# Sonoma County CHW Framework Project

STRONGER TOGET

SONOMA COUNTY



CONTROL AND PREVENTION

# CDC CCR 2109 Grant

- In early 2021, CDC released a NOFO to support the hiring, training, and deployment of CHWs nationwide.
- Sonoma County submitted a proposal and was awarded a \$6 million for a 3-year grant cycle. (Aug/21 through Aug/24)
- In total, CDC invested more than \$340 million across 67 organizations.



#### CHW Workforce Development Grant Activities for CHWs

Brought 3 Training partners to elevate knowledge and skills of CHWs/CHRs/ Ps

Graduated 6 Core Competencies cohorts in English and Spanish

•Graduated total 112 Sonoma County residents

Supported professional development through CHW-led workshops.

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Invested in strengthening local capacity for CHW training and supporting Core Competencies curriculum development.



#### CHW WorkforceDevelopment Grant Activities for Employers

# Actividades apoyando el desarrollo de empleadores

Selected 9 organizations to hire and integrate CHWs on their teams. Supported employment of 20 CHWs, for a current total of 18.3FTE. Elegía 9 organizaciones a contratar y integrar CHWs/CHRs/Ps en sus equipos

Apoyaba el empleo de 20 CHWs/CHRs/Ps para un total de 18.3FTI

Started CHW Supervisor training - 2 cohorts, 25 graduates. Supported CHW programs' alignment with C3 Council standards.

Empezó entrenamiento para supervisores - 2 cohortes, 25 graduados Apoyaba programas alineamiento con los estándares del Concilio C3.



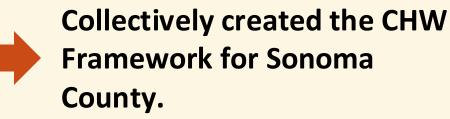
#### **CHW Workforce Development Activities**

- Established an Advisory Council for community engagement component.
- Starting YR 2, the Council also served as shared grant governance body
  - Throughout multiple feedback sessions, Council participants shared the need to have more cohesion in CHW Programs.



#### CHW Workforce Development Activities

In Y2, established a CHW Framework
 Committee with support of Ponderosa
 Public Health Consulting (Paige Menking)







### Project Background

Decided on Framework Elements	Baseline Surveys and Interviews	Created Framework	Building Consensus	Recruit Sign-Ons
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### Sonoma County CHW Framework

- Culmination of Sonoma County CDC CCR grant
- Developed by a committee of CHWs, employers, and allies
- Built consensus about role and scope of a CHW/P/R in Sonoma County
- Confirmed best practices for hiring, supervising, and integrating CHWs.



### Sonoma County CHW Framework

- Sign on process will be announced in January.
- Supervisors can join CHW Supervisor peer group for working meeting about the framework.
- The framework is an open-source document that anyone can access
  Sign on will be managed by Aliados and Center for Well-Being

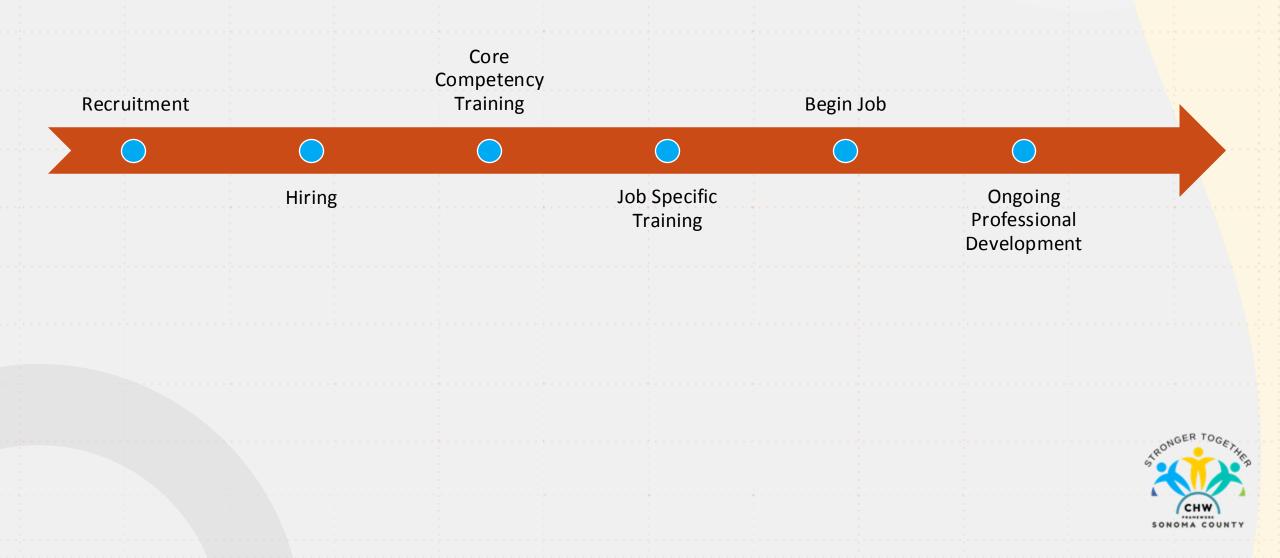
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#### **Framework Elements**



#### C3 Council's Process for CHW Recruitment, Hiring, and Training



### **CHW** Definition

Element 1 – CHW Definition



The <u>American Public Health Association</u> defines a CHW as "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served." Sonoma County additionally defines CHWs as trusted community experts that are widely recognized for their role in providing care with cultural humility and building the capacity of the people they are working with as peers. They provide health education and connect community members to resources. Many CHWs are multilingual and multicultural and have a shared lived experience with the communities they serve.



### **CHW Roles**

#### Element 2 – CHW Roles



CHWs can also be described by their scope of practice, outlined by the <u>National CHW Council on Core Consensus Standards</u> (National C3 Council, formerly the C3 Project) in the 10 Core Roles of CHWs, found in Appendix A. Organizations employing CHWs in both clinical and community settings should draw from as many of these roles as possible when forming job descriptions and avoid assigning CHWs job tasks outside of this list.



### **CHW Recruitment**

Element 3 – CHW Recruitment

When recruiting individuals to fill a CHW job posting, you should prioritize finding someone with that connection who exhibits the qualities of a successful CHW, such as commitment, friendliness, compassion, open-mindedness, and dependability.

*Resources are included with job descriptions, interview questions, and more* 



## **Building CHW Capacity**

Element 4 – Building CHW Capacity



Medicare and Medi-Cal do not specify a minimum number or training hours required for CHWs to be eligible to bill for reimbursement. We encourage employers to provide sufficient experiential and on-the-job training, such as shadowing opportunities.

We will not suggest a minimum time frame for training, but we encourage CHW employers to partner with local CHW training institutions to provide CHWs at your organization with basic core competency training to ensure their ability to fulfill the ten core roles mentioned above.

### Pay and Benefits

Element 5 – Pay and Benefits



As of Summer 2024, the recommended minimum hourly rate range for entry level CHWs in Sonoma County is \$25-\$29/hour, with an expectation of regular cost of living adjustments and wage increases based on experience. CHWs should be provided paid sick and mental health leave as well as paid vacation time and other generous standard benefits. Given the variable nature of CHW work hours, with night and weekend tasks, CHWs should be afforded a flexible working schedule. Many CHWs are undocumented and not eligible for employment. If you are contracting with any CHW, you should pay them as generously and fairly as possible, considering an increased rate to account for self-paid benefits and taxes, and ensuring that you follow all state and federal laws around misclassification. Some organizations chose to contract with CHW-led LLCs or cooperatives to provide CHW services. If your organization currently works with CHWs that volunteer, plan to pay them moving forward. Prioritize finding sustainable funding for CHW salaries and stipends.



# Billing

Element 6 – Billing



CHW services can now be paid for through billing Medi-Cal and Medicare. Reimbursement for CHWs is still emerging in California and implementation of both Medi-Cal and Medicare billing is complex. If you choose to pursue reimbursement for CHW services as part of a braided/blended funding strategy for CHW positions, here are some resources to consult but the best resource is networking with other organizations doing this work, for example through a learning collaborative:

Resources are included with details about billing processes



### **Evaluation**

Element 7 –Evaluation

It is critical that you evaluate the efficacy of CHW programs to tell a story of impact and support advocacy for the workforce. The <u>CHW</u> <u>Common Indicators</u> from the <u>CHW Center for Research and Evaluation</u> (CHW CRE) is a list of best-practice indicators to use in evaluations of CHW programs. If you cannot incorporate all the indicators into your evaluation plan, choose the ones that are most important to you.



### Supervision

Element 8 – Supervision



Ideally, CHWs should be supervised by other CHWs. If this is not possible, CHW supervisors in both clinical and community organizations should meet the following criteria:
1. Have the time and bandwidth to invest in supportive supervision. CHWs have unique roles and often face unique challenges – their supervisors must be available to provide sufficient support.
2. Deeply understand the CHW role and values. If you are new to the CHW field, you should search out CHW supervisor training or other educational resources to help them understand the CHW role and the ir role as a CHW supervisor.



### **Employee Support**

Element 9 –Employee Support



While there are many ways to help CHWs feel supported and equipped to do their job and thrive, these are the most important elements:

 Be supportive and available. You must be willing to be flexible around the social determinants of health that many CHWs themselves face and take time to help CHWs process and find support for stressful situations they encounter with their clients and communities.
 Hire at least two CHWs at a time. CHWs must have access to peer-to-peer support.
 Build formal career ladders that allow CHWs to progress within their profession, either as higher-level CHWs or as managerial program staff.

4. Find ways to provide job stability and sustainable funding for CHWs. CHW positions should not rely solely on grants so that positions do not have end dates.

Support CHWs in their leadership. Give CHWs a voice to guide their work and programs and carve out time for them to participate in local, state, and national workforce initiatives.
 Work with team members across the organization, especially top leadership, to share understanding of the CHW role and learnings from CHWs' knowledge of clients and community.



# Why sign on?

- 1. Demonstrate public support of CHWs in Sonoma County
- 2. Improve patient outcomes by ensuring thriving CHW programs
- 3. Align with national gold-standards in the CHW field



# Why sign on?

- 4. Decrease CHW position turn-over
- Identify growth areas for your program and connect to peer support.
- Public recognition with your logo on the framework website and framework logo on your website



#### **Sign-On Tiers**

- Gold 1.
- 2. Silver
- Bronze 3.
- 4. Ally







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# Sign-On Pledge



- Read the framework and include guidelines in organization's program and budget planning
- Post the framework logo and organization's commitment to its values publicly on organization's website
- 3. Provide peer-support to other CHW programs if requested
- Attend Aliado's Monthly CHW supervisor meetings at least quarterly for framework check-ins

#### Organizational Sign On Process

- 1. Fill out rubric based on organization's self-reported status on each element
- 2. Input scores into online form
- 3. Framework leadership will review and decide sign-on level



### **Tips/Lessons Learned**



Build on existing avenues for CHW leadership (local CHW associations, coalitions, etc.)



This project is unique but there are plenty of national resources on employer guidelines



Include employers in the leadership group to ensure buy-in



Plan ahead for long-term ownership, implementation, and accountability

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Include examples for community and clinical settings

### Committe e Members

Imelda Vera – Humanidad Education and Therapy Services

Estela Venegas Martinez – Aliados Health

Dr. Ellen Barnett - Integrative Medicine

**Chelene Lopez** – Providence

Carol West - California Association of CHWs

Nicole Della Santina – Public Health Professional (unaffiliated)

Veronica Barragan – Santa Rosa Community Health

Kirsten Tellez – Alexander Valley Health Care

Rachel Marcus – Aliados Health

Susan Garcia – Center for Well-Being

Sonia Mendoza – La Luz Center

Yeni Rodriguez – California Parenting Institute

## Contact

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