POLICY BRIEF

Community Health Workers as Extenders of the Behavioral Health Workforce in Certified Community Behavioral Health Clinics

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Background

Community health workers (CHWs) are trusted frontline health workers who often live in or come from the communities they serve.[1] These community connections allow CHWs to provide support for hard-to-engage populations by liaising between patients and providers, in addition to advocating for patients' needs. Prior studies emphasize the importance of these providers in improving physical health outcomes and lowering healthcare costs for their patients, yet there is limited research on the roles CHWs fill in behavioral health care.[2,3] The increasing investment and implementation of the Certified Community Behavioral Health Clinic (CCBHC) model across the country presents opportunities to utilize CHWs to broaden behavioral health service availability.

Methods

A literature review was conducted to summarize existing literature on CHWs in the CCBHC setting. The literature was very limited, so an annotated bibliography of sources was created to supplement the literature review. Qualitative data were collected using a semi-structured interview protocol with variations for participants, depending on whether they were affiliated with a CCBHC, CHW, or state department such as a Medicaid office. The interview protocol was modified to include additional questions about CCBHC staffing when we learned that CHWs generally are not currently being employed in this setting.

In addition to 12 interviews, one focus group discussion was conducted with representatives from four CCBHCs in one state who were interested in sharing feedback collectively. Interviews were not transcribed verbatim, but the notes were organized into specific thematic categories to demonstrate commonalities, as well as highlight unique challenges faced by individual states and CCBHCs. Additional research was also conducted into the health policies governing Medicaid reimbursement and CHW certification in each state.

This study (HUM00211132) was deemed "not regulated" by the University of Michigan IRBMED.

Key Findings

Through interviews with stakeholders in eight of the ten CCBHC demonstration states, the key finding from this study is that CHWs are not currently commonly employed in the CCBHC setting. In several interviews, CCBHC staff were unfamiliar with the term CHW, and were unclear about the roles and qualifications of this workforce. All interviewed CCBHC staff noted that the role of peer support workers, and at times, case managers or care coordinators, may serve some similar or overlapping functions to the kinds of support CHWs would provide, but that none of their staff were certified CHWs. One CCBHC in Michigan reported that they did have one staff member with a CHW certification, but that individual was not employed as a CHW, or working in that capacity in their role at the CCBHC.

Additional findings were categorized into relevant themes that included: staffing challenges faced by CCBHCs, the use and impact of telehealth, underemployment or dissatisfaction among CHWs in behavioral health settings, issues of reimbursement, CCBHC requirements regarding staffing, and how CHWs may play a role in the CCBHC setting.

The CCBHC staff shared that they did see a potential role for CHWs, particularly within the realms of health education and care coordination. Interviewees from CCBHCs in Kentucky mentioned that smoking cessation and weight management are two frequent health needs they address with patients in their clinics, and CHWs could have the perfect skillset to review health education modules with these individuals and may be able to conduct patient follow-up services more frequently than other health providers working with those patients. Interviewees who were unfamiliar with CHWs expressed interest in the position, and after learning more about their qualifications, stated that this workforce could likely help with many integrated care components, particularly in warm handoffs to other care providers, following up with patients about their care plans, and connecting patients with complex care or social needs to services in the community.

Conclusions

Although CHWs are generally not currently being employed in CCBHCs, expanding funding structures and assessing CCBHC staffing requirements, including education levels, could create a path toward expanding the eligible workforce and help provide required CCBHC services. Expanding awareness about CHWs and their capabilities will also be important as systems focus on reimbursement and education requirements. Integrating CHWs into CCBHC workflows would not be a uniform process across all CCBHC demonstration states given differing Medicaid policies and CHW certification processes, but could have a significant positive impact given staffing shortages in behavioral health.

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