

VIRGINIA CHW WORKFORCE DEVELOPMENT COUNCIL
DRAFT MINUTES OF THE
COMMITTEE ON FINANCING, MEASUREMENT, AND EVALUATION
MEETING OF MAY 13, 2020
ZOOM CALL

Attendees

Mark Blackwell, VA Department of Behavioral Health and Developmental Services; **Pam Blankenship**, VDH, Oral Health; **Molly Brooks**, Capital Caring; **Virginia Burke**, Research Associate, Johns Hopkins University; **Tameka Coles**, C-CHW, Danville; **Abby Charles**, IPHI; **Anjanette Farmer**, PATHS/S. Central AHEC; **Putnam Ivey-Cortez**, Thomas Jefferson Health District; **Shanteny Jackson**, C-CHW, VA CHW Association; **LaKendra Lipscomb**, C-CHW, Danville; **Valerie McAllister**, VDH; **Christopher Nye**, IPHI; **Ben Paul**, VCH Health Services; **Saraya Perry**, Virginia Center for Health Innovation; **Mike Royster**, IPHI; **Patrice Shelton**, C-CHW, Richmond City Health District; **Arthur Spivy**, KinergyCare; **Consuelo Staton**, Resource Mothers Program, VDH; **Amanda Sorrells**, Institute for Advanced Learning and Research; **Michelle White**, Health Quality Innovators; **Pat Young**, United Way of the Roanoke Valley; **PerCilla Zeno**, C-CHW, Zeno Wellness Group; **Richard Zucker**, Aetna

The meeting began at approximately 3:05 p.m., and members introduced themselves.

After introductions, Christopher Nye asked Valerie McAllister of the Virginia Department of Health to describe two initiatives that would impact and complement the work of the Committee on Financing, Measurement, and Evaluation (Committee on FME).

Program Levels Standards Subgroup

Valerie McAllister talked about the program level standards subgroup (PLSS). The Virginia Department of Health, with the support of the UPENN Center for CHWs and the National Committee for Quality Assurance, will be developing standards around CHW recruitment, training, supervision, and workplace practices. This group will form an advisory group comprised of CHWs, Managed Care Organizations (MCOs), the Virginia Department for Medical Assistance Services (DMAS/Medicaid), health plans, and research organizations. The advisory group and the PLSS will work alongside the Committee for Financing, Measurement, and Evaluation to position Virginia for viable options for state-level financing of CHWs. Financing includes a variety of options, not just reimbursement for CHWs. Ms. McAllister remarked that with the NCQA involvement, Virginia could potentially be a national pilot for system-level standards. In response to a question regarding DMAS Participation in the PLSS, Ms. McAllister commented that Chetchan Bachireddy, MD, and Andrew Ramsey, MD of DMAS, would participate in the PLSS along with Richard Zucker of Aetna's Medicaid Managed Care Program.

The Common Indicators Initiative

The CDC is supporting the common indicators initiative. The charge is to develop common indicators for CHWs, including quantitative and qualitative indicators. This group will submit

recommendations to the CDC and serve as a template for outcomes for employers and payers using CHWs. Ms. McAllister will be sharing the work of the initiative with the Committee on FME.

PerCilla Zeno asked about programs placing CHW program outcomes onto the Council website to help inform the work of the PLSS and the Common Indicators Initiative. Virginia programs are encouraged to share their program indicators via the website.

Development Council Strategic Plan Workgroup

Christopher Nye shared with the Committee that the SP Workgroup met on May 11. The workgroup emphasized the workgroup's emphasis on building awareness of CHWs across Virginia and the activities of CHWs. Nye also mentioned the newsletter and website to build awareness and that these vehicles are part of a broader communication plan that is being developed. The Committee will help identify sustainable financing, what this might look like, historically a lot of CHWs have relied on grants, move away from reimbursement to financing where "financing" includes grants and reimbursement overhead. Reach out to research organizations and develop an interest in evaluating community health worker programs, especially in the current COVID-19 climate, where CHWs are often the first social needs responders. The workgroup discussed bringing together CHW and Peer Recovery Specialist certification as a financing opportunity under the umbrella of CHW. Mark Blackwell, with the Department of Behavioral Health and Development Services, reiterated the Department's interest in working toward a combination certification.

Priorities of the Committee Participants

Abby Charles of IPHI encouraged participants to identify areas that they thought should be prioritized by the Committee on FME. Valerie McAllister commented that during the current pandemic CHWs and their employers should be mindful of the ongoing education regarding COVID-19 and the need for PPE. PerCilla Zeno commented that with PRS, there needs to be a behavioral health clinical supervisor to receive reimbursement. Abby Charles remarked that part of the PLSS's work should be identifying standards and models that address clinical supervision issues. Ben Paul from VCU Health, reinforced the need for standards and how the PRS stakeholders pushed for standards that led to reimbursement for PRS services. Mr. Paul feels the goal of the Committee should move from abstract discussions into deliverables regarding standards, models, and identifying other tangible actions. Ms. McAllister said that the PLSS would be sharing its recommendations with the Committee for approval. Art Spivy indicated he would like to see the Committee highlight CHW use cases and the challenges regarding the economics of the cases and highlight CHWs who are performing remote monitoring functions. Mr. Spivy offered to share use cases from the work of Kinergy Care. Christopher Nye indicated that the Committee could assist in identifying the technical assistance needs of CHW programs in the areas of financing and measurement. Ms. McAllister supported the comments of Mr. Spivy. She suggested we could not share enough examples of use cases and that the current CHW infrastructure in Virginia is strong enough to begin to provide examples and that the Committee is an effective platform for communicating effective CHW programs. Virginia Burke, with the Bloomberg School for Public Health at Johns Hopkins University, offered to speak with members regarding qualitative methods regarding CHW programs.

Summarizing recommendations for priorities of the Committee included:

- 1) Highlight use cases and return-on-investment
- 2) Disseminate evaluation standards
- 3) Disseminate measurement tools (including base measurement tools)
- 4) Qualitative and quantitative methods for evaluating programs

Amanda Sorrells mentioned that the Common Indicators (CI) project would be meeting May 14 and that Chaquita Chappell, a CHW with the Danville project, will be participating on a CI panel. Ms. Sorrells remarked on the importance of qualitative measures for CHW programs and how to best present it. Shanteny Jackson suggested Ms. Chappell share her experience on the panel through the Association and Council monthly newsletter.

Next Steps

Assess work from the PLSS and Common Indicators project and prioritize a focal area that the Committee can focus on and work toward implementation (i.e., best practices, evaluation tools, and methods).

The meeting adjourned at approximately 4:00 p.m.

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