



Testimony:
Angela West, Community Health Work
With
Charles (Tony) Parker, Client
Health Care for the Homeless

Before the

Maryland House of Delegates: House and Government Operations Committee

on

SB 490: Community Health Workers - Advisory Committee and Certification

February 14, 2018
Casper R. Taylor Jr. House Office Building, Annapolis, Maryland

Good afternoon, Madame Chair and members of the committee. And thank you for the opportunity to come before you to testify in support of HB 490 to establish a state-approved training program for community health workers in Maryland and a certification process.

My name is Angie West and I am a community health worker at Health Care for the Homeless in Baltimore.

Every day I help coordinate our clients' care across multiple providers, engage clients in their own care and ensure the continuity of their care. In short, my fellow community health workers and I are often the glue that keeps all of us across care teams communicating and on the same page regarding our clients' needs and care. On top of that, I also play a unique support role with our clients.

My colleagues and I would like—and would benefit greatly from—the support, structure, role clarity and professional respect that comes with a standard training program and certification. Right now, we're just winging it.

I'd like to introduce you to one of my clients, Charles (Tony) Parker, who I have worked closely with over the last few years. I think that from Tony and me, you will be able to see and understand the vital role of community health workers in our health care landscape, and why we deserve to be formally recognized and certified.

Tony is in transition from being a man to becoming a woman. When we first met, she was experiencing homelessness and in and out of the hospital. For 17 years, she had no place to live. Today, she is housed. In fact, she has been housed for 2-1/2 years.

As a community health worker, I helped connect Tony to case management, psychiatry, therapy, primary care and the hormones she needed for her transition. I helped coordinate the wide range of care she needed at a complicated time in her life. And I helped her secure a voucher, visit apartments, got an old \$600 BGE bill cleared and become housed. Today. For two years now, Tony has been housed—for the first time in 17 years.

Tony: "Angie changed my life. She helped me get into stable housing, a key step in doing and getting so much more."

As a community health worker. I think I've helped Tony with her confidence, by making sure that I am there to escort her from A to B, and that I am there to advocate for her and by showing consistency throughout the years. I think I'm the glue that keeps everybody communicating and together in Tony's care. I catch things her providers do and cannot: When she missed appointments, whether she is attending support groups, just paying attention to her emotions and body changes, especially in the transition piece. When she has a meltdown. I make sure I am knocking on her door, making sure she has food, making sure she has clothes. Moving forward, I am a sounding board for her. Soon she'll be changing her name, and I'll make sure I am her support system as she makes decisions like this on her own.

A few months ago. Tony's neighbor called me to tell me Tony was in the hospital. I informed all of her providers, who came up with a care plan for her.

Having a state-approved training program and certification would give us a backbone, a structure, something I can reference to make sure I am prepared in all the areas I need to be. For us right now, we're winging it. We're the middle for case managers, so everything that falls through the cracks, we catch it. Training and certification is about making sure our foundation is strong to catch it.

Thank you for your time, and for supporting HB 490.