Supporting Community Health Workers to Enhance Effectiveness of Behavioral Health-Primary Care Integration

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Executive Summary

Background
In 2018, Northwest Regional Primary Care Association (NWRPCA) received a planning grant from the RCHN Community Health Foundation to identify key principles, current best practices, and workforce development requirements to support the involvement of Community Health Workers/Promotores/as (CHW/Ps) in behavioral health-primary care (BH-PC) integration at Community/Migrant Health Centers (C/MHCs).

Methodology
Methods included a literature review, focus groups, a survey, an advisory group, and informal conversations with colleagues around the country. Quantitative data was analyzed to produce frequencies and percentages for the group as a whole and for selected sub-groups. Qualitative data was analyzed using standard qualitative analysis techniques (i.e. a close reading of the notes and listening to audio recordings followed by the identification of key themes and sub-themes).

Findings

Awareness and appreciation for CHW/Ps in primary care
- There is a wide range of perspectives and models regarding CHW/Ps in primary care and behavioral health.
- There is general agreement that CHW/Ps have much to offer a stressed mental health system which often lacks cultural competence.
- Primary care and behavioral health providers need to develop a better understanding of the well-established scope of roles of CHW/Ps.
- There is lack of clarity about the value, impact and outcomes of CHW/P interventions.
- Lack of awareness about how CHW/Ps can complement other providers can lead to resistance to their integration.
- CHW/Ps are much more aware of what they bring to integration of BH-PC than are administrators and other providers.

CHW/P contributions to behavioral health
- CHW/P interventions have been associated with reduced stress and depressive symptoms.
- The relationship with the CHW/P is a key factor in promoting improvements in mental health and emotional wellness.
- CHW/Ps can enhance behavioral health services in C/MHCs through their holistic perspective, their strong relationship-building skills, and their understanding of the barriers inherent in the system.
- CHW/Ps increase access by creating bridges among communities and behavioral health services.
- CHW/Ps possess a highly developed understanding of the collective, holistic, culturally specific nature of mental health and emotional wellness.
• Addressing social determinants of health is at the core of CHW/P practice.
• Many of the activities in which CHWs already engage promote emotional wellness.
• CHW/Ps provide emotional support organically, in the midst of other activities.
• When adequately supported, CHW/Ps are uniquely positioned to promote emotional wellness and improve mental health.
• CHW/Ps tend to view behavioral health services as “very integrated,” likely because they facilitate integration on a daily basis.

**Pressing issues and barriers**
• CHW/Ps face a variety of barriers when they attempt to connect community members to behavioral health services.
• Even when CHW/Ps accompany community members to services, they often face racism, classism and other forms of discrimination.
• Existing training curricula lack focus on behavioral health.

**Improving CHW/P contributions to behavioral health**
• Allocating physical space to CHW/Ps promotes their integration.
• A variety of supports centering around pay, recognition, opportunities for advancement, and supportive and trauma-informed supervision are essential for the success and retention of CHW/Ps.
• In order to benefit fully from the presence of CHW/Ps, systems must engage them as trainers and leaders.

**Recommendations**
Based on the findings in this report, taking the following steps can help to assure that CHW/Ps can make an optimal contribution to the integration of behavioral health services in C/MHCs:
• Provide ongoing education to all members of the primary care and behavioral health team about the well-established scope of roles of CHW/Ps, their value and impact in primary care and behavioral health settings, and how they can complement the work of other providers.
• To enhance their effectiveness, improve recruitment, training and supervision of CHW/Ps in C/MCHs.
• Recruit CHW/Ps as supervisors for other CHW/Ps, and provide training for supervisors about the CHW/P model and reflective and trauma-informed supervision.
• Allocate physical space to CHW/Ps in clinics to communicate value and increase visibility and accessibility.
• Create opportunities for CHW/Ps to educate other providers about a range of topics related to community wellness and behavioral health.
• Provide training and professional development opportunities for CHW/Ps, particularly in areas of mental health (e.g., mental health first aid, motivational interviewing).
• Advocate for funding models, including reimbursement for CHW services, that recognize CHW/Ps as essential members of the primary care team.