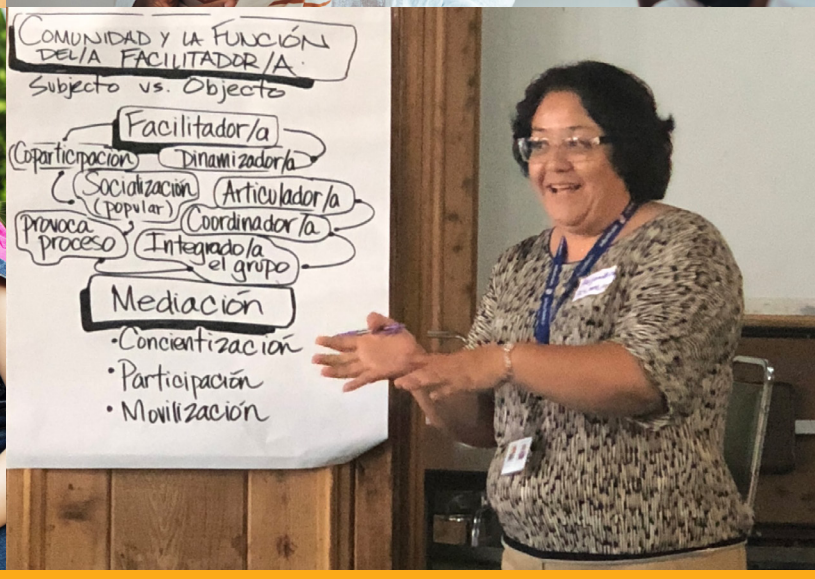

Community Health Workers Advancing Child Health Equity: Part II

The Children's Partnership
CHILDRENSPARTNERSHIP.ORG

FIRST 5 CENTER FOR CHILDREN'S POLICY
FIRST5CENTER.ORG

May 2024

Introduction

Advancing health equity for children requires a community health workforce that reflects the multidimensional aspects of child development, from prenatal care to adulthood.

Community health workers, promotoras and representatives (CHW/P/R) are an anti-racist solution in health care delivery for children, serving as a conscious and deliberate effort that seeks to address and eradicate historic and present marginalization and inequality impacting BIPOC communities. In doing so, community health workers deliver services in a more culturally responsive manner and offer a path forward toward reimagining health care.

As outlined in the 2021 brief by The Children's Partnership, CHW/P/Rs improve the health of children, particularly children of color, by connecting families to information, care and services while simultaneously improving the systems and conditions that determine health and well-being. CHW/P/Rs build capacity across all levels of the social ecological-model providing support at the individual, community, organizational and system/policy level.[1] However, the ability to maximize the opportunity CHW/P/Rs provide for child well-being rests in the successful integration of CHW/P/Rs — a community-led, anti-racist approach to care delivery — into an overmedicalized health system too often focused on profits.

The state of California has made important strides to strengthen Medi-Cal and advanced efforts to center the contributions of community health workers as essential to greater reforms in health care delivery. As California looks to advance the integration of community health workers, the state must seek to create a coordinated system of programs, policies and services that promotes prevention and early intervention in order to support the healthy development of, and respond to the needs of, children and their families. This brief presents 12 programs utilizing community health workers to support the health and well-being of families with children in different regions of the state. Each snapshot of the programs discusses practices related to equitably serving families and offers strategies to help policymakers in California ensure children, particularly those from marginalized communities, are safe, healthy and ready to learn. Reflections from program administrators offer recommendations for future changes that need to be made to strengthen CHW/P/Rs in California's health care system.

> *"The [CHW/P/R] model was founded, developed, and has existed for many years to bring social justice. This system belongs to the community and was created to change systems, not to please systems. So whoever wants to run this model needs to understand this. Whoever is selected to do this work has to have that calling, right? 'I'm going to influence and change systems,' that mentality, to want to change the system and challenge the paradigm."*
>
> — Alex Fajardo, El Sol Neighborhood Educational Center

Defining a Community Health Worker

Photo courtesy of El Sol Neighborhood Educational Center

There are myriad terms used to describe individuals who are part of a community health workforce. These include promotores de salud, community health workers, doulas, community health advocates, community health aides, community health representatives, barefoot doctors, peer counselors, peer specialists, peer support professionals, patient navigators, home visitors, outreach workers and relational care coordinators, among others.[2]

In support of the work of the California Community Health Workers, Promotoras, and Representatives Policy Coalition, this brief uses community health workers, promotoras, and representatives (CHW/P/R) in reference to this wide category of a community-based workforce who protect and promote the health of their communities.

Community health workers, promotoras and representatives (CHW/P/R) are individuals who work in the community they come from and have an intimate understanding of the communities they serve through shared ethnicity, culture, language or life experiences.[3]

According to the National Association of Community Health Workers and the American Public Health Association, "[c]ommunity health workers (CHW/P/Rs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHW/P/Rs 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. CHW/P/Rs also build 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."[4]

Defining a Community Health Worker, con't

> *[The] same things that make them effective is [the] same thing that haunts them — the trauma and life experience [are what] makes them so effective at empathy and connection with the patients."*
>
> — Dr. Juan Carlos Belliard, Loma Linda University

Many individuals working as CHW/P/Rs identify with their role as a vocation.[5] With this lens, what makes a community health worker is not just the services and support they deliver but also the deep personal commitment to health equity and community transformation. They not only support individuals but also mobilize communities to create healthier neighborhoods and advocate for their community's well-being.

Although some of the community health workforce described in this brief are community health workers/promotoras in this sense, others may not embody this identity. It is important to preserve and honor this workforce and tradition while also exploring how changes to care delivery, including new Medi-Cal benefits designed to reimburse services delivered by non-licensed staff in a community setting, can be leveraged for multiple programs and provider types that serve children and their families.

Photo courtesy of Para Los Niños

> *Our health care delivery system is designed to center the MD role and the associated ICD 10 billing codes. We are learning more and more that a 20 minute MD visit is not nearly enough to capture a patient and family's holistic needs. As physicians, we are ready to take a step back and create space for additional team members equipped with the training and lived experience to address a range of supports and resources, however the reality is our health care system and health insurance plans have not yet found a way to support those additional players in a meaningful way. There's so many other people, places and ways to support our families outside of the MD and we are eager in the clinical space to invite those players in."*
>
> — Dr. Neeti Doshi, Zuckerberg San Francisco General Hospital

CHW/P/R Policy in California

> *We believe the main role of CHWs is developing and forming strong relationships with the community. It's not about having a diploma, it's not that they speak English, it's not DACA documentation. It is about if they are interested in developing their community. A Provider can do a class but if the community doesn't see a sincere person, their response will be 'they don't live in my community, they don't understand me or what I am going through.' The class or intervention isn't going to be effective. But if the community sees this is a person who is from their community, this person understands what we are going through, this person cares about us, the community would listen to them."*
>
> — Alex Fajardo, El Sol Neighborhood Educational Center

Setting a vision for more racially just care

Under the administration of Governor Newsom, various initiatives have sought to improve the delivery of health care for California's children and families.

There is a continued commitment from leaders at the California Department of Health and Human Services as agencies seek to implement ambitious plans, such as the Department of Health Care Services' (DHCS) "Comprehensive Quality Strategy" (CQS), which outlines some of the ways in which it intends to improve care and reduce racial and ethnic disparities for 15 million Medi-Cal enrollees, the vast majority of whom are people of color.[6]

Published in 2022, the CQS outlines DHCS' "Bold Goals: 50x2025" initiatives with specific strategies meant to address health inequities impacting children and families enrolled in Medi-Cal that were highlighted by the California State Auditor in 2018 and 2022, including (1) closing racial and ethnic disparities in well-child visits and immunizations by 50%, (2) closing maternity care disparity for Black and Native American persons by 50%, (3) improving follow-up for mental health and substance use disorder by 50%, and (4) ensuring all health plans exceed the 50th percentile for all children's preventive care measures.

Similarly, "Medi-Cal's Strategy to Support Health and Opportunity for Children and Families" commits to further integration of existing and new child and family health initiatives and strengthening DHCS' accountability and oversight of children's services for the more than 5 million children enrolled in Medi-Cal.[7]

Putting a vision into practice

> *CHWs are not seasonal – what we propose is to ensure there is a finger to the pulse of the community. Instead of occasional surveys, this [brief] offers a live real-time assessment of what is happening in the community...This has been more transformational and reduces the potential for tokenism and translational relationships with people and communities."*
>
> — Carlos M. Arceo, Para Los Niños

In support of these strategies, over the past few years, the California Advancing and Innovating Medi-Cal (CalAIM) initiative has sought to advance a set of reforms to expand, transform and streamline Medi-Cal service delivery and financing. There are a number of initiatives under the Medi-Cal transformation umbrella, including those under the CalAIM waiver, that seek to better meet the needs of Californians by requiring managed care plans to simplify and streamline access to health care, including supporting nonclinical interventions to address health-related social needs and strengthening partnerships with community-based organizations (CBOs) and providers.[8]

A key initiative of CalAIM is DHCS' Population Health Management (PHM) program, which is designed to proactively assess and address the care needs of Californians enrolled in Medi-Cal with tailored interventions for children, their parents, pregnant persons, elderly and other adults, and people with disabilities.[9] Starting in 2023, all managed care plans are required to meet the National Committee for Quality Assurance's standards for Population Health Management as well as additional DHCS statewide Population Health Management standards. In addition to stratifying the health risks of the Medi-Cal enrollee population, these standards require that plans effectively manage all enrollees by keeping members healthy via preventive and wellness services, and assessing and identifying member risks to guide care management, care coordination, and care transition needs. Community health workers serve as critical partners in connecting enrollees to the necessary care and support across multiple delivery systems (e.g., physical, behavioral health, pharmacy, dental health, human services and more), including as part of the Basic PHM program and more.

Photo courtesy of El Sol Neighborhood Educational Center

> *The PLN & CHLA Promotora Program has an 80% success rate with patients who engage with a promotora getting connected to services, and that statistic has been consistently above 70% since the beginning. It is such a huge testament to the trust PLN Promotores have built and it is amazing to watch the program grow."*
>
> — Dr. Mona Patel, Children's Hospital Los Angeles

An integral component of DHCS' PHM program under CalAIM is Enhanced Care Management (ECM), "a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of [Medi-Cal enrollees] with the most complex medical and social needs.[10] ECM provides systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered."

In alignment with a traditional medicalized definition, pregnancy is considered a complex medical condition, and these additional enhancements to Medi-Cal have been made to reform the program's attention on birthing people. For example, ECM services in support of birth equity include connecting the pregnant or postpartum individual, their partner, and/or their family with resources tovsupport the birthing person's health and newborn or infant's health, including community supports, such as coordinating the transition from hospital to home, system navigation services, and social support services — services that CHW/P/Rs are proven to provide and, in doing so, improve health outcomes and reduce disparities.

> *"Since Feb 2022 our Homeless Prenatal Program (HPP) CHWs, which we call Support Sisters, have served 297 pregnant and postpartum individuals at SF General Hospital. The preliminary findings from our 2023 data review shows out of 297 patients who came through HPP CHWs, 215 (72%) received tangible items such as baby food, clothes, care items, car seats, etc. 20% enrolled in at least 1 HPP course or group offered onsite through the CBO such as prenatal or postpartum support or parenting class.*
>
> *Our CBO told us doing HPP client intake onsite as part of the clinical visit definitely helped improve timely access to services."*
>
> **— Dr. Neeti Doshi, Zuckerberg San Francisco General Hospital**

DHCS has made clear that central to the work toward building a "Healthy California for All" is a focus on supporting a community health workforce through doulas, peer support specialists, care managers, and community health workers, amongst others, and ensuring that individuals are able to access culturally relevant care in their communities through their Medi-Cal coverage. To do this, multiple new Medi-Cal benefits were created. In July 2022, California added community health worker services as a Medi-Cal benefit. Shortly thereafter, doula services were added as a covered benefit in January 2023. In July 2023, an ECM benefit for children went live, creating a pathway for children with complex needs to receive community-based care management services.

New Medi-Cal community health worker benefit

In particular, the new community health worker (CHW) benefit signals a strong commitment toward valuing the contributions of a community health workforce and provides an opportunity for multiple different types of community providers to leverage Medi-Cal.

Photo courtesy of El Sol Neighborhood Educational Center

Medi-Cal

This benefit allows for Medi-Cal to reimburse for services delivered by community health workers, promotoras or other community-based providers. Covered services include health education, health navigation, screening and assessment, and individual support or advocacy and can be delivered in the community, outside of health care settings.

The focus of the benefit is prevention, and eligibility to receive CHW/P/R services is broad. Eligible individuals include Medi-Cal beneficiaries with unmet health-related social needs, such as those who have needs related to housing, who have exposure to trauma, who would benefit from preventive services, or who need support in health system navigation. Given the low rates of preventive care access among children in Medi-Cal and how complicated health and social service systems can be to navigate in California, most children, especially young children, with Medi-Cal coverage are eligible for CHW/P/R services.

Different programs and settings can leverage the CHW benefit. The benefit is flexible, eligibility is broad, and because it is an entitlement to any eligible Medi-Cal beneficiary, funding is not capped. However, as stakeholders, especially those not in traditional medical settings, have tried to access the benefit, numerous challenges have emerged. For example, while California set aside $91 million in the 2023 budget and the 2024-25 Governor's Budget for the CHW benefit, the state spent less than $1 million on this new benefit and served less than 6,000 Medi-Cal members as of the end of January 2024.

Challenges with certification

As work to advance the benefit moved forward, challenges emerged with the process for creating a state certification program.

Led by the Department of Health Care Access and Information (HCAI), the program was intended to outline the statewide requirements for CHW/P/R certification. At the same time, the program intended to elevate the professional status of CHW/P/Rs in health care settings while also providing greater awareness of CHW/P/R services. However, the merits of certification are still under debate. Underlying the concerns with a lack of certification is a health care system rooted in white supremacy that resists recognizing the value of lived experience and instead places more credit to formal education and training. Although HCAI outlined a plan to provide a "CHW Experience Pathway" for existing workforce to obtain state-issued certification without additional training, it anticipates closing this option in 2029.[11]

As outlined in the American Public Health Association's (APHA) policy on CHW/P/Rs, there is a growing understanding of how today's health care system and public health policies have failed to address structural violence and have contributed to inequities in our public health and health care systems by focusing on "partnerships that have prioritized (through funding, coordinated messaging, and staffing) large health care institutions over community-based organizations and trusted messengers in the community" as well as "an overemphasis on medical care, rather than addressing social drivers of health rooted in structural racism and structural violence."[12] The state recently had to pause the development of the state certification process to address important questions and concerns raised by the broader stakeholder community, namely CHW/P/Rs themselves — an important recognition of the continued work that needs to be done to ensure a strong CHW/P/R program. HCAI is hosting community dialogue sessions on this topic through spring 2024.

This process has created confusion for CHW/P/Rs and organizations interested in leveraging the Medi-Cal CHW benefit. It is important to note that the benefit is still live during the certification pause. CHW/P/Rs can be reimbursed if they meet qualifications outlined in the CHW Provider Manual, including lived experience that aligns with the community being served and prior work experience or certification.[13]

> *The CHW benefit is something that we are exploring as we talk about sustainability. Right now our Family Partners (FP) and the services they deliver, whether through the pilot project or HRSA, are completely grant funded. The CHW benefit does not prevent or hinder us from delivering services. With that being said, we are exploring how a FP aligns with what a CHW does, and we are doing a crosswalk to see if the DHCS definitions align with how ENRICH envisions our FPs to operate and practice.*
>
> *We have toyed around with the idea of looking at CHW pathway and certification pathway for our FPs so they can be reimbursed. Our question is how can DPH play their part in health payer systems and make sure there is advocacy in the CHW benefit?"*
>
> — Amber Guerra, ENRICH

Difficulties in shifting care delivery

The success of this benefit for children, both in access and promoting health equity, relies on the ability of Medi-Cal managed care plans to integrate a culturally, racially and linguistically relevant CHW/P/R workforce into their provider networks.

However, CHW/P/Rs do not need to become licensed Medi-Cal providers and contract directly with managed care plans. Instead they can be supervised by a licensed Medi-Cal provider, called a "supervising provider," who is responsible for submitting claims and overseeing services delivered. A community-based organization can become a Medi-Cal provider and act as supervising provider for this benefit.

Enrolling community-based organizations as Medi-Cal providers represents a significant shift in health care delivery. It allows CHW/P/Rs to leverage the benefit while continuing to work in community settings and allows families to access care with providers and organizations that they trust and know. However, many CBOs are not readily equipped to become Medi-Cal providers. Contracting with a health plan and billing for medical services requires a cultural and operational shift that can be both daunting and costly for an organization.

> *"What makes reimbursement complicated is when organizations don't have access to a physician who can sign off, which then means CBOs are left in the water for being reimbursed to provide the CHWs for their services. This is currently a major challenge in school districts with CHWs employed by CBOs. Once the [health care] system figures out the reimbursement intricacies it can trickle to the school based side, but we can't participate until that happens because so many of these issues in hospitals need to be resolved before the benefit and reimbursements are possible for school based CHWs."*
>
> — Cristie Granillo, Loma Linda University

Similarly, Medi-Cal managed care plans are not prepared to support CBOs in navigating this process or create CBO-specific processes when appropriate. Community organizations may be asked to follow steps and sign contracts that are neither fully relevant to them nor designed for medical providers or facilities. This can deter community organizations from engaging in the benefit, especially if they cannot afford health care and legal consultant support. This is particularly true for organizations led by individuals from historically marginalized communities, who may be more cautious in taking actions that could put themselves or their organizations at risk due to a history of state-sponsored social segregation, physical oppression, political subjugation and economic exploitation.[14]

Child-Centered CHW/P/R Programs in California

Photo courtesy of El Sol Neighborhood Educational Center

1. El Sol Neighborhood Educational Center

Since 1991, El Sol Neighborhood Educational Center (El Sol) has served vulnerable communities in California's Inland Empire, with an emphasis on monolingual Spanish speakers, immigrants and residents with limited-english proficiency. El Sol offers technical assistance on the development and implementation of CHWs and promotores (CHW/P/Rs) training and interventions, including identifying and targeting community health priorities.

El Sol's CHW/P/Rs are trained members of the community who demonstrate leadership potential and a desire to make a difference in their communities. CHW/P/Rs are trained to strategically provide community members with health outreach, education and referrals to basic and preventive health and social services. The resulting understanding, rapport, trust and deep cultural awareness allows El Sol's CHW/P/Rs to communicate in ways that are most meaningful and impactful for the people they serve.

El Sol is currently assessing the viability of the 2024 CHW Medi-Cal benefit, focusing on its sustainability and alignment with its community-focused approach. One primary concern is the emphasis on reimbursement rather than holistic care, which is a core value for El Sol's CHW/P/Rs. Another highlighted challenge is the limited number of reimbursable services, which fail to cover essential aspects of CHW/P/R work beyond basic services and mere service provision. Finally, the organization has noticed a recent pattern of individuals outside the CHW/P/R field seeking training to become CHWs in order to capitalize on the new CHW benefit as a financial incentive. El Sol is concerned this new attention might undermine the true mission of CHW/P/Rs.

2. Strong Healthy and Resilient Kids (SHARK) Program

LA County Department of Public Health

Based at the LA County Department of Health Services (DHS) Rancho Los Amigos Medical Center, the SHARK (Strong Healthy And Resilient Kids) program provides trauma-informed primary care to children with complex medical needs who have also reported exposure to adverse childhood experiences (ACEs). For example, a SHARK patient might be a child who has autism and whose family experiences food insecurity and unstable access to safe housing. The SHARK team's focus would be to support access to services for autism as well as connection to resources such as food and safer housing. Prior to the creation of SHARK in 2019, there was no county-wide model for providing trauma-informed, culturally responsive care for children identified as having developmental delays or behavioral challenges who have also experienced ACEs.

SHARK has provided medical assessments and referrals since its launch, and in 2022, SHARK launched a CHW pilot program to improve timely access to needed services, ranging from visits to medical specialists, mental health services, and diagnostic tests for autism or hearing loss to referrals for education support and other community programs designed to support children with complex medical, behavioral and social needs.

Since adding CHWs to the SHARK Clinic, capacity has increased from 30 to 60 new cases per month, dramatically increasing access for children in DHS. Over an 18-month period, 402 children have been served through the CHW pilot. More than 60% of patients enrolled were identified as needing support with service linkages. CHWs in the program spent an average of 229 minutes with patients, and all patients received needed service linkages. Among the highest-need patients (approximately 5% of those referred), CHWs provided intensive support in the form of weekly check-ins. Service linkages included referrals for specialty mental health care, educational assessments including Individualized Education Plans (IEPs), referrals to regional centers, and referrals for Health-Plan-supported autism services (ABA therapy). The average time to services was 26 days — and many patients had waited years with no access to these services prior to enrollment. Early analysis of the CHW pilot has identified that approximately 25% of children achieved "meaningful reduction in symptoms" or met their care goals in the three months after enrollment. Because of the SHARK CHW program interventions, children with ACEs are getting connected to the services they need and are experiencing improvements such as better sleep, less anxiety or relief from bullying.

The SHARK Clinic's CHW pilot program has also examined potential revenue from CHW services. Despite demonstrating that incorporation of CHWs into clinic workflows is feasible and supports timely access to services, preliminary data related to CHW activities and patient enrollment has confirmed that the reimbursement rates for CHW patient encounters does not come close to fully funding the salary and benefits for a full-time CHW. The evaluation team identified a $24,000 gap to fill after maximum billable hours have been claimed.

Part of SHARK's success in expanding patient access has been through its carefully implemented virtual visits, but this effort falls outside of the benefit's reimbursement for "face to face" CHW visits, putting the program in the tricky position of choosing patient access or CHW financial sustainability. Funding for CHWs (SB 803) began in January 2022, but it has not yet actualized. The SHARK Clinic currently has grant funding for its pilot and some additional funding to bridge over the next six months. However, the program will sunset if there is not adequate reimbursement available to support CHWs.

The SHARK pilot supports the positive impact of CHWs on the health and well-being of children with complex medical and behavioral conditions in the context of high social needs and ACEs. Its success highlights the importance of adding reimbursable CHW services to Medi-Cal clinics and programs as a mechanism for reducing health inequities. Its challenges also highlight the need to expedite implementation (by creating pathways for CHW "certification" for billing, for example), to clarify billable services (with consideration of telehealth visits), and to reexamine reimbursement rates to ensure that implementation is feasible in settings where grant funding is not available.

3. Children's Hospital Los Angeles

Children's Hospital Los Angeles (CHLA) initiated its promotora program in partnership with Para Los Niños (PLN), with four promotores working alongside the hospital's social work team in 2022. Today, the program continues to operate, serving as the foundation for subsequent developments within Children's Hospital Los Angeles' CHW/promotora model.

Since the initial partnership with PLN, the hospital has now established an internal CHW/P/R team, with one CHW focused on Medi-Cal enrollment and piloting social needs screening and assessment in one of its clinics. With the launch of Enhanced Care Management (ECM) and California Advancing and Innovating Medi-Cal (CalAIM), the hospital expanded its CHW team to 12 full-time members, who are integrated across different clinics and specialty care centers. These CHWs collaborate with Para Los Niños and also work independently, extending their reach to areas like the Foster Hub and youth services. The partnership between the Children's Hospital Los Angeles and Para Los Niños remains strong, with both teams leveraging each other's resources and expertise.

CHLA is exploring the utilization of the 2024 CHW Medi-Cal benefit as a funding source and has already established funds allocated for startup costs. Despite challenges in coding and billing, CHLA has an advantage as an established health care entity over other community-based organizations because it has the infrastructure and experience to bill Medi-Cal for services. The challenge in the integration process for CHLA arose during the integration of CHWs into the health care delivery model. Full integration of CHWs required a paradigm shift from hospital administrators and staff recognizing social drivers of health as key factors in the health, functioning and quality-of-life of patients. It also required an understanding of the role CHWs play in meeting patients where they are and being able to close the gaps in service provision to achieve equitable patient care. Training and redesigning health care systems are essential aspects of this integration effort. Despite initial resistance, there's now a concerted effort to fully integrate CHWs into clinic schedules and workflows, highlighting the evolving support for CHW integration within health care settings.

4. Loma Linda Institute for Community Partnerships — CHW Integration Program

Over the last century, Loma Linda University Health (LLUH) has introduced innovative solutions to enhance community health, and the Institute for Community Partnerships (ICP) continues this strong legacy by facilitating community-based research, service learning and overall community engagement initiatives. Through collaborative efforts with partners, the institute focuses on understanding and addressing community needs and assets through research, teaching and service-based learning activities. Community participation is at the core of its approach, with structured learning opportunities for underrepresented minority students, training programs for community health workers, and various community research projects.

Loma Linda University Health's ICP collaborates with CHWs and CHW-based organizations to address health and wellness concerns and workforce development in the surrounding communities. Positioned strategically throughout San Bernardino County, LLUH CHWs serve diverse populations including at-risk infants, individuals with diabetes, homeless individuals and those lacking access to mental health services. ICP partners with community-based organizations and other entities like El Sol Neighborhood Educational Center and FIND (Food in Need of Distribution) Food Bank to address community needs, such as census work, Medi-Cal enrollment, emergency preparedness and mental health programs. The program's CHWs are integral to outreach efforts in local school districts and the CHW Integration Program strengthens community bonds and provides essential guidance on program development. Collaborations extend to departments within Loma Linda University and San Bernardino County to enhance enrollment efforts and support CHW initiatives.

Loma Linda University, in partnership with Inland Empire Health Plan, is in the early stages of billing CHW services for reimbursement. The program has identified early challenges and concerns in both hospital and school settings. Some of these include difficulty with the unique Medi-Cal CHW reimbursement codes, the surge in interest in hiring CHWs for non-CHW roles to receive reimbursement, and the inequitable struggles community-based organizations without a licensed, approved supervising entity face in receiving reimbursement for their CHW services. This last example is particularly common in school settings. Additionally, there is a need to understand how individual CHWs, such as doulas, benefit from reimbursement, and guidance from Medi-Cal is crucial before organizations and individuals can move forward with leveraging the benefit effectively. The CHW care model is more closely aligned with a value-based health care model rather than fee-for-service, and these concerns stem from a lack of understanding of the needs and scope of the CHW workforce and the communities they serve. Overall, communication, alignment with billing procedures, and understanding the unique nature of CHW roles within the health care system are essential for successful equitable reimbursement and utilization of CHWs' services.

5. First 5 Yolo County's Welcome Baby Program

Since 2022, First 5 Yolo County has contracted with community-based partners, CommuniCare+OLE and Yolo County Children's Alliance to deliver the high-quality, direct services of Welcome Baby. Welcome Baby is a maternal/child health equity, home-visiting program where families receive physical health assessments, lactation consultation, mental health screenings, parenting information, and connections to community resources from two providers: first a Welcome Baby Nurse Home Visitor makes a home visit within one to two weeks postpartum and then a community health worker makes up to two subsequent home visits. The postpartum home visits with a nurse address maternal and infant health disparities by supporting early detection of physical and mental health issues, offering lactation support, and connecting families more immediately to needed medical and community resources. The community health worker provides culturally and linguistically relevant services, helping families access a range of community supports and offering access to more intensive home-visiting programs, as appropriate. Welcome Baby also provides health literacy materials and education to empower families in their own care. Increasing health literacy, especially in low-income families, is critical to empowering families to become more knowledgeable and active participants in health care decisions, thereby promoting more equitable health outcomes.

Welcome Baby visits can be in the family's home or a safe location of their choice. Welcome Baby assesses families for immediate medical and social service needs, connects families to their Medi-Cal homes, coordinates care by networking multiple medical systems, and improves well-child visit rates for newborns and postpartum visit rates for birthing individuals. Welcome Baby is a proactive prevention strategy designed to mitigate exposure to toxic stress and is more broadly available to all Yolo County families with Medi-Cal or who are uninsured, helping to reduce stigma for services.

First 5 Yolo County coordinates Welcome Baby with funding from First 5 Yolo County, County of Yolo, local city American Rescue Plan Act (ARPA) funds, and other local funding. First 5 Yolo County is also actively working towards becoming a supervising provider with the Medi-Cal managed care plan, Partnership Health Plan, for the CHW benefit. It will bill the CHW benefit for both the nurse and the CHW staff time. As supervising provider, First 5 Yolo County will take on administrative, coordination and billing responsibilities to help sustain Welcome Baby.

6. First 5 Santa Cruz County's Baby Gateway Newborn Enrollment Program

First 5 Santa Cruz County works to improve coordination across systems of care and increase access for young children to the health services they need to be ready to succeed in school and life. Since 2009 First 5 Santa Cruz County has coordinated the Baby Gateway Newborn Enrollment Program, which supports families and their newborns at three Santa Cruz County hospitals. Before leaving the hospital, families are visited by a bilingual newborn enrollment coordinator, who provides a wide array of resources, support and connections:

- Medi-Cal enrollment assistance (when eligible) and link to a medical home for the newborn.
- Support in making the first well-visit appointment.
- Adding the newborn to the family's existing CalFresh case.
- Resources to apply for WIC.
- Connection to Ventures' Semillitas program, an automatic college savings account, which makes an initial seed deposit at birth for all Santa Cruz County newborns as well as additional payments linked to medical and dental health milestones and participation in parent education classes.
- Connection to the Santa Cruz County Office of Education, allowing them to establish a Statewide Student Identifier (SSID) for newborns, creating a connection at birth to California's public education system.
- A First 5 California Kit for New Parents.

Through these efforts, Baby Gateway increases access to health care for newborns and facilitates connection to critical supports for their families. The program alleviates some of the stress families can face when trying to enroll in multiple services for their baby. Baby Gateway is financially supported in part by Kaiser Permanente Northern California Community Benefits Program, Sutter Maternity & Surgery Center of Santa Cruz, and Dignity Health, Dominican Hospital. Although First 5 Santa Cruz County is not currently leveraging Medi-Cal for Baby Gateway, the program has garnered interest from the local Medi-Cal managed care plan due to the positive outcomes associated with participation.

7. Early Needs Response to Infant and Child Health (ENRICH)

Department of Public Health (DPH), County of Los Angeles

In 2022, as a part of Public Health Week, the Los Angeles County Department of Public Health (DPH) launched Early Needs Response to Infant and Child Health (ENRICH), a model of peer-to-peer support in which highly trained and life-experienced "Family Partners'' assist parents and caregivers of children with mild to moderate developmental delays navigate health resources and education support. ENRICH fulfills the county's and DPH's commitment to a community that has been disproportionately threatened by environmentally hazardous conditions, is subjected to racial inequities, and suffers from significantly worse health outcomes. The resulting health inequities are directly linked to the social, economic and environmental disadvantages faced by East LA residents every day. ENRICH also encourages health care providers in the area most impacted by Exide's — an LA-based lead acid battery recycling plant — environmental waste to screen younger patients for developmental delays, a common consequence of environmental toxicity. Since its launch, ENRICH has found success getting families connected and utilizing services and has assisted in the enrollment of 1,136 East LA families to date, far surpassing its target. It has secured funding through HRSA to expand into five additional counties, demonstrating its solid, evidence-based approach.

The ENRICH program supports families through two channels: the community and the practice. Families engage via internal referrals from CHLA physicians or through community partners like Help Me Grow and family resource centers. The Family Partners (FPs) in the program, synonymous with parent navigators, emphasize navigation over direct service delivery, distinguishing them from CHW/P/Rs. FPs are selected based on their lived experiences navigating health care, mental health and education systems. While CHW/P/Rs may focus on service delivery, FPs offer a dual role of service delivery and empowering parents to advocate for their children beyond medical settings. Furthermore, the program's success in connecting families to services underscores the effectiveness of the Family Partner intervention. Despite initial uncertainties about adopting a new model, the program's evidence-based approach has proven to be robust, effective and scalable.

At this time, the program's FPs and their services are fully grant funded; however, it is considering the definitions of a CHW provided by DHCS and investigating how the role of a Family Partner aligns within the definition of the CHW Medi-Cal benefit. ENRICH is in the early stages of forming an advisory board to address potential barriers and challenges and explore this alignment before moving forward or having its FPs pursue DHCS certification pathways to be reimbursed. The program aims to engage various agencies and stakeholders to define the CHW benefit, its codes and how it aligns with FPs. The ultimate goal is to determine the best direction for the program's sustainability, drawing insights from other similar initiatives in different states and counties.

8. Homeless Prenatal Program CHWs

Zuckerberg San Francisco General Hospital

The Homeless Prenatal Program (HPP), founded in 1989, is a nationally recognized family resource center in San Francisco. It serves over 3,500 low-income and homeless families annually, focusing on social determinants of health to empower parents and children. Currently, 92% of HHP's families are people of color, including 48% Latine and 29% African American/Black, and 66% are families with children 5 and under or pregnant clients. The organization has received numerous accolades, including "Nonprofit of the Year" by the San Francisco Chamber of Commerce in 2022. HPP promotes healthful living through services targeting healthy pregnancies, safe housing, nurturing relationships, and family stability and self-sufficiency.

HPP is committed to its community as its workforce employs former clients and community members, with over half of its 125+ staff coming from the community or having graduated from its Community Health Worker Apprenticeship Program. This program trains its CHWs with two main values in mind: the CHW workforce must reflect the community being served, and they must be able to utilize their own lived experience to meet their patients' unique needs for culturally competent care. In partnership with the Solid Start Initiative at Zuckerberg San Francisco General Hospital, the city and county's safety net hospital, HPP began its pilot program in January 2024. Through this program, HPP's CHWs meet with patients during their initial OB intake and perform psychosocial screenings for families to identify potential points for CHW intervention. These interventions include support for crisis management, emergency support, housing assistance, and individual therapy as well as parenting classes, fatherhood services and children's playgroups.

Despite the acknowledgement of the benefit, there is a sense that it falls short in addressing the profound needs of marginalized communities and navigating health care complexities effectively. Additionally, there is early frustration over the limitations of the reimbursement system, as it doesn't adequately account for the holistic and time-intensive nature of CHW work, especially in addressing sociocultural factors in health care. Early data from UCSF shows most patients coming through the HPP program engage with health care for the first time during pregnancy. The CHW intervention often starts from scratch by exploring how the patient can use health care, including explaining how to navigate the Medi-Cal system moving forward for both themselves and their child. Hospital data reveals these conversations between patient and CHW average 90 minutes, while Medi-Cal only reimburses 30 minutes of face-to-face time with a CHW. Further CHW interventions in the HPP program include housing, crisis and food assistance, none of which can be reasonably accomplished in a strict 30-minute timeframe. The value Medi-Cal placed on CHW services, both in terms of time and monetary compensation, is perceived as insufficient given the systemic biases and complexities within the health care system and the needs of the populations they aim to serve.

9. First 5 Monterey County's Strong Start Partnership

First 5 Monterey County's Strong Start Partnership offers services to families that have been put in vulnerable circumstances. These circumstances may include high rates of food insecurity, high cost of housing (leading to overcrowded housing conditions), racial injustices, and exposure to adverse childhood experiences. The Strong Start Partnership works with families to overcome systemic barriers to enhance their access to culturally responsive resources, programs and services through community-based coordination, collaboration and integration. Specifically, care coordination services welcome families by listening to the immediate challenge they are facing and building a relationship with them to understand the "big picture" of their history, context and strengths. As appropriate, care coordinators support access to basic services including public social services such as Medi-Cal, CalFresh, Section 8 housing and CalWORKs.

Care coordinators have lived experience as a parent/caregiver to children prenatal to age 5 and are from the communities they serve. Several also have experience as parents of children with special needs, are English-as-second-language speakers, or have other shared experiences. Some care coordinators, especially those serving indigenous Mexican families, speak several languages, including Triqui, Mixteco and Zapoteco.

First 5 Monterey County serves as the "supervising provider" for the Strong Start Partnership and has subcontracts with two lead partners, GoKids, Inc. and Door to Hope, that provide care coordination services directly to families and children. First 5 Monterey County supports these partners with policies, protocols, Continuous Quality Improvement analysis, and countywide coordination, including leading a learning community for care coordinators.

First 5 Monterey County has been working closely with the Medi-Cal managed care plan Central California Alliance for Health (CCAH) to become a supervising provider for the Medi-Cal CHW benefit. For over three years, First 5 Monterey County staff have been tracking and participating actively in the CalAIM rollout and have closely followed the CHW benefit. First 5 Monterey County is currently reviewing a contract from CCAH to bill for CHW services, exploring contracting for Enhanced Care Management (ECM) services, and receiving technical assistance support from DHCS PATH TA Marketplace.

10. First 5 Marin County's Help Me Grow

Help Me Grow Marin was launched by First 5 Marin County in 2019. Based on a National Help Me Grow model replicated across the country and California, Help Me Grow Marin provides a central access point for information, support and resources on early child development to Marin County families. When families reach out to Help Me Grow, they are connected to case coordinators and child development specialists who can respond to developmental or behavioral concerns or questions, provide information regarding typical developmental milestones, make referrals to community-based supports, assist and empower families to overcome barriers to services, and follow up to ensure that linkages are successful. Rather than function as a stand-alone program, Help Me Grow Marin networks with a growing coalition of community organizations and individuals invested in building an organized system of resources to help families and children thrive.

First 5 Marin County/Help Me Grow Marin are currently ECM providers under the Partnership Health Plan and are working with county and health care stakeholders on a Medi-Cal System of Care 0-5 working group to build, coordinate and advocate for the implementation of CalAIM, so Marin County birth-to-age-5 populations have access to a quality network of both traditional and nontraditional providers who can meet each child's unique health, safety and basic needs. This will significantly improve health outcomes and change the narrative to one where all families and young children in Marin County are prioritized and nurtured.

11. Para Los Niños

Para Los Niños (PLN) believes in the children, youth and families they serve. Their model fosters pathways to success through excellence in education, powerful families, and strong communities for children and youth to thrive in. Founded in 1980 on Skid Row in Los Angeles, Para Los Niños has a 44-year track record of creating effective, culturally appropriate programs for low-income, primarily Latino, children and their families living in Los Angeles.

MORE

11. Para Los Niños, con't.

Despite their success, PLN recognizes that the direct services they provide are not enough to address the systemic and societal conditions that impact the families and communities they serve and partner with. As a result, with an initial investment from First 5 LA, since 2009 PLN has intentionally established and nurtured partnerships with community residents most impacted by systemic barriers, recognizing that their lived experiences should inform not only their work and that of other CBOs, but also public entities, that, while well-intentioned, have the potential to fall short in supporting the children, families and communities they are meant to serve. This all led to the creation of PLN's Community Transformation Department and model, including its infrastructure, that sustains, expands and deepens community self-efficacy and determination.

PLN understood that to create an effective infrastructure that would help achieve the Community Transformation vision and mission, it was necessary to adopt and modify the traditional promoter model as part of their staffing structure. PLN defines promoters as highly skilled, knowledgeable and experienced workers who support marginalized communities in navigating complex institutional systems. They do this by identifying and working through service and care gaps utilizing a combination of cultural fluency and affirmation (they share ethnicity, language, cultural norms, practices, socioeconomic status and life experiences with the communities they serve) and leadership development approaches designed to empower these communities to access resources and care, and to work collectively to address systemic barriers.

As a result, for nearly 15 years after establishing the Community Transformation Department and model, PLN has supported the Best Start Region 1 (BSR1) Community Partnerships, a place-based, community-building movement made up of over 1,000 community residents and cross-sector organizational partners who work together to effect change in their region. This region has grown to include the communities of East Los Angeles, Metro Los Angeles, South El Monte/El Monte and Southeast Los Angeles.

This systems change approach builds and cultivates transformational partnerships for the region to co-design, implement, communicate, mobilize and evaluate strategies. PLN's team of promoters are critical to these efforts and work.

Promoters have demonstrated their critical role in supporting the transformation of systems and have proven the ability to do so across sectors and within institutions. For example, tapping into the extensive community leader network through Best Start Metro Los Angeles, Children's Hospital Los Angeles (CHLA) and PLN leverage the expertise and social capital of CHW/P/Rs. Community leaders are hired under PLN as community promoters to support families in resource navigation. Community promoters act as a bridge between health care and social services, often responding to patient needs and challenges associated with their experience with social determinants of health, aiming to build trust and improve patient access to basic needs, resources, government benefits, and health and mental health services in Los Angeles County, including Boyle Heights, Downtown LA, Echo Park, El Sereno, Westlake, Compton, Crenshaw, Florence, Watts and more. PLN has incorporated promoters across sectors, such as the child welfare sector, with its Family Services Department and the education sector through its Early Education and School, demonstrating the model's adaptability and effectiveness. Community promoters work in partnership with CHLA administrative staff to share lessons learned and best practices to make policy, practice and process changes that ensure equitable service delivery. At the end of Spring of 2024, PLN, in partnership with CHLA, Health Leads, and Laura Valles and Associates, will launch the "PLN Promoters Transforming Systems of Care Manual," which will provide guidance on practices, policies and processes for how to successfully adopt and integrate CHW/P/R workforces into institutions.

PLN is exploring the possibility of leveraging the 2024 CHW Medi-Cal benefit as a funding stream. PLN is currently conducting an internal feasibility study to assess its readiness to adopt the benefit and ensure that their infrastructure and systems are adequately prepared to handle the reimbursement processes. This includes having a thorough understanding of the requirements around services, focus areas and capacities needed to fully take advantage of this benefit. PLN continues to leverage their partnership with CHLA to learn more about their experience with this benefit's implementation. Working through these challenges would allow PLN to align the CHW benefit with their Family Services and Mental Health Departments.

Recommendations for Strengthening CHW/P/R Integration, Advancing Child Health Equity

Planting the Seeds for a Healthy Tomorrow: CHW/P/R-led Recommendations

The following recommendations seek to align with the policy agenda developed by the Community Health Worker/Promotora/Representative (CHW/P/R) Policy Coalition. The CHW/P/R Policy Coalition was formed in 2022 for CHW/P/Rs to play an active role in policy campaigns and conversations that impact their profession and advocate to transform health care to support all peoples. The coalition steering committee comprises seven lead entities: California Consortium for Urban Indian Health, California Pan-Ethnic Health Network, Latino Coalition for a Healthy California, The Children's Partnership, Transitions Clinic Network, Roots Community Health Center, and Visión y Compromiso. In March 2023, the CHW/P/R Policy Coalition released a report that outlines a policy agenda to guide the state of California in growing the CHW/P/R workforce in a way that ensures equity and sustainability for CHW/P/Rs and improves care for marginalized communities.

CHW/P/R COALITION

Learn more about the CHW/P/R Policy Coalition.

Recommendation 1:

Center the voices of community health workers in efforts to strengthen health care delivery.

Community health workers must play a leading role in guiding health equity initiatives and determining the future of CHW/P/R services in our state.

Policymakers and state leaders must publicly recognize the valuable role of CHW/P/Rs in California's health care delivery system and continuously seek their guidance on how to strengthen care delivery. CHW/P/Rs improve how health plans, hospitals and providers respond to the needs of the community and how individuals access critical services that improve overall health and well-being. Thus, it is important that discussions in California about this workforce, including Medi-Cal certification and training, are led by CHW/P/Rs.

The Medi-Cal doula benefit was strengthened by a robust stakeholder engagement process supported through the DHCS Doula Implementation Workgroup as required by SB 65.[15] This workgroup informed a number of areas central to ensuring improved implementation of the doula benefit, including enrollee education, payment policy and recommendations to reduce any identified barriers to doula services. DHCS and HCAI should look at this process to inform similar engagement with CHW/P/Rs.

At the local level, government agencies, managed care plans, Federally Qualified Health Centers, CBOs, and other health and social service organizations must ensure that CHW/P/Rs are well integrated into care teams. Integrating CHW/P/Rs into the health care system begins to uncover, acknowledge and address systemic barriers hindering well-being for communities by advancing a community-focused effort that centers and meaningfully engages people who come from communities that historically have been oppressed and excluded. Delays in the uptake of the CHW benefit can in part be attributed to challenges with practice adaptation as CHW/P/Rs are integrated into existing medical models. At the core of this work is relationship building between the managed care plans, CHW/P/Rs and CBOs and a recognition that the CHW/P/R field brings added expertise to the existing traditional health care sector.

Recommendation 2:

Build robust networks of CHW/P/Rs across the state through capacity-building grants and technical assistance to support CHW/P/R integration and participation in the Medi-Cal benefit.

> *"Welcome Baby has identified families who have been missed - who have been invisible to not only government agencies but to our community partners as well, even with extensive outreach. Community providers like First 5 Yolo Welcome Baby CHWs are critical to community health and the health care delivery system. They open access to families who would not otherwise be connected to postpartum or well-child care."*
>
> — Gina Daleiden, First 5 Yolo

Through CalAIM and Medi-Cal Transformation, California envisions community providers, community-based organizations and managed care plans working closely together to provide coordinated, person-centered and equitable health care. The Department of Health Care Services has developed multiple avenues to support this vision by bolstering the implementation of enhanced care management (ECM) and community support benefits. However, it has not provided similar support for the CHW benefit.

Given the current confusion on CHW certification and ongoing challenges community organizations face in becoming Medi-Cal providers for the CHW benefit, DHCS should provide specific infrastructure and capacity-building grants and technical assistance opportunities to support CHW benefit implementation. It should build on what has been developed for ECM and community supports through the Providing Access and Transforming Health (PATH) initiative.[16] This funding can help community organizations with experience in recruiting, hiring and retaining CHW/P/Rs in a wide range of roles work within and alongside the traditional health care delivery system.

In addition to promoting community organization and CHW/P/R access to the benefit, managed care plans must also be held accountable for building a sufficient network of child-serving CHW/P/Rs. In health care settings, CHW/P/Rs have often been leveraged to support high-utilizing patients with chronic or complex health conditions. However, as demonstrated in this brief, there are many ways CHW/P/Rs can deliver preventive care to children and scaffold their families during critical times. DHCS should require managed care plans to build a sufficient network of child-serving CHW/P/Rs and monitor access by disaggregating the Population Health Management Key Performance Indicator "Percentage of members who received CHW benefit."[17] The collection of consistent data about both the process, such as information collected through capacity-building grants and technical assistance opportunities, and outcomes of CHW/P/R programs, such as PHM performance indicators, will increase knowledge about the effectiveness of CHW/P/R efforts (in concert with other efforts) to address inequities.

Recommendation 3:

Value the expertise and contributions of CHW/P/Rs by increasing the Medi-Cal CHW benefit rate.

> *This is where policy and implementation still has such a gap; you can't put a timeframe on CHW interventions if your goal is to really care about building trust, approaching care with a trauma informed lens, and building a racially concordant workforce. None of this work happens in a 20 minute timeframe ever. Even for me as a [primary care] physician I know I might get 20m for a well child check but there is a lot of work I do before and after that visit that isn't billed but it is part of doing the right thing for the family."*
>
> — Dr. Neeti Doshi, Zuckerberg San Francisco General Hospital

Tremendous progress has been made to recognize CHW/P/Rs as a critical component of the health workforce and the comprehensive care team that California's children and families need.

However, low wages and job instability remain severe challenges. CHW/P/Rs are often members of historically oppressed, low-resource communities, who face barriers to economic stability and who often have to operate within the very system they are seeking to change. The intersectional social identities of CHW/P/Rs result in unjust treatment and consideration within the hierarchical systems of health and social services.[18] The current rate California set for the CHW benefit, $26.66 per 30 minutes, is evidence of this.[19] This current rate, which is meant to be inclusive of labor and overhead, is unsustainable, inequitable and too low to support the valuable contributions of the CHW/P/R workforce.

CHW/P/Rs are central to California's efforts to transform Medi-Cal. CHW/P/Rs intimately understand the issues that community members face, both those directly related to health and those that result from social, economic, cultural or political exclusions and impact their life conditions. Despite not earning a living wage, several studies have demonstrated the financial value of CHW/P/Rs and how such workers yield a high return on investment, reduce costs, improve quality of life and result in fewer missed school and work days.[20]

Not adequately compensating community health workers has disrupted the implementation of the new benefit. Given the large lift for community-based providers and organizations to bill Medi-Cal, the low rate may not justify the barriers and additional responsibilities associated with becoming Medi-Cal providers. The legislature and the governor increased rates for other Medi-Cal providers in the past year, such as primary care physicians and doulas, largely through California's Managed Care Organization tax. The state should increase the CHW benefit base rate to at least 87.5% of the Medicare rate, or $53.35 per 30 minutes. This will better reflect the amount of time CHW/P/Rs spend on building relationships and the true cost of providing care. Furthermore, this rate increase will achieve equivalence with rates in other states, such as Oregon.

Photo courtesy of El Sol Neighborhood Educational Center

Recommendation 4:

Increase funding in the Medi-Cal program for infrastructure that advances CHW/P/R integration in child-serving, community-based programs.

> *It has to be a collaboration of CBOs and patients and families engaged for us in pediatrics health care together at the table designing; and taking health care outside of the hospital and clinics and bringing it back to the community, back to the house…I think health care systems have developed without our community and patients at the table, but we really don't know everything it takes to promote true health in all aspects."*
>
> — Dr. Mona Patel, CHLA

> *We have CHWs who focus on school attendance and truancy in which certain students have higher rates of absenteeism and it tends to be Black, Indigenous, AAPI students. When CHWs do home visits, the point is to acknowledge social determinants happening in the house so we can get to the real issue. The issue is not you as a person inherently, the issue is where you live, learn, and play. We start to disillusion the bias that schools have regarding truancy and we come to say the attendance issue is part of a deeply rooted problem and there are so many factors that impact school."*
>
> — Cristie Granillo, Loma Linda University

The CHW benefit provides a tremendous opportunity to expand access to community-based services and supports through Medi-Cal and link families and their children to health care services via a trusted community-based provider. However, the CHW benefit, especially with current reimbursement rates, does not cover the full cost of programs as outlined in this brief. Although there are CHW/P/Rs employed as part of these programs, the benefit does not fully cover the costs of their time, nor can it always pay for other members of the care team in these programs. Similarly, these programs have data systems and overhead costs also not included in the benefit.

Additional financial support must be considered to support a backbone agency that provides oversight and management of the programs. All of these additional components are essential to the programs' positive outcomes in child health, health access and health equity.

First 5s, Accountable Communities for Health (ACHs) and other hubs or backbone agencies can become supervising providers for the CHW benefit, taking on the continuous quality improvement, cross-agency capacity building, and administrative and billing functions on behalf of other partners. Leveraging this benefit can offset the cost of child-serving programs, but the true cost of the comprehensive set of services and program management is supported by braiding various funding sources, such as Prop. 10, ACEs Aware Grants, Children and Youth Behavioral Health Initiative Grants, state and federal home visiting dollars, among others.

Even with braided funding, these programs are unable to reach all the children and families who could benefit from their support. Moreover, disparate funding streams often have different eligibility rules, time horizons and administrative requirements, making this braiding of multiple funding sources less sustainable and systems more difficult to access and navigate for families. State agencies and Medi-Cal managed care plans should provide additional funding and consider new benefits needed to fully support the integration of CHW/P/Rs through Medi-Cal and build out child-serving, community-based systems of support.

The Role of Accountable Communities for Health in Supporting CHW/P/R Integration

Accountable Communities for Health (ACHs) provide a powerful vehicle for supporting CHW/P/R integration by providing a dedicated infrastructure in local communities for breaking down barriers and promoting new ways of working across silos.[21] **ACHs are community-driven collaboratives that coordinate clinical providers with public health departments, schools, social service agencies, community organizations and others, in a collective effort to make a community healthier.** Dedicated to making lasting and transformational change in the health of a community and forwarding the goal of health equity, ACHs provide residents and key partners from diverse sectors an infrastructure for working together to change systems, advance equity and build stronger, more cohesive communities prepared to address both existing and emerging health challenges over the long term. The ACHs' key roles — elevating community voices, facilitating multi-sector dialogues and aligning organizations and systems — fuel powerful and sustainable changes that reflect the needs of the community.

Currently, there are 37 ACHs operating in 27 counties across California. While the ACH model is not unique to California (and exists in other states such as Washington, Texas and others), California has the largest network of ACHs in the country. Facilitated and supported by a statewide organization, CACHI, California's ACHs are funded through a unique public-private partnership, supported by state funding and philanthropic dollars. The majority of the state's ACHs operate with CHW/P/Rs, recognizing that through the expertise of this workforce, key functions to advance equity are deployed: targeted outreach and resident engagement; diverse, equitable and inclusive decision-making; identifying and addressing root causes of inequities; and leveling the playing field and building power.

> *"What I need are team members (CHWs) who can help me quickly identify who needs a psychiatrist or educational assessment and who needs a food box. Health care is more than shots and medicine. It's about the patient, their caregivers, and their engagement with the community. CHWs are vital members of the team who can work with patients from the start of the visit through connections to specialists and community programs."*
>
> — Laura Figueroa-Phillips, SHARK

Recommendation 5:

Create a standing order for Medi-Cal CHW/P/R services for all individuals who attest they need support in health system navigation or coordination of resources and/or services.

Under the current Medi-Cal CHW benefit policy, an individual needs a written recommendation from a physician or other licensed practitioner, such as a nurse, licensed clinical social worker or mental health practitioner to receive services. This creates a barrier for CHW/P/Rs that operate in community settings and do not have this type of workforce at their organization or on their team. In order to support additional community-based health workers to engage with the CHW benefit, DHCS should issue a standing order for CHW/P/R services for all individuals who attest they need support in health system navigation or resource coordination. A standing recommendation would support the department's goal to streamline access to care and facilitate care originating in community settings. There is a precedent for a standing order, as DHCS issued a standing recommendation for doula services in November 2023.

> *"[CHW/P/R]'s are holders of relationships and [the] pulse of the challenges that families may be facing."*
>
> — Sam Joo, Para Los Niños

Conclusion

The state of California is at an opportune time in its history to better serve its diverse children and families as it works to restructure Medi-Cal and improve its health care delivery system. A strong, well-integrated and valued community health workforce will reflect the state's commitment to transformation.

Through their unique ability to understand the social and cultural contexts of the populations they serve, CHW/P/Rs are instrumental in addressing the root causes of health inequities and ensuring that children have access to the care they need. This brief highlights the significant contributions of CHW/P/Rs to child health equity and underscores the imxportance of recognizing and supporting their role in the health care system. By addressing social determinants of health, improving access to care, empowering communities, advocating for policy change, and providing cost-effective interventions, CHW/P/Rs play a crucial role in ensuring that all children have the opportunity to thrive and reach their full potential.

It is essential for policymakers, health care providers and the broader community to recognize and support the valuable work of CHW/P/Rs in promoting child health equity. By investing in CHW/P/Rs and integrating them into the health care system, we can create a more equitable and inclusive environment where every child has the opportunity to lead a healthy and fulfilling life.

Acknowledgments

The Children's Partnership (TCP) and the First 5 Center for Children's Policy are especially thankful to the community health workforce, inclusive of promotoras, community health representatives, doulas, peer specialists, home visitors and others, who have led the way in advancing health equity for communities of color in the United States and California. We are especially grateful for the leadership of the CHW/P/R Policy Coalition, its steering committee, and the many CHW/P/Rs that we are fortunate to learn from every day.

We thank specifically the community health workers who participated in interviews and one-on-one conversations: **Mona Patel**, MD, FAAP, Pediatrician, CHLA; **Amanda Daigle**, MPH, Senior Programs Manager, CHLA; **Shannon Thyne**, MD, Director of Pediatrics at LA County DHS; **Neeti Doshi**, MD, MPH, Department of Pediatrics at UCSF; **Juan Carlos Belliard**, PhD, Assistant Vice President of Community Partnerships at Loma Linda University; **Crissy Irani**, MBBS, MPH, Loma Linda University Community Health Worker Integration Manager; **Cristie Granillo**, MEd, MS, Loma Linda Institute for Community Partnerships, Community Health Worker Integration Manager; **Alex Fajardo**, Executive Director at El Sol Neighborhood Educational Center; **Amber Guerra**, MPH, CHES, Grants Manager at the County of Los Angeles, Department of Public Health; **Carlos M. Arceo**, Associate Director Community Transformation at Para Los Niños; and **Brenda Aguilera**, Director of Community Transformation at Para Los Niños. Their experiences, recommendations and advocacy are the heart of this brief.

Writing, research and analysis for this brief was provided by **Jamila Michael**, **Eva Rivera** and **Mayra E. Alvarez** from TCP and **Alexandra Parma** from the First 5 Center for Children's Policy. We also thank other former and current TCP staff and interns who supported the development of this brief, including **Gabriella Barbosa**, **Allison Maladore** and **Kristen Golden Testa**. TCP and the First 5 Center for Children's Policy would also like to extend our deepest appreciation to the peers and partners for their thoughtful review and helpful conversations in the preparation of this brief, including **Rea Pañares**, CACHI; **Cary Sanders** and **Kiran Savage-Sangwan**, California Pan-Ethnic Health Network; and **Maria Lemus**, Vision y Compromiso.

TCP and the First 5 Center for Children's Policy are grateful to the **Pritzker Children's Initiative**, the **Conrad N. Hilton Foundation**, and the **David and Lucile Packard Foundation** for their support of the development and production of this brief, as well as **The California Endowment**, the **California Health Care Foundation**, and **Sunlight Giving** for their ongoing support of TCP's broader advocacy agenda for children.

Glossary

American Public Health Association (APHA)
APHA serves as a convener, catalyst and advocate to build capacity in the public health community. The association champions optimal, equitable health and well-being for all. APHA speaks out for public health issues and policies backed by science. They combine a 150-year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health. APHA publishes the *American Journal of Public Health* and *The Nation's Health* newspaper.

For more information: https://www.apha.org

California Advancing and Innovating Medi-Cal (CalAIM)
CalAIM, also referred to as Medi-Cal Transformation, is a long-term plan to transform the Medi-Cal program. The stated goal is to create a health care delivery system that is more equitable, coordinated, and person-centered. There are various initiatives in CalAIM including new benefits, systems changes, and investments. CalAIM's reforms were approved as part of the CalAIM Section 1115 demonstration. The waiver was approved by the federal government on December 29, 2021, effective through December 31, 2026.

For more information: https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx

Population Health Management (PHM)
PHM is an essential component of CalAIM that requires Medi-Cal managed care plans to assess and address the needs of members with tailored interventions focused on wellness and prevention and ensure access to a whole-system, person-centered program that leads to longer, healthier lives, improved clinical outcomes and a reduction in disparities. DHCS will be launching a statewide PHM Service to facilitate Medi-Cal member data sharing among community care providers and inform referrals to care management and other services. As part of PHM, Medi-Cal managed care plans will be required to have a range of programs to meet the needs of all members, including Basic Population Health Management and Care Management Services.

- **Basic Population Health Management:** Care coordination and comprehensive wellness and prevention programs for all Medi-Cal members, regardless of level of need. Includes access to primary care, care coordination, navigation and referrals across health and social services, including services provided by CHWs.
- **Enhanced Care Management (ECM)** is a new Medi-Cal managed care benefit for certain populations with complex clinical and non-clinical needs. It provides community-based, interdisciplinary, high-touch and person-centered service coordination for members. ECM went live for certain child populations in July 2023, including children experiencing homelessness, children enrolled in California Children's Services (CCS), and children involved in child welfare. An ECM birth equity population of focus launched inJanuary 2024 for Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals.

For more information: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

Community Health Worker (CHW) Benefit
The CHW benefit allows Medi-Cal beneficiaries to receive services from promotores, community health representatives, navigators and other non-licensed public health workers. The benefit covers preventive health services, such as health education, navigation, and screening and assessment. The CHW benefit went live on July 1, 2022.

For more information: https://www.dhcs.ca.gov/community-health-workers

Glossary

Department of Health Care Services (DHCS)
DHCS is the state department responsible for the administration of Medi-Cal (both fee-for-service and managed care). DHCS is a department of the California Health and Human Services Agency. DHCS contracts with health plans across the state to provide Medi-Cal managed care.

For more information: https://www.dhcs.ca.gov

California Department of Health Care Access and Information (HCAI)
California's Department of Health Care Access and Information (HCAI) aims to expand equitable access to health care for all Californians—ensuring communities have the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable. HCAI collects data and disseminates information about California's health care infrastructure and promotes a culturally competent and linguistically diverse health workforce. HCAI improves health care access by promoting workforces, such as community health workers, providing scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need.

For more information: https://hcai.ca.gov/about

Providing Access and Transforming Health (PATH)
PATH is a five-year, $1.85 billion initiative to build the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes and others, to successfully participate in the Medi-Cal delivery system as California implements Enhanced Care Management and Community Supports and Justice Involved services under CalAIM. PATH funding seeks to address the gaps in local organizational capacity and infrastructure that exist statewide, enabling these local partners to scale up the services they provide to Medi-Cal beneficiaries. Through PATH, organizations can access free technical assistance, apply for capacity-building grants, and join consultant-supported county and regional collaborative CalAIM planning efforts.

For more information: https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx

Endnotes

1. “A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention,” American Public Health Association, November 8, 2022, http://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2023/01/18/Address-Systemic-Racism-and-Violence.

2.“Community Health Workers Advancing Child Health Equity,” The Children’s Partnership, June 2021, https://childrenspartnership.org/wp-content/uploads/2021/07/TCP-Community-Health-Workers-Final-Single-Pages-1.pdf.

3. Ibid.

4. “Definition of a Community Health Worker,” American Public Health Association, Community Health Workers Section, accessed April 12, 2024, https://www.apha.org/apha-communities/member-sections/community-health-workers/.

5. “Preserving a Transformative Community Health Worker/Promotor Workforce: El Sol’s CHW/P Training Center Approach,” El Sol Training Center, November 2022, https://www.elsolnec.org/elsolchwapproach/wp-content/uploads/sites/7/2022/11/ElSol_TC_PreservingCHW_Report_final.pdf.

6. “DHCS Comprehensive Quality Strategy,” Department of Health Care Services, accessed April 12, 2024, http://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx.

7. “Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families,” Department of Health Care Services, March 2022, https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf.

8. “California Advancing and Innovating Medi-Cal (CalAIM) Our Journey to a Healthier California for All,” Department of Health Care Services, April 2022, https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-Primer-042022.pdf.

9. “CalAIM Population Health Management Initiative,” Department of Health Care Services, 2023, https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx.

10. “CALAIM Enhanced Care Management Policy Guide,” Department of Health Care Services, September 2023, https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf.

11. “State-Issued Community Health Worker Certificate Guidance Letter,” Department of Health Care Access and Information, July 1, 2023, http://hcai.ca.gov/wp-content/uploads/2023/07/HCAI-CHWPR-Guidance-Letter.pdf.

12. “New APHA Policy Endorses Community Health Workers as Critical to Advancing Racial Equity,” Partners in Health, February 8, 2023, http://www.pih.org/article/new-apha-policy-endorses-community-health-workers-critical-advancing-racial-equity.

13. “Community Health Worker (CHW) Preventive Services,” Department of Health Care Services, July 2022, https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

14. W. Michael Byrd, M.D. and Linda A. Clayton, M.D., “Racial and Ethnic Disparities in Health Care: A Background and a History,” Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Institute of Medicine (Washington, DC: The National Academies Press, 2003), https://doi.org/10.17226/12875.

15. “Medi-Cal Doula Implementation Workgroup, Department of Health Care Services, Benefits Division,” Department of Health Care Services, 2023, https://www.dhcs.ca.gov/services/medi-cal/Documents/SB65-Applicant-List.pdf.

16. “CalAIM Providing Access and Transforming Health Initiative,” Department of Health Care Services, 2023, http://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx.

17. “CalAIM: Population Health Management (PHM) Policy Guide,” Department of Health Care Services Benefits, January 2024, https://www.dhcs.ca.gov/CalAIM/Documents/PHM-Policy-Guide.pdf.

18. “A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention,” American Public Health Association, November 8, 2022, http://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2023/01/18/Address-Systemic-Racism-and-Violence. Accessed 10 Apr. 2024.

19. “Medi-Cal Coverage of Community Health Worker (CHW) Services is Effective July 1, 2022,” Medi-Cal Providers, Department of Health Care Services, August 19, 2022, http://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/31781_01.

20. “Community Health Workers Advancing Child Health Equity,” The Children’s Partnership, June 2021, https://childrenspartnership.org/wp-content/uploads/2021/07/TCP-Community-Health-Workers-Final-Single-Pages-1.pdf.

21. California Accountable Communities for Health Initiative (CACHI), 2023, http://www.cachi.org/.

The Children's Partnership
CHILDRENSPARTNERSHIP.ORG

FIRST 5 CENTER FOR CHILDREN'S POLICY
FIRST5CENTER.ORG