

# National Overview of CHW Certification

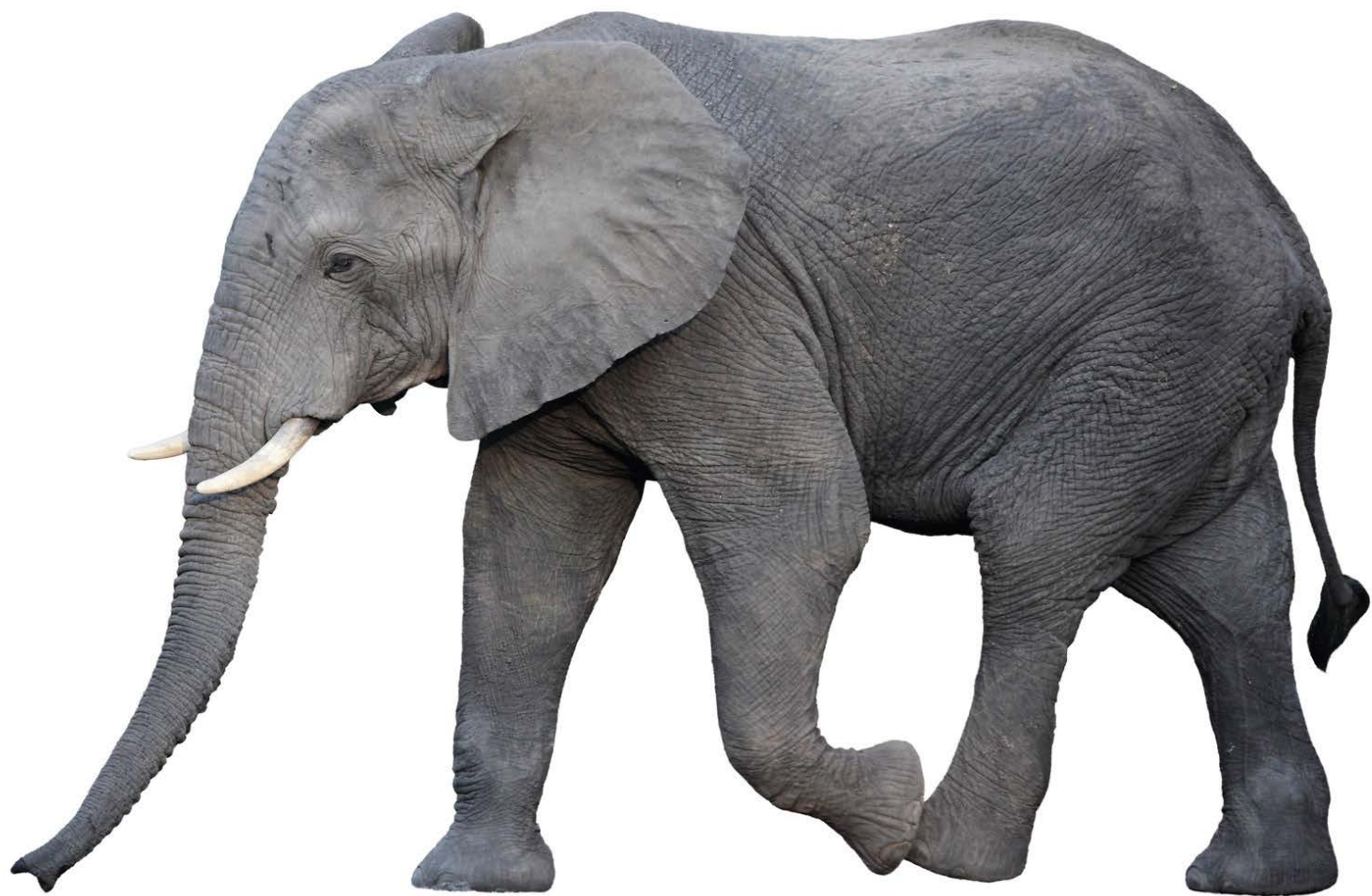
Minnesota CHW Conference  
Wednesday, May 23, 2018

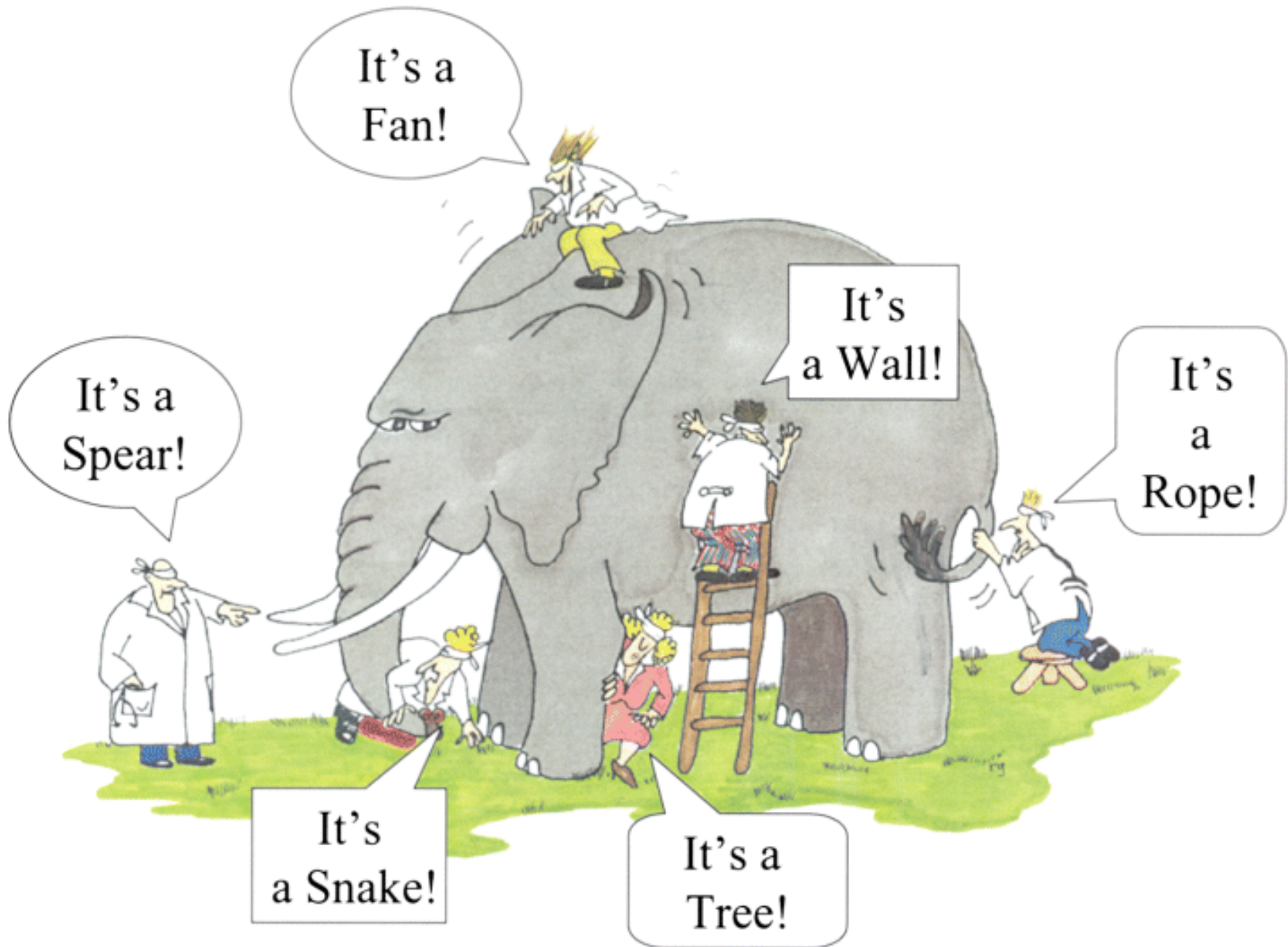
Geoff Wilkinson

Boston University School of Social Work

# Overview of Presentation

- Summary of different stakeholder hopes and expectations
- Certification program options and issues
- Massachusetts certification program
- Lessons from Massachusetts and other states (recommendations)





It's a Fan!

It's a Wall!

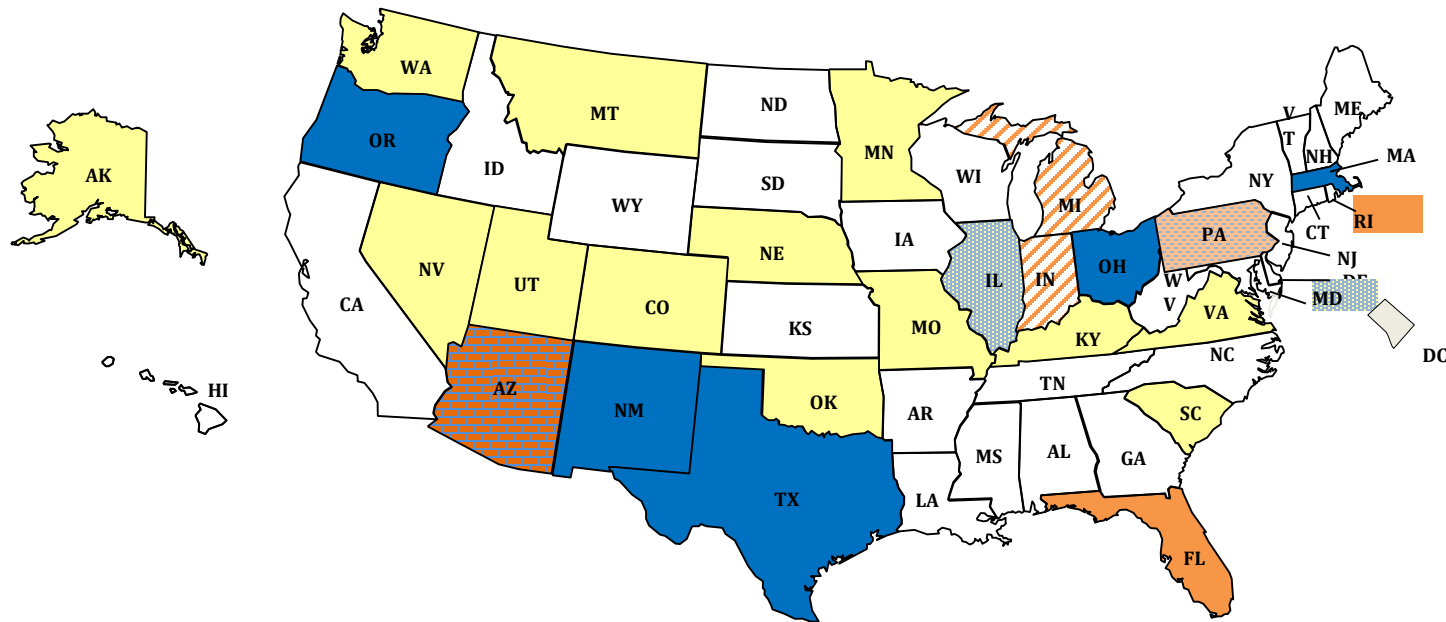
It's a Rope!

It's a Snake!

It's a Snake!

It's a Tree!

# Ever-Changing Picture: State Approaches to CHW Certification



State-managed	Authorizing law passed	Existing program + new law
Private, w/ SHD coop.	Private, w/o SHD coop.	Private, under development
SHD exploring		

Current as of May 17, 2018

## CHW *Positive* Hopes & Expectations

CHWs may believe certification will lead to:

- Higher wages
- Improved working conditions
- Increased respect from other professions
- Wider career opportunities
- Stable employment
- Sustainable funding
- Progress in building professional identity
- Increased understanding of the field
- Consistent standards for the field

# CHW *Negative* Hopes & Expectations

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## CHWs may believe certification will:

- Create barriers to entry
- Create a “class” system among CHWs
- Make CHW practice more clinical, less connected to the community
- Regulate/restrict/change what CHWs can do
- Lead to employment of people without strong connection to the community
- Further marginalize volunteers

## Employer/Payer *Positive* Hopes & Expectations

Employers/payers may believe certification will lead to:

- Clear scope of practice boundaries
- Consistent, reliable qualifications
- Simplified recruitment and selection; fluid job market
- Reduced OJT costs
- Clearer rationale for integration of CHWs into care teams
- Reduced dependence on short term funding



# Employer/Payer *Negative* Hopes & Expectations

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Employers/payers may believe certification will lead to:

- Pressure to increase wages
- New regulations and restrictions
- Increased overall training costs
- CHWs losing touch with community

# Basic components of an individual CHW certification program

- Authority and administrative home
- Certifying board or entity—composition, powers, operations
- Definition of CHW
- Core competencies
- Scope of practice and practice standards
- Eligibility requirements
- Standards and protocols for assessing eligibility
- Continuing education requirements
- Procedures to apply, renew, revoke/expire, appeal, etc.

# Major certification options

- Certify **individuals** who work as CHWs?
  - **Voluntary v. Mandatory** (Title v. Practice):
    - Will certification be required in order to use a title such as “Certified CHW?” OR
    - Will certification be required for anyone doing the work of a CHW?
- Accredit or certify CHW **training programs?**
- Certify **instructors** in CHW training programs?
- Certification under state or private auspices?
- State recognition required for privately managed certification?  
State registry for privately certified CHWs? (Etc.)

# Guiding Principle for Policy Development: CHW Self-Determination

- “Nothing about us without us!”



# Genesis of Massachusetts CHW certification

- 2006 Health Care Reform (Chap. 58, Sect. 110)
- CHW Advisory Council 2008-2009
  - Workforce study; Recommendations
  - Stakeholder consensus on need for certification
- Authorizing legislation passed 2010 (Chap. 322)
  - MACHW played major advocacy role
  - Almost derailed in state legislature
  - Political machinations within administration
- Mass. Board of Certification of CHWs convened July, 2012
- Regulations developed 2012 - 2018



# CHW certification in Massachusetts

- Certification under auspices of state Dept. of Public Health, Division of Health Professions Licensure
- Regulations developed in cooperation with DPH commissioner and DPH Office of CHWs
- *Voluntary* certification program
- Competency based (10 core competencies)
- Board of Certification of CHWs appointed by Governor, using stakeholder nominations



# CHW Board of Certification

- 11 members, appointed by governor
  - Chaired by DPH commissioner or designee
  - MACHW nominates 4 members
  - Also reps from CHW training programs, health plans, Community Health Centers, employers, Mass. Public Health Assoc., public
  - Statewide geographic representation



# Board Responsibilities

- Scope of practice
- Standards and requirements for
  - Individual Certified CHWs
  - Certified CHW training programs
  - CHWs certified as trainers
- Tiered practice levels
- Continuing education, renewals
- Reciprocity with other states
- Fees, complaints, administration





# CHW Board in Action

- Meets monthly
- Operates under Open Meeting Law
- Highly participatory meetings, including opportunities for non-board members
- Guest Subject Matter Experts, including CHWs
- Formal CHW engagement
  - DPH contracted with MACHW to help develop core competencies and code of ethics
- Advisory Workgroup met monthly, 2012-2014
  - Diverse
  - Multiple stakeholder groups
  - Helped develop regulations



# Individual Certification: Key Program Components

- Minimum 18 years old
- “Good moral character”
- Two paths for individual certification:
  - Completion of certified 80 hour training program, plus 2,000 hours work experience
  - 4,000 hours work experience during 3 year “grand-parenting” period
  - 10 year look-back period for work experience
  - Recognition of voluntary and part time experience



# Individual Certification Program (*cont'd*)

- 3 professional references documenting competence in 10 defined core competencies
  - One former or current supervisor in US
  - 2 professional references from work within US (one of 3 references may be for work outside US)
- No minimum educational requirements
- English language proficiency not required
- No written exam
- Board retains flexibility with interpreting CORI with respect to “good moral character”
  - Used National Employment Law Center guidance



# Training Program Certification

- 80 hours minimum
  - 64 hours (80%) core competency training
  - 16 hours (20%) special health topics
  - 40% of content must be taught or co-taught by CHWs
- Flexible curricula
- Opportunity for provisional certification
- Annual reporting required
- Application review addresses:
  - Mission and core principles
  - Program content and design
  - Qualifications and capacity
  - Evaluation and assessment



# Developing certification policy: process

- CHWs should help lead certification processes
- Stakeholder agreement on rationale and objectives
- Stakeholder agreement on meaning/definition of certification (*includes airing preconceptions*)
- Commitment to create *responsive* certification policies and procedures that respect the nature of the practice

# A *responsive* certification system has:

- Multiple paths to entry, including path based on experience (“grand-parenting”)
- *User friendly* application process without unnecessary barriers of education, language, citizenship status
- Required training available in familiar, accessible settings
- Skills taught using appropriate methods (e.g., adult/popular education; CHWs as trainers)
- Easy access to CEUs, distance learning
- Respect for volunteer CHWs!

# Crucial issues to consider in the certification of individual CHWs

- Required core competencies
- Work experience requirements
  - “Grand-parenting” – permanent or limited?
  - Flexible “look back” period
- Training requirements
- Education requirements
- Continuing education
- Language and citizenship requirements

## Crucial issues to consider for certification of individual CHWs (cont'd)

- Assessment of qualifications/proficiency
  - Exams?
  - Assessing “3 Cs” of community connectedness, credibility, commitment
  - Who can serve as reference for core competencies?
- Reciprocity with other states
- Background checks
- Complaint resolution



# Crucial issues to consider for certification of CHW training programs

- Model of training: certified organizations, individual trainers, both?
- Requirements for CHWs to serve as certified trainers?
- Organizational fiscal, management, and legal integrity
- Organizational fit of mission—connection to community and familiarity with CHWs
- Training curriculum and program design
- Qualifications of trainers/faculty
- Methods of evaluating training effectiveness
- Reporting capacity and accountability

# Crucial issues to consider for developing CHW certification programs

- Engagement of CHWs and other stakeholders in developing and monitoring certification program
- What is the certifying entity?
  - Certification under public or private auspices?
  - Legislation required to create?
  - What is the administrative entity?
- Protocols to assure effective coordination among responsible entities
- Methods and capacity for assessing individual and training program qualifications
- Capacity for administering program, including continuing education and renewals
- Funding

# Lessons from Massachusetts and other states

- CHW leadership is critical at every step!
- Certification should be *voluntary* (reject mandatory licensing).
- Certification should be competency based.
- Plan carefully to avoid barriers to entry:
  - Educational, language, legal residency requirements
  - Experience-only pathways
  - References and competency assessments (exams have limited value)
  - Criminal record background checks (refer to National Employment Law Center guidelines)

# Lessons from other states *(continued)*

- Dangers of workforce marginalization and loss of CHW integrity is real.
- Certification under state DPH auspices is optional.
- Legislation and state regulations are optional.
- Jury is out on the relationship between certification and financing.
- Plan carefully and inclusively to prevent potential negative consequences.

# Contact Information

Geoff Wilkinson, MSW

Clinical Associate Professor

Boston University School of Social Work

264 Bay State Road, Room 128

Boston, MA 02215

[gww@bu.edu](mailto:gww@bu.edu)

(617) 353-7721

