

**2017-19 Biennium Budget
Decision Package**

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: CW Develop Community Health Workforce
Budget Period: 2017-19
Budget Level: PL-Performance Level

Agency Recommendation Summary Text: The Healthier Washington Community Health Worker Task Force made recommendations to align the Community Health Worker (CHW) workforce with the Healthier Washington Initiative, including the development of a training and education framework as well as the development of additional recommendations to support the sustainability of the community health worker (CHWs) workforce. This one-time request supports moving the CHW Task Force recommendations to actions that will further develop this key workforce.

Fiscal Summary: Decision package total dollar and FTE cost/savings by year, by fund, for 4 years. Additional fiscal details are required below.

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-1	0	303,000	0	0
Total Cost	0	303,000	0	0
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	0	2.4	0	0
Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund	0	0	0	0
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
A - Salaries and Wages	0	154,000	0	0
B - Employee Benefits	0	54,000	0	0
C - Personal Service Contracts	0	15,000	0	0
E - Goods and Services	0	20,000	0	0
G - Travel	0	0	0	0
J - Capital Outlays	0	6,000	0	0
N - Grants, Benefits & Client Svc	0	50,000	0	0
T- Intra-Agency Reimbursements	0	4,000	0	0

Package Description

The Department of Health requests funding to implement the Community Health Worker (CHW) taskforce recommendations for training. DOH will convene the CHW Training Workgroup to assess recommendation progress and to develop strategies to address the main areas identified that are specific to CHW training. These areas include:

- Developing a framework for CHW training and education that provides quality assurance, flexibility and career paths for CHWs;
- Identifying what should be taught in a core training;
- Determining how training and education should be provided; and
- Identifying the need to train organizations and agencies to effectively support CHWs to achieve outcomes.

The Department will also develop new recommendations to support the sustainability, including financial sustainability, of the CHW workforce.

Background

Community Health Workers help people understand the healthcare system and connect people to health services like preventive screenings, behavioral health support and chronic disease self-management. They also provide health education and teach people about self-care.

The Department of Health (DOH), through categorical federal grants, has been an active partner in supporting Washington's Community Health Worker workforce for many years. In 2011, DOH piloted a CHW training program. This has since progressed to a statewide program due to high demand from CHWs and employers. DOH provides up to 28 geographically dispersed trainings per year, with more than 1,500 CHWs completing the training since 2011.

In 2014, as part of the Healthier Washington initiative, ESSHB 2572 Section 5, required DOH, subject to appropriation, to provide training, tools, and technical assistance to providers, including CHWs, that are evidence-based and promote identification and use of resources that are available in the community for patients and their families. In carrying out this legislation through the Healthier Washington Initiative, the CHW Task Force, co-sponsored by DOH and the Health Care Authority (HCA), was convened in 2015 with a broad spectrum of stakeholders to develop recommendations¹ that meet this requirement. Recommendations for next steps in training and sustaining the CHW workforce were made.

The sustainability of the CHW workforce requires infrastructure and ongoing funding mechanisms. Over the past few years, DOH has supported a nascent group of non-governmental CHW networks that are CHW led. The CHW networks create a pathway for local, regional and state connectivity and sustainability. A more robust statewide CHW network will provide critical input to and supports for DOH's implementation of the CHW Task Force recommendations.

The recommendations related to sustainability (see page 14) of the CHW workforce are particularly timely given the state's Medicaid Demonstration (waiver) Project, which allows for more flexibility to fund care coordination services that CHWs provide. One tool under consideration for supporting the

¹ https://www.hca.wa.gov/assets/program/chw_taskforce_report.pdf

funding of care coordination across multiple organizations is the Pathways Hub Model, which emphasizes the use of CHWs and whole person, whole family health and offers a path to sustainable funding of the CHW workforce. Multiple Accountable Communities of Health have indicated they plan to implement the Pathways Hub Model as part of their Medicaid Demonstration projects.

What is the problem, opportunity or priority the agency is addressing with the request

The use of CHWs in achieving the Triple Aim of improved health outcomes; better quality; and lower healthcare costs is well documented in evidence-based literature. A recent position statement outlined in the January 2017 edition of the *Journal of Clinical and Applied Research & Education for Diabetes Care* outlines the important roles that CHWs play in promoting health and reducing health disparities in populations. In a *Health Equity* review article, a systematic literature review explores 24 articles demonstrating the effective use of CHWs and Patient Navigators to improve cancer outcomes among patients served by federally qualified health centers. A July 2008 Trust for America Health's report indicates an ROI of almost 6:1 when investing in proven community based prevention programs. Historically, the CHW role has been seen as a stepping stone to other professions that are valued and reimbursed by the medical system. In this way, the value of the community connections to, and understanding of, the community being served has been discounted. The CHW Task Force recommendations seek to sustainably fund CHWs for the value they bring and build a career path for those CHWs who decide to specialize or focus their work or enter other health or social service professions. The problem is a lack of resources to facilitate implementation of the recommendations.

How does the package relate to the agency's strategic plan?

CHWs provide a unique connection to priority populations statewide. This workforce can span the health system from community-based public health activities to the healthcare delivery system. They work as connectors for individuals and communities in providing valuable navigation and feedback throughout the health system. CHWs contribute to DOH's goal of ensuring healthy equity and improving population health by helping people effectively navigate the healthcare system and making connections to appropriate local community services. This request directly supports the agency's objectives of *implementing public health elements of Healthier Washington* and *implement, support and evaluate policies that are community-informed and create the social, environmental and economic conditions necessary to achieve health equity*. Specifically, CHW workforce development activities are aligned with the Healthiest Next Generation and Healthy Living, Healthy Aging strategic plan categories.

What will the package funding buy?

DOH will convene the "CHW Training Workgroup" which will include CHWs, community college, employer, and other stakeholders groups to assess overall progress with the CHW Task Force recommendations and to define four main areas identified in the CHW Task Force recommendations that are specific to CHW training. These areas include: (1) a framework for CHW training and education that provides quality assurance, flexibility and career paths for CHWs; 2) what should be taught in a core training; 3) how training and education should be provided; and 4) the need to train organizations and agencies to effectively support CHWs to achieve outcomes. A report which summarizes the work of this group will be provided to the Legislature by June 30, 2019.

DOH will support formation of a statewide network of CHWs through our partner non-governmental organization, the Foundation for Healthy Generations. Participating in the above assessment and definition of a training framework will serve as a starting point for the statewide network formation. DOH will develop the CHW Workforce Evaluation Plan in partnership with the newly formed statewide CHW network and other stakeholders. This plan will provide a standardized approach to collecting data on each ACH regional CHW network including the CHW role in the regional health system; operational and financial structure; and

lessons learned as each of the ACH regional CHW networks evolves. The implementation of the evaluation plan may start within this funding period; however, most of the implementation and recommendations for improving the regional and state networks will come in the next biennium. A report of this work will be provided to the Legislature by June 2019.

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Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service. Please include annual expenditures and FTEs by fund and activity (or provide working models or backup materials containing this information).

There is no current base budget for this project. For the past several years DOH has facilitated the training of CHWs by braiding together a diverse group of grants (chronic disease prevention, family planning, breast/cervical cancer, etc.). This limits the content and scope of our current work and does not provide the resources for the development of a comprehensive training framework in partnership with statewide stakeholders.

Decision Package expenditure, FTE and revenue assumptions, calculations and details: Agencies must clearly articulate the workload or policy assumptions used in calculating expenditure and revenue changes proposed.

All costs are one-time expenditures that include funding necessary to provide the outcome of a training framework that is widely accepted by multiple stakeholders. The budget request takes into consideration a compressed timeline of one year so that the project is completed within the biennium. Total one-time costs of \$305,000 in FY19 include salaries, benefits, associated goods, services, contracts, travel and agency indirect.

DOH is requesting a total of 2.4 FTE in FY19 as follows: 1.0 FTE Health Services Consultant 3 for project management, staff support for stakeholder meetings and report development; 0.10 FTE Health Services Consultant 3 to provide consistent and necessary communication to stakeholders, agency leadership, and the public, 0.5 FTE Research Investigator to provide research and evaluation necessary to the development of the CHW Workforce Development Evaluation Plan, 0.10 FTE administrative support to arrange meeting logistics, and .10 FTE Health Services Consultant 4 to supervise this work. The budget for these work activities will support a total of 1.8 FTEs for program management, coordination and evaluation. This request also includes 0.6 FTE indirect supported fiscal and contract support. The total cost for one-time FTE support is \$240,000 in FY19.

A nonemployee travel and stipend budget of \$10,000 is for CHW stakeholders to support their participation in this workgroup which is critical to the success of the project. This request includes personal services contracts for a meeting facilitator; training/education framework development expertise; and translation services for participating CHWs. Grant funds of \$50k are budgeted for the Foundation for Healthy Generations to support the very nascent CHW Statewide Network. The grant will cover costs of convening CHW network members and training and support for network meetings, including costs for accommodations, food, travel, and contract costs of presenters/trainers/facilitators/interpreters in the formation of the CHW State Network. The total cost of one-time contractor support for this request is \$65,000 in FY19.

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

What specific performance outcomes does the agency expect? Describe and quantify the specific performance outcomes the agency expects as a result of this funding change. ([results Washington link](#))

The development and sustainability of Washington's CHW system impacts Results Washington Goal 4: Healthy and Safe Communities. CHWs are a key strategy to impact the following indicators:

- 1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017. (DOH measure - new target was proposed)
- 1.3 Decrease rate of uninsured in state from 15% to 6% by 2017. (HCA measure)
- 1.3.c: Increase percentage of residents who report they have a personal doctor or health care provider from 75% to 82% by 2018. (HCA measure)

In addition, intensive training received and applied by CHWs means they are key to moving the needle on the following indicators in Goal 4:

- 1.1.d: Decrease percent of unintended pregnancies from 36% in 2013 to 32.4% by 2022. (DOH measure)
- 1.2.A.d.1: Increase percentage of persons with healthy weight among Native Hawaiians/Other Pacific Islanders from 33.4% in 2013 to 36% by 2020; American Indian/Alaska Natives from 21.1% in 2013 to 36% by 2020; Blacks from 25.9% in 2013 to 36% by 2020; and Hispanics from 29.6% in 2013 to 36% by 2020. (DOH measure)
- 1.2.A.e: Decrease percentage of adults who smoke cigarettes from 17% in 2011 to 15% by 2017. (DOH measure – new target proposed)
- 1.2.A.e.1: Decrease percentage of adults (age 25 or older) with a high school education or less who smoke cigarettes from 25.8% in 2013 to 21.5% by 2020. (DOH measure).

Performance Measure detail:

- As a direct result of funding this package, we would expect to see an improvement in:
 - Access to CHW services at a regional level by employers, communities, and individuals
 - Sustainability of infrastructure and funding to maintain the CHW workforce
 - Standardized training for CHWs
 - Continuous quality improvement methods for maintaining an effective CHW workforce

Fully describe and quantify expected impacts on state residents and specific populations served:

- Decrease in health-related outcome inequities among populations who are at or below the poverty level and/or are non-English speakers and/or are not Caucasian.
- Improvement in immunization, preventive screening, and chronic disease management rates in populations vulnerable to poor health outcomes.
- Cost savings to State Medicaid for chronic disease care.

What are other important connections or impacts related to this proposal? Please complete the following table and provide detailed explanations or information below:

Impact(s) To:		Identify / Explanation
Regional/County impacts?	Yes	Identify: Stronger CHW workforce can support Accountable Communities of Health regional health improvement projects, especially the Care Coordination, Maternal and Child Health, and Chronic Disease projects.
Other local gov't impacts?	Yes	Identify: Stronger CHW workforce can support Local Health Jurisdiction work in providing Foundational Public Health Services.
Tribal gov't impacts?	Yes	Identify: CHW Training Framework development will include Tribal partners
Other state agency impacts?	Yes	Identify: HCA, DSHS, DEL/DCYF, Community & Technical Colleges
Responds to specific task force, report, mandate or exec order?	Yes	Identify: Healthier Washington CHW Task Force Report recommendations
Does request contain a compensation change?	No	Identify:
Does request require a change to a collective bargaining agreement?	No	Identify:
Facility/workplace needs or impacts?	No	Identify:
Capital Budget Impacts?	No	Identify:
Is change required to existing statutes, rules or contracts?	No	Identify:
Is the request related to or a result of litigation?	No	Identify lawsuit (please consult with Attorney General's Office):
Is the request related to Puget	No	If yes, see budget instructions Section 14.4 for

Sound recovery?		additional instructions
Identify other important connections		

Please provide a detailed discussion of connections/impacts identified above.

N/A

What alternatives were explored by the agency and why was this option chosen?

No alternatives have been considered as there are no funds for these activities currently allocated.

What are the consequences of not funding this request?

Without additional funding, DOH will be unable to continue implementation of the recommendations identified in the 2016 CHW Task Force final report. An opportunity to further refine statewide CHW workforce development priorities, training standards and identify long term sustainability strategies for the work CHWs do will be lost. This could result in fewer CHWs and limit access to CHWs among key regions, health systems, or communities and diminish our goals of fostering community-clinical linkages to address social determinants of health to improve health outcomes, especially as related to chronic disease, and health equity while reducing healthcare costs.

How has or can the agency address the issue or need in its current appropriation level?

DOH does not have the capacity to meet this high priority need within current appropriation levels. Several options were considered for funding within current appropriation, including use of federal grant dollars, dedicated private/local funding, and state appropriations. Analysis of current funding shows that our federal funds are categorically disease and condition specific, so are not available to this project. State and private local funds are allocated for other high priority needs, including match to our federal dollars.

Other supporting materials: Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

Information technology: Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No 

Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)