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ILLINOIS COMMUNITY HEALTH WORKER ADVISORY BOARD

MEETING MINUTES

Meeting Date: June 1, 2015 10:00AM – 12:00PM

Meeting Location: IDPH

APPROVED JUNE 26, 2015

1. ATTENDANCE

See attached attendance list.

2. MEETING LOGISTICS

Building: IDPH Director's Conference Room: 69 W. Washington, 35th floor, Chicago / 535 W. Jefferson, 5th floor, Springfield

Remote Access Tools Used: Phone number - 888-494-4032, pass code 264 5426 804

3. MEETING START

Meeting Schedule Start: 10:00am

Meeting Actual Start: 10:04am

Meeting Scribe: Jason Pace (Community Health Partnership of IL) and Shella Blue (Rosalind Franklin University of Medicine and Science)

4. WELCOME AND ROLL CALL

Each meeting, attendees need to email Juana their name to be documented in the meeting minutes.

5. REVIEW AGENDA

6. REVIEW 5/4/15 MEETING MINUTES

Meeting minutes for 5/4/15 were reviewed. Meeting minutes were approved on May 19, 2015. Meeting minutes are publicly available on the IDPH website. Please email Juana Ballesteros if you have any questions.

7. TIMELINE:

July 6, 2015 is when preliminary recommendations are due to co-chairs. 6 months remaining for the advisory board.

In October, final recommendations and individual working group report sections are due as well. First Draft of Final Report to be submitted in November for review.

- a. Rep. Robyn Gabel joining the 8/3/15 meeting
- b. Other guest speakers to consider
 - i. Amy Sagen -Perhaps we could have a guest speaker from another state to share their experience and challenges. Gail Hirsch from Massachusetts Dept of PH Office of CHWs might be a good candidate.
 - ii. Christine Lopez – The two researchers that worked on the report from Harvard that was published might also provide great insight.

- iii. Rep Dave Koehler might also provide great insight.
- iv. Cincinnati rep, developed curriculum
- v. Senator Taylor and Senator Willy Delgado
- vi. Venoncia Baté Ambrus:
 - Nanette Larson, BA, CRSS, is the Director of Recovery Support Services for the Illinois DHS/Division of Mental Health
 - Senator John Mulroe, chairs the Public Health Subcommittee

The new environment in Springfield is worth looking at, so we understand how these recommendations will be handled by the legislature as we move forward. Many changes have occurred in state government (new administration, new legislators, etc.) since the legislation creating the Board passed. It is important that we consider this, so we understand how our recommendations will be received by the legislature.

It would be good to invite IDPH Director Shah as well. Having something formal from him could indicate how our recommendations may be implemented in the future.

It was proposed that subcommittees could meet with these speakers and report back.

8. RECOMMENDATIONS:

Preliminary recommendations due to co-chairs 7/6/15

- **Be brief and concise; use template provided**
- **For report provide more narrative and substance for each recommendation**

Templates attached to the meeting event for today. It is strongly encouraged that recommendations be as brief and concise as possible.

Scope of Practice recommendations are mainly lists so there isn't much of a difference between what the short form and long form would look like. The long form would include sources etc.

It's expected that all the work groups come together before the recommendations are submitted to work together and spread the work out amongst the working group, not just falling on the chairs.

Leticia, Melissa and Juana will provide feedback on recommendations in August.

9. FINAL REPORT

- **Workgroup REPORT SECTIONS DUE OCTOBER 5TH**
- **Endorsements for report**

What do these endorsements look like?

Important to secure endorsements from industry leaders (nursing, IDPH, AMA, advocacy groups, etc.)

Amy Sagen: reports often have letters of support or list names of leaders.

This may include a letter of support from the Executive Directors of these organizations.

Content of letters: express thoughts about CHWs as part of workforce

Not just state agencies, but also support is needed from the business community (hospitals, insurance, current employers of CHWs, etc.).

Potential endorsers will ask to see preliminary report

This could be a formal effort in November or December. It may be worth brainstorming a list in September. Begin building relationships early on. Create a draft of endorsement letter that organizations/others can use.

We shall include endorsements moving forward as a part of our agenda.

It was suggested by Glendean that endorsements from state agencies may not be appropriate. There was some disagreement. Some agency board members have not been active participants in the board, and the initial endorsement of the advisory board establishment should not be considered an endorsement of our final product.

Next meeting, spend 20 minutes drawing out the categories of endorsements and how we will be contacting them. From there we can map where we will go from there.

All attending board members agreed to add this to our next agenda.

Email Juana any other suggestions not already discussed.

10. WORKGROUPS: UPDATES

I. Core Competencies and Scope of Practice

In the next five weeks, suggestions and comments will be incorporated into their recommendations so it is ready by 7/6.

II. Workforce Development

Workforce development met, to make recommendations for career pathways, academic pathways, giving input on tracking data. Last meeting they reviewed information submitted by IDES. A little over a page of titles that may fit a CHW or a CHWs work may cover. They track wages both hourly and annual. They looked at titles and salary ranges for CHWs from College for America Workforce Strategy, APHA and MARPHLI project. In between \$35,000 & \$60,000.

The largest output from the meeting was reviewing the IDES titles and the formation of 3 subcommittees.

- Healthcare
- Social Services
- Community/Faith-based
- Government

III. Training and Certification

Developed a list of recommendations and also a more in-depth description of each recommendation.

Subcommittee1: Chaired by Melissa Gutierrez (Sinai Urban Health Institute)

- nothing new to report

Subcommittee 2: Chaired by Jeffrey Waddy (South Suburban College)

- Recs: bulleted list and drill down on the recommendations
- Non-academic curriculum to align with core competencies
- NGO or other orgs developed due to needs of student population, link these opportunities to workforce development funding
- Certification process manageable for working adults
- Formal certification should not be mandatory
- Grandfather clause should be adopted
- Incorporate adult learning concepts

Recommendations will be sent out to the group.

Subcommittee 3: Chaired by Christine Lopez (Rosalind Franklin University of Medicine)

- Timeline: deadline 6/4 to submit all recommendations to Dean Waddy & Tamela Milan (co-chairs of Training and Certification Workgroup) and then they will review all recommendations the following two weeks.
- Will meet the last week in June

Subcommittee 4: Chaired by Venoncia Baté-Ambrus

- Behavioral health core competencies group met and created 11 recommendations:
 - CHWs should have basic understanding of mental health conditions and resources
 - Basic awareness of barriers to mental health care services
 - Know how to facilitate interventions (Mental Health First Aid)
 - Motivational interviewing
- Recommendations were emailed to Juana and will be shared with the larger group.
- There was discussion of merging the work of core competencies with the work of training and certification. There is overlap in our research, but we don't want to be repetitive.
- By reviewing the research between the two groups and coordinating the recommendations we will hopefully avoid repetition and fit recommendations into a cohesive product.

IV. Financing/Reimbursement: Update and facilitated discussion

- **Charge:**
 - Review and examine ROI and business use
 - Look at evidence of best practices and literature review
 - Harvard report, other states, great resources on first charge
 - Look at best practices and options to receive funding for CHW reimbursement
 - Medicaid and Medicaid reimbursements and other funding sources
 - How funding sources can further pursue ROI study
- **Preliminary Recommendations:**
 - CHWs can provide reimbursable prevention services
 - Healthcare and Family services should require managed care entities to use CHWs as a part of their delivery models.
 - Used a grid to look at states and identified their reimbursement processes. US preventative health task force, what non clinical professionals can do that is reimbursed through Medicaid.
 - Next meeting they will be working on that grid
 - Looked at care coordinators

- Medicaid has administrative reimbursement mechanisms as well: Indian health services, WIC and school based health care services as well.
- **Facilitated discussion:**
 1. Importance to discuss financing an reimbursement in a way that is not a burden on the state Medicaid program. This is where ROI can come in.
 2. Fee for service reimbursement transitioned to managed care. One recommendation is that CHWs are involved in delivery team so larger managed care team reimbursements can be spread to CHWs.
 3. Reduce burden on Medicaid Budget
 4. Want to alleviate concerns from other professional groups that this may take away from their ability to do their own service as well.
 5. Encourage those professionals to work at the top of their licenses.
 6. Make the case that CHWs reduce the work load/burden for clinical professions. For example, "If CHWs do X then nurses can do Y."
 7. The value of the CHW should not infringe on the scope of other health care professionals, it's supplemental work
- **Work groups discussion questions (written on board):**
 1. Improve Medicaid Budget
 2. How to discuss in a way not to burden Medicaid budget?
 3. How to manage reimbursement as Medicaid transitions from fee-for-service to managed care?
 4. Leverage Federal \$ to reduce burden to state budget?
 5. Role protection/scope of practice

Feedback on questions:

- Next meeting they will focus on other sources of funding outside of Medicaid.
- Also if there are any other people that may provide additional insight to this discussion feel free to invite them to the table.
- Every other Tuesday at 4 PM on the West Campus of UIC. Email Juana if you would like to join the work group
- There were a few articles that differentiated between roles of CHWs & nurses, where each can excel and how they can coordinate.
- Role protection & scope of practice: tricky. Leticia Boughton Price asked Bridgett Stone (HFS) if she could assist the board in getting answers. Bridget is working on getting someone from HFS with more subject matter expertise to attend the finance workgroup meetings because the issue might bring new legislation to the table.
- Part of the recommendation should include ways this could be incorporated into CBO models, not just clinical orgs. – Originally suggested by Jamie from ICIRR
- CHW can be used as navigator by CBO's to be the link between healthcare system (hospitals) and the community. Job descriptions in both settings can also be informative to the workforce development work.
- Other sources of funding, besides Medicaid, will be discussed at future meetings.
 - CBOs might not be familiar with Medicaid reimbursement system.
- **Workforce Development to lead July's facilitated discussion**

11. JULY MEETING: date changed to 7/13/15

12. PUBLIC COMMENTS

Re: Endorsements, it may be worth reaching out to elected officials state and level.

Many non-profits have provided safe haven to immigrant organizations, and having CHWs in CBOs can be so crucial in making this model effective. Having job descriptions will be very helpful in this aspect moving forward.

Endorsement letters will be developed next meeting and it is still up for discussion.

Chicago CHW local network handled their endorsement work very well. Perhaps we can model that process when making our own strategy. Also there was a process to obtain endorsements for the legislation that established this board (HB 5412).

IPC Learning Institute is having a forum Wed & Thursday is having a discussion on IPCs and CHWs. Starts at 8 with registration. 9am to 4pm. UIC Student Center East. Registration process but no fees

Meeting Adjourned at 11:56am

**For those calling into the meeting, please confirm your attendance by emailing:
juana.ballesteros@illinois.gov**