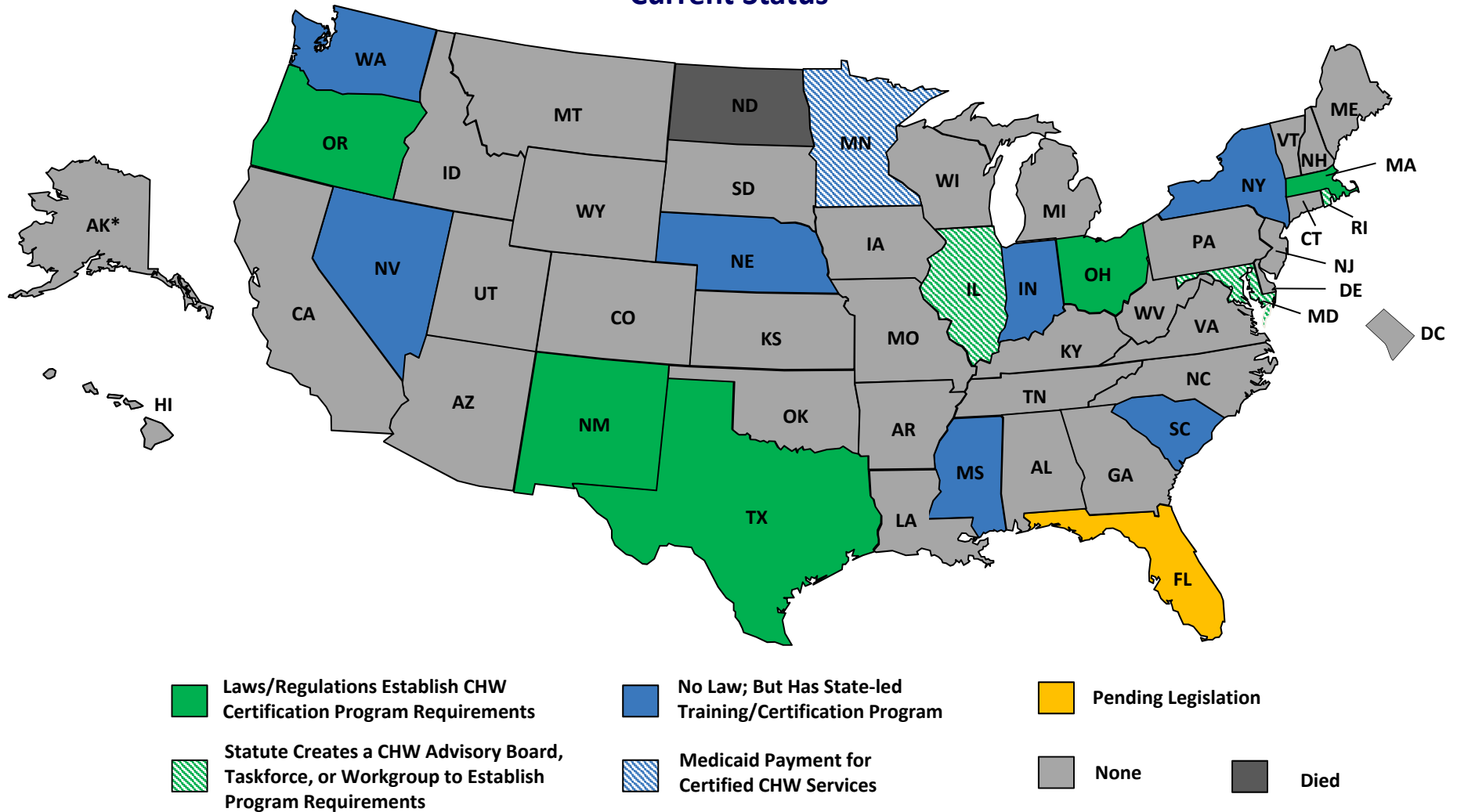




Community Health Workers (CHWs) Training/Certification Standards

Current Status



* AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.



Community Health Workers (CHWs) Training/Certification Standards Statutory & Department Program Requirements

State	IL	IN	MD	MA	MN	MS	NE	NM	NY	NV	OH	OR	RI	SC	TX	WA
Year of Enactment	14	13	14	10	07	12	--	14	10	13	03	11	11	12	99	11
Department or Agency Responsibilities	Dept. of Health/Public Health		•	*	•	•		*	•	*	*	•	•	*	•	*
	Dept. of Human Services					•										
	Board of Nursing											•				
Scope of practice described	•	*		•	*	*	*	•	*	*	•	•	•		•	•
Core competencies established	•	*		•			*	+		*		+			+	*
Health professional supervisor required					•						•	+		*		
CHW Advisory Board/Taskforce/Workgroup established	•	*	•			*		•				+	•	*	•	
Continuing education required				•				•			•	+			+	*
Board of CHW Certification to Recommend Standards				•				•							+	
University-run certification program					•											
Background/criminal checks required								•			•	+				
Age requirements established		*		•				+			•	+			+	
Out-of-state certifications accepted				•												
Fees collected to support program				•				•			•					
Complaint/disciplinary proceedings established				•				•			•	+			+	
Possession of certification documentation required				•				•							+	
Certification Renewal Period	Two years			•				•			•				+	
	Three years											•				

+ Information in regulations.

* Does not have legislation, but is Department-established.

**2015 STATE LEGISLATIVE STATUS UPDATE:
COMMUNITY HEALTH WORKER (CHW) TRAINING/CERTIFICATION STANDARDS**

STATE	BILL NO OR REGULATION	SUMMARY	STATUS/NOTES
AK	HB 209 (1993)	Alaska does not have a state-run CHW certification program. Alaska, however, operates the Community Health Aide Program (CHAP), which provides community health aide grants for third-parties to train community health aides as Community Health Practitioners (CHPs). Trainees must complete an examination at the conclusion of the training.	Enacted.
FL	HB 285 SB 482 (2015)	The bill defines the duties of a CHW to include serving as a liaison between health services and members of the community; providing resources; building community capacity to prevent disease and promote health; and collecting data to identify health care needs. The Department of Health must establish a voluntary process by which a department-approved third-party credentialing entity may grant a credential to an eligible individual. Certified CHWs must renew their certification every two years. Third-party credentialing entities must develop and administer voluntary CHW certification programs. Third-party credentialing entities must meet specified requirements before the Department of Health will grant approval to the program. Such requirements include establishing professional requirements and standards; developing core competencies and examination instruments; and requiring continuing education, among others.	HB 285 and SB 482: died in 2015 session SB 244: contains identical language and pre-filed in advance of FL 2016 session.
IL	HB 5412 (2014)	The CHW Advisory Board Act creates an Advisory Board that is located in the Department of Public Health. The Board must develop core competencies for the training and certification of CHWs. The Board’s report must include research related to best practices, curriculum, and training programs for CHW certification; recommendations for CHW certification and renewal processes; and curriculum recommendations containing the content, methodology, development, and delivery of all proposed programs. The Act includes minimum requirements for core competencies, which are those competencies that are essential to expand health and wellness and to reduce health disparities. CHWs are prohibited from performing services that require a license from a professional licensing board. Within a year of its first meeting, the Advisory Board will develop a report with recommendations regarding the certification process; best practices; reimbursement options; and proposed curriculums.	Enacted. Advisory Board convened and will meet monthly throughout 2015. Has not yet released certification standards.
IN	No bill; Department established	The Indiana Division of Mental Health and Addiction and the Department of Health joined together to establish a training and certification process for CHWs. For certification, individuals must be 18 years old, be a resident of Indiana, and have at least a high school diploma or GED.	N/A Program is operational.

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	(2013)	The training program consists of a three-day training and a final exam. The training program covers several modules, such as communication skills, engagement skills, motivational interviewing, cultural understanding, prevention, chronic illness, behavioral health, home visiting, outreach, and advocacy, among others. Upon completion of the training program, the Certified CHW may serve individuals in outpatient medical/behavioral settings, including hospitals, medical clinics, schools, churches, and community centers.	
LA	HCR 186 (2015)	The Louisiana legislature passed a concurrent resolution that requires the Department of Health and Hospitals to create a Louisiana Health and Wellness Innovation Plan. The resolution broadly references incorporating CHW and other non-traditional providers into the healthcare system. The Department of Health and Hospitals must provide the plan to the legislature on February 2, 2016. It is likely the Department of Health and Hospitals will address the issues around licensing of CHWs in this plan.	Enacted. Report due February 2, 2016
ME	LD 1426 (2015)	In 2011, Maine created a registry of certified nursing assistants and direct care workers, which include but is not limited to CHWs. Under the 2011 law CNAs had to be listed and direct care workers were listed only if they committed offenses that would prohibit them from working. The new law allows direct care workers to voluntarily become listed as “registered direct care workers” on the registry, which means the CHW has met standards for training, education, or compliance established by rules promulgated by the Department of Health. The law requires at a minimum that the direct care worker submit a completed application form, successfully complete any training requirements, and submit to a background check if required. Applicants must renew their registration every 2 years.	Enacted.
MD	HB 856 SB 592 (2014)	The Department of Health and Mental Hygiene and the Maryland Insurance Administration must organize a stakeholder workgroup for CHWs’ workforce development. The Workgroup must make recommendations about training and credentialing for certification as nonclinical health care providers and establish reimbursement and payment policies. By June 1, 2015, the Work Group is to report to the Senate Education, Health and Environmental Affairs Committee, the Senate Finance Committee, and the House Health and Government Operations Committee.	Enacted. Workgroup convened. Final certification regulations expected Jun. 2015.
MA	H.4692 (2010)	The bill creates a Board of Certification of CHW that is located in the Department of Public Health. The Board has the power to develop a certification program for CHWs and to establish the education, training, and experience requirements for certification. The Board also must adopt continuing education requirements for biennial certification renewals, establish disciplinary proceedings, and establish requirements for accepting out-of-state certifications.	Enacted. In effect Jan. 2012. Board convened Jul. 2012.

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		<p>Individuals eligible for certification must be at least 18 years old and of good moral character. All certification application fees, as established by the Secretary of Administration and Finance, must be deposited in the Quality in Health Professions Trust Fund to support the certification program. CHWs are prohibited from performing services that require a license from a professional licensing board.</p> <p>The bill lists the relevant core competencies for the certification of CHWs, which includes outreach methods and strategies; client and community assessment; effective communication; culturally-based communication and care; health education for behavior change; support, advocacy, and coordination of care for clients; application of public health concepts and approaches; community capacity building; and writing and technical communication skills.</p>	Final certification regulations expected mid-2015.
MN	HF 1078 (2007)	The bill allowed CHWs to participate in the Medicaid program and receive payment for care coordination and patient education services. In order to become a Medicaid provider, the CHW must meet one of two requirements: (1) the CHW must be certified by the Minnesota State Colleges and Universities System’s CHW curriculum; or (2) under a grandfathering provision, the CHW must have at least five years of supervised experience with an enrolled physician, a registered nurse, or an advanced practice registered nurse. Individuals seeking certification under the grandfathering provision must have completed the certification program by January 2010 to continue receiving payment. All CHWs must continue to work under the supervision of one of the aforementioned health professionals.	Enacted. Program is operational.
	HF 3222 (2008)	This bill expanded the types of health professionals that may supervise CHWs to include dentists and certified public health nurses who are operating under the direct authority of an enrolled unit of government. The bill also includes a provision stating that care coordination and patient education services include, but are not limited to, oral health and dental care.	Enacted. Amendment to HF 1078; MINN. STAT. ANN. § 256B.0625.
	SF 1504 (2009)	This bill expanded the types of health professionals that may supervise CHWs to include mental health professionals.	Enacted. Amendment to HF 1078; MINN. STAT. ANN. § 256B.0625.
	Medicaid Provider Manual	Minnesota Health Care Programs (MHCP) covers diagnosis-related patient education services provided by a CHW, so long as certain criteria are met: (1) MHCP requires General Supervision by an MHCP-enrolled physician or APRN, certified public health nurse, dentist or mental health professional; (2) A physician, APRN, dentist, certified public health nurse or mental health professional must order the patient education service(s) and must order that they be provided by a CHW; (3) The service involves teaching the patient how to effectively self-manage their health or oral health in conjunction with the health care team; (4) The service is provided face-	MN Medicaid Provider Manual: CHWS.

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		to-face with the recipient in an outpatient, home or clinic, or other community setting; and (5) The content of the educational and training program is a standardized curriculum consistent with established or recognized health or dental health care standards. MHCP does not cover the following services: (1) Social services, such as enrollment assistance, case management, or advocacy delivered by a CHW; and (2) Interpreter services in conjunction with CHW services.	
MS	No bill; Department established (2012)	Tougaloo College/Central Mississippi Area Health Education Center and the state Department of Health joined together to establish a CHW certification program. The program will credential CHWs to provide services, such as conducting home visits, helping navigate the health system, and connecting individuals to resources.	N/A A formal program has not yet been announced.
NE	No bill; Department established	Nebraska's Department of Health and Human Services created a CHW training program that consists of online and in-person modules. The training is for CHWs, Health Navigators, social workers, nurses, and advocates. The online modules cover the core competencies, which include organizational skills, documentation skills, assessment skills, and service coordination skills. The online modules also cover colorectal health, cardiovascular disease, breast health, and cervical health. Following the online modules, in-person training covers the following topics: health navigator roles and boundaries, communication, and cultural competency. At the completion of the training, the CHW will receive a certificate of completion.	N/A Program is operational.
NM	SJM 76 (2003)	The Joint Memorial required the Department of Health to conduct a study on developing a Community Health Advocacy Program, which included the program's methods, structure, financing, and implementation. The Joint Memorial defined community health advocates to include CHWs. As a result of the Joint Memorial, the Department of Health created the CHW Advisory Council in 2006, which issued CHW certification and training program recommendations to the legislature. These recommendations led to SB 58 below.	Enacted.
	SB 58 (2014)	The bill requires the Secretary of Health to promulgate certification rules for CHWs, such as education, training, and experience; procedures for recertification; continuing education standards; and disciplinary actions. The bill creates the Board of Certification of CHWs (Board), which makes recommendations to the Secretary of Health about education and certification requirements for CHWs to practice as Certified CHWs (CCHWs) through a voluntary certification program. Each CHW is certified for two years. All fees collected during the certification process must be used for the administration of the program. The Department must conduct criminal background checks, including fingerprinting, for all CHWs. All CHWs must maintain possession of CHW certification documents at all times when performing duties as a CCHW. CHWs may not perform services that require a license from a professional licensing board.	Enacted. Board convenes Mar. 2015 and will finalize requirements by mid-2015. Regulations issued Jan. 2015.
	N.M. CODE R. § 7.29.5.1	The Board's duties and responsibilities are to make recommendations to the Secretary on: (1) standards and requirements for establishing and approving CHW education and training	Effective Jan. 30, 2015.

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		<p>programs; (2) minimum education, training, experience, and other qualifications to become a CCHW trainer; (3) grandfathering requirements; (4) how to assess CHW competency; (5) core competencies required for certification; and (6) the CCHWs scope of practice.</p> <p>To be grandfathered into the program, CHWs must provide proof that the applicant is at least 18 years old, verification of proficiency in core competencies, two letters of recommendation, and documentation of at least 2,000 hours of work as a CHW in the previous two years, or at least half-time CHW work in the previous five years. New CHW applicants must provide proof that the applicant is at least 18 years old, proof of completion of a department-approved training program that contains an examination for each of the core competencies, and provide at least a high school diploma or its equivalent. There are four levels of certification: (1) Generalist; (2) Specialist I; (3) Specialist II; and (4) Specialist III. Specialty areas include, but are not limited to, basic clinical support skills, heart health, chronic disease, behavioral health, maternal and child health, and developmental disabilities. For recertification, individuals must provide proof of meeting at least 30 hours of department-approved continuing education.</p> <p>The Department of Health may issue cease-and-desist orders to persons violating the CHW Act. Violations may occur if the CCHW engages in or performs any act or service for which another professional certificate, license, or other legal authority is required, unless he or she holds the relevant professional certificate, license, or other legal authority. The Secretary will establish the Public Health Division to a Certification Review Committee (Committee). The Committee will conduct an individualized review of the grounds for action against a certificate and will determine, by a majority vote, whether to pursue action against a certificate.</p>	<p>The grandfathering process will begin Spring 2015; Curriculum certification will begin early 2016.</p> <p><u>Scope of Practice:</u> Community Outreach; Community & Cultural Liaison; System Navigation, Care Coordination, & Case Management; Home Based Support; Health Promotion & Health Coaching; Community Assessment & Mobilization; Clinical Support</p> <p><u>Core Competencies:</u> History of the Profession; Effective Communication Skills; Interpersonal Skills; Health Coaching Skills; Service Coordination Skills; Capacity Building Skills; Advocacy Skills; Technical Teaching Skills; Health Outreach Skills; Community Knowledge & Assessment; Clinical Support Skills (optional)</p>
NY	No bill; Department established (2010)	New York's Department of Health created the Community Health Worker Program, which trains CHWs to provide basic health education, provide referrals for services, and provide support to individuals when navigating the health care system. The Program only serves communities with high rates of infant mortality, out-of-wedlock births, late or no prenatal care, teen pregnancies and births, and births to low-income women.	N/A Program is operational.
NV	No bill; Department established (2013)	Nevada's Department of Health and Human Services, Division of Public and Behavioral Health created a CHW training pilot program that focused on the Latino population in four counties. Twelve individuals participated in the pilot program. The CHWs are bilingual in English and Spanish and have established relationships with the communities they serve. The training program consists of a three-day conference and specific training in personal safety, determinants of health, interpersonal communications, and documentation, among others.	N/A Program is currently in a pilot phase.

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		<p>Following the conference, the program requires the completion of eighty hours of training in diabetes, tobacco cessation, nutrition, public health preparedness, and HIV.</p> <p>In 2014, the CHW Program received a grant to standardize the CHW curriculum and certification system with Truckee Meadows Community College and the College of Southern Nevada. This new pilot training is a free eight-week program that covers modules including CHW responsibilities and ethics, evaluating clients' needs, HIPAA guidelines, required documentation and reporting, advocacy, cultural competency, and case management, among others.</p>	
	SB 498 (2015)	<p>Nevada's Department of Health and Human Services, Division of Public and Behavioral Health is required to license "community health worker pools (CHW pools)," which are defined as "person or agency which provides, for compensation and through its employees or by contract with community health workers, the services of community health workers to any natural person, medical facility or facility for the dependent." CHW pool excludes CHWs that work as independent contractors and other facilities licensed by the Department, such as hospitals that may provide CHW services. Under this law the Department develops the licensing standards for CHW pools.</p> <p>The law extends Good Samaritan provisions to protect CHW from liability in the event that they provide medical or other aid in an emergency situation. It also subjects CHW pools and CHWs employed by those pools to mandatory reporting. Specifically, the law requires reporting on instances of elder abuse, as well as malpractice or other substandard treatment.</p> <p>It is unclear whether or how this bill will impact Nevada's existing pilot program for licensure.</p>	Enacted
ND	SB 2321 (2015)	<p>SB 2321 initially mandated that the Department of Health must create a CHW certification program. The health council must adopt rules to implement the program, which must include education, experience, and training requirements as well as continuing education standards, among others. The Department of Health must conduct criminal background checks on each applicant. Certified CHWs must renew their certification every three years and conduct ten hours of continuing education.</p> <p>A certified CHW's scope of practice includes only those activities authorized within the bill. The bill defines a CHW's scope of practice to include informal counseling and education services; interventions; care coordination; case management; facilitation of access to health care, dental care, and social services; and health and dental screenings. Certified CHWs must not engage in</p>	<p>Passed the Senate (47-0);</p> <p>Amended in the House Appropriation Committee (4/13/2015)</p> <p>Failed to pass House (27-65)</p>

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		<p>or perform any act or service for which another professional certificate or license is required. The bill does not prevent or restrict the practice, services, or activities of any individual dually certified as both a CHW and a licensed or certified health care professional.</p> <p>Medical assistance coverage must include reimbursement for a certified CHW's services if the individual provides for the coordination of care and education services and if those services are provided under the supervision of a physician or other health care professional.</p> <p>The bill as written failed in the House and was amended in April 2015. Rather than institute a CHW certification program, the revised bill required the Legislative Management Committee to study the feasibility, cost, and infrastructure of developing a CHW program with a report due to the 65th legislative session in 2017. This measure was unsuccessful.</p>	
OH	HB 95 (2003)	The bill requires the Ohio Board of Nursing to issue and renew CHW certificates. The certifications are to be renewed biennially, so long as the CHW completed the required continuing education and met the other Board requirements. The Board of Nursing may also charge a fee of \$35 for a certification application and up to a \$15 fee for the written verification of CHW certificates sent to other jurisdictions. To be eligible to apply for a CHW certification, an individual must be at least 18 years old, have a high school diploma, complete the CHW training program, and pass a criminal background check. While operating as a CHW, the CHW must be supervised by a health professional at all times. The bill restricts CHWs from performing services that require a license from a professional licensing board.	Enacted. Program is operational.
	HB 303 (2012)	The bill removes the requirement that the Board of Nursing approve a certified CHW peer support group. The Board of Nursing may not impose a fee greater than \$15 for verification of the individual's CHW certificate to another jurisdiction. If any individual or governmental entity employs a certified CHW to provide services and is aware of any activity that would be grounds for disciplinary actions, they must report the certified CHW's activities to the Board of Nursing.	Enacted. Amendment to HB 95; OHIO REV. CODE ANN. § 4723.06; OHIO REV. CODE ANN. § 4723.08 OHIO REV. CODE ANN. § 4723.34.
OR	HB 3650 (2011)	<p>The bill requires the Oregon Health Authority to develop education and training requirements. Such requirements must also meet the Centers for Medicare and Medicaid Services (CMS) requirements to qualify for federal financial participation. As a result of the bill, much of the policy decisions were established through regulation.</p> <p>The Oregon Health Policy Board established the Non-Traditional Health Worker Subcommittee to create core competencies and education and training requirements for CHWs. The core competencies include outreach and mobilization; community liaising; care management, care</p>	Enacted. Program is operational. Relevant regulations: OR. ADMIN. R. 333-002-0320 OR. ADMIN. R. 333-002-0325

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		coordination, and system navigation; and health promotion and coaching. The Subcommittee recommended a minimum of 80 core curriculum contact hours, a state-wide oversight of training programs, strategies for continuing education, and a renewal process every three years that includes the completion of twenty hours of continuing education. Those wishing to seek CHW certification must be at least 18 years old. All applicants are also subject to a criminal background check. A health professional must supervise a CHW in order for Medicaid to reimburse the CHW for services provided.	OR. ADMIN. R. 333-002-0370
RI	H 5633 (2011)	The bill establishes the Commission for Health Advocacy and Equity to address health equity and disparity issues in the state. Specifically, the Commission must make recommendations for increasing the diversity of the health care workforce. Such recommendations may include the recruitment, assignment, training, and employment of CHWs. CHWs may perform services such as advocating on behalf of individuals for benefits or services, connecting individuals to appropriate services, and working with community-based health organizations to help individuals with chronic diseases receive adequate care, among others.	Enacted. Awaiting Commission recommendations.
SC	No bill; Department established (2012)	The Department of Health created the Health Access at the Right Time (HeART) Committee, which is working to create a standard definition of CHW and a scope of practice. In 2013, the HeART Committee established the CHW Pilot Project that is currently in Phase I and connects with primary care practices that employ CHWs with supervision. The Department of Health also created a CHW certification demonstration program. The HeART Committee is working with Midlands Technical College to develop a CHW training and curriculum program and is currently searching for a formal body to certify CHWs and other non-clinical providers. The Department of Health is also working on a Medicaid State Plan Amendment with the Centers for Medicare and Medicaid Services to recognize CHWs in the state.	N/A Program is currently in a pilot phase.
TX	HB 1864 (1999)	The bill establishes the Promotor(a) Program Development Committee.	Enacted. Program is operational.
	SB 1051 (2001)	The bill requires the Department of State Health Services to establish a CHW training program, which is only mandatory for those CHWs who are compensated for their services. The Promotora and CHW Training and Certification Advisory Committee must advise the Department on the training and funding requirements of the CHW certification program. The certification requirements consist of a 160 hour curriculum, among other requirements.	Enacted. Texas Promotor(a) or CHW Training and Certification Program effective 2001.
	HB 2610 (2011)	The bill requires the Department of State Health Services to establish a statewide Promotora and CHW Training and Certification Advisory Committee. The Committee must provide recommendations to the Department on establishing a sustainable CHW training program as well as funding and employment opportunities for CHWs.	Enacted.

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	<p>25 TEX. ADMIN. CODE §§ 146.1 - 146.12</p>	<p>The regulations define a CHW as a person, with or without compensation, who is a liaison and provides cultural mediation between health care/social services and the community. Such activities include outreach, patient navigation, and follow-up; community health education and information; informal counseling; social support; advocacy; and participation in clinical research.</p> <p>To become a certified CHW, an individual must be a resident of Texas who is at least 18 years of age and must complete a Department of State Health Services (DSHS)-approved 160-hour competency-based CHW training program, or prove the completion of at least 1,000 cumulative hours of CHW services within the most recent 6 years. There is no cost for becoming a certified CHW. The established core competencies include: communication skills; interpersonal skills; service coordination skills; capacity-building skills; advocacy skills; teaching skills; organizational skills; and a knowledge base on specific health issues. Certified CHWs must carry a certification identification card. The 160-hour training program includes 20 hours per core competency. Texas also established a certification program for CHW training instructors and training programs/sponsoring organizations.</p> <p>Certified CHWs must renew their certification and complete 20 contact hours of continuing education biennially. Such continuing education must include at least 10 hours of attending a DSHS-approved continuing education program, or at least 5 hours of attending a DSHS-approved continuing education program and up to 5 hours of a continuing education program in another health profession. The remaining 10 hours may include verifiable independent self-study and participation in training relating to at least one core competency.</p> <p>Texas established professional and ethical standards for CHWs, which includes a prohibition on discriminating on the basis of race, creed, gender, sexual orientation, religion, national origin, age, physical disability or economic status; not making misleading or false statements; and maintaining patient confidentiality, among others.</p>	<p>Current regulations.</p> <p>For more details on the core competencies, please view Texas's Competency Areas document.</p>
	<p>2015 Proposed rule changes</p>	<p>In addition to proposing the consolidation of existing CHW certification regulations, the proposed rules make several important changes. All sponsored program plans must provide a training curriculum at least annually and must submit curricula to the DSHS for approval. New curricula requirements include hands-on-learning, such as field practice, and internship or practicum opportunities. Continuing education requirements only require at least 5 hours of attending a DSHS-approved continuing education program; up to 5 hours of a continuing education program in another health profession; and up to 10 hours of verifiable independent self-study and participation in training relating to at least one core competency.</p>	<p>These proposed rules would repeal the existing regulations (§§ 146.1 - 146.12) and replace them with new §§ 146.1 – 146.8.</p> <p>Public comments are due by March 30, 2015.</p>

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WA	No bill; Department established (2011)	<p>Washington has a CHW training program through the Department of Health. In 2011, Washington integrated the Massachusetts Department of Public Health's CHW training curriculum into its program. The primary training course is the Core Competencies Course, including CHW responsibilities, communication skills, cultural competency, and health disparities. Training may be completed online or in-person and is conducted quarterly. At the conclusion of the training, CHWs receive a certification of completion.</p> <p>Washington also developed continuing education on health-specific topics, such as breast cancer, cervical cancer, prostate cancer, heart disease, colorectal cancer, and diabetes. The Department of Health must provide a tuberculosis training program for those CHWs engaged in tuberculosis services and must include minimum requirements in the training course.</p>	<p>N/A</p> <p>Program is operational.</p>

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