CHW Supervisor Round Table 7/23/20

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Preparation for Successful Supervision

**Site Readiness**

Completing the site readiness steps prior to onboarding a CHW is perhaps the strongest indicator for success of the model. An administrative or physician champion are important factors in site readiness, but alone do not create a successful model. The addition of a CHW to an existing team has been shown 1 to increase outcomes for clients/patient, increase client/patient satisfaction and also contributes to provider satisfaction. It is easy to look at successful models and recognize the benefits care facilitation will add to your site, but it is important to realize the successful programs followed the full model and completed all the steps to ensure success. The sites that skipped the following steps are frequently short lived.

**Site Readiness Checklist:**

Use the following check list2 to plan for a CHW in your individual site:

* 1. Our leadership team has a shared vision for integrating a CHW into the organization.
  2. Our organization has a culture that will allow the CHW to collaborate as a part of the team and create a shared care plan with the client and other professionals
  3. Our organization has a culture that recognizes and respects the client as the expert about their own life
  4. Specific objectives have been set for the CHW role
  5. Our providers and entire staff team has a clear understanding of the types of supports a CHW provides and how they fit into the current structure.
  6. The population to be prioritized is clear and shared with providers and there is a protocol to identify individuals who could benefit from a CHW
  7. A system for referral to the CHW has been established
  8. A system for documentation has been established that includes data collection to demonstrate if the program is meeting the vision/need identified
  9. A workspace in close proximity to the other providers has been identified
  10. A dedicated phone with a direct line, computer, printer, locking file cabinet and other basic office needs are available
  11. Dedicated funding is established for at least 2 years to launch the program
  12. Staff recognize the CHW work flows may look very different than the rest of the organization and time to establish strong rapport and work from various settings is key to the model.
  13. A day to day on site supervisor has been identified who will also participate in CHW training and provide support and advocacy to the role
  14. In larger organizations, the CHW is assigned to be part of an established staff team (nursing or behavioral health for example) to ensure knowledge of all internal systems and teaming.
  15. A learning collaborative to help the CHW build skills and gain support from others in a similar role has been identified
  16. A community network is available to help the CHW build a referral network

**Establishing a Supervision Framework3:**

Designing a supervision model that addresses the needs of the care facilitation setting, the learning needs of the CHW and the overall model is crucial to

1. Addressing the needs of the clients and other staff in the site where it is housed
2. Addressing the broader organizational needs
3. CHWs receiving the ongoing support and training to serve a diverse and complex array of client needs

**Matrix Supervision**

Matrix supervision has been identified as a strategy to address the supervision needs of the CHW role and the model in an agency that does not employ an entire department dedicated to care facilitation and/or social services in each physical location.

The Supervision Matrix should include a site supervisor, content expert and if billing or clinical work is involved, a medical director.

***Site Supervisor:*** Supervision within the physical location is key to ensuring the CHW is meeting the needs of the clients, providers and other staff; contributes to team care; is an integrated member of the site care team. Site Supervisor duties could include:

* Performance evaluations and promotions.
* Payroll, benefits
* Time Management
* Involvement in overall organization
* Employee policies and procedures, agency code of conduct and ethics
* Work Setting(s), supplies
* Day to day supervision including coaching and when needed referring to Content Expert for guidance
* Understands the CHW Role and scope of practice
* Is fully supportive of the CHW Model
* Provides feedback on relationship between CHW and client
* Focus on CHW, CF’s experience and self support
* Help guide referrals from own agency to CHW
* Guide relationship between client and CHW and other agency staff
* Assists with and supports program evaluation
* Ensures documentation practices are followed and fit within agency guidelines

***Content Expert:*** The Content expert has intimate knowledge and understanding of the CHW role and can aid in specific cases and provide ongoing training and support for the role

* Content Expert to the Site Supervisor and the CHW regarding the scope of practice, workflows and processes of care facilitation including:
  + Outreach
  + Assessment
  + Care Plans and Interventions (including pathways)
  + Follow Up
* Provides feedback on relationship between CHW and client
* Focus on CHW, their experience and support
* Guide CHW development and understanding of role, coach regarding specific client challenges and concerns
* Addresses professional ethic codes and considerations
* Coordinates data collection and evaluation;
* Provides hiring and training support to organizations and Site Supervisors
* Leads the CHW learning collaborative;
* Leads weekly case review meetings
* Develops and maintains and relationships with the broader regional network of agencies that make referrals to and/or receive referrals from the hub.

***Medical Oversite Provider:*** If the CHW is involved in a medical reimbursement model, the CHW works under the license of a physician or advanced practitioner.

The Site Supervisor, Content expert and medical oversite provider work as a team to create a system of support, training and guidance for CHWs that is responsive to the specific situations and clients a CHW is working with.

**Keys to Successful Supervision**

Review the document <https://chwcentral.org/supervision-of-community-health-workers/>

Introduction: The chapter explores the three main objectives of supervising CHWs: improve the quality of services, exchange information, and create a supportive work environment for the CHW. It also explains how both the community and the health system have a role in the supervision of CHWs. The need for supervision standards, guidelines, and job aids is discussed, as well as how to use information to improve CHW performance.

**Daily Huddles**

* 1. Help the care facilitator prioritize clients, balance case load, get support for complex cases
  2. Allow the supervisor to know the cases when coverage is needed, provide guidance to fit the agency vision, know and trust the CHW and their work
  3. Allow the CHWs to express their needs or concerns that they have within the community and within their organization

**Community Connections**

The supervisor must support the care facilitator in building and maintaining connections to community networks and resources. Ideally this is through participation in a network that meets regularly and involves getting to know the staff and services of the most commonly referred to resources.

**Learning Community**

Help CHWs connect to a regular learning team (at least monthly, ideally weekly) for case review, learning about resources and developing skills.

**Site Team Meetings**

Integrate a CHW into other roles in the work setting so they are part of the team, receive staff updates, build rapport, can support others on the team.

**Memory Cues**

Reinforcing relevant keys from training

* Facilitation vs Fixing
  + This situation was not created in a short time and won’t be resolved in a short time.
  + It isn’t our job to fix anything but to facilitate people meeting their needs and goals
* Self-care
* You have expertise, but the individual is the expert
* Bring people together to create solutions
  + You aren’t in this alone
* Complex challenges did not develop overnight and cannot be solved overnight
* There are no care facilitation emergencies
  + Matters of life and death are beyond the scope of a care facilitator.
  + A care facilitator can be part of a team to create long-term solutions.
  + The trusted care facilitator relationship may help someone be open to accessing help during an emergency (ex: suicidal ideation) but if that is not working care facilitators refer to first responders
* Care facilitators help clients as much or as little as needed
  + Overtime this will change as the client builds skills and internal and external resources
* The client can be overwhelmed if the care plan includes more than 1-3 items.
* Everything may seem urgent to the care facilitator, but this may be “normal” to the client.

**Advocate for CHWs**

Nationally and in MN CHWs are a growing field with increasing data to support the value of the role. Overall it is still a new field and often misunderstood or underappreciated.

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**Health and Primary Care Integration**

Concepts and Definitions Developed by Expert Consensus--AHRQ