



New Jersey Community Health Worker Program

New Jersey HIV Planning Group
Thursday March 15, 2018

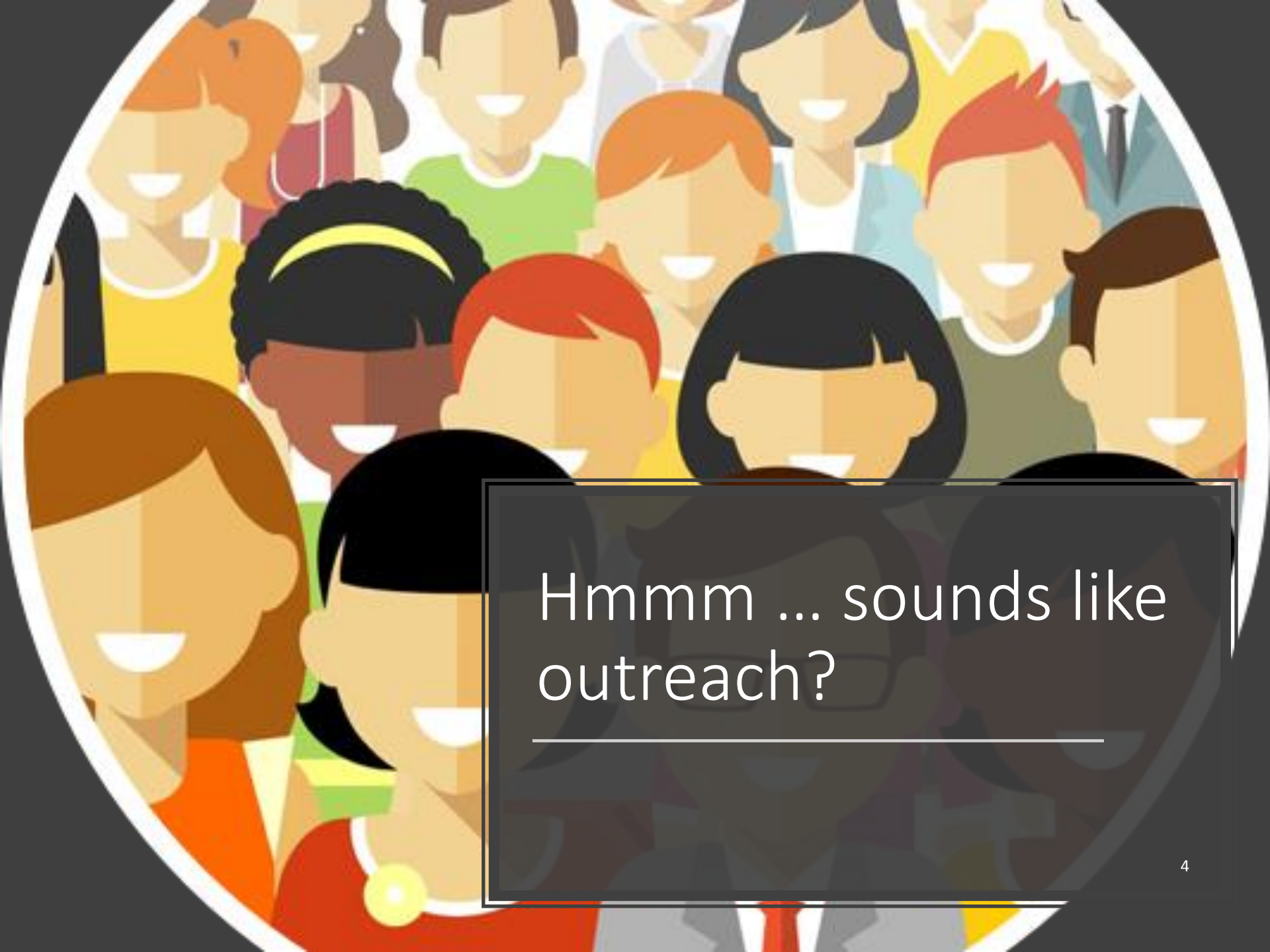
Background

- New Jersey DOH DHSTS prioritized need for community-clinic provider partnership model of peer support
- AIDS Education and Training Center researched and identified models of peer support including, Community Health Worker models
- Selected evidence-based program demonstrated in Ryan White HIV/AIDS Program systems of care
 - Adapted to include: Trauma-Informed Care, HIV-related Stigma, Undetectable=Untransmittable (U=U), Team-based Care, and Health Record Documentation



Community Health Work

- Shared lived experience
- Case finding and support
- Adherence and Emotional Support
- Social Networking for Wellness
- Ability to access and document in patient record
- Formally integrated in clinical care teams
- Community-level education



Hmmm ... sounds like
outreach?



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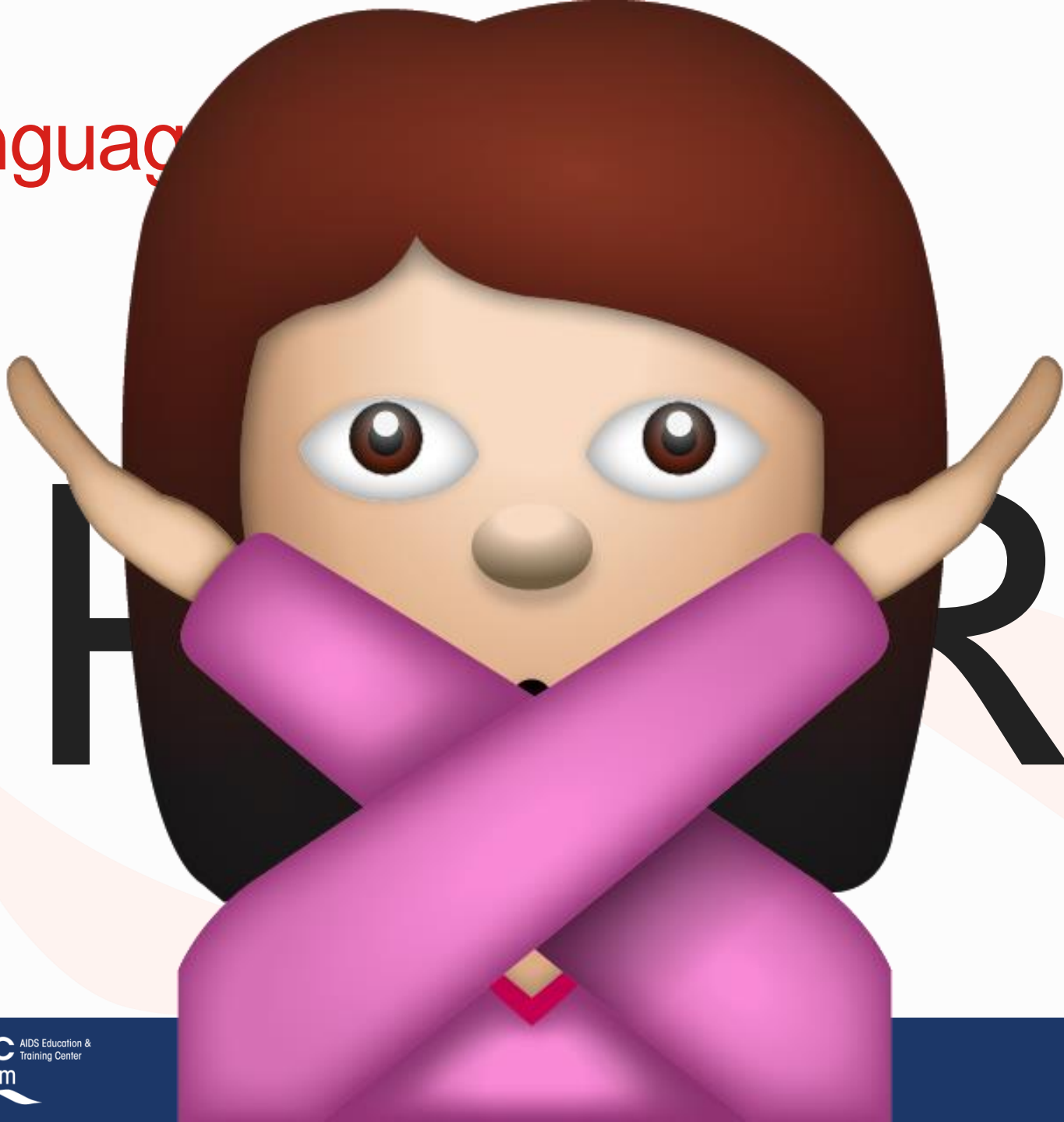
Partnership

- Program requires both clinical and community-based skills and networks
- Clinical institutions policies can be barriers to community-based work
- Community-based programs have existent networks and skills in community-based outreach
- Clinical sites are deepening integration of care services including additional service such as clinical outreach
- Need to bridge the needs of the two environments

Community Health Worker (CHW)

A **Community Health Worker** (CHW) is a frontline **public health** worker who is a **trusted member** of and/or has an unusually close understanding of the community served.

Language



What makes CHWs unique?



CHW Roles

CHW Roles



CHW Tasks

- Case Finding/Lost to Care Outreach
- Accompany client to a medical visit, mental health appointment, substance use treatment/visit, social service appointments
- Provide education on the HIV viral life cycle and discuss HIV medications/treatment readiness, lab values, drug resistance and adherence, sexual risk reduction, drug use/harm reduction
- Mentoring/Coaching on provider interactions
- Provide emotional support and informal counseling and talk with client about disclosure
- Assist with making appointment/visit for HIV primary care, other health care, mental health care, substance abuse treatment, housing services, other support services, and accessing medications, scheduling transportation
- Follow-up with client about a service or referral and appointment reminders
- Care Team Case Conference
- Provide Affiliational/Network Support



CHW Tools

CHW Database

- Data burden was heavily considered by CHW planning team and determined that a single portal for all CHW data yield the most reliable results
- Database currently in development in partnership with Rutgers Bloustein School of Public Health
- Timeline for implementation:
 - Late April – Internal Testing and Feedback
 - June – first external sites to input into database
 - September – all sites to use database for tracking



Goals and Objectives

- New Service with additional scope, tools, and access to data
- Ability to capture task frequency and service intensity
- Ability to measure individual and team efforts was a priority
- Focus on clinical outcome and wellness outcomes
- Will also support the housing, behavioral health, and trauma initiatives
- Objectives to be informed by all factors in the successive grant cycles





Transformation



Site Support

- Technical Assistance
- Onsite Training
- Programmatic Support in Policy and Procedure Development
- Coaching for Integration
- Tailored training by request through multiple capacity support networks

Audio Journaling

- Good care is care that improves someone's whole story ... we want to capture those stories to show how CHW work impacts the lives of Persons Living with HIV in New Jersey
- This qualitative method of evaluation will be used to highlight successful CHW interventions
- CHWs will be able to document their outcomes in the database but also record and upload their successes





Policy and Procedure Review

- Un-encrypted SMS-messaging for Linkage, Retention, and Engagement
- Home Visit for Linkage, Retention, and Engagement Consent
- Transportation Guidance – use of CHW accounts in accordance with RWHAP guidelines
- Incentive Line Item Guidance – use of CHW incentives as facilitators to support Linkage, Retention, and Engagement

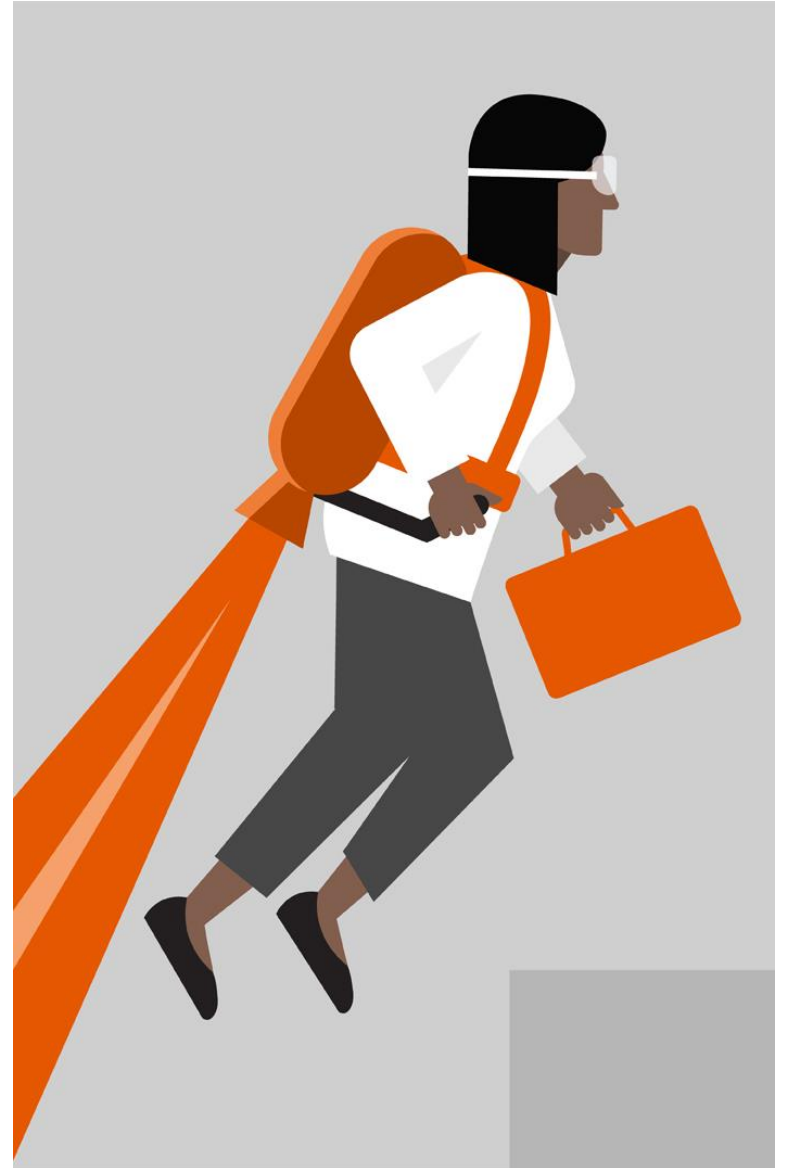
Additional Tools

Marketing Materials

- Statewide Brochure
- Customizable Brochure template for agencies to replace with photos representative of their communities and logo

Competency Testing

- Demonstration of Competencies by Community Health Workers using standardized tool



Questions or
Comments



Contact Information



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