

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Workforce Committee Meeting Minutes

Thursday, January 7, 2021 | 2:00 PM to 3:00 PM

Teleconference

Number for Quorum: 9
 Italicized: GCACH Board Member

ATTENDANCE			
Committee Members	Asja Suljic	John Christensen	<i>Sandra Suarez</i>
	Brianne Ramos	Les Stahlnecker	Scott Koopman
	Bevan Briggs	<i>Madelyn Carlson</i>	Steve Perry
	<i>Dan Ferguson (Chair)</i>	Patrick Jones	Suzanne Swadener
	Heidi Snyder	<i>Rhonda Hauff</i>	
	Jac Davies	<i>Ronni Batchelor</i>	
GCACH Staff	Brittany FoxStading	Laurel Avila	Sula Savchuk
	Carol Moser	Lauren Noble	Wes Luckey
	Chelsea Chapman	Martin Sanchez	
	Diane Halo	Sam Werdel	
Guests	Anne Farrell Sheffer	Brianne Ramos	
	Claudia Shanley	Jac Davies	
	Kimberly Kreber		
	Maribel Montes De Oca		
WELCOME & INTRODUCTIONS			
Welcome & Introductions (Dan Ferguson)	Dan Ferguson, Committee Chair, facilitated introductions. There were 10 members present at the convening.		
MEETING MINUTES			
December 2020 Meeting Minutes (Dan Ferguson)	<p>Dan reviewed the December 2020 GCACH Workforce Committee meeting minutes.</p> <p>✓ MOTION: Ronni Batchelor moved to approve the December 2020 GCACH Workforce Committee meeting minutes. Seconded by Rhonda Hauff. Motion passed.</p>		

Thank you for your engagement with GCACH!

	No further comments or questions.
DISCUSSION ITEMS	
CHW Program Policy and Application (Carol Moser/Wes Luckey/Diane Halo)	<p>Carol reviewed the updates to the CHW policy that was reviewed at the December convening. This included:</p> <ul style="list-style-type: none"> • Title update • Struck out language around care coordination on page 3 • Additions to requirements for the interns • CHW would have base level training through the DOH <ul style="list-style-type: none"> ○ Discussion around the foundational training required. Kimberly from DOH noted that it is around the 7-8 core skills that are really needed (e.g. organization, service coordination, cultural competence, etc.). She has had a number of different professionals that have done the training that find great information and experience from it. Anne mentioned “health specific” modules that are not apart of core training but could be taken after. As apart of the CHW task force that took place, she also shared that they did receive feedback suggesting changes to the existing program, which they are focusing on over the next few months. ○ Dan noted the comment on aligning where CHWs were placed and helping organizations understand the value of employing CHWs. Help elevate that cultural fit. ○ Carol noted that not all organizations have experience bringing a CHW onto their team, so providing that training at the organization level leads us to believe there is a need for that. ○ Suzanne appreciates that this is acknowledged, and noted that there needs to be work inside the organization on how to prepare them for the team and how that team member may be deployed in a direct service that goes beyond working with one RN. Suzanne feels there is an opportunity to strengthen language on role of acting on social needs and social issues. It would be important to understand how to connect to key social resources. Diane noted that will be a training and this language will be strengthened. NOTE: Suzanne to take a look and consider where to emphasize this more in the document. • Application process to 18-month program, create a training for the CHW, and more <p>Further discussion:</p> <ul style="list-style-type: none"> • Immigration requirements, Anne noted this may exclude those folks that may be the most skilled in their communities. Comment that they need to be employable. Also, this program is funded through governmental dollars and may pose legal ramifications. <ul style="list-style-type: none"> ○ For misdemeanors, that is up to the organization who is employing the CHW. Kimberly noted that sometimes organizations put barriers and challenges to those who would normally apply as a CHW.

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	<ul style="list-style-type: none"> ○ Maribel, is there a way that organizations can have flexibility around work status? More on discretion on the agency? Suggested shifting language to organizations so they must be eligible to work in the United States. Comment around collecting information from WorkSource on this particular bullet. ○ Asja noted it is up to organization to securely collecting and storing that information. It could be a clause to include as part of the Medicaid funding requirement and employability. Employers have to employ individuals legally in the state of Washington. It is up to your organization if you want to collect information, it is private information that has be safely captured and stored. ○ Carol asked Rhonda for YNHS' processes in hiring CHWs. They have to have employable status in the US. The goal is for the agency is going to continue to employ them after the internship program. Any agency applying for this will have to consider this in their employability. Rhonda noted on the question around misdemeanors are not elevated until the background check, but does not necessarily mean ineligibility. ○ Maribel provided the following language in the comments: CHW Intern must be eligible to work in the United States. This includes individuals with various work status including but not limited to- Deferred Action for Childhood Arrivals (DACA) students, permanent residents (I-151 or I-551), and/or U.S. citizens. ○ Kimberly noted that they have been challenged with their HR department to make their job descriptions and applications equitable. They do, as an organization, set up challenges or barriers for those that are great fit because of their life experience. CHW may not credit themselves for all the things they do in the community. She also noted that sometimes not just with DACA, but with COFA (Coalition of Free Association) individuals. <p>No further comments. Diane requested folks to supply any edits within the next couple days.</p>
<p>CHW Application (Carol Moser/Wes Lucky/Diane Halo)</p>	<p>Carol reviewed the application section by section.</p> <p>Diane noted the forming of a subcommittee to review/grade the applications.</p> <p>Carol noted that the organizations may note their barriers within number 3. Kimberly asked if they have a workflow for how they would use the CHW?</p> <p>Comment re: Applicant intent—difference between number 5 and number 7. Dan commented if an org can state why a CHW is necessary, that's really important. Suggestion to change #5 to incorporate community benefit of how it addresses health disparities.</p> <p>Confirmation that a rubric for agency application responses will be created.</p>

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	<p>Carol noted the conversation with Kimberly with respect to what comes first, the training or the internship? If they don't end up employed, they will receive fundamental training that will enable them to be more employable in the future.</p> <p>Thought is to do the training, launch internship with applicants, then organizations would let GCACH know what types of training the CHW to receive. It would be limited to one intern for each organization. We want to be equitable in the region as well (another aspect to consider). Kimberly noted the trainings are virtual for 2021.</p> <p>Carol asked Dan if he is comfortable to put this through for a first reading to the Board of Directors. The goal is to launch the internship beginning in July.</p> <p>Next step: Bring forth to Board for first reading, but continue reviewing prior. The policy and application will be approved (hopefully) at the February meeting.</p>
ADJOURNMENT	
Adjournment	<p>Meeting adjourned at 3:05pm. Minutes taken by Chelsea Chapman.</p> <p>Recap of Motions</p> <ul style="list-style-type: none"> • December 2020 meeting minutes <p>Recap of Action Items:</p> <ul style="list-style-type: none"> • Bring CHW policy and application to the board for a first read at the January meeting.

Thank you for your engagement with GCACH!