**Commonwealth of Virginia**

**CHW program standards**

**Domains and components**

**Part 1: Hiring and compensation**

* CHW selection process
  + The organization has a written policy that specifies the qualifications needed for the CHW position
    - This policy prioritizes candidates who:
      * Are from the same community/share life experience with the patients/clients they will support
      * Have previous work or volunteer experience helping others
      * Demonstrate trust-building traits like empathy and strong listening skills
      * Exhibit problem-solving skills
    - This policy does not:
      * Require more than a high school diploma or GED
      * Automatically rule out individuals who have previously been incarcerated
  + The organization has a written policy for conducting interviews for CHW candidates. This process includes:
    - Currently employed CHWs (if applicable) in the interview and selection process
    - Standardized interview guides
    - Techniques (e.g. behavioral scenarios)
    - Scoring guidelines to select CHWs based on the qualifications for the position
* Compensation

The organization conducts a market analysis of CHW compensation (salaries and benefits) every 2 years and shares that information with CHWs and CHW supervisors

**Part 2: Training and professional development**

* Initial CHW training
  + The organization has a written policy to ensure that CHWs receive initial training that meets the education requirements for the Certified CHW Credential available in the Commonwealth. The organization can provide this training in-house or provide referrals to external trainings and cover the training costs. The initial training should be completed within 90 days of the CHW’s start date
* CHW assessment, ongoing training and professional development
  + The organization has a process in place to assess CHWs on core competencies and includes options for verbal responses. CHWs must meet a minimum standard within 180 days on the job. Opportunities to re-assess are made available.
  + The organization has policies to document conversations with CHWs regarding their career objectives
  + The organization has a policy on salary and responsibilities for CHWs that progressively increase according to performance assessment and CHWs’ own career objectives, including but not limited to a pathway into CHW supervision positions
  + The organization has a process in place for so that CHWs will receive training in the following areas:
    - Changes to local or state policies and services affecting CHW patients/clients
    - When roles/responsibilities and work practices at the organizational level change
    - Training based on performance feedback to help CHWs achieve or exceed acceptable performance levels
* Initial supervisor training
  + The organization has a process in place to ensure that immediate supervisors of CHWs receive initial training. The initial training should be completed within 90 days of beginning to supervise CHWs. The organization can provide this training in-house of provide referrals to external trainings and cover the training costs
  + The organization can demonstrate that supervisor training covers the following topics:
    - The unique identity and role of CHWs
    - How to provide effective and supportive oversight of CHW work
    - How to use observation, review of performance data and incorporation of community feedback to improve CHW performance

**Part 3: Supervision and evaluation**

* CHW supervision
  + The organization has a written policy that specifies the qualifications needed for the CHW supervisor position, which includes candidates with previous community health, public health or social work experience
  + The organization has a written policy on supervision that:
    - Assigns one specific person to supervise a CHW (e.g. the CHW does not report to multiple people)
    - Spells out that supervisors meet with each CHW one-on-one on a regularly-scheduled basis to review patient cases
  + The organization has a written policy that CHW supervisors receive an annual evaluation on their performance. One component of their evaluation includes an assessment of their performance by the CHWs they supervise
* Performance evaluation
  + The organization has systems for assessing and sharing information with CHWs on their performance on an ongoing basis, which includes:
    - Clearly defined benchmarks for success and information on whether the CHWs meet those benchmarks
    - Direct feedback from patients/clients about their experience working with a CHW
    - Direct observation of CHWs work with individuals/families
    - Providing feedback based on performance monitoring

**Part 4: CHW work practice**

* CHW role
  + The organization has written materials (e.g. manuals) that define the scope of the CHW role and outline how CHWs work with patients/clients. These materials should adapt evidence-based work practices and include processes for CHWs to:
    - Meet and get to know patients
    - Provide tailored care and support to patients based on the patients’ social needs
    - Know how long to work with patients/clients
    - Graduate patients/clients from the CHW program
    - Document work with patients/clients
  + These written materials emphasize that:
    - The CHW role is holistic and person-centered
    - The CHW role emphasizes CHWs getting to know their clients/patients as people
    - The CHW role is focused on understanding and addressing the root causes of patients’ health-related social needs
    - The CHW role allows CHWs to provide tailored support (including but not limited to care coordination, system navigation, social support and advocacy)
  + The organization has a policy that provides a clear pathway for CHWs to connect patients/clients to clinicians when issues arise
* CHW caseloads
  + The organization has a written policy for determining appropriate caseload sizes, which takes into account the CHW role, the geographic reach of the CHW and the complexity of client needs
* Emergency situations
  + The organization has written protocols for dealing with patient/client emergencies during and after hours
  + The organization has written protocols for dealing with CHW personal emergencies during and after hours
  + The organization has written policies for communication and decision-making during emergencies (e.g. climate emergencies, pandemics) that includes how and when CHWs will be informed of changes (e.g. chain of communication guidance) and access to emergency hotlines
* CHW safety
  + The organization has written procedures that protect CHW safety, including procedures for tracking when CHWs are conducting home visits and processes for identifying and resolving concerns related to CHW safety

**Part 5: Organizational supports and involvement in decision-making**

* Professional supplies
  + The organization has a written policy to routinely review with CHWs the equipment and supplies needed to perform their roles and has a process in place to provide the necessary equipment and supplies, such as a work phone, a computer with internet, a directory of local resources, and personal protective equipment (PPE) during public health emergencies
* Involvement in organizational decision-making
  + The organization has a mechanism for CHWs to play active roles in decision-making processes about the CHW role and working conditions, including compensation, training, caseloads, work practices, equipment and supplies
  + The organization has a mechanism for CHWs to play active roles in decision-making processes related to advancing racial and social justice and equity within the organization.

**Part 6: Information sharing**

* Integration with care teams
  + The organization has a process in place to ensure that CHWs and other members of the care team share bidirectional information to improve patient/client care
* Reporting to public entities
  + The organization has a process to report disease surveillance data to the appropriate state agency