two in-person training days is highly preferred to a fully virtual training to focus on communication skill building and establishing trust;
 - Facilitate course enrollment, outreach and scheduling for trainings;
 - Provide individualized coaching and support to participants;
 - Coordinate the development of new health-specific modules and course adaptations; and
 - Serve as a liaison with training graduates for upcoming training and employment opportunities.
- Travel for in person trainings (\$27,392/fiscal year)

In person CHW Training Sessions \$27,392:

\$131 average lodging. 75 miles. Airfare \$500 and Incidental \$150. $\$856 \times 16 \text{ trips} \times 2 \text{ FTE} = \$27,392$

- Web-based Learning Management System Platform (\$55,000 per fiscal year)
- Other administrative costs, including IS support services, communications and training (\$21,000 per fiscal year)

More details are available in the supporting document titled, "21-23 PL-P7 Support Recommendations for CHWs - FnCal".

Workforce Assumptions:

The FTEs requested in this proposal is contained in the previous Detailed Assumptions and Calculations section.

How is your proposal impacting equity in the state?

Communities of color and other historically marginalized groups are more likely to struggle with poverty and suffer from chronic health conditions. Approximately 13 percent of Washington State's population consists of people who identify as Hispanic (Latinx), yet members of this population represent 43 percent of confirmed COVID-19 cases of COVID-19. Health inequities such as these exacerbate the risk of harm caused by this pandemic, and culturally responsive strategies such as CHWs are even more critically needed to support appropriate intervention.

COVID-19 will continue to impact the health of vulnerable and historically marginalized communities. Recognizing the effects of structural racism and bias, existing inequities are likely to grow due to job losses, school closures, housing instability, and the overwhelming need for support from public health and social service systems. Investment in this workforce is crucial to ensuring Washington state can appropriately meet the growing needs of its most underserved communities.

Foregoing the implementation of the Task Force's recommendations would limit the state's ongoing ability to sustain a workforce proven to reduce health disparities and improve access to care at a time when the need for this workforce continues to grow. Failure to implement these recommendations would also result in a missed opportunity to build upon existing partnerships with healthcare and other community systems in response to COVID-19.

Strategic and Performance Outcomes

Strategic Framework:

The services CHWs provide align with the Governor's Results Washington: Healthy and Safe Communities goal area by supporting individuals and communities to improve their overall health and monitor chronic conditions without medical intervention, a key strategic initiative to engage with members of vulnerable communities who may hesitate to engage with healthcare systems.

This request also supports DOH's strategic plan by implementing the public health elements of Healthier Washington and ensuring health equity in the pursuit of the triple aim of improving care, improving population health, and lowering healthcare system costs.

Performance Outcomes:

This effort has developmental, process and outcome measures:

Developmental

- Develop, pilot, evaluate and refine the DOH curricula based on task force recommendations (skills, abilities, methodology, cultural relevance);
- Adapt DOH curricula to include introductory training on COVID-19 care coordination;
- Creation of a statewide, multi-stakeholder leadership group;
- Development of a statewide CHW training “train-the-trainer” regional model;
- Resources to support CHW supervisors; and
- Increased understanding of the skills and roles of CHWs by healthcare systems and other stakeholders.

Process

- Number of CHWs who complete training in the new model (an average of 730 per year, based on graduates from 2017-2019);
- Number of CHW Supervisors who complete training under the new model;
- Number of additional high-quality CHW training programs that form in Washington; and
- Number of CHWs connected to a regional network or the WA CHW 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(s) with CHW who completed quality training programs;
- CHW supervisors who retain CHWs in their positions for 12 months;
- CHW stakeholders that establish systems and processes incorporating CHWs; and
- Percent of CHWs who are trained in high-quality programs that move into other health professions.

Other Collateral Connections

State Workforce Impacts:

Not applicable

Intergovernmental:

Through CHW support of chronic disease management and prevention, there may be a reduction in Medicaid expenditures. DOH does not anticipate any other impacts on other intergovernmental agencies. DOH will partner closely with the 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 both CHW Task Force convenings. Their support is anticipated.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Puget Sound Recovery:

Not applicable

Legal or Administrative Mandates:

Not applicable

Stakeholder Response:

Community Health Worker Networks - Support

WACHWA - Support

Medicaid Managed Care Organizations - Neutral

Washington Chapter of the American Medical Association - Neutral

Accountable Communities of Health - Support

Local Health Jurisdictions (especially Tacoma Pierce and Chelan Douglas) - Support

Professional Associations - Neutral

Community-based organizations that utilize CHWs like Global to Local and Rural Resources - Support

Washington State Health Care Authority - Neutral

Healthcare systems (MultiCare, Providence, Kaiser) - Neutral

American Indian Health Commission - Support

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

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$334	\$334	\$668	\$334	\$334	\$668
Obj. B	\$126	\$126	\$252	\$126	\$126	\$252
Obj. C	\$55	\$55	\$110	\$55	\$55	\$110
Obj. E	\$26	\$26	\$52	\$26	\$26	\$52
Obj. G	\$53	\$53	\$106	\$53	\$53	\$106
Obj. T	\$33	\$33	\$66	\$33	\$33	\$66

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