Community Health Workers: A unifying concept for behavioral health peers?
Presentation Objectives

As a result of today’s meeting it is hoped that we would

• **Link** the work of peers in behavioral health to the broader field of health care

• **Appreciate** the broader perspective of Community Health Worker roles

• **Identify** at least two ways to become active in developing peer-delivered behavioral health services within the broader field of health care
Today’s Presenters

• Katherine Mitchell, Michigan Community Health Worker Alliance (MiCHWA)

• Roshawnda Thompson, Spectrum Health

• Mark Witte, Network 180
Michigan Community Health Worker Alliance (MiCHWA)

The Michigan Community Health Worker Alliance’s mission is to promote and sustain the integration of community health workers into Michigan’s health and human service systems through coordinated changes in policy and workforce development.
CHW 101

Why community health workers?
CHW Definition

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

American Public Health Association, Community Health Worker Section 2009
National Support for Peer Workers

Milbank Fund Report: **Health Worker Shortages and Global Justice** (2011)

“Community health workers have the skills to make major contributions to preventing health problems and improving access to health care in a cost-effective manner, with specific benefits for the society’s most vulnerable groups.”
National Support for Peer Workers

Milbank Fund Report: **Health Worker Shortages and Global Justice** (2011)

“The ACA authorizes funding to a range of organizations to use community health workers ... to educate and provide outreach to medically underserved communities .... We [recommend] accredited training programs, licensing, and professional development to give greater legitimacy for this vital group of health professionals. “
National Support for Peer Workers

National Council’s CHW Training

For more than 60 years, community health workers have demonstrated promise in improving health behaviors and outcomes, particularly for racial and ethnic minority communities and others who have traditionally lacked access to adequate healthcare. Community health worker interventions enlist and train community members to work as bridges between their ethnic, cultural, or geographic communities and healthcare providers.

The National Council for Behavioral Health’s 2-day in-person Community Health Worker training is designed to expand the skills of existing community health workers in providing services to people with behavioral and physical health challenges. The training includes introduction to mental and substance use disorders; introduction to counseling, cognitive behavioral therapy, and motivational interviewing; referrals and supports for mental health services; and mental health promotion, including stigma reduction and recovery.
National Support for Peer Workers

InterNational Association of Peer Supporters
Formerly the National Association of Peer Specialists (NAPS)
“Cultivating an International Culture of Compassion”

The Pillars of Peer Support Services Summit IV
Establishing Standards for Excellence
The Carter Center
Atlanta, GA
September 24-25, 2012
What does that really mean?

**Community Health Workers:**
Connecting to the community
Examples of Other CHW Titles

- Camp Health Aide
- Case Work Aide
- Community Care Coordinator
- Community Health Advocate
- Community Health Educator
- Community Health Promoter
- Community Health Worker
- Community Neighborhood Navigator
- Community Outreach Worker
- Consejera/Animadora (counselor/organizer)
- Family Health Advocate
- HIV Peer Counselor
- Lay Health Advisor
- Maternal Child Health Worker
- Neighborhood Health Advisor
- Outreach Specialist
- Parent Support Partner
- Patient Health Navigator
- Patient Navigator
- Peer Support Specialist
- Promotor(a) de Salud (health promoter)
- Public Health Aide
- Recovery Coach
- Weight Loss Counselor

Why Community Health Workers?

• Directly address health disparities
  – Reach and build trust in communities, work with patients and providers, provide culturally competent assistance, education and support

• Improve health outcomes
  – Asthma, hypertension, diabetes, cancer, infant mortality, HIV/AIDS, depression, health promotion

• Contain costs in health & social service systems
  – Reduce ED visits, increase number of kept appointments, improve adherence
Why Community Health Workers?

• Directly address *behavioral* health disparities
  – Reach and build trust in communities, work with patients and providers, provide culturally competent assistance, education and support

• Improve *behavioral* health outcomes
  – Function, Symptoms

• Contain costs in *behavioral* health & social service systems
  – Reduce intensive medical care, increase number of kept appointments, improve adherence
Peer Support Funding

Though Certified Peer Support Specialists can be paid through some Medicaid funds, it is not enough and does not assist in payment for other types of community health workers, including Recovery Coaches and other peer workers.

Problem: Existing policy and payment structures mean that CHW programs depend on time-limited grants and other unsustainable mechanisms
Cost Effectiveness

• **Spectrum Health**, Grand Rapids, MI, 2012
  – Core Health ROI over 3 years: “$2.53 in savings for every $1.00 of cost”

• **Boston PACT**, 2012
  – Medicaid analysis reveals a 16 percent net savings in total medical expenditure after a patient enrolls in PACT for 2 years

• **Molina Healthcare of New Mexico**, 2012
  – ROI: Approximately $4.00 savings for every $1.00 of cost

Clinical Effectiveness

- **Balaji et al., BMC Health Services Research (2012)**

**Source:** BMC Health Services Research 2012, 12:42. Madhumitha Balaji, Sudipto Chatterjee, Mirja Koschorke, Thara Rangaswamy, Animish Chavan, Hamid Dabholkar, Lilly Dakshin, Pratheesh Kumar, Sujit John, Graham Thornicroft and Vikram Patel. The development of a lay health worker delivered collaborative community based intervention for people with schizophrenia in India.
Clinical Effectiveness

  - CHW’s Deliver Anxiety and Depression Treatment (India)
    - Public and Private facilities
    - Random assignment of 2,400+ patients
    - 65% served with CHW’s improved vs 59% for those with no CHW
      - When you have 2,400 patients, this is a significant statistical difference!
    - Strongest engagement effect was on patients served in public facilities
    - No increase in suicides attempts

Clinical Effectiveness

  
  CHW’s Deliver CBT to Depressed Post-Partum Women (Pakistan)
  
  - Targeted perinatal depression (prevalence and relationship to disability/infant development
  - Integrated CBT-based intervention by rural CHW’s
  - 463 in intervention group; 440 in control group
  - With CBT, at 6 months 23% depressed
    (vs 53% in the no CBT group)
  - At 12 months 27% depressed
    (vs 59% in no CBT group)
  - No infant differences

National Policy: PPACA 2010

The Patient Protection & Affordable Care Act cites CHWs:

• §5101: CHWs listed as “health professionals” and as an important part of the health care workforce; a comprehensive CHW definition is included

• §5313: CDC authorized to fund agencies who train and use CHWs to promote positive health behaviors and outcomes for populations in medically underserved communities; CHW functions include outreach, enrollment, and patient education

• §5403: mandates Area Health Education Centers to provide interdisciplinary training of health professionals, including CHWs


CHWs in Michigan
Policy & Financing Opportunities

PEER MICHIGAN CONFERENCE
October 30, 2013 | Lansing, Michigan
Michigan Community Health Worker Alliance
What do CHWs do in Michigan?

Health Areas in which CHWs work
• Behavioral Health
• Cancer Screening & Prevention
• Diabetes
• Enrollment
• Heart Disease
• Housing
• Hypertension
• Maternal/Child Health
• Migrant Health
• Nutrition
• School-based health

Source: Michigan Community Health Worker Alliance Employer Survey 2012.

Photo courtesy of Rebeca Guzman and Anne Lee
In the Field

Photo courtesy of Spectrum Health
Where are CHWs in Michigan?

MiCHWA Employer Survey 2012

Note: this is not inclusive of all CHWs statewide

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*May include non-CHWs based on survey responses
**May have program overlap, as some employers share employees
***Includes volunteer and paid part-time CHWs

We estimate there are between 700 and 900 CHWs working in Michigan currently.

In 2007, a HRSA study estimated 86,000 CHWs working nationally, including over 2,700 paid and volunteer CHWs in Michigan.

Source: Michigan Community Health Worker Alliance Employer Survey 2012.
Where are CHWs in Michigan?

- Lack of funding reported as number one barrier to hiring CHWs by 100% of respondents who reported barriers
- 87.5% of respondents would support a statewide CHW certification effort

Source: Michigan Community Health Worker Alliance Employer Survey 2012.
Michigan CHW Core Competencies

- Advocacy and Outreach
- Community and Personal Strategies
- Teaching and Capacity Building
- Legal and Ethical Responsibilities
- Coordination, Documentation & Reporting
- Communication Skills & Cultural Competence
- Health Promotion
- Practice (Internship)

Michigan CHW Certification

• **Michigan CHW Network**
  – The Michigan Community Health Worker Network voted to officially endorse a system of CHW certification in Michigan

• **MiCHWA Steering Committee**
  – MiCHWA’s Steering Committee approved the “development of a certification process for CHWs in Michigan that includes our core competencies”
  – MiCHWA Core Competencies, recommended by our Education & Workforce Working Group and approved by the MiCHWA Steering Committee:

  Though peer support specialists have the option to become certified, other titles under the CHW umbrella do not
CHW Certification

- **Texas**, 2001
  - Certification mandatory for paid CHWs
  - Senate Bill 1051; state administered

- **Ohio**, 2003
  - Required through Ohio’s administrative code
  - Regulated by Board of Nursing

- **Alaska**, 2006
  - Provides program-level certification for specific health services

- **Massachusetts**, 2012
  - CHW Board of Certification established for 2012 by General Laws Chapter 322, Section 106, 2010


CHWs & Peer Support
Bridging Physical & Mental Health
Integrated Health: Health Homes

• The Patient Protection & Affordable Care Act Section §2703 outlines criteria for health homes
  – Comprehensive care management
  – Care coordination and health promotion
  – Comprehensive transitional care from inpatient to other settings, including appropriate follow up
  – Patient and family support, which includes authorized representatives
  – Referral to community and social support services, if relevant
  – Use of health information technology to link patients to services

• These core services of a health home overlap with several CHW roles and tasks; integrating CHWs into health homes could, then, assist in behavioral and physical health care

Behavioral Health Home Applications

- These core services of a health home overlap with several CHW roles and tasks; integrating CHWs into health homes could, then, assist in behavioral and physical health care
  - Network180 issued RFP’s for Behavioral Healthcare Home Pilot projects
  - Four selected, three continue in two varieties (Case Mgmt / OP)
  - Heavy emphasis on recovery orientation
  - Authentic inclusion of peers as part of the clinical delivery team from the planning stages forward
  - Aligned clinical and financial interests to maintain engagement of patients!
Certified Peer Support Specialists

• 2006 Medicaid 1915b(3) Waiver
  – Certified peer support specialists included under this waiver to “support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity”

• 1,027 trained since waiver implemented
  – Training conducted at Lansing Community College by certified trainers
  – 56 hours of training required and passing of a 4 hour certification exam
  – Requires mental illness diagnosis and personal experience with public services

• Roles & Functions
  – Housing, education, employment, service, and treatment planning assistance; recovery/advocacy support
  – Utilize language of recovery and build person-centered relationships

Piilars of Peer Support.
Recovery Coaches

• Addiction Treatment is Changing
  – From multiple admissions ---> long-term recovery supports

• Recovery Coaching Focus
  – Sustaining Sobriety
  – Improving General Health
  – Restoring Citizenship

• Training
  – Nationally recognized peer-based recovery support model (CCAR)

• Funding
  – Most Recovery Coaches work in MDCH/BSAAS funded programs
  – Regional SA Coordinating Agencies use MDCH/BSAAS funds to train/certify

Share the Same Umbrella?

CHWs, CPSS, Recovery Coaches, & other behavioral health peers offer support through community-based services and share the following:

• Serve their immediate community
• Must be a member of a specific community (geographically, ethnically, shared condition or type of condition)
• Conduct outreach among a community in need of services
• Provide system navigation, social support, health coaching, and other assistance

The peer support specialist program could be a model for CHW sustainability.
Discussion: CHWs & Behavioral Health

• What connections do you see between existing MiCHWA efforts and peer workers in behavioral health?
• What potential concerns do you have about a CHW umbrella?
• How can we take active steps to develop sustained peer-delivered behavioral health services within the broader field of health care?
• How can we partner to achieve CHW sustainability, especially in light of the Affordable Care Act and its implementation in Michigan?
CHWs & Behavioral Health
Thank You

Please direct follow-up questions or inquiries to

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