Q&A from webinar: Improving Linkage and Retention in HIV Care: Insights from Community Health Workers

May 6, 2019

CHW roles

**Q. Are CHW's involved with client's eligibility or only act after eligibility is approved?**

**A: Legacy Community Health CHW:** *I will work with a client before or after eligibility. A client needs up to date Ryan White to work with Ryan White funded case managers, so the CHW can be the vital connection before then. I can help them get scheduled for the eligibility appointment and will help remind them when it needs to renewed. However, I do not do the actual eligibility paperwork; we have a complete department for that.*

**Q. It was mentioned that there are medical and non-medical case managers. Do you know if they are able to do the same role as CHW?**

**A: East Carolina University (ECU) CHW:** *At ECU-Adult Specialty Care Clinic (ECU-ASC), the CHW’s provide non-medical case management services whereas the case managers are focused on medical care coordination.*

**A: Legacy Community Health CHW:** *I would say that this depends on the organization. At Legacy, the medical and non-medical case managers are based out of the Social Services department while the CHWs are based out of the Public Health department, so they have different position requirements and procedures.*

**Q. What is the average client caseload for a full-time CHW who is providing client retention support?**

**A: ECU CHW:** *The average caseload ranges between 25-40 clients per CHW.*

**A: Legacy Community Health CHW:** *I think this may depend on the organization and what is expected in the CHW role. If the CHWs are required to do extensive paperwork for the client or more case management-type tasks, they may need to have a smaller case load.*

**Q. How do you prioritize your caseload with roughly 100 folks enrolled?**

**A: ECU CHW:** *ECU-ASC has 3 CHW Support Specialists who focus efforts on clients with complex needs.*

**A: Legacy Community Health CHW:** *I prioritize clients based on need. If clients have worrisome lab results, I may prioritize them first. I also have a spreadsheet with all upcoming appointments/needs, so that I don’t forget things and am able to organize my clients easily and in order.*

**Q. What is the qualification of a CHW?**

**A:** *CHW should be someone who has a desire to help individuals and the community. Depending on the community, it might make sense for the CHW to be living in the community with plans to stay there. The shared experience that CHWs have with the communities they serve makes them effective at developing rapport with clients. They need to also have respect for community members and be able to build effective relationships across groups by age, gender, race/ethnicity, sexual orientation, religion, immigration, incarceration history and socioeconomic status. Basic computer skills and a knowledge of navigating the healthcare system are also important.*

**Q. Any example about dental services?**

**A: ECU CHW:** *RW eligible clients may receive a referral from their ID provider and receive dental services from the ECU Dental School, which is covered by the grant.*

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**Q. How were you able to implement your home visit protocol?**

**A: ECU CHW:** *Upon enrollment into the CHW program clients are consented for home visits.*

**Q: What do you mean by an "adult living facility"? When, or is, the patient's substance use disorder being treated?**

**A: ECU CHW:** *Adult/Assisted Living Facility is a system of housing with limited care designed for the aging population or those with behavioral health needs. This environment allows the client to live independently while receiving some assistance with activities of daily living. The patient was assessed for behavioral health and substance use issues and is currently in treatment.*

**Q. How do you report clients who are out of care? Would they be considered not Ryan White Eligible?**

**A: ECU CHW:** *ECU-ASC has an internal process to identify clients who are out of care and re-engage them through the intake process. RW reauthorization occurs on a biannual basis. If a client fails to complete this process by the deadline then they are classified not Ryan White eligible.*

**A: Legacy Community Health CHW:** *The label out of care is applied to clients who haven’t been in for an HIV appointment in 6 months or more. In Texas, Ryan White needs yearly renewal, so a client may still be on Ryan White, but considered out of care at Legacy. If their Ryan White is expired and they are out of care, the first step will be to get their eligibility on Ryan White up to date before they go to their necessary provider visit.*

**Q. Are CHW's classified by specialty?**

**A: ECU CHW:** *ECU-ASC provides care to PLWHA and provides services solely to that patient population.*

**Q. Is your assessment done electronically?**

**A: ECU CHW:** *All assessments are captured in the electronic medical record.*

**A: Legacy Community Health CHW:** *Legacy is all electronic as well.*

Training

**Q. Are there any specific training for CHW's or specific and particular skills to perform the related duties? What type of training would a CHW need to attend in order to feel equipped in the position?**

**A:** *While there are no national standards for the number of required training hours for CHWs, most states average 60-80 hrs. Critical topics for training include: communication skills, motivational interviewing, trauma-informed care, documentation, cultural humility, harm reduction, safety in the field, maintaining professional boundaries, common morbidities, etc.*

**Q. Are the CHWs trained phlebotomists?**

**A:** *Some CHWs may be trained in phlebotomy but this is not necessarily a requirement and will depend on the workplace guidelines.*

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Program Processes

**Q. What is the education level and salary range for Community Health Workers?**

**A:** *The salary and wages of CHWs vary, but most employers offer health insurance and standard benefit packages for CHWs. Education level may also vary and should be assessed along with the lived experiences a CHW brings to the team.*

**Q. How difficult is the referral process for your program?**

**A: ECU CHW:** W*e have experienced challenges with our referral process.*

**A: Legacy Community Health CHW:** *At Legacy, it hasn’t been difficult. Sometimes clients are referred to me who don’t meet our qualifications, but I can then pass them on to the right person.*

**Q. Who supervises the CHW's?**

**A: ECU CHW:** *CHW’s report to the RW Administrator.*

**Q. What credentialing or qualification does a CHW have?**

**A:** *Each state is a little different when it comes to certification. Hours for certification can vary. In 2019, the only state that requires that a CHW be certified is Texas. You can find more about certification from the Association of State and Territorial Health Officials (ASTHO)* [*here*](http://www.astho.org/Public-Policy/Public-Health-Law/Scope-of-Practice/CHW-Certification-Standards-Map/)*.*

**Q.** **What structure is built in for clinical supervision and self-care in the interest of burnout prevention?**

**A: ECU CHW:** *Designated monthly meetings are scheduled for each CHW with a clinical supervisor (defined as a licensed mental health professional) well as on as needed basis for self-care and burnout prevention.*

**Q. Do you have any links or websites that you might use to find clients that has been lost?**

**A: ECU CHW:** *North Carolina Department of Corrections inmate search, obituaries, social media, and google searches.*

**Q. Can you talk a bit more about Drop-in clinics?**

**A: ECU CHW:** *ECU-ASC has walk-in clinics for patients that are high risk for no-show and urgent care needs.*

**A: Legacy Community Health CHW:** *Legacy has drop-in/walk-in STD testing. Eligibility for Ryan White can also be drop-in. There are some same day appointments with providers as well.*

**Q. What advice would you give to a large safety net hospital system that is implementing a patient navigator into an intervention to engage young BMSM into care?**

**A: ECU CHW:** *Form a partnership with a LGBT agency/resource center and/or support groups in your area.*

**Q. Do you have any lessons learned that you would like to share?**

**A: ECU CHW:** *Incorporate a system of checks and balances to prevent consumers from falling through the cracks. Incorporate a referral process to protect CHW’s from potential dumping syndrome.*

**A: Legacy Community Health CHW:** *Role distinction and communication with other departments are very important to avoid confusion and territorial-ness.*

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BU Project Related

**Q. How are these programs funded?**

**A:** *CHW positions are funded in a variety of ways. Currently, most of them are funded by grants. In Ryan White HIV/AIDS Program medical provider agencies, specifically, CHW positions and programs are funding through Part A and B funds, 340B funds, or other rebate dollars. Currently, some states are also pursuing reimbursement of CHW services under Medicaid.*

**Q. When the CHW training curriculum is ready for publication, how will it be disseminated?**

**A:** *The CHW training curriculum will be ready by the end of summer 2019. All of the materials will be available on our* [*website*](https://ciswh.org/chw-impact-materials/)*: This will also include an implementation guide (available summer 2019). Materials will be disseminated on our website, on* [*TargetHIV*](https://targethiv.org/chw)*, and through social media outlets.*

**Q. What are some of your lessons learned after implementing this model? Promising practices? Missed opportunities?**

**A:** *We have incorporated the lessons learned from this initiative into a Guide to Implementing a CHW Program in the Context of HIV Care, which will be available to the public before August 31, 2019, on our* [*website*](https://ciswh.org/chw-impact-materials/) *and* [*TargetHIV*](https://targethiv.org/chw)*. Some of the primary lessons include the importance of care team involvement in determining the role of the CHW for effective integration, access to the EMR/EHR is an effective way for the CHW to communicate important information with members of the care team and vice versa, the importance of training for supervisors of CHWs, and the benefits of CHWs being able to meet clients in the community (e.g., community visits and home visits).*

**Q. Are presentation slides available after webinar?**

*Slides from this webinar along with the Q&A section can be found* [*here*](https://ciswh.org/webinar-recording-improving-linkage-and-retention-in-hiv-care-insights-from-community-health-workers/)*.*