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Supporting the Integration of Community Health Workers in Whole Person Care Pilots

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Overview

Whole Person Care (WPC) is a California waiver program that provides counties, cities, and/or health/hospital authorities with an opportunity to coordinate clinical care, behavioral health, and social services for the most vulnerable and high-utilizers of Medi-Cal. Many WPC-participating entities plan to or are already employing community health workers (CHWs) to achieve their aim of care coordination. However, WPC pilots across the state have nuanced programmatic goals; consequently, strategies for CHW employment and CHW placement vary from region to region. We sought to provide technical assistance and support to WPC participants who requested assistance with their own CHW programs, including Monterey County, the City of Sacramento, and Santa Clara County. Because needs varied, the type of assistance that we provided varied.

Background

Whole Person Care (WPC) is 5-year federally funded pilot in California that stimulates initiatives across the state to coordinate clinical care, behavioral health, and social services for the most vulnerable and high utilizers of Medi-Cal. WPC is a waiver program that allows counties, a city and county, a health or hospital authority, or a consortium of any of these entities to receive support to integrate care for vulnerable populations with demonstrated poor health outcomes in an effort to improve beneficiary health and wellbeing through more efficient and effective use of resources.¹ Many WPC-participating entities stated in their original WPC applications that they planned to employ CHWs or a CHW-like role to achieve these care coordination goals.

Project Description

In 2016 and 2017, when the Department of Health Care Services (DHCS) selected counties for participation in WPC, 13 of the initial 25 entities (a majority of which were counties) with pilot programs indicated that they planned to employ CHWs or a CHW-like role (e.g., health/patient navigator, community outreach advocate, etc.) in their original WPC application. The Healthforce Center at UCSF was funded by the Blue Shield of California

Foundation (BSCF) to provide ongoing technical assistance (TA), primarily resource identification and sharing, to WPC-participating entities that planned to employ CHWs or similar roles.

Methods

Between July and November of 2018, we contacted or attempted to contact WPC leaders from all 13 entities that identified CHWs in their WPC pilot applications in order to assess their progress in employing CHWs and interest in working with our team. We began by calling the contacts listed on the WPC applications for each entity. We also reached out to contacts from various counties that we made from our previous CHW work with BSCF. During outreach, we asked for information about the structure of and goals for their CHW program and offered assistance with identifying next steps to help strengthen their program.

After our initial round of outreach, we were often directed to others within the county who were better suited to respond to our inquiry. In several counties, we were unable to reach leadership and verify CHW workforce development activities. Four counties were further along in their implementation of CHWs compared to other counties; subsequently, there was not a clear TA opportunity for us or they had already secured TA assistance from other groups. Three counties originally indicated plans to employ CHWs, but had since revised their internal structure and either no longer planned to hire CHWs or were unsure of their potential capacity to employ CHWs. However, at least two counties still planned to employ CHWs and were in the early stages of developing their program, thus requesting assistance with early programmatic needs.

In addition to speaking with many county leaders, we also connected with leaders in the CHW field generally (i.e., were not directly affiliated with WPC) in an effort to learn more about the status of the CHW role, where the role is headed, and CHWs in the California context. We spoke with local educators at City College of San Francisco and Mission College; organizational leaders at the California Primary Care Association and the Center for Excellence in Primary Care; and a nationally recognized CHW expert that has been working with CHWs full-time for over 22 years.

Lessons from Outreach

During our outreach, we learned the following:

- Internal re-structuring and changes to programmatic priorities that occurred after original WPC application submission obscured CHW-hiring plans for some WPC participants
- Among WPC participants that had already started their CHW program or were soon-to-be starting a program, all programs were at different stages of CHW implementation and needed individual support
- WPC participants planning to employ CHWs usually had region-specific goals for CHW hiring, and target populations identified for CHW roles also varied (e.g., the homeless, those formerly incarcerated, emergency room high-utilizers)
- WPC participants identified a need for further evaluation support, including assistance with determining which metrics to measure and how to measure them
- WPC participants needed training, both for CHWs as well as for their supervisors
 - Training needs included: scope of practice (keeping within), trauma-informed care and self-care, navigating systems of care, health coaching, and health care team confidence and effectiveness (i.e., how to be an effective and confident health care team member)
- WPC participants needed more resources and opportunities for information sharing (i.e., many counties were unaware of other local or statewide programs that they could learn from)

County-Specific Work

At the end of our outreach efforts, we identified three counties with needs that could be met by our TA scope of work. The TA needs for each county were different, thus the type of assistance that we provided varied.

Monterey County

Working within this county was complex, partially because of the multiple CHW stakeholders in the area. At the outset, we identified the stakeholders that were most central to our CHW effort and connected with additional stakeholders to ensure that all efforts were aligned. We met with the Monterey County Health Department (MCHD) in-person and telephonically over a period of months to better understand the county's community of interest in CHWs, training capacity and needs, and employment opportunities. With MCHD, we determined that a convening would be most helpful to moving the county stakeholders to next steps. We co-hosted a CHW-convening with MCHD. The 2-day convening:

- Was held in May 2019 in Salinas, California
- Included 3 sessions with 3 different audiences:
 - General Session – for all CHW stakeholders in the greater Monterey area
 - Education Session – for local community college educators and administrators
 - MCHD Session – for MCHD employees
- All sessions were attended and informed by an invited, nationally recognized CHW expert who provided background on national CHW organizational efforts as well as statewide actions in hiring and training CHWs

At the end of the convening, a convening summary and a post-convening survey was sent to attendees of the general session. Survey respondents indicated that, after the convening, their knowledge of CHWs and their role(s) increased. Respondents recognized a lack of oversight coordinators and lack of state/organizational knowledge about CHWs as barriers to hiring. Respondents also requested several supports for CHW hiring, including additional funding mechanisms; free CHW workshops/trainings; summary documents explaining the value of CHWs; and continued communication and meeting time across and within organizations.

Attendees of the education session heard from a leading San Francisco City College CHW curriculum expert and learned about the elements needed to build a long-term, sustainable CHW program. The MCHD session ended with a brainstorming discussion that produced ideas about where to find additional funding and next steps to implement more CHW hiring in the county.

This county-specific and CHW capacity-developing convening was valuable because it brought together a variety of stakeholders to share needs, concerns, successes, and challenges, as well as identify next steps in furthering the CHW role, in the county. It also provided leaders across organizations with an opportunity to meet face-to-face to form stronger connections, which can further stimulate collaboration. Greater collaboration, including the potential creation of an on-going forum for CHW deliberations, is crucial to building a long-standing and sustainable CHW foundation within counties. Without the fiscal and collaborative support of colleagues throughout a geographical area, it can become overwhelming for individual efforts to flourish and survive long-term.

City of Sacramento

The City of Sacramento's WPC program primarily focused on its homeless population, and the CHW component was well underway. Sacramento's WPC initiative requested assistance with identifying resources for CHW training and obtaining "buy-in" for CHW roles from various stakeholders in the area. We first connected Sacramento to UCSF's Center for Excellence in Primary Care (CEPC) and their training options. To address Sacramento's need for assistance with obtaining stakeholder buy-in, we helped develop fact sheets to inform different stakeholder groups of the value of CHWs. We successfully developed the layperson fact sheet, although

there were challenges in developing additional, outcome-based facts sheets due to an embargo of evaluation data.

Santa Clara County

Santa Clara County Behavioral Health Services (SCCBH) requested assistance with identifying educational training tools and guidelines, particularly those that addressed CHW scope of work and “warm handoffs,” or the transition conducted in-person between two members of the health care team in front of the patient. We identified three resources that we thought could be of assistance to SCCBH as they continue to develop their CHW program. Additionally, we connected SCCBH to colleagues at Mission College so that SCCBH could work with Mission College and potentially inform their curriculum by providing context to real-world skillset needs for local CHWs.

Summary

Within the Whole Person Care initiative, community health workers are recognized as valuable contributors to improving the wellbeing of patients,² largely because the target population of WPC consists of individuals who need help outside the traditional bounds of the health care system. Across WPC-participating entities, we found that CHWs were employed for various reasons, such as supporting housing stability, re-integrating the formerly incarcerated, coordinating referral services, identifying community resources, assisting with medical and social services paperwork, scheduling medical and other social services appointments, conducting in-home and in-community visits, attending medical appointments, and overall, serving as an advocate for each of their patients.

Because CHWs are hired to assist with various services, it is not surprising that programs often requested assistance in different areas. However, the need for assistance with and access to training, particularly low or no cost training, was consistent across most WPC participants. While outside the scope of our project, it is crucial to recognize the importance of addressing this need in the future.

While Whole Person Care has provided an opportunity for its grantees to develop innovative models in care coordination, there is also potential for greater CHW employment outside of and beyond the pilot programs. Regions and organizations serving the underserved that did not apply for and/or did not receive WPC funding could also benefit from CHW employment. A unique aspect of the CHW role, and one responsible for its immense value, is CHWs’ ability to understand and thoughtfully respond to each patient’s particular circumstances and needs. This CHW skill demonstrates CHW hiring potential across almost any region or organization where there is a need to meet the health and social needs of difficult-to-reach populations.

Acknowledgements

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References

- 1 Whole Person Care Pilots. 2019; <https://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx>. Accessed October 9, 2019.
- 2 After Some Hurdles, California Whole Person Care Pilots Hit Stride. Vol 2019: Healthforce Center at UCSF; 2018.