

May 25, 2023

Joint Committee on Health Care Financing
State House, Room 236
Boston, MA 02133

Re: H1184, An Act relative to health equity and community health workers

Dear Chairs Friedman and Lawn and members of the Joint Committee on Health Care Financing,

Thank you for the opportunity to submit written testimony on *An Act relative to health equity and community health workers* (H.1184) on behalf of TEAM UP for Children (TEAM UP). TEAM UP—**T**ransforming and **E**xpanding **A**ccess to **M**ental Health Care in **U**rban **P**ediatrics—is an 8-year, \$22M initiative to build the capacity of pediatric primary care to deliver high-quality, evidence-based, integrated behavioral health care to children and families. The [TEAM UP Model](#) focuses on the promotion, prevention, early identification of emerging behavioral health issues, and swift access to behavioral health care delivered by a multi-disciplinary team of community health workers (CHWs), behavioral health clinicians (BHCs), and primary care providers (PCPs).

Our focus is Federally Qualified Health Centers (FQHCs), which serve historically marginalized communities.

- 74% Racial and/or ethnic minority patients
- 37% Best served in a language other than English
- 67% At or below 100% federal poverty level¹

The model has demonstrated positive outcomes for children and families², system-wide utilization of primary care services³, including mental health services within primary care⁴, and the health care workforce.

CHWs as a workforce crisis solution

Massachusetts's health care workforce is facing a crisis.⁵ Critical shortages of health care professionals disproportionately impact historically marginalized communities.⁶ The unique role of CHWs is a critical part of the solution to that crisis. The TEAM UP Model includes CHWs as core members of the integrated care team to address health-related needs, support mental health promotion through health education, provide culturally sensitive parenting support, and coordinate care to ensure access to specialty and community-based services.

CHWs often live and work in the communities they serve,⁷ with shared experiences forming the basis of trusting relationships with families and patients, resulting in a diverse corps of individuals typically underrepresented in our health workforce. All CHWs have various personal and professional experiences

¹ <https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS00560>

² R. Christopher Sheldrick, Megan H. Bair-Merritt, Michelle P. Durham, Jessica Rosenberg, Mahader Tamene, Cathleen Bonacci, Genevieve Daftary, Michael H. Tang, Nandini Sengupta, Anita Morris, Emily Feinberg; Integrating Pediatric Universal Behavioral Health Care at Federally Qualified Health Centers. *Pediatrics* April 2022; 149 (4): e2021051822. 10.1542/peds.2021-051822
<https://doi.org/10.1542/peds.2021-051822>

³ Cole, MB, Qin, Q, Sheldrick, RC, Morley, DS, Bair-Merritt, MH. The effects of integrating behavioral health into primary care for low-income children. *Health Serv Res.* 2019; 54: 1203– 1213. <https://doi.org/10.1111/1475-6773.13230>

⁴ Kim J, Sheldrick RC, Gallagher K, et al. Association of Integrating Mental Health Into Pediatric Primary Care at Federally Qualified Health Centers With Utilization and Follow-up Care. *JAMA Netw Open.* 2023;6(4):e239990.
<https://doi.org/10.1001/jamanetworkopen.2023.9990>

⁵ <https://mhalink.informz.net/mhalink/data/images/An%20Acute%20Crisis%20-%20MHA%20Workforce%20Report.pdf>

⁶ <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce>

⁷ <https://www.hhs.gov/about/news/2022/04/15/hhs-announces-226-million-launch-community-health-worker-training-program.html>

that inform their work, including experience supporting their own family through multiple health care and school systems and services, particularly when language barriers exist. Sharing the same community and cultural background of the patient population, CHWs often speak the languages families are most comfortable using and can go beyond simple translation to serve as cultural bridges, ensuring families understand the needs and recommendations for their child.

Wanda Resto, a community health worker at New Bedford Community Health Center, recently completed Massachusetts' community health worker certification, which requires 4,000 hours on the job. However, her life experience represents far more than that. "When I took the classes, I realized I've been a community health worker since I was born."

TEAM UP Workforce Impact

The TEAM UP Model, which includes full integration of CHWs on the primary care team, has demonstrated increased workforce satisfaction, improved interdisciplinary collaboration and communication, and greater professional fulfillment⁸ – all essential to mitigating burnout and addressing the workforce shortage.

We offer the following recommendations to the Joint Committee on Health Care Financing.

- **Codify the "core competencies" requirements** of skills and knowledge essential for CHWs to effectively address medical and behavioral health needs, meet health-related social needs, provide patient education, deliver culturally competent caregiving support, and coordinate care.
 - CHWs provide unique **patient engagement** services and are not interchangeable with other team-based staff. They can overcome hesitancy and engage families in care through their cultural, linguistic, and systems knowledge.⁹ CHWs have proven integral in ensuring families whose children require developmental evaluations can schedule, attend, and complete the evaluation process.¹⁰ This means that children who need these services actually receive them, which is core to ensuring equitable access to care.
 - **Care coordination and navigation** are core CHW responsibilities that ensure patients receive the care they need, when they need it. CHWs can help patients navigate the complex health care system, connect them with the resources they need, and provide support and education to help them manage their health conditions. TEAM UP uses experiential learning and data from partner health centers to describe and understand the health care services provided by CHWs. A significant majority of CHW visits conducted at TEAM UP health centers between July 2021 and March 2023 included some form of care coordination, navigation, and/or material needs support.¹¹ At one TEAM UP health center, CHW support resulted in zero no-shows for developmental evaluations over a seven-month period.
 - Patient health outcomes improve through **community resources and material needs support** which CHWs provide. By integrating health care with social needs, better and more equitable health

⁸ Fong HF, Tamene M, Morley DS, Morris A, Estela MG, Singerman A, Bair-Merritt MH. Perceptions of the Implementation of Pediatric Behavioral Health Integration in 3 Community Health Centers. Clin Pediatr (Phila). 2019 Oct;58(11-12):1201-1211. <https://doi.org/10.1177/0009922819867454> Epub 2019 Aug 9. PMID: 31394918.

⁹ Feinberg E, Augustyn M, Broder-Fingert S, Bennett A, Weitzman C, Kuhn J, Hickey E, Chu A, Levinson J, Sandler Eilenberg J, Silverstein M, Cabral HJ, Patts G, Diaz-Linhart Y, Fernandez-Pastrana I, Rosenberg J, Miller JS, Guevara JP, Fenick AM, Blum NJ. Effect of Family Navigation on Diagnostic Ascertainment Among Children at Risk for Autism: A Randomized Clinical Trial From DBPNet. JAMA Pediatr. 2021 Mar 1;175(3):243-250. <https://doi.org/10.1001/jamapediatrics.2020.5218> PubMed PMID: 33427861; PubMed Central PMCID: PMC7802008.

¹⁰ Feinberg E, Stransky ML, Augustyn M, Broder-Fingert S, Bennett A, Weitzman C, Kuhn J, Chu A, Cabral HJ, Fenick AM, Blum NJ. Effect of Family Navigation on Participation in Part C Early Intervention. Acad Pediatr. 2023 Mar 31:S1876-2859(23)00100-6. 10.1016/j.acap.2023.03.013.

¹¹ CHW Behavioral Health Plans, Cohort 2, 5/4/2023, TEAM UP for Children Evaluation Team.

outcomes¹² are achieved. "Community health workers are critical in making this link, particularly among ethnic groups who might be hesitant to seek services. They can provide coaching, translation, and depth that support the client's grasp of a complex medical system," according to says Lissette Blondet, executive director of the Massachusetts Association for Community Health Workers.¹³

- **Codify payment for covered health care services delivered by a certified CHW.** In the TEAM UP Model, CHWs partner with families to address health-related social needs, support navigation, provide caregiver peer support, and address the stigma of mental health concerns through a culturally relevant health education model.
 - On average, CHWs interact with about 25-30 families each week, and they care for an active caseload of about 70-90 families. Among completed CHW visits from June 2021-March 2023, 85% of visits lasted between 6 and 30 minutes, similar to their medical and behavioral health provider colleagues in primary care.¹⁴
 - It is essential that payments cover all these services provided by CHWs, and that payment levels adequately support an equitable living wage so that CHWs can stay in the field long-term. The role of CHW is multifaceted, and the benefits are immense. "So, if we created an environment to maximize the visit, which includes CHWs, the system would save a lot of money." We cannot underestimate the impact of cultural brokering on the efficiency of the system," said Blondet.¹⁵
- **Establishing the Community Health Worker Workforce Development Task Force** is critical to describing, understanding, and addressing the workforce shortage.
 - TEAM UP has demonstrated that integrated care can mitigate burnout through greater interdisciplinary collaboration and enhanced provider wellness.¹⁶ TEAM UP supports efforts to professionalize the CHW role and establish it as a unique and irreplaceable health care delivery team member. Based on our experience, this will yield positive outcomes for the CHW workforce, their medical and behavioral health provider colleagues, and, most importantly, the children, families, and individuals they serve.

Thank you for the opportunity to submit written testimony in support of H. 1184. We urge the committee to report this bill favorably.

Sincerely,



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¹² <https://www.cms.gov/files/document/community-health-worker.pdf>

¹³ Riordan, Grace, Erlich, Sonia, "Why we need to support community health workers" CommonWealth Magazine, 8/16/2021.

¹⁴ CHW Behavioral Health Plans, Cohort 2, 5/4/2023, TEAM UP for Children Evaluation Team

¹⁵ Riordan, Grace, Erlich, Sonia, "Why we need to support community health workers" CommonWealth Magazine, 8/16/2021.

¹⁶ Fong HF, Tamene M, Morley DS, Morris A, Estela MG, Singerman A, Bair-Merritt MH. Perceptions of the Implementation of Pediatric Behavioral Health Integration in 3 Community Health Centers. Clin Pediatr (Phila). 2019 Oct;58(11-12):1201-1211. <https://doi.org/10.1177/0009922819867454> Epub 2019 Aug 9. PMID: 31394918.

JOINT COMMITTEE ON HEALTH CARE FINANCING

ORAL TESTIMONY OF Anita Morris, MSN, FNP-BC

Project Director, TEAM UP for Children

IN SUPPORT OF

H.1184, An Act relative to health equity and community health workers.

May 16, 2023

Chair Friedman, Chair Lawn, and Joint Committee on Health Care Financing members,

Thank you for the opportunity to testify today in support of H1184, "An Act relative to health equity and community health workers". My name is Anita Morris. I am the Project Director for TEAM UP for Children and Director of Research Strategy and Process Improvement for Boston Medical Center Health System and a certified family nurse practitioner.

TEAM UP stands for **T**ransforming and **E**xpanding **A**ccess to **M**ental Health Care in **U**rban **P**ediatrics. It is an 8-year initiative designed to improve access to high-quality, evidence-based, integrated pediatric behavioral health care in historically marginalized communities.

The TEAM UP model focuses on promotion, prevention, early identification of emerging behavioral health issues, and swift access to behavioral health services delivered by a multi-disciplinary team of behavioral health clinicians, community health workers (CHWs), and primary care providers. The model has demonstrated positive outcomes for children and families, system-wide utilization of primary care services, including mental health services within primary care, and on the health care workforce itself.

As has been well established, health care is in the midst of a workforce crisis, and models like TEAM UP, which include CHWs, are part of the solution to that crisis. We've demonstrated increased workforce satisfaction and less burnout – all essential components to addressing the workforce shortage.

We support the following:

- **Codifying the "core competencies" requirements** for CHWs. CHWs provide unique engagement services and are not interchangeable with other team-based staff. For instance, through their cultural, linguistic and systems knowledge, they are able to overcome hesitancy and engage families in care. CHWs have proven integral in ensuring families whose children require developmental evaluations, actually schedule, attend, and complete the evaluation process. This means that children who need these services actually receive them, which is core to achieving equitable access to care.

- **Codifying payment for covered health care services delivered by a certified CHW.** CHWs provide a litany of health care services, and it is essential that payments cover all these services provided by CHWs, and that payment levels adequately support an equitable, living wage so that CHWs can stay in the field long term.
- **Establishing the Community Health Worker Workforce Development Task Force** that is crucial to describing, understanding, and addressing the workforce shortage. TEAM UP has demonstrated that integrated care can mitigate burnout. TEAM UP supports efforts to professionalize the CHW role and establish it as a unique and irreplaceable member of the health care delivery team. Based on our experience, this will yield positive outcomes not just for the CHW workforce, but for their medical provider and behavioral health provider colleagues, and, most importantly, the children, families, and individuals they serve.

Thank you for the opportunity to speak in support of H. 1184. I urge the committee to report this bill favorably.