



**CAFCA**  
Connecticut Association  
for Community Action

**Board of Directors**

**Peter DeBiasi**  
Access Community  
Action Agency, Inc.

**Dr. Monette Ferguson**  
Alliance for Community  
Empowerment, Inc.  
(formerly ABCD)

**Amos Smith**  
Community Action  
Agency of New Haven,  
Inc. (CAANH)

**Michelle James**  
Community Action  
Agency of Western CT,  
Inc. (CAAWC)

**Lena Rodriguez**  
Community Renewal  
Team, Inc. (CRT)

**Dr. Marlo Greponne**  
Human Resources Agency  
of New Britain, Inc.  
(HRA)

**William Rybczyk**  
New Opportunities, Inc.  
(NOI)

**David Morgan**  
TEAM, Inc.

**Deborah Monahan**  
Thames Valley Council  
for Community Action,  
Inc. (TVCCA)

Public Hearing Testimony before the  
Connecticut General Assembly's Human Services Committee

Deb Polun, Executive Director  
Connecticut Association for Community Action, Inc. (CAFCA)

***Supporting Section 11 of***

***Senate Bill 10: An Act Promoting Access to Affordable Prescription Drugs,  
Health Care Coverage, Transparency in Health Care Costs, Home and  
Community-Based Support for Vulnerable Persons, and Rights Regarding  
Gender Identity and Expression***

March 9, 2023

Distinguished members of the Human Services Committee:

Thank you for holding this public hearing today. The Connecticut Association for Community Action (CAFCA) is the state association that works with Connecticut's nine Community Action Agencies (CAAs), the state and federally designated anti-poverty agencies providing a wide variety of services to nearly 200,000 low- and moderate-income people in all 169 cities and towns across the state. I have included more information about Community Action Agencies at the end of this testimony.

***Senate Bill 10 – Section 11***

CAFCA supports this Section 11 of this bill, which would make the services provided by Community Health Workers more accessible to HUSKY enrollees.

Community Health Workers (CHWs) are frontline agents of change, providing culturally responsive outreach, education, advocacy, care coordination, and linkages to health and social services – all to improve people's health, well-being, and opportunities for success. CHWs work in Community Action Agencies, other social service agencies, and health systems.

Regardless of where they work, CHWs are usually funded by time-limited grants; too often, their costs are absorbed into budgets with no reimbursement. These funding mechanisms are not sustainable, nor do they allow for growth of a service that is proven to work to improve lives.

Connecticut's Department of Public Health (DPH) established a certification program for CHWs in 2019. Now, health insurance should cover the services provided by these certified individuals. In order to reach those in greatest need of these services, we can and should start with our own HUSKY program.

Currently, CT's CAAs employ nearly 60 certified CHWs statewide. These CAA-based CHWs are unique compared with CHWs employed by hospitals and health centers, in that they reach people who may or may not have a connection to the health care system. In furtherance of Connecticut's goals to eliminate health disparities, support social justice, enhance quality of life, and improve health outcomes, CHWs employed at Connecticut's CAAs provide a variety of services to people across the state. They provide resources to those who are homebound (particularly helpful for those who had to quarantine or isolate for COVID); enroll people experiencing housing and food instability and income loss into public and private assistance programs; connect people with health care, including vaccinations (making appointments, arranging transportation, etc.); and, generally, provide needed wrap-around services to support healthy living.

We are grateful for the legislature's and the administration's leadership in allocating funding for Community Health Workers at CAAs. That program is just about to begin and will benefit thousands of people across our state. Funding will end on 12/31/2024, and having the Medicaid reimbursement in place by then would allow CAAs to continue to provide these helpful services to address people's health-related social needs and improve their health.

A few key points:

- ☞ Because CHWs are community-centered, reimbursement should not require a physician referral;
- ☞ Reimbursement must include community-based CHWs, including, but not limited to, those at CAAs;
- ☞ Reimbursement must account for any "startup" costs associated with hiring, connecting to data systems, and paperwork;
- ☞ If the program leverages new or existing alternative payment models, these must include adequate funding for CHWs and incentivize collaboration with community-based organizations; and
- ☞ Payment models must center equity in any payment adjustment or incentive mechanism.

Thank you all for your consideration of this important proposal – and as always, for your service to our state. Please feel free to get in touch with any questions: [deb@cafca.org](mailto:deb@cafca.org) or 860-832-9438.

### *More about Community Action Agencies*

As the largest statewide safety net service provider, Connecticut's network of Community Action Agencies connects neighbors in need with resources that stabilize and improve lives and communities. These services and resources include, but are not limited to:

- Nutrition (inc. SNAP outreach, Meals on Wheels, and Congregate meals)
- Housing and shelter
- Asset development and financial literacy
- Energy and heating assistance

