



Community Health Workers & *Promotores*
in the Future of Medi-Cal

Resource Package #2: Training Approaches for Community Health Workers and *Promotores* to Support Medi-Cal Members

A Project of the California Health Care Foundation

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Table of Contents

Introduction	3
About the Project and Resource Package.....	3
Key Concepts.....	5
Key Implementation Approaches.....	7
Training for CHW/Ps	7
Principles and Methodologies.....	8
Engagement of CHW/Ps as Co-Designers and Trainers.	8
Levels of CHW/P Training	9
Training Structure.	13
Training for Organizations and Supervisors	15
Organizational Readiness for Introduction of CHW/P Programs.....	15
Learning Objectives and Topics.....	15
Training Structure and Facilitation.....	16
Training for CHW/P Supervisors.....	17
Collaboration with Partner Organizations	18
MCPs Contract with Training Organizations to Develop Training.....	18
MCPs or Their Contracted Partners That Employ CHW/Ps Provide Training	18
MCPs Partner Together	19
State/County Provides Training	19
Infrastructure Barriers and Potential Solutions	20
Establishing CHW/P Training Programs	20
Training Can Be Costly for Employers	20
Making Training Accessible for CHW/Ps.....	20
Staff Turnover	21
Resources and Tools	22
Select California and National CHW/P Training Programs.....	22
Examples of Training Frameworks and Materials for CHW/Ps.....	24
Examples of Training Frameworks and Materials for Organizations and Supervisors.....	25
Toolkits and Reports.....	25
Training and Certification Resources from Other States.....	26
Acknowledgments	26

Introduction

About the Project and Resource Package

As California aims to improve the quality of life and health outcomes for its residents, particularly Medi-Cal members, one strategy is to better integrate community health workers and *promotores* (CHW/Ps) into health care coordinated by managed care plans (MCPs) and providers. According to the American Public Health Association, a community health worker is a “frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”¹ *Promotores de salud*, or *promotoras*, are a subset of community health workers who serve Spanish-speaking communities and are characterized as lay health workers with the ability to provide culturally appropriate services informed by their lived experiences.² CHW/Ps have been employed across public health, medical, and behavioral health settings with different job titles and performing a range of roles. The topic of CHW/P roles is covered in depth in the first resource package of this project, *The Role of CHW/Ps in Health Care Delivery for Medi-Cal Members*.

What is a “community-connected health workforce”?

Community health workers and *promotores* (CHW/Ps) have long worked in community-based and social service organizations serving populations most likely to experience inequities. In some health care organizations, unlicensed professionals may hold job positions for roles similar to those performed by CHW/Ps, such as case management, engagement, health coaching, health care and housing navigation, employment services, and outreach. These professionals, however, often do not have the job title of community health worker or *promotor*, which is frequently the case with behavioral health and social service providers. **Additionally, while all CHW/Ps might be considered unlicensed professionals, unlicensed professionals who have trained to provide similar services but do not have either direct knowledge or experience in the communities served could not be considered CHW/Ps.**

For the purposes of this resource package, the term, “community-connected health workforce” is used to describe the workforce of unlicensed health professionals **who either have lived experience in or are trusted members of the communities served** — including those with the formal title of community health worker or *promotor*. The term is used to emphasize the shared characteristics and broad importance of this workforce across health settings. In contrast to “unlicensed health professional,” the term “community-connected health workforce” elevates the value of this diverse workforce in the community.

Medi-Cal MCPs and their partners, such as federally qualified health centers, hospitals, and community-based organizations, have the ability to implement effective, evidence-based CHW/P programs to advance health equity and improve outcomes overall. To do this successfully, it is important to facilitate training and ongoing skill- and capacity-building opportunities for CHW/Ps, their supervisors, and organizational leaders.

This project aims to advance the role of CHW/Ps in the future of Medi-Cal, within the context of the California Advancing and Innovating Medi-Cal (CalAIM³) initiative. The project seeks to enhance Medi-Cal managed care plans and their partners' readiness to implement effective, evidence-based CHW/P programs that advance health equity. To advance this goal, the project will generate four resource packages, informed and reviewed by stakeholders, containing resources and tools that support CHW/Ps' integration into programs for Medi-Cal enrollees. The packages will cover the following topics:

- ▶ Roles of CHW/Ps in improving care delivery for Medi-Cal members
- ▶ Training for CHW/Ps and their employers
- ▶ Data exchange and outcome measurement
- ▶ Program financing and sustainability

The resource packages will be released as they are developed. In September 2021, these four resource packages will be adapted into a comprehensive toolkit, with revisions to address new information and updates related to the CalAIM initiative. The development of the resource packages occurs within a larger stakeholder engagement process including a health plan council, advisory council, and stakeholder group as participants. Insights from project stakeholders — including CHW/Ps — are incorporated into this resource package through their direct interviews, feedback provided through the stakeholder process, and quotes throughout the package. A list of the individuals participating in the process is included in the Acknowledgments section at the end of this package.

The approach and specific proposals of CalAIM were designed to more effectively meet the needs of California residents, including an acknowledgment of nonclinical interventions that address health-related social needs and reduce health inequities. Two CalAIM components are particularly relevant for CHW/P programs: (1) a requirement for an enhanced care management (ECM) benefit to address clinical and nonclinical needs of individuals with complex health and social needs, and (2) authorization for MCPs to deliver in-lieu of services (ILOS), which are cost-effective alternatives to covered services that improve health, such as housing navigation services. As the CalAIM proposal is finalized, and MCPs develop their plans for these services, MCPs are uniquely positioned to lead the integration of this valuable workforce by including CHW/P programs as key components in their strategies. The final toolkit will be designed to support MCPs in leveraging CHW/P programs within this context.

As CalAIM prepares to serve as the vehicle for care management (via ECM) and innovative service provision (through ILOS), it is valuable to understand the experiences from predecessor programs — the Health Homes Program and Whole Person Care pilots. In these models, MCPs partnered with community-based care management entities (CB-CMEs) and Whole Person Care partners to employ CHW/Ps. This resource package features case examples drawn from the Health Homes Program and Whole Person Care pilots to illustrate lessons for MCPs and their partners.

The primary audience for this resource package is Medi-Cal MCPs, and it is intended to also inform MCP partner organizations that develop CHW/P programs to serve Medi-Cal members. The implementation approaches and considerations detailed in this resource package focus on how MCPs can most effectively leverage an organizational and financial commitment to integrate CHW/Ps and provide a framework for MCPs, partners, and CHW/Ps to share perspectives and solutions.

This second resource package, *Training Approaches for CHW/Ps to Support Medi-Cal Members*, highlights the following topics:

- ▶ Training for CHW/Ps, employers, and organizational leaders
- ▶ Considerations for MCPs and their partners regarding training CHW/Ps, their supervisors, and their organizational leaders and colleagues who collaborate with them
- ▶ Collaboration with partner organizations on CHW/P training efforts
- ▶ Infrastructure barriers and solutions to CHW/P training
- ▶ Curated resources and sample tools from established CHW/P programs to guide the implementation process

Key Concepts

Background on CHW/P Training. CHW/Ps come to their jobs with variation in their lived experiences, formal and informal training, and areas of passion. Training can support CHW/Ps in preparing for their roles and responsibilities, and will thus set up CHW/P programs for success. Achieving the goals organizations set for their CHW/P programs — such as improved health outcomes, coordination of high-quality services, delivery of person-centered care, and advancement of health equity — requires a robust training approach for CHW/Ps and the staff who work with them.

As there is no single standardized curriculum for training CHW/Ps or their employers, each employing organization will need to adopt a training approach that simultaneously enhances the capacity of CHW/P programs to meet the identified needs of the community and also provides the tools for these programs to thrive in the context of the overall organization. Historically, most CHW/Ps were trained on the job through mentorship by other CHW/Ps.⁴ While this hands-on mentorship continues to be a critical part of the CHW/P training process, the scope of training and training programs has been significantly expanded to prepare this workforce for a range of different responsibilities within initiatives with diverse and complex goals.



CHW/P training programs vary in length, scope and focus of content, and pedagogy.⁵ Training approaches for CHW/Ps are often designed and implemented by different entities: (1) academic institutions, such as community colleges; (2) employers of CHW/Ps including within public health, medical, and behavioral health settings; (3) community-based organizations that support CHW/Ps; and (4) states and counties that develop CHW/P training programs, which are often tied to certification requirements. Individual CHW/Ps may participate in trainings run by multiple entities over the course of their careers. Some may choose to enter training programs at educational institutions before securing an offer of employment, though most CHW/Ps first participate in training through their employer.

California does not certify any training programs or run state training programs, nor requires certification of CHW/Ps or provides licensure of CHW/Ps. Some training programs run by academic or other organizations offer certificate programs, or otherwise provide academic credit and career advancement opportunities through formal education. These programs are usually completed within two semesters and involve a field placement.

CHW/P employers such as MCPs and their contracted partners sometimes use external entities like academic or community-based entities for initial training, and then conduct custom and ongoing training through their own

organization. Employing organizations generally conduct organizational onboarding training and develop targeted continuing education opportunities, including on-the-job training, to improve certain skills and capacities and enhance CHW/P standards of practice. This training typically focuses on the specific services provided by the organization, such as addressing chronic conditions or health-related social needs (either directly or through linkages to social services). These topics are explored in more depth in the Collaboration with Partner Organizations section of this resource package.

In the Resources and Tools section of this resource package, there is a table that provides an overview of CHW/P training programs in California and select national programs. This section also includes more information about curricula and standards from other states that may be useful for California stakeholders, as well as other training resources that may be useful to organizations employing and training CHW/Ps.

Health Equity and CHW/P Training. CHW/Ps play a critical role in advancing health equity. They bring important cultural context, often grounded in their own life experiences, that enables them to build trusting relationships with their members. Given the fact that CHW/Ps are often from communities that are most likely to experience inequities, it is important that training programs are intentionally designed to ensure that they are accessible and must address potential cost, language, and geographic barriers to the greatest extent possible. Additionally, CHW/Ps and community-based partners should collaborate in developing a culturally responsive curriculum and leading trainings to ensure that the training reflects the needs of CHW/Ps and the context of the communities that they serve. Finally, training programs should also prepare organizational leaders as well as supervisors and colleagues of CHW/Ps to support this diverse workforce. These topics are explored further in the Key Implementation Approaches section of this resource package.

Certification of CHW/P Training Programs. Many states require CHW/Ps to become certified through the completion of an approved training program, and some states run training programs aligned with these requirements.⁶ Notably, the California Future of Health Workforce Commission recommended creating a statewide certification process for CHW/P training, and expanding and standardizing training programs to support the growth of this workforce, as the lack of consistency in training programs has limited workforce growth in the state.⁷ As part of these recommendations, the Commission proposed a funding expansion to support CHW/P training participation, such as through scholarships or loan repayment, and developing best practices for employer-based training. Any future changes in CHW/P training program certification or funding will likely not take effect before the launch of ECM and ILOS. Although this resource package does not focus on considerations for certification of either CHW/Ps or their training, other resource packages focused on this topic can be found in the end notes.⁸ Notably, employers may benefit from thorough documentation of (1) their training curricula and (2) staff participating in training, if California does decide to require participation in a certified training program in the future.

🔑 Key Implementation Approaches

Training for CHW/Ps, along with training for the supervisors, colleagues, and organizational leaders employing CHW/Ps, will help advance the goals of their respective organizations and programs. CHW/Ps often work within teams that include different positions and departments (referred to here as interdisciplinary teams). Effective training ensures that the entire interdisciplinary team — including but not limited to CHW/Ps — can perform to the top of their capabilities. This section describes important considerations for MCPs and their partners in implementing effective training programs. MCPs should collaborate with community-based entities that will provide services to their members, and with CHW/Ps, to design their training approach.

Training for CHW/Ps

Training programs for CHW/Ps range from just a few hours of training provided by an employer to certificate programs at community colleges or other academic institutions that last one year or more. CHW/P training should ideally include multiple levels of training that are distinct but interrelated (see *Levels of CHW/P Training*, page 10, for detail):

1. Training for core CHW/P competencies
2. Training for specialized programs, including specific populations
3. Training on organizational practices and workflows
4. Ongoing professional development

As California MCPs develop or refine CHW/P programs as part of CalAIM initiatives, they can pursue multiple pathways for training CHW/Ps that are employees of the MCP or of their contracted partners. Broadly, these options include direct development and administration of training, an agreement with an external training organization to develop and administer training, or a hybrid approach that divides training responsibilities. These pathways, as well as their relative pros and cons, are further detailed in the Collaboration with Partner Organizations section of this resource package.



Regardless of what organization is administering the training, MCPs should help to develop the training approach that will support a successful CHW/P programs and workforce. Standard components for training include (1) design of training curricula, with the active engagement of CHW/Ps, based on educational principles and methodologies; (2) establishment of learning objectives and topics across each level of training; and (3) design of training structure to support participants' access to training, such as duration, modality, frequency, languages offered, and costs.

“The training has to be reflective of the CHW and what they need and the community they want to help.”

— CHW/P Member of the Stakeholder Group

Principles and Methodologies. CHW/Ps bring a deep knowledge of the community to their position that is based on shared lived experience, and training principles and methodologies should amplify this knowledge. Popular education methodology, which builds on the experiential knowledge of CHW/Ps and has rich historical roots, is considered a best practice in CHW/P training.⁹ Elements of popular education include (1) drawing out and centering the existing knowledge of participants; (2) connecting participants' personal experiences with their broader social context; and (3) supporting participants in collectively taking action.¹⁰ The methods of these trainings emphasize participation of CHW/Ps as active leaders in their own learning process and support participants in building knowledge together through active learning methods such as experience sharing, role playing, and collective brainstorming and problem-solving.

Participatory training methods that draw on popular education can support CHW/Ps in deepening their understanding of how their individual lived experiences connect with their roles in serving communities. The California organization *Visión y Compromiso* characterizes effective *promotor* training programs as those with curricula that emphasize self-discovery and empowerment, building off popular education methodology and core competencies. A *promotor* quoted in a *Visión y Compromiso* report described it this way: "I brought my own roots, the training added to what I already had and helped me identify as a *promotor*."¹¹ Notably, popular education-based CHW/P training programs have been shown to increase participant empowerment, self-esteem, leadership, and community participation.¹² This type of training approach can be especially valuable for preparing CHW/Ps to advocate for themselves and their communities, which aligns with the broader goals of advancing greater equity. In addition, this approach helps to enhance the skills that CHW/Ps contribute as opposed to erasing these skills in an overmedicalized model.

Engagement of CHW/Ps as Co-Designers and Trainers. CHW/Ps should be fully engaged at every step of training design, implementation, and evaluation. When CHW/Ps serve in leadership roles in the design of training programs, they can identify learning objectives and training topics that are the most relevant to other CHW/Ps. CHW/Ps can also use popular education methods to design these sessions. Effective training programs often engage experienced CHW/Ps as facilitators of training modules, as CHW/P facilitators can be strong teachers for incoming CHW/Ps. Through this practice, organizations can create professional development opportunities for current CHW/Ps.

Spotlight on CHW/P Engagement: El Sol Neighborhood Educational Center in San Bernardino

The El Sol CHW/P Training Center in the Inland Empire region engages CHW/Ps in the development of training materials, delivery, practice, and evaluation, to ensure relevance during the transformative learning process. The center has led trainings for many CHW/Ps and has developed over 200 training modules. These modules are mapped against CHW/P core and subcore competencies, including specialized skills. CHW/P feedback from evaluations is incorporated into future curriculum development, and CHW/P facilitators review past trainings and provide updates based on current needs or emerging best practices or evidence.

Levels of CHW/P Training

1. Training for Core CHW/P Competencies. The first level of training for CHW/Ps focuses on understanding CHW/P positions, developing and strengthening core CHW/P competencies, and preparing individuals to lead in their communities. The Community Health Worker Core Consensus Project (C3 Project) developed a single set of CHW/P roles and competencies across all settings.¹³ While CHW/P positions can vary widely, the core competencies listed in Exhibit 1, as developed by the C3 Project and widely accepted across the field, reflect common skills across many CHW/P positions. These core competencies are shared by many individuals in the community-connected health workforce across different settings, including within medical, public health, behavioral health, and CBO employers. These core competencies and CHW/P roles are discussed in greater depth in Resource Package #1 of the *Community Health Workers & Promotores in the Future of Medi-Cal* initiative.

Exhibit 1. Core CHW/P Competencies

- ▶ Communication
- ▶ Interpersonal and relationship building
- ▶ Service coordination and navigation
- ▶ Capacity building
- ▶ Advocacy
- ▶ Education and facilitation
- ▶ Individual and community assessment
- ▶ Outreach
- ▶ Professional conduct
- ▶ Evaluation and research
- ▶ Knowledge base

Learning objectives for this first level of training should be mapped to core competencies, while also focusing on preparation of training participants to perform at the top of their practice rather than presuming a very limited scope. For example, CHW/P roles can include coaching, home visiting, case management, and group facilitation, and associated skills can be taught in core competency training to support CHW/Ps in working at their full scope of practice across settings. Employers should identify the areas of knowledge, skills, and abilities that will support CHW/Ps to be effective within their roles and ensure that trainings address each of these areas.

Some of the key topics common to CHW/P training programs include

- ▶ The history of CHW/Ps
- ▶ Social determinants of health and the factors that affect how individuals engage in health care
- ▶ Core CHW/P roles and competencies, such as capacity building, outreach, advocacy, assessment, and service coordination
- ▶ Core skills for a community-connected health workforce such as communication, organization, and data collection and documentation
- ▶ Key principles to support CHW/Ps in their work with communities, such as cultural humility, person-centered care, identification of implicit bias, healthy boundaries, self-care, trauma-informed practice, personal safety, and de-escalation tools for conflict resolution
- ▶ Practical applications of CHW/P work and navigation of common challenges, such as through case studies, to identify opportunities to address gaps in care and barriers to health

When asked what training topics are most essential, many California CHW/Ps and CHW/P program leaders named motivational interviewing, which supports individuals in making behavior changes through empathetic communication. Motivational interviewing techniques can help CHW/Ps assess member readiness to make changes, and CHW/Ps are well positioned to draw on their shared life experience to understand the challenges faced by members and to support members' navigation of services and adoption of healthier behaviors. Other valuable topics related to CHW/P skills include treatment planning (SMART goals), learning research techniques, understanding specific chronic conditions, using technology and social media platforms, and mapping community-based resources. One CHW/P member of the project stakeholder group shared that the most important parts of their training covered concrete skills and specific competencies, such as advocating for their clients by setting up transportation to appointments and using member data to help impact better outcomes.

CHW/Ps may participate in this core competency training in different ways, and this training varies widely in duration and scope. CHW/P training programs offered through an academic institution may be longer and broader in scope, while trainings offered through an employer may focus on competencies more directly relevant to the scope of work at the employing organization. One recommended practice is for incoming CHW/Ps to complete assessments to identify their knowledge, skills, and confidence across key competencies, and self-identify areas for needed training and ongoing professional development.

2. Training for Specialized Programs. The next level of training concentrates on specific program focus areas, with learning objectives and topics tailored to the skills required for distinct program and populations needs. MCPs will likely emphasize training modules focused on foundational knowledge about Medi-Cal and CalAIM, as well as on knowledge areas and required skills to provide services under the ECM and ILOS benefits.

For CalAIM, trainings should focus on the needs of populations prioritized for ECM (these are described as “target populations” in CalAIM) or on specific requirements of MCPs related to ECM and ILOS. Here is an example of a population-focused training: CHW/Ps working with justice-involved individuals or individuals experiencing homelessness will need training on strategies to support these populations and relevant local resources. Specific requirements for connecting with hard-to-reach members and conducting in-person outreach, contributing to and supporting a person-centered care plan, and working with members to identify and build on their resiliencies and potential family or community supports can all be emphasized in the training. Training should focus on CHW/P roles and responsibilities as they relate to the six core services components for ECM: (1) comprehensive assessment and care management; (2) enhanced coordination of care; (3) health promotion; (4) comprehensive transitional care; (5) member and family supports; and (6) coordination of and referral to community and social support services. Related to these core services, all required elements can be found in the Model of Care Template that, as of March 2021, is published in draft format for public comment.¹⁴

Specialized training can also prepare CHW/Ps to work in behavioral health. CHW/Ps have had a growing presence as part of behavioral health teams and in working across primary care and specialty behavioral health settings with individuals with behavioral health needs.¹⁵ Specialized curricula to prepare CHW/Ps to support integrated physical-behavioral health care may include topics such as an overview of behavioral health conditions, use of screening tools, skills for collaborating with behavioral health clinicians, training in activity planning (an evidence-based treatment of depression), and strategies to combat stigma.¹⁶ The position of a peer provider is related to a CHW/P, and both are part of a community-connected health workforce that shares a lived experience with members. Peer providers are individuals who provide direct support to individuals undertaking mental health or substance use disorder recovery, bringing their personal experience of their recovery to their work with members.¹⁷ California enacted legislation in 2020 to establish statewide certification for peer providers, and the Department of Health Care Services will create the curriculum and core competencies for certification by July 2022. As this peer provider training is developed, some elements of those curricula may be relevant for CHW/Ps and could inform state efforts to create a pathway toward state certification of CHW/P training programs.

As CalAIM will likely lead to an increase in MCP contracts with a wider range of providers — including but not limited to community-based organizations and behavioral health providers, as well as safety-net medical providers — it is important to note that individuals who are part of the community-connected health workforce and are employed by these newly contracted organizations may or may not be described as CHW/Ps. These individuals have received varying levels of training and preparation. As these employers move into CalAIM contracting, MCPs will likely expect the providers to offer more structured training.

3. Training on Organizational Processes and Workflows. The third level of training focuses on supporting CHW/Ps to be effective within the policies and protocols of their employing organization and any contracted partners. At this level, CHW/Ps can be trained on topics such as

- ▶ The roles of the interdisciplinary team within their organizations, including communications protocols to share information about members
- ▶ A broad overview of managed care operations and policies, including an overview of how members receive care and how it is paid for
- ▶ The landscape for referrals for needed services
- ▶ Services provided by the organization and its partners, particularly MCP programs and available member supports
- ▶ Workflows between individuals
- ▶ Technologies used, and organizational data collection requirements and strategies within all technologies (note that the topic of data collection will be discussed further in Resource Package #3)
- ▶ Organizational safety protocols and reporting dangerous behaviors, especially as they relate to home visits
- ▶ Relevant policies and protocols, including HIPAA compliance

Employing organizations will often directly provide this training, as this instruction is often role and setting specific. Training can be supported through on-the-job mentorship by existing CHW/Ps to support new CHW/Ps in understanding best practices through practical experience. One CHW/P participant in the stakeholder group, who also serves as a trainer of CHW/Ps, described how building relationships with community organizations is a skill best acquired by observing how other CHW/Ps establish these connections. CHW/Ps should be supported in learning how to build and use community connections to support the diversity of client needs that can arise. While this training will usually be conducted at the beginning of employment, training refreshers will be necessary as organizational practices are adjusted. When CHW/Ps are employed by a community-based entity that contracts with a MCP, it is important for the MCP and community-based organization to closely collaborate on training to ensure that CHW/Ps are fully trained on all necessary managed care requirements and language. MCPs will need to thoughtfully support their partners, as these components may be unfamiliar for the community-based entities.

“My job is to help clients as they build a plan. When they hit a wall, I’m going to help them find a way over it or around it. So it is important to have a lot of tools and resources that I can provide to them.”

— CHW/P Member of the Stakeholder Group

Case Examples in CHW/P Training Approaches

The Transitions Clinic Network (TCN) is a capacity-building organization that trains health systems and CHWs with a history of incarceration to care for chronically ill individuals recently released from incarceration. Health systems that have implemented the TCN model of care employ CHWs who assist with care management, health system and social service navigation, chronic disease self-management support and serve as cultural interpreters between patients and other members of their care teams. Health systems implementing the TCN model hire CHW/Ps who already have received some amount of core competency training or who have significant related work or volunteer experience, and then TCN provides additional training specific to the program. Because core competency training can vary widely, TCN created a training self-assessment based on the C3 core competencies for CHW/Ps to assess their confidence around key skills, which helps to avoid duplication of training for CHW/Ps who switch positions. TCN's senior CHWs lead a 12-week online curriculum for CHW/Ps, plus ongoing biweekly professional development sessions. TCN uses a tool to assess CHW/P integration over the course of a year.

Telecare Corporation is a behavioral health organization that hires and prepares unlicensed professionals to participate in multidisciplinary programs that support individuals living with behavioral health challenges, including persistent mental illness and substance use. The organization employs more than 1,500 unlicensed professionals in California who work across 49 roles, contributing to member engagement, care planning and coordination, housing stabilization, and health care navigation. Telecare prepares its new employees through training, shadowing, and supervision. New employees in its community-based programs engage in about 70 hours of training (online, with supplemental in-person skills practice), staggered over the first year of employment. This training includes 11 hours on chronic disease, two hours on co-occurring conditions and recovery, and five hours on stage-matched interventions and motivational interviewing strategies. In addition, the organization provides opportunities for additional training and advancement, including a program leadership position that does not require licensure.

PATH (People Assisting the Homeless) is a leading homeless services provider in California who employs a robust, unlicensed professional workforce to serve 26,000 individuals annually. Staff roles span the organization's breadth of person-centered services such as street outreach, case management, housing navigation, and employment services. The organization hires individuals with varying years of experience, as needed for each role, and has created core competency trainings to ensure a standard of care for their served population. Upon hire and annually throughout their employment, all staff are trained in subjects that help build or reinforce a base of knowledge in homelessness, systems, evidence-based practices, programs, and more (e.g., Homelessness 101, Homeless Management Information System (HMIS) training, and Mental Health First Aid). Trainings are provided via in-person and virtual instruction by other staff members and Relias, a training platform that manages curricula for PATH's licensed and unlicensed staff and is managed by a designated training specialist.

Homeless Health Care Los Angeles (HHCLA) employs an array of unlicensed professionals, including those with lived experience with homelessness, substance use, sex work, and incarceration. HHCLA's training and education department has also contracted with the county of Los Angeles and local CBOs to provide training and technical assistance for community health workers and other unlicensed professionals within the homeless services sector. HHCLA currently offers its internal workforce, as well as homeless services staff throughout LA County, a three-tiered curriculum designed to assist staff at various skill levels within the sector: (1) care coordination and systems navigation (for entry-level and newly hired staff), (2) applied care coordination and systems navigation (for mid-level direct service staff), and (3) supervisory training for homeless services providers (for supervisory staff). Trainings at each successive staffing level sequentially build the skills most appropriate for tending to the unique needs of a diverse homeless community. Each curriculum constitutes 35 hours of training offered over the course of five days and covers a comprehensive set of topics including landscapes of homelessness, evidence-based practices, cultural equity, and core functions of case management. Staff who are promoted to the supervisory level receive additional training on leading people, managing work, developing self and others, and effective practices for individual and group supervision.

4. Continuing Education and Professional Development. At the fourth level of training, employers must provide ongoing professional development opportunities and supplemental trainings to ensure CHW/P skill and competence development, respond to emerging issues or changes affecting their workflows, and support CHW/Ps' growth in their positions and commitment to their organizations. CHW/Ps can collaborate with supervisors to identify trainings of interest for ongoing education, an approach used in a Whole Person Care pilot as an effective strategy for training topic selection. Employers can also solicit CHW/P input during ongoing professional development opportunities to invite CHW/P ideas for continuous quality improvement, or feedback on proposed workflow changes.

CHW/Ps work in environments that can rapidly change due to public health emergencies, new laws and regulations, and other factors, and CHW/P professional development can support organizations in adapting to these changes. Emerging best practices for CHW/Ps can evolve quickly to address changes in the landscape. For example, CHW/P professional development during the COVID-19 pandemic supported CHW/Ps in quickly adapting to the rapid scaling up of virtual visits and relationship building. This has included learning new technologies to provide accurate, up-to-date information about the pandemic and member health concerns, learning how to build relationships in an online environment, and maximizing their use of Zoom in individual and group interactions. The pandemic has also elevated the importance of self-care. Like other essential workers, CHW/Ps have been suffering from stress related to both work and their personal lives, pointing to the need for wellness resources and training.

“CHWs by their nature are likely to focus more on their work and clients than themselves, and this can lead to burnout. This has been even more true during the COVID-19 outbreak as CHWs are supporting clients and their own family members through this difficult time.”

— CHW/P Member of the Stakeholder Group

Periodic refresher trainings can reinforce learning objectives from foundational core competencies and specialized training, create opportunities for CHW/Ps to practice skills and receive in-depth feedback, and provide knowledge on topics related to new responsibilities within CHW/P programs. For example, an organization embarking on community-based participatory research projects could provide trainings to CHW/Ps on research skills to support their engagement in this work.

Ongoing education and professional development can be coordinated either through employers, or by participating in trainings led by external organizations. Partnering with training organizations that focus on training and supporting CHW/Ps may help to support the sustainability of this workforce and can potentially help to strengthen connections between CHW/Ps across programs and employers. Further considerations for partnership opportunities are included in the Collaboration with Partner Organizations section of this resource package.

Training Structure. The CHW/P training structure — including the duration, format, and facilitators — should be designed to effectively address the specific learning objectives for core competency and specialized training sessions. Most programs include a dedicated period of training for foundational skills, followed by regular ongoing education in the form of professional development. Employer organizations are well positioned, for example, to train CHW/Ps on understanding their client populations, interdisciplinary team workflows, data documentation protocols, and employer policies. Some employers partner with an outside organization to manage the initial training, but then provide supplemental training that is tailored to the specific CHW/P program and organizational context (see examples in spotlight below).

Health Homes Program and Whole Person Care Spotlight: L.A. Care and Inland Empire Health Plan

L.A. Care aimed to train CHW/Ps for their Health Home Program and Whole Person Care pilot as well as for other MCP initiatives. The Loma Linda University San Manuel Gateway College CHW/P Academy (“CHW/Promotores Academy”) prepared a customized training regimen for both CHW/Ps and supervisors. L.A. Care sponsored an intensive training including foundations, behavioral health and clinic-based competencies, and continuing education for CHWs/Ps and the Academy’s Organizational Readiness Trainings (ORTs) for supervisors and MCP leadership. L.A. Care worked collaboratively with the CHW/Promotores Academy and structured the training frequency, length, and approach to best fit their needs.

Inland Empire Health Plan also partnered with the CHW/Promotores Academy, which entailed paying for a nine-week intensive training for CHWs and providing start-up funding to community-based care management entities to pay CHWs full salaries while attending the training. The training contract with the CHW/Promotores Academy includes ongoing continuing education training for all employed CHWs, and Organizational Readiness Training (ORT) to support supervisors and organizational staff in integrating CHW/Ps into this MCP. Through this partnership, over 120 CHWs have been trained for the Health Home Program and other Inland Empire Health Plan community programs.

Training can provide a supportive environment to CHW/Ps as they train with others who have or will have similar day-to-day experiences, or with organizational colleagues who may have different positions. The different mediums for training may include formal instruction in a classroom, virtual education, and one-on-one experiential mentoring, with many training programs involving a combination of these mediums. Regardless of the medium, training for CHW/Ps should be highly interactive and use adult learning theory principles to encourage active learner involvement.¹⁸ Learning collaboratives can also support CHW/Ps from one or multiple organizations to come together to network, share best practices, and identify opportunities for collaboration. In the classroom, trainings should include real-life examples and case studies drawn from member stories to help CHW/Ps understand clinical outcomes and how they can best support their clients. Moving outside the classroom, training programs can include practicum experiences that allow CHW/Ps to shadow experienced CHW/Ps. These experiences will allow for frequent feedback from experienced CHW/Ps, which will provide valuable support to help new CHW/Ps understand how to address real-life challenges.

“Role playing is important because we help one another. CHWs worry that they aren’t going to do it right. But I tell them ‘if you’re going to make mistakes, let’s make mistakes while we role play.’ It isn’t right or wrong, but we talk about doing it better.”

— CHW/P Member of the Stakeholder Group

Training for Organizations and Supervisors

To ensure that CHW/Ps are effectively supported, organizational training must extend beyond CHW/Ps and include interdisciplinary teams, CHW/P supervisors, and organizational leaders. Recent research has demonstrated that training CHW/Ps is necessary but not sufficient for integration of CHW/Ps into health care settings.¹⁹ Implementing team-based care models — where clinicians and frontline workers such as CHW/Ps share responsibility for care — requires new capacities among leadership and all staff to support this practice transformation.²⁰ The process of integrating CHW/P programs in health systems should include ongoing training and coaching to ensure that health systems can effectively hire, support, and integrate CHW/Ps. This organizational training should ideally take place before the hiring process begins, so that managers, department leads, and interdisciplinary team members fully understand core CHW/P competencies, their strengths in working within communities, and best practices in CHW/P integration and support. Participants in these trainings will likely develop a greater understanding of what barriers may cause challenges for CHW/P programs — and can then adjust their workflows and identify solutions to facilitate greater integration.

“It’s important for staff to understand that CHWs spend most time out in communities. They may think that if we’re not in the building we aren’t working, but that is not the case.”

— CHW/P Member of the Stakeholder Group

Organizational Readiness for Introduction of CHW/P Programs. Before launching new CHW/P programs, employers will need to assess their readiness and identify areas to be addressed in training. Organizational readiness for CHW/P programs includes developing the structures, supports, and workflows necessary to integrate CHW/Ps, as well as identifying the training needs for employer organizations and leadership.

For organizations that have not historically hired or worked with CHW/Ps, they will need to undergo systems transformation work to effectively integrate CHW/Ps into the organizational structure and to collaborate with existing staff. In particular, MCPs will need to assess their cultural and organizational norms and evaluate whether specific practices — such as employee performance management — need to be adapted to ensure optimal integration and impact of CHW/Ps. Factors that impact CHW/P integration include organizational capacity, support for CHW/Ps, clarity of roles, and clinical workflow.²¹ Existing staff may be unclear about the contributions that CHW/Ps make to the quality of care, and how they fit into existing staffing models, or anxious that CHW/Ps will perform duties that are outside of their scope.²² For example, the CHW/Promotores Academy offers an Organizational Readiness Training to supervisors, organizational leadership, and team members who work with CHW/Ps. This training is customized around the needs of each organization and includes background on CHW/Ps and their value, guidance on integration and maximizing CHW/P competencies, resources to support role delineation, and evaluation and assessment.

Learning Objectives and Topics. The learning objectives for CHW/P trainings will help establish a strong foundation for CHW/P integration. One learning objective is to understand the historical role of CHW/Ps as members of communities and agents of change, as this context will help ensure that they view CHW/Ps as true partners in work with individual members and in thinking about community-level interventions. For example, highlighting the value of lived experience and community connections that CHW/Ps bring will ensure that organizational staff partner with CHW/Ps on both individual- and community-level strategies to address social determinants of health. When staff learn about the role and importance of CHW/Ps who come from the

communities served, organizational leaders who are responsible for hiring policies may have a stronger motivation to address barriers to hiring candidates who may not pass traditional background checks.

All staff should also gain a deep understanding of the work that CHW/Ps will do within a specific program — as well as what the CHW/P role does not entail. If the role is not fully understood by all staff and leadership at the outset of a program, CHW/Ps will likely be underutilized — such as by being inappropriately asked to perform clerical tasks — or will not be empowered to perform across all their capacities. Trainings for organizational staff and leadership should cover some core topics, such as the following:

- ▶ The history of CHW/Ps and the broad value of this workforce, including demonstrated outcomes from CHW/P programs
- ▶ General competencies and roles of CHW/Ps, including how their roles relate to other clinical and nonclinical staff
- ▶ The roles of CHW/Ps within the specific organization or program, including prioritized populations and measures for success
- ▶ Strategies for integration of CHW/Ps within programs and across teams
- ▶ Key principles such as anti-racism, health equity, and implicit bias

Training Structure and Facilitation. Organizations should consider the value of broad participation in these trainings by organizational staff. The full interdisciplinary team engaging with CHW/Ps should participate, and organizational leaders should be encouraged to participate in some portion of this training as well. Broad staff participation will occur more often when training is delivered by the employing organization. Other recommended practices include (1) participation of CHW/Ps in the development of the training and as presenters to ensure that the voices and skills of CHW/Ps are elevated; (2) training all staff working with CHW/Ps on the importance of creating a safe environment for all staff and teams, including through a trauma-informed approach and empathetic listening; and (3) aligning all training with comprehensive changes in workflows and processes so that CHW/Ps can work to the top of their capabilities. For example, organizations should consider how to adapt information technology infrastructure to be easily used by CHW/Ps entering data while in the field, and ensure that all staff are trained on CHW/P protocols for data entry. Developing these workflow changes requires significant attention within an organization, such as through creating a task force to focus on these changes and develop a comprehensive approach.

Training staff across multiple levels of an employer organization on the role of the CHW/P will help create buy-in, which is critically important for developing an effective interdisciplinary team. In-depth descriptions of the specific responsibilities of CHW/Ps — and the members that they will engage — will also bring clarity for other staff in understanding this role. As CHW/Ps often spend most of their time in the field, organizational staff will rely on this initial training to illuminate the work that CHW/Ps will be doing each day. Clear expectations on CHW/P work, with examples to outline the specific roles that different staff will have and the value that they add to the interdisciplinary team, will help create more effective workflows and higher levels of coordination. For example, trainings designed for interdisciplinary team members can include practical topics such as how to facilitate a team huddle (a very short team meeting to communicate how to support individual members) to engage CHW/P voices. A lesson from Health Home Programs and Whole Person Care pilots is that huddles and weekly case reviews provide opportunities for informal training and development.

Organizations may draw on different structures for training. For example, one California MCP has interdisciplinary team members, supervisors, and leadership sit in on specified modules of an external CHW/P training program run by an external training institution. Other approaches include sending a few interdisciplinary team members to participate in a longer and more extensive CHW/P training curriculum. Regardless of the training approach, leaders should ensure that staff across different roles have protected time to better understand CHW/P roles, practices,

and integration solutions. For organizations that may be unfamiliar with CHW/Ps, strategies such as shadowing CHW/Ps on the job, watching videos of CHW/Ps, or hearing CHW/P speakers and their colleagues from other, more established programs present on their day-to-day work may bring these concepts to life and lift up the voices of CHW/Ps.

Training for CHW/P Supervisors. Supervisors should participate in training that is designed around the unique roles, backgrounds, and care settings of CHW/Ps. While supervision can be narrowly defined as oversight, “supportive supervision” is an effective approach for CHW/P supervision. Supportive supervision can include observations, problem-solving, collaborative reviews, and training and education.²³ Training in trauma-informed supervision and strength-based supervision may prepare supervisors to effectively support this workforce and respond to the challenges of this work, such as stress and burnout. Supervisors of CHW/Ps may or may not have clinical training, and some may be CHW/Ps who provide mentorship and support or direct supervision. Regardless of credentials or level of experience, CHW/P supervisors should also participate in some portion of the CHW/P training sessions, as well as organization-level training. Because supervisors will be responsible for managing CHW/Ps and supporting integration onto interdisciplinary teams, their training on CHW/P roles and workflows must be comprehensive. Additionally, CHW/P supervisors will benefit from ongoing performance reviews and professional development to grow their management skills and support CHW/Ps in responding to changing environments and workflows.

In the experience of one CHW/P member of the stakeholder group, having supervisors shadow or “walk in the shoes” of CHW/Ps is the best way to understand and appreciate the CHW/P role. For example, a CHW/P manager in a Whole Person Care pilot directly worked with a caseload of clients to understand her staff’s experiences and needs, which helped the manager to understand that each member has unique individual needs, and that CHW/Ps should be matched with members they are best equipped to serve. Building this nuanced understand of the role will strengthen the ability of supervisors to effectively manage and support CHW/Ps.

CHW/Ps should also have access to leadership and managerial training for advancement into CHW/P supervisor roles. As one CHW/P member of the stakeholder group noted, it is important that the community sees themselves reflected not only among CHW/Ps but also among CHW/P managers. Training will support the development of a pipeline for CHW/Ps to advance into positions of leadership. As CHW/Ps advance to leadership positions, one promising practice is to develop a learning community of CHW/P supervisors to foster continuous learning and continue to support peer-to-peer learning opportunities.

Collaboration with Partner Organizations

MCPs developing new CalAIM programs will need to consider whether to “build” or “buy” training programs, and this decision will be shaped by the capacities of their partner organizations that may directly employ CHW/Ps. Partnerships with external training organizations may complement the existing resources of the MCP and their contracted partners. Some questions MCPs may ask to evaluate their options include:

- ▶ Do they (or their contracted partner) have the internal knowledge and resources to support CHW/P training?
- ▶ Do they consider other training organizations to be best suited for this role, and, if so, how do they partner with those organizations to provide the suite of needed training options?

This section describes the various considerations for MCPs within different partnership approaches.

MCPs Contract with Training Organizations to Develop Training

MCPs may hire an external training organization to develop and administer trainings on core competencies and specific program or population characteristics. This could include partnering with an academic institution or community-based organization with expertise preparing CHW/Ps, providers, or health care organizations such as ECM and ILOS providers. By contracting out key components of the training or including training responsibilities in an existing contract, MCPs may be able to leverage the knowledge of other organizations that are better prepared or more experienced with providing CHW/P training. Several MCPs that pursued this strategy in their Health Homes Programs by contracting with an academic institution described that this approach was very successful; one MCP noted that “CB-CMEs and their CHWs seem to be very satisfied with the course and experience.” This option to contract out may provide a faster way for some MCPs to set up a CHW/P training program.



It is important for MCPs to carefully examine and evaluate the training curriculum of any potential training partners, as these curricula may vary. MCPs should work closely with the training organization, their ECM and ILOS providers, and CHW/Ps to ensure alignment of partners’ training curricula with overall program goals. Training partners may also be able to develop and lead training of other organizational staff while supporting an employer organization to do system transformation work for CHW/P integration. Additionally, when an organization implements CHW/P models such as IMPaCT and Pathways Community Hub, the respective national centers that lead these models conduct training as part of the overall implementation of these models.

MCPs or Their Contracted Partners That Employ CHW/Ps Provide Training

MCPs often have robust internal training programs to support plan staff on a range of topics including care management, data systems, human resources issues, and cultural competency. Though not already focused on CHW/Ps, some of these trainings such as motivational interviewing or using a patient portal can be applicable to a wide range of staff. As MCPs consider hiring CHW/Ps at the plan or contracted partner level to support new CalAIM programs, one option is to extend some of their existing, generalizable training to the CHW/Ps entering their programs. However, given the importance of training that is specific to the CHW/P to support this workforce, MCPs should carefully consider whether they have the internal knowledge and capacity to develop CHW/P core

competency trainings. MCPs will need to play a larger role in developing and administering onboarding training to learn relevant systems, workflows, and protocols.

Alternatively, an MCP's contracted partner that employs CHW/Ps (such as a CBO or FQHC) may have strong internal expertise and experience in developing and facilitating CHW/P training programs, and has the infrastructure to refine and implement a standardized curricula for a newly hired CHW/P workforce. In this scenario, the MCP would want to closely evaluate the curricula for CHW/Ps, supervisors, and program leaders to ensure alignment with broader goals. MCPs could support employers in providing additional training, potentially through grants to build new trainings or to lead regional training on organizational readiness related to ECM/ILOS. Other benefits of training led by employers include that this training can help support cross-training of employees and improve staff understanding of different programs. For example, a nurse, administrator, and CHW/P may all take the same course on crisis de-escalation. Employer-delivered training can also help to ensure that employment opportunities are available to all individuals who complete programs.

The MCP may consider providing a subset of the training for CHW/Ps and delegating more specialized training to the contracted partner organizations. For example, CHW/Ps from multiple CB-CMEs or Whole Person Care pilot partners would attend an MCP training on motivational interviewing or a shared assessment tool. Then, individual partners would provide additional training on certain conditions or populations such as diabetes or people experiencing homelessness that would incorporate expertise of the contracted partner.

In either scenario, the organization leading the training should ensure that this work is developed by staff with experience in CHW/P program development and implementation, curriculum development, and adult learning and popular education methodologies to serve as part of an internal CHW/P program training team. As needed, this team can identify and subcontract with consultants to be trainers and lead evaluation of trainings.

MCPs Partner Together

MCPs can partner together to provide a regional approach to training. While there would need to be agreement across participating plans as to the curriculum, modality, and instructors, there could be a benefit to CHW/Ps who would receive consistent training across MCPs that they work with, and a potential cost benefit to MCPs for pooling resources. This approach may be beneficial, for example, in MCPs providing joint funding for CHW/P training and ongoing professional development, which would create shared infrastructure.

State/County Provides Training

While this option is not currently available in California, some states such as Maine and Washington provide standardized statewide training. This may be a full curriculum of CHW/P training, or a set of foundational trainings that could then be supplemented by the MCP, contracted partner, or a community-based organization. Finally, given California's county-based system, this type of training could be offered at the county level.

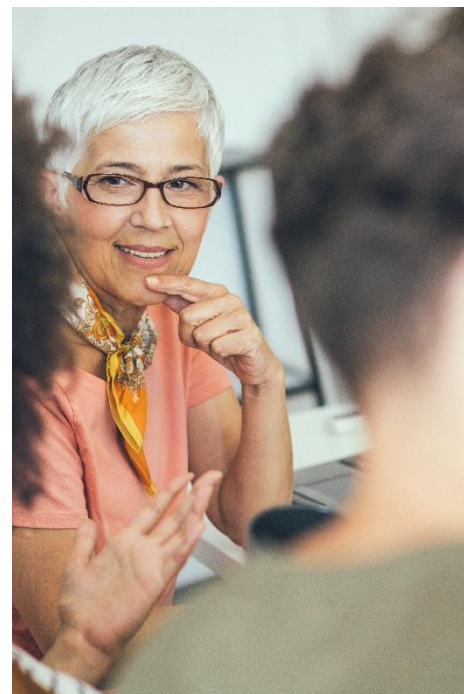
Across these different training approaches, there are ways for MCPs to enhance their training partnerships and bolster the capacity of their contracted ECM and ILOS providers. A contracted provider may not have capacity to organize or provide training, and an MCP can develop and coordinate that training on behalf of providers. MCPs can also include ample financial resources in their contracts for partners to establish and deliver a training program and provide guidelines to partners around training frequency, content, and assessment, as well as to incentivize use on professional development or other types of supplemental trainings. Across these approaches, MCPs can streamline and simplify contracting processes to enable faster, flexible, and sustainable contractual partnerships with CHW/P training organizations and community-based organizations.

Infrastructure Barriers and Potential Solutions

Challenges related to training CHW/Ps, CHW/P supervisors, and interdisciplinary teams — such as not having enough time, resources, and organizational commitment — are not dissimilar to general barriers related to training in the health care field and beyond. This section explores the unique barriers and potential solutions related to structuring effective CHW/P training programs.

Establishing CHW/P Training Programs

MCPs may have a short timeline in standing up new CHW/P programs, as well as limited expertise in developing and facilitating trainings for CHW/Ps. While planning the timelines for program launch, MCPs build in as much time as possible for developing partnerships with communities, and prioritize comprehensive training programs for both organizational staff and for CHW/Ps. Training must begin before the program starts to first lay the groundwork for organizational integration of CHW/Ps and then to adequately prepare CHW/Ps and interdisciplinary teams that include CHW/Ps. As organizations look to plan out their training schedule in the dynamic context of hiring staff, planning workflows, and strengthening community relationships, they may want to consider sequencing the training to include a core training before CHW/Ps begin to work in the field, followed by ongoing training that takes place while on the job. Partnering with established training organizations can support MCPs in addressing this barrier, as can an early focus on strengthening community relationships to dynamically inform program design and training.



Training Can Be Costly for Employers

MCPs must view training as an investment — both up front and continuously — to adequately set up CHW/P programs for success. This workforce (including training programs) has been historically underfunded, and MCPs must understand the value of comprehensive training to support their goals. MCPs looking to understand the value proposition in the context of ECM and ILOS as well as other programs may be interested in exploring the published research showing the positive return on investment from CHW/P programs.²⁴ The ability to invest appropriately must also be passed along to MCP-contracted partners that may employ CHW/Ps such as community-based organizations, providers and health care organizations, and training partners. Incentives for individual CHW/Ps and MCP-contracted partners, such as paying CHW/Ps to participate in professional development, can also improve the success of a CHW/P program by supporting skill development and, ultimately, improving CHW/P retention.

Making Training Accessible for CHW/Ps

Regardless of who provides the training, it needs to be accessible, with particular attention paid to ensuring that low-income CHW/Ps can participate. Measures of accessibility can include cost of the program to an individual, how frequently it is offered throughout the year, time of day and location where the training occurs, and languages in which the training is available. Ensuring broad accessibility to training is also important in getting excellent candidates with lived experiences into CHW/P roles. Paying CHW/Ps to participate in training will help support access to training. Use of web-based trainings (both synchronous and asynchronous) can be one solution for this barrier, as individuals can participate at the times that they prefer. Web-based trainings can also facilitate tracking of participants, as well as participant evaluation and identification of topics for further attention in training. In

designing training approaches, organizations should carefully consider the sequencing of synchronous and asynchronous trainings to ensure that the benefits of group learning are not lost.

Staff Turnover

When CHW/Ps leave their positions, there is a discontinuity in services and disruption in relationships with members, in addition to creating a need for rapid recruitment, hiring, and training to replace them. Turnover results in a significant number of weeks and maybe months without a CHW/P before the position is filled and support to the caseload and community resumes. Multiple strategies can help to both reduce staff turnover and equip employers of CHW/Ps to more effectively provide training when staff do leave their positions. First, reducing turnover can begin by ensuring that the right CHW/Ps are hired for programmatic and organizational fit. Organizations should also invest in this workforce to demonstrate that CHW/Ps are valued, and to be responsive to CHW/P concerns and ideas. CHW/P feedback, particularly about workflows and the work environment, should be regularly invited and gathered so that there can be continuous quality improvement; exit interviews should also be conducted to understand (and address) factors that contribute to turnover. Organizations can facilitate greater peer support to newly hired CHW/Ps by hiring CHW/Ps in pairs or groups. Robust professional development opportunities and ongoing training will also foster workforce retention. Other important strategies to support the sustainability of this workforce, such as through competitive and fair compensation, will be addressed further in a later resource package of this initiative.

As MCPs and their contracted partners cannot anticipate when a staffing turnover will occur, training should take place when new CHW/Ps are hired and should be ongoing. One option to make this type of training more feasible is to train experienced CHW/Ps to become trainers to support ongoing training in-between formal training sessions. Another solution to address this challenge is to train multiple CHW/Ps on specialized skills, rather than creating silos where different CHW/Ps have distinct specialties within a team. For example, rather than having one CHW/P handle all members with a specific need, employers can cross-train CHW/Ps to ensure that multiple staff have the skills needed to serve this population.

Resources and Tools

This section of the report contains practical resources and tools provided by project contributors or collected from subject matter experts in the field and across other states. Please note that this is not inclusive of the resources included in the previous sections of the report.

Select California and National CHW/P Training Programs*

Name	Brief Description	Location
CHW/P Certificate Training Programs at Academic Institutions		
<u>Berkeley City College: Bridge to Community Health Work Certificate</u>	Offers a non-credit certificate for students who plan to pursue a career as a CHW	Berkeley
<u>Cabrillo College: CHW Certificate Program</u>	Offers a CHW certificate program that can be completed in two semesters	Santa Cruz County
<u>City College of San Francisco: CHW Certificate Program</u>	Offers a CHW certificate program that can be completed in two semesters, and trains students to work in the fields of public health, health care, and social services.	San Francisco
<u>Pacific Clinics Training Institute: Health Navigator Certification Training Program (Peer Health Navigation)</u>	Offers a certification program for the behavioral health workforce to train on skills and tools to link consumers of behavioral health services to critical services in the physical healthcare system	Pasadena
<u>Loma Linda University San Manuel Gateway College: Community Health Workers/Promotores Academy</u>	Offers CHW/P training certificate programs in foundations of CHW practice with a comprehensive behavioral health component, and specialty clinic based and school based CHW programs, and continuing education	San Bernardino
<u>Sacramento City College Los Rios: Community Health Care Worker Certificate</u>	Offers a CHW certificate program	Sacramento
<u>Mission College: Community Health Worker Certificate</u>	Offers a CHW Associate Degree program	Santa Clara
Training Organizations that Develop and Lead Employer-Sponsored Trainings		
<u>Charles Drew University: Community Health Worker Academy</u>	Partners with hospitals and clinical sites around LA to develop curricula, and train and place CHWs in clinical settings	Los Angeles County
<u>El Sol CHW/P Training Center</u>	Develops customized curricula and facilitates trainings for CHW/Ps employed at health care organizations, and provides technical assistance on training and implementation for CHW/P programs	Statewide and national
<u>Loma Linda University San Manuel Gateway College: Community Health Workers/Promotores Academy</u>	Develops and delivers employer-sponsored competency-based trainings including (1) Foundations of CHW Practice with Behavioral Health, (2) CHW/P continuing education, and (3) Organizational Readiness Trainings for supervisors and leadership	Statewide and national
<u>Transitions Clinic Network</u>	Trains health systems to implement CHW programs to improve health outcomes of communities impacted by the criminal justice system, and simultaneously trains CHWs and health care teams and provides technical assistance on program implementation	Statewide and national

Name	Brief Description	Location
<u>Visión y Compromiso</u>	Develops and facilitates: (1) core skills, advanced, and diverse specialized training in Spanish and English for promotores and CHWs, (2) employer-sponsored training for cities, counties, and other partners, (3) supervisor and organizational readiness training, and (4) cultural humility training, among other offerings	Statewide and national
<u>Worker Education and Resource Center</u>	Develops CHW/P trainings using an apprenticeship model, with trainings tailored to employers' needs	Los Angeles
National Training Programs		
<u>IMPACT (Penn Center for Community Health Workers)</u>	Employers that adopt this model receive access to in-person trainings, an interactive online learning library, and manuals for all CHW/Ps, supervisors, and directors	National
<u>MHP Salud</u>	Offers CHW training, CHW supervisor and manager training, and training for professions working with CHWs	National
<u>National Council for Behavioral Health</u>	Offers a 1-day behavioral health training for groups of CHWs focused on expanding skills and expertise to support people with physical and behavioral health disorders	National
<u>Pathways Community HUB Institute</u>	In this model, emerging community HUBs can receive technical assistance including CHW training services, as HUBs move toward certification in this model	National
<u>Talance, Inc.: CHWTraining</u>	CHW training includes training subscriptions within the tracks of core skills, chronic diseases, and healthy living, as well as consulting and custom training curricula	National

**This table will be updated in September 2021 in a forthcoming toolkit released through the Community Health Workers & Promotores in the Future of Medi-Cal project. If you would like to provide information on a training program for potential inclusion in that future version of this table, please contact Audrey Nuamah at anuamah@chcs.org by August 1, 2021.*

Examples of Employer-Led Training. There are many California-based organizations that employ CHW/Ps and lead robust training programs. These trainings may prepare a new employee to work in health care across a range of positions and environments, including medical, community-based, and behavioral health settings. Some examples of these organizations include²⁵

- ▶ Community Health Center Network, which develops curricula and trains CHWs who work in their intensive case management program within their community health centers
- ▶ Esperanza Community Housing, which leads the *Promotores de Salud* Training Program that trains *promotoras* to become staff within the health programs of this organization
- ▶ Telecare, which trains unlicensed professionals across multiple roles related to member engagement, care planning and coordination, housing stabilization, and health care navigation
- ▶ Tiburcio Vasquez Health Center, which leads a six-week training program for *promotores de salud* employed within their community health education department

Examples of Training Frameworks and Materials for CHW/Ps

RESOURCE TITLE	BRIEF DESCRIPTION
<u>C3 Project: Community Health Worker Assessment Toolkit</u> (PDF)	This toolkit created by the CHW Core Consensus Project (C3 Project) summarizes guiding principles for assessing CHW skill proficiencies, and includes a rubric for assessing CHW performance, self-assessment tools for CHWs and supervisors, and a sample orientation checklist.
<u>C3 Project: CHW Roles and Competencies Review Checklist</u> (PDF)	This checklist, designed to be used for personal, programmatic, and policy review, can help organizations assess how CHW roles and skills can be mapped to CHW training.
<u>Centers for Disease Control: A Community Health Worker Training Resource for Preventing Heart Disease and Stroke</u> (PDF)	This extensive resource is intended to be used as a training manual for CHWs on heart disease and stroke, and a reference and resource for CHWs, such as tip sheets.
<u>Community Health Center Network: Care Neighborhood CHW Training Checklist</u> (PDF)	The Training Checklist lists training that CHCN provides for CHWs focused on organizational orientation and continuing topics. This training can take place during interdisciplinary team meetings, training and lecture opportunities, shadowing other CHCN team members, outside training opportunities, and on-the-job experiential learning.
<u>Contra Costa Health Services: New Staff Training Checklist</u> <u>Contra Costa Health Services: Case Manager Training Passport</u>	These resources, used for CommunityConnect in Contra Costa County, outline required onboarding trainings for newly hired staff, as well as trainings that experienced CHWs lead for newly hired CHWs.
<u>Foundations for Community Health Workers, 2nd Edition</u> (available for purchase at online book retailers) <u>Training Guide: Foundations for Community Health Workers</u>	This widely used textbook has been adopted by many states as their official training curriculum and recognized as a best practice model by the C3 Project. The companion training guide provides step-by-step lesson plans for CHW trainers and teachers, including activities and assessments. Video resources for this textbook and training guide can be found at the <u>YouTube channel</u> .
<u>The Kennedy CHC Community Health Worker Orientation Toolkit</u>	This resource is a standardized training playbook for organizational orientation training with templates, activities, and work scenarios. The toolkit includes policies and procedures; assessments, documentation and data collection standards; job descriptions; standards for communicating with patients, coworkers, and partner agencies; and basic education guidelines.
<u>Community Capacitation Center, Multnomah County Health Department: An Introduction to Popular Education</u> (PDF)	This booklet is designed to be used during a workshop on popular education, and includes guidance for planning trainings using popular education and <i>dinámicas</i> /movement building activities for popular education.
<u>Santa Clara County: Care Team Assessment Tool</u>	This care team assessment tool is used to identify whether CHW/Ps are meeting standards for competencies.
<u>Telecare: Training Unlicensed Professionals</u> (PDF)	This table from Telecare shows one-time training provided for unlicensed professionals, including as part of the new hire orientation. Required annual training is not included in the table.
<u>Whole Person Care: The Essential Role of Community Health Workers & Peers</u> (PDF)	This presentation, hosted by the California Association of Public Hospitals and Health Systems and California Health Care Safety Net Institute, discusses training and capacity building on slides 42–68 with presentations from Whole Person Care Ventura and Whole Person Care Los Angeles.

Examples of Training Frameworks and Materials for Organizations and Supervisors

RESOURCE TITLE	BRIEF DESCRIPTION
<u>Supervisory Skills for Working with CHWs Outline</u> (PDF)	This outline, produced by Community Resources, LLC and the Center for Health Impact, describes the most recent components of a training for CHW/P supervisors.
<u>Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings</u>	This article explores supportive supervision for CHW/Ps in practice, which can inform training of supervisors.

Toolkits and Reports

RESOURCE TITLE	BRIEF DESCRIPTION
<u>Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Care Settings</u> (PDF)	This resource, created by the Sinai Urban Health Institute, summarizes the evidence related to CHW training, supervision, and integration into health systems, among other topics, and provides recommendations for health care organizations.
<u>Camden Coalition COACH Model for Complex Care</u> (PDF)	This toolkit created by the Camden Coalition is a training manual for COACH, a set of techniques and tools used by a health care team as part of a short-term, intensive care management intervention.
<u>Key Workforce Priorities for the Community Transformation Model</u> (PDF)	This report by <i>Visión y Compromiso</i> explores findings related to the <i>promotor</i> model as a model for community transformation, with recommendations focused on training, curricula, and professional development for <i>promotores</i> .
<u>Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide</u>	This toolkit provides information and examples for how integrated care settings can best hire, train, integrate, and retain health-trained peer support specialists onto multidisciplinary teams.
<u>Supporting the Integration of Community Health Workers into Health Care Teams in California</u> (PDF)	Utilizing a Theory of Change framework, this report connects intervention and support opportunities across the spectrum of policy, care delivery and workforce development to drive collective action toward integrating this complex and critically important role into health care teams in California.

Training and Certification Resources from Other States

RESOURCE TITLE	BRIEF DESCRIPTION
<u>Missouri Community Health Worker Curriculum Overview</u>	This resource describes the core competencies and associated abilities covered in CHW certification training programs in Missouri.
<u>New Jersey Basic Standard Curriculum for Community Health Workers Summary of Learning Objectives</u>	This resource summarizes the learning objectives for the New Jersey basic standard curriculum for CHWs.
<u>Oregon Curriculum Standards for Community Health Workers, Peer Wellness Specialists, Personal Health Navigators, and Peer Support Specialists Certification</u>	This resource outlines requirements for core curriculum topics for state approved training programs for CHWs, Peer Wellness Specialists, Personal Health Navigators, and Peer Support Specialists.
<u>Texas A&M Center for Community Health Development: Core Competency Curriculum Outline</u> (PDF)	This resource outlines the competencies and topics covered in a 160-hour certification training offered by the Center for Community Health Development's CHW Training Center at Texas A&M.
<u>Washington State CHW Training Program Master Syllabus</u> (PDF) <u>Washington State CHW Training Program Course Objectives</u> (PDF) <u>Washington State CHW Training Program Participant Manual</u> (PDF)	These resources are based in Washington State's core competency training program, which is offered online on a quarterly basis.

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- ¹ “Community Health Workers,” American Public Health Association, accessed January 18, 2021, apha.org.
- ² “Promotores and Promotoras de Salud,” MHP Salud, 2017, <https://mhpsalud.org/our-chw-initiatives/promotoras-de-salud/>.
- ³ *California Advancing and Innovating Medi-Cal*, Department of Health Care Services, 2021, <https://www.dhcs.ca.gov/calaim>.
- ⁴ Beth Brooks et al, *Building a Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs*, American Hospital Association, 2018, [aha.org](https://www.aha.org) (PDF).
- ⁵ *Meeting the Demand of Health: Final Report of the California Future Health Workforce Commission*, California Future Health Workforce Commission, February 2019, futurehealthworkforce.org.
- ⁶ *State Certification Programs*, Rural Health Information Hub, 2019, ruralhealthinformationhub.org.
- ⁷ *Meeting the Demand of Health: Final Report of the California Future Health Workforce Commission*, California Future Health Workforce Commission.
- ⁸ “Background on Statewide Community Health Worker (CHW) Certification,” Centers for Disease Control, [cdc.gov](https://www.cdc.gov), accessed 03/20/21; “State Certification Programs,” Rural Health Information Hub, ruralhealthinfo.org, accessed 03/20/21.
- ⁹ Orson Brown, Shreya Kangovi, Noelle Wiggins, and Carla S. Alvarado, *Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings*, NAM Perspectives, Discussion Paper, National Academy of Medicine, 2020, nam.edu.
- ¹⁰ Noelle Wiggins, “Popular Education for Health Promotion and Community Empowerment: A Review of the Literature,” *Health Promotion International*, 27, no. 3, (2012): 356–371, doi: 10.1093/heapro/dar046.
- ¹¹ *The Promotor Model: A Model for Building Healthy Communities*, Prepared by Latino Health Access, Visión y Compromiso, and Esperanza Community Housing Corporation, 2011, visionycompromiso.org (PDF); “Key Workforce Priorities for the Community Transformation Model,” *Visión y Compromiso*, 2017, visionycompromiso.org (PDF).
- ¹² Arika Bridgeman-Bunyoli et al., “‘It’s In My Veins’: Exploring the Role of an Afrocentric, Popular Education-Based Training Program in the Empowerment of African American and African Community Health Workers in Oregon,” *Journal of Ambulatory Care Management*, 38, no.4, (2015): 297–308, doi: 10.1097/JAC.000000000000112; Noelle Wiggins et al., *La Palabra es Salud (The Word Is Health): Combining Mixed Methods and CBPR to Understand the Comparative Effectiveness of Popular and Conventional Education*, *Journal of Mixed Methods Research*, 8, no. 3, (2014): 278–298, doi: 10.1177/1558689813510785; Noelle Wiggins et al., “Using Popular Education for Community Empowerment: Perspectives of Community Health Workers in the Poder es Salud/Power for Health Program,” *Critical Public Health*, 19 (2009): 11–22, doi: 10.1080/09581590802375855.
- ¹³ *Understanding Scope and Competencies*, The Community Health Worker Core Consensus Project, 2016, c3project.org (PDF).
- ¹⁴ *CalAIM Enhanced Care Management and In Lieu of Services, Draft for Public Comment: Model of Care Template*, Department of Health Care Services, 2021, dhcs.ca.gov (PDF).
- ¹⁵ *Meeting the Demand of Health: Final Report of the California Future Health Workforce Commission*, California Future Health Workforce Commission.
- ¹⁶ Ashley Wennerstrom, et al., “Integrating Community Health Workers Into Primary Care to Support Behavioral Health Service Delivery,” *Journal of Ambulatory Care Management*, 38, no. 3 (2015): 263–272.
- ¹⁷ Lisel Blash, Krista Chan, Susan Chapman, *The Peer Provider Workforce in Behavioral Health: A Landscape Analysis*, UCSF Health Workforce Research Center on Long-Term Care, 2015, healthworkforce.ucsf.edu.
- ¹⁸ Patricia Cranton, *Understanding and Promoting Transformative Learning: A Guide for Educators of Adults (2nd Ed.)*. San Francisco, CA: Jossey-Bass, 2006.
- ¹⁹ Lily Lee, Charlotte Lewis, and Susanne Montgomery, “Clinic-Based Community Health Worker Integration: Community Health Workers’, Employers’, and Patients’ Perceptions of Readiness,” *Journal of Ambulatory Care Management*, 43, no.2 (2020): 157–168, doi: 10.1097/JAC.0000000000000320.
- ²⁰ *Meeting the Demand of Health: Final Report of the California Future Health Workforce Commission*, California Future Health Workforce Commission.

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- ²¹ Lily Lee et al., “Perceptions of Organizational Readiness for Training and Implementation of Clinic-Based Community Health Workers,” *Journal of Health Organization and Management*, 33, no.4 (2019): 478–487, doi: 10.1108/JHOM-06-2018-0158 (note to check cite for Payne et al as well).
- ²² Charlotte Lewis et al., “Patient and Community Health Worker Perceptions of Community Health Worker Clinical Integration,” *Journal of Community Health*, 44, no.1, (2019):159–168, 10.1007/s10900-018-0566-1.
- ²³ Orson Brown, Shreya Kangovi, Noelle Wiggins, and Carla S. Alvarado, *Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings*. Zelee Hill et al., “Supervising Community Health Workers in Low-Income Countries – A Review of Impact and Implementation Issues,” *Global Health Action*, 7, no. 1 (2014): doi: 10.3402/gha.v7.24085.
- ²⁴ Shreya Kangovi et al., “Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment,” *Health Affairs* 39, no. 2 (2020): 207–213, doi:10.1377/hlthaff.2019.00981.
- ²⁵ “Care Neighborhood,” Community Health Center Network, chcnetwork.org, accessed April 1, 2021; “Esperanza Community Housing,” Esperanza Community Housing, esperanzacommunityhousing.org, accessed April 1, 2021; “Community Outreach and Advocacy,” Tiburcio Vasquez Health Center, tvhc.org, accessed April 1, 2021.