
OLR Bill Analysis

sHB 5677

AN ACT CONCERNING THE AVAILABILITY OF COMMUNITY VIOLENCE PREVENTION SERVICES UNDER MEDICAID.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner, in consultation with the Department of Public Health (DPH) commissioner, to amend the state Medicaid plan to provide coverage for community violence prevention services for beneficiaries who have:

1. received medical treatment for an injury sustained from an act of community violence (i.e., an intentional act of interpersonal violence committed by someone not intimately related to the victim) and
2. been referred by a certified or licensed health care or social services provider to receive these services from a “qualified violence prevention professional” after the provider determined the beneficiary is at a higher risk of retaliation or a violent injury from another act of community violence.

Under the bill, the DSS commissioner must do this by July 1, 2022, provided (1) federal law permits it; (2) federal financial participation is available; and (3) any needed federal approval is obtained, including Medicaid waivers or state plan amendments.

Additionally, the bill establishes education and training requirements for individuals seeking certification as a “qualified violence prevention professional” and requires DPH, by January 1, 2022, to approve at least one accrediting body to review and approve training and certification programs for these professionals. It also establishes documentation and compliance requirements for entities that employ or contract with these professionals to provide community

violence prevention services.

EFFECTIVE DATE: October 1, 2021

COMMUNITY VIOLENCE PREVENTION SERVICES

The bill defines “community violence prevention services” as evidenced-based, trauma-informed, supportive, and non-psychotherapeutic services provided by a qualified violence prevention professional to:

1. promote improved health outcomes and positive behavioral change,
2. prevent injury recidivism, and
3. reduce the likelihood that victims of community violence will commit or promote violence themselves.

Under the bill, these services may be provided within or outside of a clinical setting and may include the provision of the following services to community violence victims: peer support or counseling, mentorship, conflict mediation, crisis intervention, targeted case management, referrals to certified or licensed health care or social services providers, patient education, or screening services.

QUALIFIED VIOLENCE PREVENTION PROFESSIONALS

Training Requirements

Under the bill, a prevention professional (see BACKGROUND) seeking certification as a qualified violence prevention professional must:

1. complete at least six months of full-time equivalent experience in providing community violence prevention services through employment, volunteer work, or an internship;
2. complete a DPH-approved accredited training and certification program for qualified violence prevention professionals or be certified as a violence prevention professional by the Health Alliance for Violence Intervention before October 1, 2021;

3. annually complete at least four hours of continuing education offered by the Health Alliance for Violence Intervention or any other DPH-approved provider of community violence prevention services; and
4. satisfy any other requirements DPH establishes.

Accrediting Body

The bill requires DPH, by January 1, 2022, to approve at least one accrediting body to review and approve training and certification programs for qualified violence prevention professionals. The accrediting body may be governmental or nongovernmental and must have expertise in community violence prevention.

Under the bill, the accrediting body must approve programs it determines, in its discretion, will adequately prepare individuals to provide community violence prevention services to community violence victims. The bill requires these programs to include at least 35 hours of training and address:

1. the profound effects of trauma and violence and the basics of trauma-informed care;
2. community violence prevention strategies, including conflict mediation and retaliation prevention;
3. case management and advocacy practices; and
4. HIPAA's patient privacy requirements.

Documentation and Compliance

The bill requires any entity that employs or contracts with a qualified violence prevention professional to provide community violence prevention services to:

1. maintain documentation that the professional has met the qualifications listed above and
2. ensure that the professional complies with any applicable state

or federal laws, regulations, rules, or standards of care.

The bill also specifies that it does not alter the scope of practice of any health care professional or authorize the delivery of health care services in a setting or manner not currently authorized.

BACKGROUND

Prevention Professionals

Prevention professionals work in programs that address specific patient needs, such as suicide prevention, violence prevention, alcohol and drug avoidance, and tobacco prevention. They generally complete training specific to the patient population they work with and work in a variety of settings providing various services such as case management, provider referral, and mentorship.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 33 Nay 0 (03/29/2021)