Engaging Community Health Workers (CHWs) in Your Public Health Agency

September 29, 2021
12:00 pm – 1:00 pm CT
Housekeeping

• We will be recording this webinar, and the link will be posted on the NRC-RIM website: https://nrcrim.org/steele-county-chw-pilot

• Please stay on mute during the webinar

• Q&A will be at the end
Today’s Webinar Presenters

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Tell us about you!
Please put your name and organization in the chat box.
Learning Objectives

Participants will be able to:

• Learn how local public health agencies have:
  o Recruited, hired and paid for Community Health Workers (CHWs)
  o Partnered with other agencies to staff their CHW services
  o Billed Medicaid and been paid for CHW health education and self-management skill building services
• Identify 2-3 challenges and solutions to common barriers around CHW integration
• Apply best practices in CHW COVID-related services, including telehealth and community outreach
Today’s Agenda

• Introduction from National Resource Center for Refugees Immigrants and Migrants
  • Erin Mann, NRC-RIM

• Community Health Workers, Local Public Health, and Minnesota Medicaid Billing
  • Megan Ellingson, CHW Solutions
  • Megan Nieto, CHW Solutions

• Steele County, Minnesota -- CHW Integration Progress Report
  • Andrea Marshall, Steele County Public Health
  • Charlie Mandile, HealthFinders Collaborative
  • Daisey Sanchez, HealthFinders Collaborative

• Q&A
Building on 6/29/2021 Webinar

“Integrating CHWs into Local Public Health COVID Response and Rebuild Efforts”

- Partnered with the Migrant Clinicians Network (MCN) and the Community Based Workforce Alliance (CBWA)
- Overview of the importance of CHWs in Local Public Health response
- CBWA Playbook for local public health in the United States

- Webinar recording: https://nrcrim.org/toolkits/community-health-workers
NRC-RIM
Background
About NRC-RIM

- National Resource Center for Refugees, Immigrants, and Migrants
- Funded by the CDC, housed at the University of Minnesota
- Goals:
  - Support health departments and CBOs that work with refugees, immigrants, migrants
  - Strengthen partnerships between health departments and communities
Our Partners

- CHW Solutions
- IDEO.org
- International Rescue Committee (IRC)
- Migrant Clinicians Network (MCN)
- Minnesota Department of Health (MDH)
- National Association of County and City Health Officials (NACCHO)
What We Do

- Health education and resources
- Online training
- Best and promising practices
- Technical assistance
- Pilot projects
- Advocacy
How to Reach Us

@nrc_rim  www.nrcrim.org

@nrcrim  nrcrim@umn.edu
Direct CHW Services
- MN CHW Certificate
- Part-time, hourly contracted CHWs
- Test and incubate ideas

On-Contract Services
- Clinical oversight (physician Medical Director)
- Claims processing
- For agencies w/ CHWs that don't have these services in-house

Consulting and Technical Assistance
- Agencies getting started with CHWs
- Agencies starting to bill for CHW services
- State and local public health guidance toolkits

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www.chwsolutions.com
QUESTIONS (Please put your answers in the chat box):
Is your state or local health department utilizing CHWs in their COVID response and rebuild efforts?
Are you in the planning or implementation phase?
How do you plan to financially sustain these efforts?

TODAY’S WEBINAR:
• Overview Minnesota CHW Medicaid billing
• Share examples of integrating Community Health Workers into Local Public Health
  • CHW services and billing during COVID
Community Health Workers, Local Public Health and Minnesota Medicaid Billing

https://www.youtube.com/watch?v=5dCSnDnORbc

Video
Minnesota CHW Reimbursement

What's Available?

• Patients on MN Health Care Programs (Medicaid)
• Health education and self-management skill building
• Face-to-face time only (clinic, home or community) (COVID – telehealth allowed)
• 1:1 and groups
• MAX 2 hrs/day and 12 hrs/month

What's Required?

• MN CHW certificate
• Order for CHW services from MD, NP, dentist, PHN or mental health professional
• General supervision from MD, NP, dentist, PHN, mental health professional or RN
• Follow best practices (can be modified for specific patient populations)
• Documentation
What are Standing Orders?

• Used to deliver services to an identified population that meet at-risk criteria, without necessarily seeing a clinical provider first.

• “Standing orders are often based on national clinical guidelines, but practices may customize those guidelines based on their own patient population or care environment.”*

*University of California, San Francisco’s Center for Excellence in Primary Care
http://cepc.ucsf.edu/standing-orders
**CHW Services Delivered Under Standing Orders**

<table>
<thead>
<tr>
<th>Ordering provider (MD, APRN, PHN, Dentist, Mental Health Professional, RN) develops and signs standing orders</th>
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</thead>
<tbody>
<tr>
<td>Defines criteria for at-risk clients to be served</td>
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**Clients identified**

| Referral from client's provider | For clients not referred, assessment tool administered to determine if client meets risk criteria in standing orders |

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**CHW delivers patient education and self-management support services**

| Best practices and protocols outlined in the standing orders are followed | CHW communicates with clients' primary care provider about CHW services |
Community Health Workers, Local Public Health and Minnesota Medicaid Billing

• Keeping your hand on the community pulse to hire representative CHWs
  • Hiring CHWs during COVID
  • Identify natural community leaders and be open to supporting them through CHW school
  • Focus on career investment for CHWs
    • Develop plans that provide employment after COVID-19 work has ended
    • Create transition plan to move CHW from COVID-19 related work to post-Pandemic service delivery

• Brief overview of Otter Tail County and other Local Public Health examples
  • Community search for candidates
  • Provide time for CHW candidates to study while working (access to PHNs, Health Educators, Human Services)

• Billing for COVID-related services
  • Telehealth coverage (DHS Coronavirus telehealth detail)
    • Hearing
    • Technology comfort/skills (develop guidelines for approved platforms, tips, procedures)
    • Language/culture match between CHW and patient (language line use)
Billing for COVID-related services continued...

COVID Best Practices
• COVID-19 statistics/facts
• Health education messages
  • Prevention strategies, transmission, home care, isolation vs quarantine, when to seek emergency care, masking, vaccination, handwashing, addressing SDOH and emergency/crisis supplies/food, multi-generational family living situations, managing anxiety, PPE, myth busting, social media guidance, etc
• Resources
• References

Billing Examples:
• Merck – Diabetes patients from 5 Minneapolis FQHCs
• Volunteers of America – 42 Minneapolis Public Housing Highrises
• 1817 – Minnesota Department of Health Hypertension
Steele County CHW Integration

In this section of the webinar, we will discuss...

• How we are building partnerships to implement CHW’s in our COVID response
• How we are setting the stage to hire CHW’s for Steele County Public Health
• How we are planning with partners to better understand the CHW role in local public health
Process

• CHW Solutions.....
  • discussed with us the COVID funding available through MDH/UofM to utilize CHW’s
  • helped us to complete the grant application process by completing much of the legwork and paperwork necessary.
  • helped teach us how they use CHWs in the community, and introduced us to similar services at MDH, HACER, IANA.
  • helped us to narrow down the details of being able to bill for CHW services.
Identifying the need for CHW’s

• COVID emphasized the inequity of our 2 main minority populations... Hispanic and Somali.

• We struggled to get information to them about COVID prevention, testing, and vaccination.

• We started developing relationships...SLOWLY...once CHW’s entered the process, we could see the benefits!

• We can see in our agency where CHW’s would be helpful and how to implement them long-term.
  • disease prevention/maintenance
  • Community Education of Health Issues
  • Breastfeeding/nutrition, WIC, C&TC, Car Seat Education, etc.
Current Stage

• SCPH has one Certified CHW (English speaking, White, Female) who works primarily with Family Home Visiting. Has her NPI # and paperwork filled out.

• Dodge County has one Certified CHW (Bilingual (Spanish/English), Hispanic, Female) works primarily in the Center Clinic (family health free clinic).

• Recruitment: We identified 2 potential CHW’s but they ended up not...

• SCPH is partnering with Healthfinders (Steele County Free Clinic and Healthfinders has merged) to use their CHW staff. They have CHW’s that speak the languages (Spanish and Somali) and have a good understanding of the cultures they represent and health equity barriers facing them.
What have CHW’s done with SCPH so far?

• Translated materials into different languages and helped disperse information

• Attended vaccination clinics- helped answer questions, fill out paperwork, role-model

• Went door-to-door with SCPH nurses in predominantly Somali populated apartments offering vaccines and answering questions.

• Helped us reach out to local agriculture and manufacturing businesses that hire migrant workers and minority populations to help educate and vaccinate laborers.
Next Steps...

• Putting together job descriptions and assign tasks CHWs would be responsible for and policies/procedures regarding CHW’s roles.

• Get board approval to hire 2 CHW’s – we may have Healthfinders do the hiring procedure, or we may end up doing this ourselves.- TBD

• Begin conversations with CHWs – continue to learn best practices and how to utilize these positions to maximize LPH goals.

• Retention - learn ways to keep good CHW’s on staff.
Healthfinders- their experience and expertise!

- How many do you currently have on staff?
- When did CHW’s become part of the staff at Healthfinders and how has their roles evolved over time?
- How have you been able to recruit the right people? What qualities are most important?
- What type of work do they do? What does their day look like?
- How do you pay for their services? What is their compensation rate?
- How do the CHW’s work with other agencies? What roles do they play?
- What do you see for the future?
Q & A

https://nrcrim.org/toolkits/community-health-workers
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