

**MEETING MINUTES**  
**Community Health Worker (CHW) Workgroup**  
**Friday, December 1<sup>st</sup>, 2017 9:30-11:00am**  
**Indiana State Department of Health, 5<sup>th</sup> Floor Conference Room**

**Members Present:**

**Rebecca Adkins**, *Systems Director-Population Health*, Ascension  
**Kathy Cook**, *Executive Director*, Affiliated Services Provider of Indiana (ASPIN)  
**Rick Diaz**, *CEO*, HealthNet  
**Derris Harrison**, *Medicaid Policy*  
**Margarita Hart**, *Executive Director*, Indiana Community Health Workers Association (INCHWA)  
**Judy Hasselkus**, *Program Director, Employer Engagement & Sector Specialist for Health Care, Ag., & Life Science*, Department of Workforce Development (DWD)  
**Laura Heinrich**, *Director of Cardiovascular Health and Diabetes*, Indiana State Department of Health  
**Debbie Herrmann**, *Deputy Director, Medicaid Initiatives*, Division of Mental Health and Addiction  
**Jennifer Long**, *Administrator of Community Based Care*, Marion County Public Health Department  
**Mandy Rush**, *Director of Community Services*, Mental Health America of Northeast Indiana  
**Mary Anne Sloan**, *Vice President Health Care*, Ivy Tech  
**Lisa Staten**, *Department Chair of Social and Behavioral Sciences*, Richard M. Fairbanks School of Public Health  
**Andrew VanZee**, *Vice President*, Indiana Hospital Association  
**Carol Weiss-Kennedy**, *Director of Community Health*, IU Health Bloomington

**Members Absent:**

Don Kelso, *Executive Director*, Indiana Rural Health Association

**Welcome**

Chairwoman Judy Hasselkus welcomes everyone at the meeting at 9:30am. She reminds the group of their primary charge—coming to a consensus of a definition of a health worker in the community. She explains that from the DWD perspective, it is especially important that this is an occupational definition so that it can be tracked, quantified, and employment information can be gathered.

Laura Heinrich, Co-Chair, thanks everyone for putting in good efforts thus far in the workgroup.

**Review of Previous Meeting Minutes and Roll Call**

Judy Hasselkus directs members to the previous meeting minutes, which can be found in their folders (and were emailed to members in advance of the meeting). She asks for a motion to approve the previous meeting minutes. Debbie Herrmann asks for an amendment on page 5 of the minutes. The minutes were approved with the amendment.

**Competencies and Training: Existing Programs**

Judy Hasselkus wants to move forward with creating a directional plan. She explains the importance of having a sense of CHW roles and competencies. She wants to find out what kind of

training exists to build those competencies and wants to explore certification in order to validate the competencies. She also wants to look at the implications relative to reimbursement.

*Member Presentations: ASPIN*

Kathy Cook starts with a history of ASPIN's CHW training, explains their journey, and progress from 2009-2017.

In 2009, the peer certification curriculum was created and in 2010, it was implemented. In general, there are six models of CHWs they train:

- 1) CHW Core DMHA Certification,
- 2) CHW/Certified Recovery Specialist DMHA Certification,
- 3) CHW Core & Navigator Certification (HRSA & CMS),
- 4) CHW Recruitment Pipeline ASPIN Recruitment & Retention Consortium,
- 5) CHW/Navigator & Chronic Care Professional Certification ASPIN Health Improvement Program 2.0,
- 6) CHW & Chronic Care Professional Certification Behavioral Health Workforce Education Training.

Additional information about these CHW models can be found within the PowerPoint.

Hannah Maxey asked if Kathy Cook could explain the differences between the core CHW and the CHW/CRS. Kathy Cook responds that the CHW core training is three days long and some specific mental health training (CRS) is integrated within those three days. At the end of the three days, these individuals will be certified as a CHW. CRS-specific training would occur as two additional days after an individual has completed the core three days (for individuals with lived experience).

Andrew VanZee asked if when describing the number of individuals trained each year was a unique count or cumulative. Kathy Cook responds that it is a unique count.

As a part of Kathy Cook's presentation, she presents a list of CHW Job Titles. Judy Hasselkus asks if these presented titles are titles of the people who have gone through the CHW training or if they are a sample list of titles. Kathy Cook responds that they are titles of individuals who have gone through ASPIN's training.

Judy Hasselkus asks if any of the participants that go through the certification process do that electively or per request of their employer. Kathy Cook says that she has seen both elective and per employer request utilization of the certificate.

Andrew VanZee asks who the certifying body is and Kathy Cook and Debbie Herrmann explain that DMHA and ISDH worked together to create a CHW/CRS curriculum as a part of their primary behavioral health care integration initiative and that DMHA is the certifying body. Andrew VanZee asks if this certification is required for payment. Debbie Herrmann responds that this certification is required for Medicaid reimbursement under that program.

Hannah Maxey asks if the settings that these individuals are working in is tracked. If so, she asks if the majority of individuals are working in the mental health sector or in other health care organizations. Paul Conrad (a guest from ASPIN) responds that a large majority of individuals work in the mental health sector but that there are individuals working in other health care organizations. Debbie Herrmann replies that there are a number of individuals employed through primary care as well.

Judy Hasselkus adds that DWD data on current employment and projected employment of CHWs in Indiana shows the highest concentration are employed by local government, outpatient mental health and substance abuse centers, other individual and family services, general medical and surgical hospitals, and office of physicians (except for mental health specialists). The data suggests that employment in offices of physicians is projected to grow by 14% in the next ten years. Kathy Cook asks if this information is calculated based on demand. Judy Hasselkus replies that the data is from DWD analysts using federal, Burning Glass, and Emsi data from 2<sup>nd</sup> quarter 2017.

Kathy Cook explains that when they had the contract through DMHA they had an employment survey that they sent out each year to track how many CHWs were trained in a year, how many retained certification, and how many were employed. They did not track if the CHWs go on to other occupations or leave the state; they only tracked the entry-level positions they obtained.

Judy Hasselkus asks if the CHW or CRS certification could be considered an entry-level public health occupation and Kathy Cook responds affirmatively.

Kathy Cook then explains the five-day CHW/CRS training regimen. She explains that the first three days are CHW skill sets and the last two days are CRS skill sets that people can only obtain if they have had lived experience. She then discusses the different job titles/roles held by individuals with CRS certification.

Hannah Maxey asks if the additional CRS training requires lived experience or if it is something that anyone with a completed CHW can complete. Kathy Cook says that one has to have lived experience in order to receive the certification for both CHW/CRS. Hannah Maxey clarifies to the group that having “lived experience” means having lived experience in recovery.

Lisa Staten asks to clarify the difference between someone “trained” and someone “certified”. Kathy Cook replies that after the completion of the training, they have 14 hours of Continuing Education Units to complete and Paul Conrad says that they also have a test to pass at the end of the training to become certified.

Lisa Staten and Judy Hasselkus ask about the discrepancy in the number of individuals “trained” versus the count of “certified.” Kathy Cook states that every year the number of certified is the total cumulative of individuals with certification (including those re-certifying). She states that some individuals do not maintain their certification if they could not obtain a related job.

Lisa Staten asks if ASPIN could provide data indicating the proportion of those trained that certified in the first year. Kathy Cook says yes and that she will get that information to the group.

Lisa Staten also asks if there have been individuals that have not passed the test to become certified. Paul Conrad replies that there is very low rate of failure, but yes, some people do not pass the test. An individual is allowed two attempts at the exam and if they fail the first time, a peer tutor can be assigned to them to help them prepare to take the exam again.

Judy Hasselkus asks for explanation on the data presented for CHW/CRS training and certification counts. Lisa Staten states that these numbers may suggest that most of the people trained were certified that year, but almost no one recertified. Kathy Cook responds that DMHA discontinued their contract with ASPIN and transferred it to MHA in 2017.

Judy Hasselkus asks what the cost is for training/certification for an individual and if the individual or an employer bears that cost. Kathy Cook responds that for CRS training, there are many scholarships so most training sessions are at no cost to the individual. In order to spread training out across the state, they trained regional trainers so some of the employers absorbed the costs and gave their own training programs. Paul Conrad says that for the five-day CHW/CRS program, some employers will again absorb training costs by offering training at the place of employment. Of the training sessions that were not covered by employers, the cost to the individual was between \$200-300. The CRS application and testing fees are \$185.

Hannah Maxey asks if the certification was administered by ASPIN and will now be administered by MHA or if the certification is administered by DMHA. Kathy Cook replies that the certification will be administered through the vendor. DMHA used to have a contract with ASPIN, but now their contract is with MHA, but ASPIN is still certified to train. The application for a certificate is maintained through a vendor.

Judy Hasselkus asks if the CMS Navigator is a federal certification and Kathy Cook replies that CMS Navigator is a federal certification and the Indiana Navigator is a state certification. She states this is the same Indiana Navigator training/certification through the Department of Insurance.

Hannah Maxey asks for clarification in funding for the CHW Recruitment Pipeline training model. Kathy Cook responds that there was a federal grant to pay for these individuals to receive the training and certification.

Kathy Cook explains that the fifth CHW training/certification model was funded through another HRSA grant, targeted toward any chronic care professional. She discusses their certification, core competencies, and curriculum. It is supported by the World Health Organization and Institute of Medicine. She states that any professional working in healthcare is eligible to participate in this training.

Judy Hasselkus asks if this is a specialization of CHW training and Kathy Cook replies that yes, it is a certification in addition to the CHW core skills.

Laura Heinrich asks if after the three-day Core CHW training, individuals have to go through the CMS navigator training before they can take the Indiana-specific navigator training. Kathy Cook responds affirmatively.

Hannah Maxey asks if a comprehensive evaluation strategy exists to report on the value of the CHW training/certification/role from the perspectives of employers and trainees. She expresses the importance of the perception of value surrounding the certification and asks if there is any data from employed CHW/CRS individuals to review. Kathy Cook responds that DMHA has summaries of employment surveys that go back about three years.

Mary Anne Sloan asks if there is a sustainability model built into the program to cover training costs after the grant funding is depleted. Mandy Rush says that she will cover that in her presentation.

Judy Hasselkus asks if there is any tracking of whether these additional certifications result in any job opportunity increase or wage increase. Kathy Cook responds that she has heard that at the VA, if an individual gets a peer certification (CRS) they can go up a pay grade. She also states that at mental health centers, if a patient navigator obtains certification, they also receive a wage

increase. As far as improvement, they track the uninsured and as a network they had a 24% uninsured rate that has dropped down to 12% over the four-year period. She explains that each of the grants has different metrics and they track those differences. She then turns the room over to Mandy Rush's presentation.

*Member Presentations: MHA*

Mandy Rush clarifies that Mental Health America (MHA) are the contracted vendors to provide the CRS training and certification, effective at the end of July 2017. MHA was asked not to alter any processes or curriculum previously utilized by ASPIN. She states they have lowered costs for training/certification when possible. MHA prepared a proposal to DMHA for the CRS training and certification program. This program is for peer support specialists to help them with job placement or advance their training to become more effective in their work. She defines a peer support specialist as someone who has lived experience championing in their own recovery of mental health or substance abuse disorder and they want to give back and support others who may not be as far along in their journey of recovery. Mandy Rush states that MHA will hold trainings around the state to provide the full five-days of CHW/CRS training and at the end of the training, participants will have to take a written and multiple-choice exam to become certified. They have two attempts to take the exam. If they do not pass with an 80% or higher on the first attempt, they have two weeks to study and then retake the exam. At this time, MHA is not utilizing tutors but they would like to discuss adding tutors to their program after discussing with ASPIN.

Mandy Rush also explains that MHA has an employment program associated with the CRS program. She states MHA works on employment support with employers and they are working on a database of current and potential employers of CRSs. They want to be able to reach out and help employers develop programs that incorporate peer support, recognize the value of utilizing peer support, and help them make it financially sustainable to utilize peer support. They also want to provide training for supervisors of peer support specialists and they currently do job coaching for people who want to work in this position. They are surveying current and potential employers to see what they think the benefits of hiring a CRS is and what the barriers are that they run into. They also survey the people who go through the CRS training about their job status.

Judy Hasselkus asks if the CHW three-day training has the same core competencies as the CRS training. Mandy Rush says that the first three days are the same as the CHW training and the last two are the same as the CRS training from ASPIN. She explains that at the end of the five-day training period, individuals will leave with two certifications.

Judy Hasselkus asks if one can complete the five-day training if they do not have lived experience. Mandy Rush says that if one does not have lived experience, they can only go through the separate three-day CHW training. Certification has to be renewed after a year and one has to maintain 14 hours CEU's. This applies to both CHW and CRS certified individuals.

Andrew VanZee asks if there is a definition of continuing education. Mandy Rush says yes and that their definition is located on their website. She also states that MHA has webinars and state conferences for both CHW and CRS certified individuals that offer CEUs as a part of attendance.

Mary Anne Sloan asks if CRS has a certifying body and Mandy Rush replies that MHA certifies both CHWs and CRSs.

Mary Anne Sloan asks if there is a registry of CHW and CRS individuals and if they have had background checks. Mandy Rush replies that there is a registry and so far they have not been asked to conduct background checks.

Mandy Rush provides statistics from the four months they have conducted training (since July 2017). They have completed four CRS trainings held and 54 CRSs have been trained so far. There are 48 certified, three have not completed the exam yet, and one has not passed. There are 17 individuals on the waitlist and 115 that are in different stages of the application process. CHWs have four individuals on the waitlist and the first CHW training is next week.

Hannah Maxey asks if there is a way to track individuals post-training and if they were employed coming into training and if so, did their roles change post-training. Mandy Rush responds yes and that there are employer surveys or direct calls that they send out every six months.

Hannah Maxey asks if individuals are signing up for this training or if there are groups sent to this training from their organizations. Mandy Rush replies that some organizations will send groups, but that the vast majority are individuals. She says that some of the individuals that attend are there because they have a job waiting for them that required this certification.

Hannah Maxey asks what types of employers and organizations are requiring these certifications. Mandy Rush says that MHA's training coordinator will be able to provide that information in the future.

Mandy Rush says that for the CRS training they are contracted with DMHA, covering the costs for four trainings that are held around the state. While costs for training are covered, there is a \$35 cost for the application and CRS testing fee. After the first four trainings, there is a cost for the participant and those costs have been \$150-\$300 per person. For the CHW training, there is a \$115 testing fee and a \$35 application fee.

Mary Anne Sloan asks what the true cost of the programs would be without the grant. Mandy Rush states that there are a lot of factors that go into calculating the true cost and that she can provide that data for the group after the meeting. Mary Anne Sloan emphasizes that knowing the true costs for an individual and an employer is important information to consider going forward.

Judy Hasselkus turns the room over to Margarita Hart's presentation.

*Member Presentations: INCHWA*

Margarita Hart introduces INCHWA and provides background information on the organization. She explains that in a research project conducted in 2013, they tried to identify the core competencies and skills that Indiana wanted to define for CHWs. She says since then there has been a lot of work done at the national level and their organization has established their core roles/competencies in alignment with national standards. She explains that INCHWA acts as a certifying process for CHW training vendors.

Derris Harrison asks if ASPIN and/or MHA's training programs were reviewed or certified by INCHWA. Margarita Hart says that they have not gone through the certification process.

Hannah Maxey asks if the management of sensitive health information is embedded in any of INCHWA's core competencies and if so, which ones. Margarita Hart says yes, they do cover HIPAA, confidentiality, consent, and the proper referral process. She explains that CHWs are not clinical, but that they will be exposed to clinical settings.

Derris Harrison asks how many training vendors have been certified by INCHWA thus far. Margarita Hart replies that one vendor is certified and one vendor is waiting to be certified.

Hannah Maxey asks if ASPIN and MHA are trained vendors and Margarita Hart says they have not submitted an application for the review process.

Derris Harrison asks what the cost is to become a vendor. Margarita Hart responds that the training vendors in their first step review will pay \$1,750 and will pay \$2,250 for the second step review for the first year. After the first year, the board has had conversations to stay around a \$1,000 fee to recertify every three years.

Hannah Maxey asks if the training vendor has a registry of all trainees and Margarita Hart responds affirmatively.

Debbie Hermann asks how many people have been trained through the vendor. Margarita Hart replies that there have been 150 individuals that have applied for the CHW training done through a SkillUp grant and out of those, 100 individuals qualified for the training. Out of the 100 individuals that completed the training, 99 of them passed the exam, 93 of them are employed, and 3 of them are pursuing self-employment delivery of CHW services. She says the certification process was rolled out in February 2017.

Hannah Maxey asks if this certification is an onerous process for the trained individual to be responsible to certify others. Margarita Hart responds that it is the training vendor's responsibility to maintain that workforce, to have a database, and to provide quality training in order to maintain certification through INCHWA. They are establishing a quality that a training vendor should have.

Hannah Maxey asks if there is any reach to the actual workforce and wants to clarify that INCHWA is certifying training vendors that then become self-certifying bodies. Margarita Hart responds affirmatively and explains that there are so many different pockets of need in the state. Margarita Hart states that CHW training will have core training, but will also have modifiable aspects in addition to that core training based on the specific needs of the community. She then provides more roles assumed by certified CHWs and the most frequently served populations in Indiana.

Judy Hasselkus turns the room over to Mary Anne Sloan's presentation.

### **Training Considerations: Technical Certificate Requirements**

Mary Anne Sloan wants the group to understand where the CHWs can fall as a career path. She says that many of the current CHW training programs are provided under grants, but eventually when grants are depleted, there will be a cost to training/certification. She wants to provide information on what financial resources may be available to assist with costs. She explains that at Ivy Tech, credit hours are broken down into tiers. A "credit hour" is a unit of measuring educational credit.<sup>1</sup> The "certificates" are those programs within 16-29 credit hours, "technical certificates" are those within 30-45 credit hours, and "associate degrees" are 60+ credit hours. Any new curriculum and/or programs have to be approved by curriculum committees first, and then it goes to the Commission for Higher Education who approves it in one of these categories. Then a certificate/technical certificate must go to the federal Department of Education for the

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<sup>1</sup> According to federal regulation 34 CFR 600.2, a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than: (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

approval of financial aid. She uses CNAs as an example, stating that Ivy Tech offers the training, but the state is the certifying body. She explains that if there was CHW training offered at Ivy Tech, individuals could receive a certificate at the end of the program, but that they would likely still need to be licensed/certified by the state. She says that given the number of training hours required in current programs, it is unlikely that a CHW program would qualify for any type of federal financial aid but there are policy considerations that can be discussed.

### **Closing Remarks**

Judy Hasselkus reviews the five-step work plan that the group is focusing on. The question to this group is if Indiana should move toward a certified CHW that would be a defined occupation. If this is the case, the state would recognize that certified CHWs have completed a specified training built on a foundation of approved competencies. Hannah Maxey emphasizes that it is important to recognize that there will always be individuals that will be CHWs working on various activities. Certification then would enable us to tie to reimbursements that could make this occupation sustainable for individuals in the community. However, even if a state certification process is developed, this would not prohibit non-certified individuals from providing some types of services. It is also important to recognize that coming to a consensus on this will allow us to align this with occupational pathways. She asks that as people exit, they will place a sticker on the “yes” or “no” side on whether or not Indiana should move toward one certification process for individuals in this role. She states that the Bowen Center will report out this information before the next meeting.

Judy Hasselkus thanks the workgroup for their time and participation. Next meeting details were discussed. The meeting adjourned at 11:05am.