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ALLIANCE FOR HEALTH INTEGRATION

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"To improve the health and well-being of Los Angeles County residents by aligning and efficiently implementing Board-approved prevention, treatment, and healing initiatives that require the collaborative contributions of the three health departments."

TO: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D., Director
Department of Health Services

Jonathan E. Sherin, M.D., Ph.D., Director
Department of Mental Health Lisa H. Wong for JES

Barbara Ferrer, Ph.D., M.P.H., M.Ed., Director
Department of Public Health

Jaclyn Baucum, Chief Operating Officer
Alliance for Health Integration

DATE: June 21, 2022

SUBJECT: **SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES (ITEM NO. 7 OF THE FEBRUARY 15, 2022 BOARD AGENDA)**

On February 15, 2022, the Los Angeles County (LA County) Board of Supervisors (Board) approved the motion, *"Solidifying the Role of Promotoras de Salud in County Services,"* which instructed the Chief Executive Office (CEO), in collaboration with the Departments of Health Services (DHS), Public Health (DPH), and Mental Health (DMH), together referred to as Health Departments, and the Alliance for Health Integration (AHI) to:

1) Report back to the Board with the status of the CalAIM initiative and potential funding revenues that can be utilized to expand the role of Promotoras and Community Health Workers within the Health Departments;
2) Identify any State funding sources outside of the CalAIM initiative that can be further utilized to expand Community Health Worker and Promotoras/es initiatives;
3) Review the American Rescue Plan Act (ARPA) allocations and verify that any funding distributed for the purpose of Promotoras/es and Community Health Workers are aligned with this motion and;
4) Provide recommendations on opportunities to sustain these efforts and support the long-term viability of a permanent program.

Additionally, individual Health Departments received the following specific directives.

Instructing DHS to:

1) Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of promotoras and the timelines for their implementation;
2) Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA's Neighborhood program; and
3) Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services.

Instructing DPH to:

1) Assess and report on how CalAIM funding streams can be utilized to provide further support to vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders; and
2) Assess the need and viability of utilizing any additional funding to sustain and expand promotores use in pandemic response, while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually-transmitted diseases.

Instructing DMH to:

1) Provide an updated report regarding current efforts within the Department to retain and expand upon the Promotoras/es de Salud Mental Health program and provide long-term participants of the program with a pathway to full-time employment;
2) Report back on existing allocations of CARES Act and ARPA funding for the Promotoras/es de Salud mental program and plans for its use to preserve and expand upon the program; and
3) Report back on initiatives to include the Promotoras/es and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives.

Attachment I reflects responses from AHI and CEO, and Attachments II, III and IV reflect individual responses from each Health Department to address the above-noted directives.

As outlined in the following attachments, the Health Departments acknowledge the broad impact that Community Health Workers/Promotoras/es (CHW/Ps) have on the community, including: Improving patient health outcomes, improving outpatient health care utilization, reducing avoidable emergency room visits and/or hospitalizations, promoting independent living, connecting underserved communities to prevention, mental

health services, and care, increasing health education, providing needed information and resources to community members, and facilitating vaccination appointments.

Together, AHI, CEO, DHS, DPH, and DHS collectively recognize the vital role that CHW/Ps have on expanding access to care and connecting residents to resources in a culturally and linguistically appropriate manner. The Health Departments remain deeply committed to sustaining and growing this workforce.

Should you have any questions regarding this report back, you may contact Jaclyn Baucum, AHI Chief Operating Officer, at jbaucum@ahi.lacounty.gov.

JB:ak

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Human Resources

ATTACHMENT I

The following responses address the first four directives for Chief Executive Office and Alliance for Health Integration :

1) **Status of CalAIM initiative and potential funding revenues that can be utilized to expand the role of Promotoras and Community Health Workers within Health Departments:**

On January 1, 2022, California Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal (CalAIM) in an effort to integrate Medi-Cal enrollees' care coordination and case management across physical, behavioral health, and social service providers. Among the programs that fall under the CalAIM umbrella, there are two programs: Enhanced Care Management and Community Supports, that created potential funding revenues that could be utilized to expand the role of Community Health Workers/Promotoras/es (CHW/Ps) within the CalAIM framework.

Enhanced Care Management (ECM) Benefits: ECM is intended for highest risk, highest-cost Medi-Cal managed care members with the most complex medical and social needs. CalAIM has identified specific high-risk populations of focus, and if a Medi-Cal beneficiary enrolled in a Managed Care Plan (MCP) meets specified criteria, they can qualify to receive ECM benefits through their assigned health plan. CalAIM populations of focus include: Individuals experiencing homelessness; Adult high utilizers; Adults with serious mental Illness (SMI)/substance use disorder (SUD); Adults transitioning from incarceration; Adults at risk for institutionalization and eligible for long term care; Nursing facility residents who want to transition to the community; and Children/Youth.

Once assigned to an ECM provider, a member will receive core services by an ECM multidisciplinary team that includes a Lead Care Manager and can also include any of the following team members: CHW/Ps, Medical Case Workers, Substance Use Counselors, Health Education staff, and other primary care providers.

Community Supports (CS) Services: Community Supports is an optional service that addresses health related social needs and is intended to avoid hospital care, nursing care facilities, visits to ERs, and other high acuity services. They are services not typically provided under Medi-Cal, and the Medi-Cal beneficiary must be enrolled in a Medi-Cal MCP and meet criteria for CS services offered through the MCP. Differing from ECM, MCPs are not required to offer CS services, and each health plan can choose what CS services they wish to offer. CS services can be removed every twelve months and new CS services can be added every six months by the MCP. (Note: Because ECM is a benefit, all CalAIM contracted MCPs must offer the same ECM benefits.) Examples of CS services pre-approved by DHCS include asthma remediation, housing transition/navigation, housing deposits, sobering centers, and recuperative care. (See Attachment A for full list of Pre-Approved Community Supports)

Potential Funding: Under CalAIM, CHW/P services are not recognized as a separate Medi-Cal billable service but can be included under ECM benefits and CS services, by utilizing MCP capitated payments. CHW/P services and roles are not explicitly defined in the CalAIM Model of Care. As such, an ECM or CS provider may opt to use their capitated payment from MCPs to cover CHW/P services but are not required to do so.

Through CalAIM reimbursement rates, there may be opportunities to utilize and potentially expand the role of CHW/P services under the CalAIM framework. Potential services could include outreach, culturally competent language, help members achieve goals via care plan and motivational interviewing, and member advocacy. Depending on the type of service and benefit, it is up to each Health Department to decide if and how CHW/P services are needed to provide their ECM and CS contracted services.

2) Identified State funding source outside of CalAIM initiative that can be further utilized to expand CHW and Promotoras/es initiatives:

The Health Departments are cognizant of the need for stable, long-term funding to support the CHW/P workforce and have been actively involved in the State's efforts to expand Medi-Cal coverage for CHW/P/Peer Support Specialist services, beyond CalAIM.

DMH and DPH's Substance Abuse and Control Program will both take advantage of increased State funding provided by Senate Bill (SB) 803[1] for their respective programs (DPH explains in Attachment III how they will work with their contracted provider network to align with SB 803). This bill is a component of the State's Medi-Cal reform efforts and operationalizes the integration of CHW/P/Peer Support Specialists that are reimbursable under Medi-Cal in the behavioral health and SUD realm. SB 803 is funded outside of the CalAIM initiative and is an important tool in the State's broader Medi-Cal reform efforts, including CalAIM.

Approved in 2020 and currently being designed by the State, SB 803 will help fund and expand DMH and DPH's behavioral health workforce by establishing a new provider type for Peer Support Specialists to provide distinct peer support services. Peer Support Specialists are intended to work in a County's Medi-Cal mental health and SUD delivery systems to provide specific reimbursable peer support services to people living with mental health and SUD conditions. This new Medi-Cal benefit is scheduled to roll out July 1, 2022. The Health Departments are also working to align SB 803 with other Medi-Cal benefits described below.

In addition to SB 803, the Health Departments have been actively monitoring and providing comments around the new CHW/P Medi-Cal benefit via the State's proposed CHW State Plan Amendment, slated to also begin in July of 2022. In January of 2022, AHI worked with departmental staff to submit a comment letter to the State in support of the CHW State Plan Amendment's Medi-Cal benefit for CHW services. To maximize the impact of this letter, the Health Departments and AHI partnered with the CEO Office of

[1] More information on CA Department of Health Care Services Website on Peer Support Services: Peer Support Services (ca.gov)

Legislative Affairs to meet with Department of Health Care Services (DHCS) staff in February of 2022. At this meeting, the Health Departments' emphasized the enormous health benefits that would result from Medi-Cal reimbursements for select CHW/P services. AHI is continuing to convene the Health Departments to provide comments to the State to further shape how this benefit is developed. To build support statewide for this new Medi-Cal benefit, AHI/Health Departments reached out to other counties. As a result, San Diego and San Joaquin Counties signed on to Los Angeles County's letter to the State.

Along with active engagement with CalAIM, SB 803, and the CHW State Plan Amendment [currently under review by the Centers for Medicare and Medicaid Services (CMS)], the Health Departments are partnering with CEO-Legislative Affairs to monitor other State legislation that could create permanent funding streams for CHW/Ps/Peer Support Specialists. This includes tracking a new bill that would provide Medi-Cal coverage for violence and injury prevention Peer Specialists.

Finally, in partnership with the CEO-Center for Strategic Partnerships, AHI secured funding in April of 2022 from local philanthropies interested in supporting the County's investment in CHW/Ps. While the bulk of this funding will be used to hire a consultant to engage with and seek input from our community partners – predominantly those with past or current contracts to provide CHW/P services – some of this funding is designated for the consultant to develop a list of sustainable funding sources for CHW/P services.

3) American Rescue plan allocations for the purpose of Promotoras/es and CHWs:

The Board-approved American Rescue Plan (ARP) Tranche 1 spending plan included $15.0 million for community-based outreach, including activities such as those undertaken by Community Health Workers/ Promotores. As of this writing, the Board has not yet approved the ARP Tranche 2 spending plan. The Tranche 2 plan is currently slated to go to the Board for approval in the coming months. It should be noted that although ARP funding is time-limited, it may serve as bridge funding to support this work until other federal or State ongoing revenues come online.

4) Recommendations on opportunities to sustain these efforts and support the long-term viability of a permanent program:

For several years, the Health Departments have integrated CHW/Ps into various programs and services, in both clinical and in community settings. Our current CHW/P workforce is a mix of permanent directly hired County staff, temporary contract workers, and CHW/Ps employed by County-contracted community-based organizations (CBOs). After many years of coordinating a network of internal and community-based CHW/Ps, the Health Departments have begun a process to assess what is working well, what can be improved, how to better coordinate among the Health Departments, and how best to accomplish the Health Departments' goals by investing in CHW/Ps as a critical step towards health equity.

Strengthening our CHW/P workforce is a priority project for the Health Departments. As an initial step, to surface the strengths and challenges of our current CHW/P-related

efforts, AHI collaborated with the Health Departments to conduct an internal landscape analysis in February of 2022 (Attachment B) that identified current practices and hurdles to hiring and training CHW/Ps, opportunities to coordinate among the Health Departments, and potential strategies for strengthening our CHW/P infrastructure, both internally and with our community-based partners.

Building on the landscape analysis and a desire to hear our community partners' vision for a strong CHW/P workforce, the Health Departments, with support from AHI, have launched a 12-month planning process. Key to this planning process is engaging with our community-based contractors to understand what their CHW/Ps (and their organizations) need to thrive, and how the County can best help build the capacity of our partners and their CHW/P employees. To ensure robust participation from community partners, the Health Departments are currently hiring a consultant to implement a participatory assessment process with community-based organizations. The Health Departments secured funding for this consultant through the partnership and support of the CEO-Center for Strategic Partnerships. Once this planning process is complete and a plan is in place to strategically strengthen our CHW/P workforce, the Health Departments will implement a series of improvements to bolster coordination across Departments and deepen collaboration with community partners. These improvements include, but are not limited to, developing a shared long-term vision for the CHW/P workforce, creating career pathways that allow for ongoing advancement and professional development, designing a core training curriculum that ensure all CHW/Ps develop a strong, foundational skillset, and coordinating across departments to promote access to a wide range of services that community members and clients need to access.

ATTACHMENT II

The following responses address the second set of directives and were provided by the Department of Health Services:

1) Assess and report on which CalAIM Programs may be best suited to incorporate and expand the use of Promotoras and the timelines for their implementation.

California Advancing and Innovating Medi-Cal (CalAIM) enabled the Los Angeles County (LA County) Department of Health Services (DHS) to sustain many programs that were developed through Whole Person Care (WPC) and the Health Homes Program (HHP). CalAIM, which began in January 2022, will be phased in over time and is an opportunity to continue and expand services for the most vulnerable and high-need individuals in LA County. In particular, there are opportunities for Promotoras, or Community Health Workers (CHWs) to support CalAIM Community Supports (CS) and Enhanced Care Management (ECM) programs.

CHWs provide person-centered care and coordinated services in several areas, including but not limited to:

- Outreach and engagement,
- Comprehensive assessment and care management plan,
- Enhanced care coordination,
- Health promotion,
- Transitions of care,
- Member and family supports, and
- Coordination of and referral to community and social support services.

DHS currently employs CHWs and contracts with Community Based Organizations (CBOs) to provide CHW services in several areas across the health system. Over time, as CalAIM includes more CS and more populations of focus in ECM, added CHWs will be needed for optimal service delivery. Additionally, we anticipate that CHW expertise, knowledge and skills will expand across the service delivery continuum in emergency departments, inpatient, and specialty outpatient units. The ability to be reimbursed for services specifically provided by CHWs, currently being planned at the State level, will prove to be an asset to the overall health system and the communities it serves. As increased funding becomes available for this important workforce, DHS is ready to incorporate more CHWs to meet the many needs of its most vulnerable patients in LA County.

Current and Future Use of CHWs in DHS

Care coordination and care management services that were provided under WPC and the HHP transitioned to ECM in early January 2022 to support high-need Medi-Cal beneficiaries. CHWs are currently delivering services in ECM.

DHS' Housing for Health (HFH), Office of Diversion and Reentry (ODR), and contracted Community Based Organizations (CBOs) deliver CS. CalAIM funding is used currently

in three CS programs: Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Recuperative Care (Medical Respite). However, CHWs are not often involved in delivering these services. DHS is evaluating best practices for deploying CHWs in these and additional CS to be launched by LA County's health plans over the next two years, including Short-term Post-Hospitalization Housing, and a Nursing Facility Diversion.

The following programs or teams utilize a CHW model and are now, or soon will be, supported by CalAIM funding: 1. Primary Care Medical Homes (PCMH), 2. ODR, 3. Correctional Health Services (CHS), and 4. Housing for Health (HFH).

1. PCMH -- Behavioral Health Integration Teams

CHWs are part of the behavioral health integration teams at DHS' PCMH . About 70 CHWs conduct interviews and social needs screening and link patients to community resources for housing, food, and transportation. In addition, they conduct home visits and communicate with the PCMH team for care coordination. The behavioral health integration teams serve all empaneled patients in primary care, including those who qualify for ECM services.

One of the key ECM core services is comprehensive transitional care, also known as transitions of care. Transitions of care provides a significant opportunity to proactively engage our patients across the continuum and link them efficiently and effectively to appropriate services. CHWs, along with the rest of the care team, provide strategies to reduce avoidable patient admissions and readmissions. CHW responsibilities include establishing processes to ensure prompt notification to the patient's lead care manager, timely scheduling of follow-up appointments with the primary care medical home and/or community partners, and helping patients navigate their care transition.

Additional CHWs are needed for high-risk ECM patients (ECM high-utilizers and patients in other ECM target populations who are hospitalized) who need extra support bridging the gap between inpatient and outpatient settings. These CHWs are being integrated into PCMHs to provide current services, as well as the enhanced services related to transition of care. That includes engaging patients at in-network and out-of-network hospitals to ensure a smooth transition from hospital to primary care.

2. Office of Diversion and Reentry (ODR)

Most ODR program participants are eligible for ECM as a part of the reentry population of focus. This population represents the greatest opportunity to expand care coordination services through CalAIM. Currently, contracted CBOs provide Reentry Intensive Case Management Services (RICMS) through approximately 100 CHWs. Several of the CBOs contracted to provide these services also are contracted as ECM providers with one or more of the managed care plans allowing them to take advantage of CalAIM funding. Non-ECM RICMS providers receive funding through other sources.

The ODR-RICMS program provides care coordination and service navigation for justice-involved individuals. CHWs provide case management and peer mentorship for the clients. CHWs serve as the central point of contact for the client, providing services such as case management, referrals, linkages and accompaniment to primary care, mental health, and SUD treatment services. The current plan is for ODR-RICMS to move to the new Justice, Care and Opportunities Department. However, with CalAIM funding, reentry ECM work will expand at DHS within CHS (see below), and through primary care and ODR clinical programs.

3. Correctional Health Services (CHS) - Care Transitions

CHS currently connects individuals leaving the jails with the RICMS network of approximately 100 CHWs who have lived experience of prior incarceration. In addition, a smaller number of CHWs (about 14), that are DHS employees and are stationed in the jails, work with clients in custody and continue to provide services in the community after release. The State is still negotiating the possibility of pre-release funding for limited Medicaid services with the Center for Medicare and Medicaid Services (CMS). The proposed CalAIM benefit of 90 days of targeted pre-release services to be covered by Medi-Cal, has broad eligibility criteria that may include over 70% of the jail population – ~3 times the population served in WPC. The services would encompass clinical services, including clinical care coordination, focused on ensuring the best transition to the community. If finalized, CHWs (both LA County and community-based) will have an integral role on teams delivering pre-release and post-release clinical care coordination services through the Reentry ECM program. DHS is working closely with the State and health plans to ensure CalAIM resources are available to provide these services. The statewide program expansion is expected to start in July 2023 if the federal government approves the proposed waiver.

4. Housing for Health (HFH)

HFH care teams provide primary care and urgent care, including ECM services, to unsheltered individuals in the community. HFH is continuing to roll out its street medicine and mobile care services. HFH is planning for CHWs to conduct outreach and engagement, transitions of care and other supportive services for individuals enrolled in ECM. CalAIM provides the opportunity to expand teams and provide wrap-around care that was not funded previously. Current CalAIM funding will support 14 CHWs for the STAR clinic and mobile care services.

The STAR clinic is a DHS clinic designated to provide specialized primary care to people experiencing homelessness who have complex health and behavioral health conditions. Current CalAIM funding will support CHWs to enhance ECM service delivery by providing field-based outreach and engagement activities (to enroll clients in ECM as well as track them down if displaced from their original location), accompany them to appointments, provide transitions of care, and provide trauma-informed, patient-centered counseling and health education in the community.

CHWs also assist HFH clients with benefits advocacy through the Countywide Benefits Entitlement Services Teams (CBEST). Those positions are not funded through CalAIM.

HFH would ideally further integrate CHWs into three critical program areas:

- CHWs assisting with housing tenancy support: CHWs can assist clients with challenges in performing independent activities of daily living related to health care access and health care utilization. CHW activities include maintaining health insurance, facilitating transportation to appointments, assisting with renewing medications, supporting treatment recommendations, promoting healthy behaviors, and coordinating care between the clients and health/social service providers. CHWs could improve patient health outcomes, improve outpatient health care utilization, reduce avoidable emergency room visits/hospitalizations, and promote independent living.

- CHWs assisting with environmental modification: CHWs can assist clients who need environmental modification to reduce injury and exacerbations of chronic diseases. CHWs can be trained to assess living environments for clients with asthma, physical disabilities, and cognitive disabilities and provide the data necessary for home modification actions. CHWs can also assist with coordinating the home modification process and ensuring that the clients' needs are met.

- CHWs assisting with transitions of care across the continuum of care: CHWs can assist clients moving from skilled nursing facilities to assisted living facilities and from the streets into interim housing or into permanent supportive housing. CHWs can participate in client assessments and assist the client with the transition to different living environments. CHWs can also help clients who have been discharged from emergency rooms/hospitals to ensure that they receive their medications, understand the treatment recommendations, and receive the necessary home services to avoid readmission. And finally, CHWs can assist people experiencing homelessness who are leaving the jails.

2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA'S Neighborhood program.

Overview of MAMA's Neighborhood

MAMA's Neighborhood is a comprehensive perinatal and parenting support program for birthing people from conception to 12 months postpartum in both clinic and home/community settings by a multidisciplinary team of obstetric medical staff, including nurses, Licensed Clinical Social Workers (LCSWs) and CHWs. The program assesses pregnant patients for their physical, social and behavioral health needs, and provides them with evidence-based perinatal medical care, obstetric and chronic disease management, individualized care planning, education and social support, and supported referrals and connections to care and community-based social services. Currently, Medi-Cal funding is not sufficient to support all services offered through MAMA's Neighborhood. Sustainable sources of funding would support the continuation of existing services in MAMA's Neighborhood and enable it to be fully staffed to support healthy birth outcomes and physical and psychosocial health for parent and baby.

The MAMA's Neighborhood care team performs a wide range of job duties that anchor pregnant and parenting mothers to the health system and the team itself. Their services and close connection to patients can improve client satisfaction and positively impact health outcomes, especially in obstetric and perinatal health. Among the duties of the MAMA's Neighborhood Care Coordinators are to:

- Administer comprehensive, serial intake and follow-up health assessments relevant to social determinants of health and perinatal health outcomes (housing and food security, social support, substance use/exposure, intimate partner violence).
- Provide care coordination to internal and community and social support services and transitions of care to specialized services.
- Create individualized, readiness-based care plans.
- Provide health promotion on perinatal health topics and referrals to MAMA'S Neighborhood health education classes.
- Manage a risk-stratified, large caseload of pregnant and postpartum clients.
- Conduct mental health assessments, diagnoses, and treatment (social workers only).
- Conduct chronic disease care planning and management (nurses only).

Potential Revenue Sources

There are several potential revenue sources on the horizon to assist in coverage of services provided by MAMA'S Neighborhood, as well as existing and upcoming grant-funded opportunities. The potential sources are as follows:

- **Dyadic Care Benefit**

The State budget included a proposal to include 'Dyadic Care services' as a Medi-Cal benefit, though information on reimbursement has not yet been released. The dyadic care model includes physical and behavioral health screenings and treatment, coordinated referrals, psychosocial education and social support services for infants and their caregivers or parents. Using a 'no wrong door approach', dyadic care creatively allows for maternal health to be addressed via infant care appointments (and vice versa) and maternal-newborn bonding and attachment to be supported. Specialized treatment and support services will be able to be billed through these professionals, including family planning, inter-conception care, crisis intervention and family engagement.

MAMA'S Neighborhood care teams are trained in and currently provide care for postpartum health, mental health support, and education and social support issues for up to 12 months postpartum. Dyadic care is of particular importance for maternal and infant physical and mental health, as it can result in decreased prevalence and incidence of maternal depression and anxiety, increased appointment show-rates, maternal and pediatric continuity of care after delivery, breastfeeding duration, infant immunizations and reaching of infant milestones. The care can also help families get connected to medical care and social services. Through this new benefit, MAMA's Neighborhood staff could potentially bill for the following: continued management of chronic diseases and

connection to specialty care, lactation/breastfeeding, and postpartum physical recovery (nurses); mental health assessments, diagnosis and treatment, and infant meeting of milestones (social workers); and continued care coordination, navigation and follow-up care planning and emotional support (CHWs).

- **Five-Year Medi-Cal Eligibility Extension for Postpartum Individuals**

The American Rescue Plan Act (ARPA)EC permits states to receive a federal funding match if they extend Medi-Cal eligibility from 60 days to 12 months for postpartum individuals. The postpartum period is critical in managing medical, behavioral and social issues for mothers, including postpartum depression/anxiety, chronic disease, birth spacing and family planning, motherhood adjustment and baby bonding, breastfeeding duration and psychosocial care coordination.

As with Dyadic Care, MAMA'S Neighborhood nurses, LCSWs and CHWs are trained in postpartum health care, mental health, and education and social support issues. They currently provide comprehensive nursing care management and psychosocial care from delivery up to 12 months postpartum. This model requires that care be collaborative and multidisciplinary, which the MAMA'S Neighborhood care teams currently practice. Nurses currently identify and care manage chronic diseases, postpartum recovery and continuity of care. LCSWs currently assess, identify, treat and offer psychoeducation for an array of maternal behavioral health issues. They also thread education and support provided during the prenatal period to the postpartum period, especially in the early postpartum when extreme dips in mental wellness can occur. And CHWs focus on tethering the mother to this multidisciplinary team, coordinating care and community resources.

Additional revenue could support the services such as clinic and home/community care coordination, breastfeeding and lactation support, maternal mental health assessment, diagnosis and treatment, family planning, mother-baby bonding, chronic disease management, postpartum care coordination and navigation to community resources and infant health and development.

- **Doula Benefit**

The State is adding doula services to the list of covered Medi-Cal preventive services. Doula services support women and families emotionally and physically during pregnancy, childbirth, and postpartum. The benefit is set to begin in 2023, with managed care health plans responsible for publishing reimbursement rates.

MAMA'S Neighborhood could benefit greatly by expanding and enhancing its services to provide doula services for the gap in the continuum of care that currently exists in the program – labor and delivery and home/community visit during postpartum recovery. Doulas are not only content area experts in birthing and postpartum care, but also an important piece in providing equitable access to a healthy labor and delivery as well as postpartum recovery (reducing chances of maternal mortality).
Doulas could begin as CHWs, and/or can be nurses, social workers and health educators with doula training. In addition, several community-based doula projects exist around the country. Philanthropic organizations and federal entities (e.g. HRSA – Healthy Start

initiative) are also interested in supporting this model of care as a means to address inequities in birth and maternal mortality, especially in African American/Black mothers. Doula services also expand workforce development opportunities and promote quality improvement.

3. Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS CHWs to engage residents and connect them with DHS resources and care services.

Overview of a possible pilot program

Perhaps the greatest opportunity for employing CHWs sustainably is related to the CalAIM Reentry ECM program. CHWs, with lived experience of incarceration, working as members of primary care teams to support successful reentry are shown, in rigorous studies, to reduced emergency department utilization and recidivism and incarceration days. CHWs are key members of existing pre-release and post-release care coordination teams currently, as described above. CalAIM pre-release benefits, if approved by CMS, would enable the expansion of clinical care coordination services starting in July of 2023. Currently available funding does not allow DHS to expand pre-release services. ARPA funding for a pilot program would allow DHS to accelerate the expansion of the CHW role in pre-release clinical care coordination and sustain them through the CalAIM ECM program next year. DHS proposes a pilot program to use residually available ARPA funding to add CHWs this year - both CHS-embedded and community-based CHWs to support pre-release clinical care coordination. CHWs would work with CHS care transitions unit teams to support and coordinate successful reentry. DHS would also work with stakeholders, including Health Plans, LASD/probation, and community-based organizations to evaluate opportunities for community-based CHWs to participate in jail in-reach and pre-release care coordination. If ARPA funding is awarded, DHS would work to develop a robust proposal for this pilot program.

ATTACHMENT III

The following responses address the third set of directives and were provided by the Department of Public Health:

1) **Assess and report on how CalAIM funding streams can be utilized to provide further support to vulnerable populations served by DPH including those with substance use and treatment disorders.**

The California Department of Health Care Services (DHCS), Department of Public Health Division of Substance Abuse Prevention and Control (DPH-SAPC), and the subcontracted community-based organization (CBO) provider network recognize that peers have played an important role in the prevention, early intervention, treatment, and recovery process of individuals living with substance use disorders (SUD). Unlike in other health fields, the vast majority of the SUD field's workforce is already comprised of individuals with lived experience. Senate Bill 803 (SB 803) authorized DHCS to expand opportunities to leverage these skills and experiences by obtaining federal approval to add peer support specialists as a Medi-Cal provider type and peer support service as a Medi-Cal benefit, effective July 1, 2022.

Peer support services, as defined by DHCS, are culturally competent services that promote recovery, resiliency, engagement, socialization, self-sufficiency, and self-advocacy, through structured activities such as group and individual coaching designed to set and make progress toward recovery goals. Services aim to prevent relapse, empower individuals through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided in clinical or non-clinical settings and may be targeted towards the client or their significant support person.

A Peer Support Specialist is an individual in recovery who has been certified after completion of 80-hours of minimum training in the State-approved Medi-Cal Peer Support Specialist Certification Program. Certified Peers need to be at least 18 years of age with a high school diploma or equivalent degree and identify as having lived experience with the process of recovery from mental illness or SUD, either as a consumer of these services or as the parent, caregiver, or family member of a consumer. Peer Support Specialists must provide services under the direction of a Behavioral Health Professional.

Community Health Workers (CHWs), also known as Promotoras/es de Salud, are being utilized by Departments of Health Services, Public Health and Mental Health throughout Los Angeles County to educate residents and connect underserved communities to prevention, services, and care. Qualifying CHW/P who have an interest in becoming part of the SUD Peer Support Specialist workforce could complete the certification program and apply to become a workforce member of DPH-SAPC's SUD treatment provider network. The Peer Services that are newly reimbursable through Medi-Cal represent an opportunity for qualifying CHW/P to share their skills within the SUD field by becoming part of the SUD treatment team and a resource for patients engaged in SUD treatment services. Because this is a new benefit for Fiscal Year 2022-2023, DPH-SAPC is

beginning to engage its CBOs to encourage them to implement these new services and hire staff who can fulfill these responsibilities. This engagement can include identifying opportunities for CHW/P to connect with these SUD providers and/or promoting use of this workforce with hiring CBOs.

2) **Assess the need and viability of utilizing any additional funding to sustain and expand Promotoras use in pandemic response, while also expanding their role to provide outreach and education in other conditions like chronic disease and STDs.**

COVID-19 has disproportionately impacted communities of color and those with fewer resources, exacerbating health inequities that were evident in these communities before the pandemic. In Los Angeles County, COVID-19 case rates, hospitalizations, and mortality rates have been higher among Pacific Islander, Hispanic/Latino, Black/African American, American Indian/Alaskan Native, and Asian communities, and vaccination rates have remained lower among Black/African American and Hispanic/Latino communities. CHWs are uniquely qualified to address COVID-19-related health disparities because they serve as trusted messengers to conduct, in-language, culturally sensitive and appropriate outreach to communities most highly impacted by the pandemic. Research has demonstrated the effectiveness of this peer approach in reducing the impact of chronic, infectious, and non-communicable diseases nationwide and around the world. Therefore, hiring and training individuals from high need areas with diverse backgrounds serves as an ideal model to ensure equitable access to COVID-19 mitigation and vaccination strategies in target communities.

In response to the COVID-19 public health emergency declared by the LAC Board of Supervisors on March 4, 2020, LA County Department of Public Health (Public Health) established the Community Health Worker Outreach Initiative (CHWOI), one of several county-wide community-based initiatives, to enhance the existing Public Health community engagement infrastructure. CHWOI launched in October 2020 to coordinate and mobilize CHWs in areas experiencing the highest rates of COVID-19 cases, hospitalizations, and deaths, primarily among people of color and low-wage earners. Public Health committed to supporting this peer outreach model by investing in CHWOI and expanding the number of internal Public Health CHWs working on COVID-19-related outreach in Los Angeles.

To date, CHWOI has been awarded a total of $52 million of COVID-19 response funding to plan, implement, and evaluate the program. The initial investment of $18.5 million from Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Funds (CRF) supported the planning and first implementation period of this program including partnering with a lead fiscal agency who contracted with 16 community-based organizations, from October 2020 through December 2020. In January 2021, Public Health allocated an additional $23 million from the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) grant, Catalog of Federal Domestic Assistance (CFDA) Number 93.323, which have been designated as ELC Enhanced Detection and Expansion Funds for continued CHW outreach. The funds from this grant supported the continuation of the CHWOI program by funding 17 community-based organizations from April 2021 through June 2022. Public

Health sought out additional funding for CHWOI and was awarded $11,169,572 from the Health Resources & Services Administration (HRSA) Community-Based Workforce for COVID-19 Vaccine Outreach, Catalog of Federal Domestic Assistance (CFDA) Number 93.0112. The period of services under this funding opportunity is July 2021 through May 2022 and has supported 12 community-based organizations. Most recently, $7.5M of American Rescue Plan Act (ARPA) funding, Catalog of Federal Domestic Assistance (CFDA) Number 21.027, has been allocated to CHWOI to continue these efforts in the community through September 2023. Through these funding investments CHWOI has established a strong CHW infrastructure that supports local hiring and training of peer workers and has built systems and tools to strategically deploy and track outreach activities countywide. CHWOI continues to actively seek funding opportunities to extend beyond the projected timeline to continue to address COVID-19 and other chronic and communicable diseases in highly impacted communities.

CHWOI utilizes a multi-pronged approach intended to enhance the Department's internal CHW infrastructure and strengthen the capacity of community partners to support a community-based system of response. Public Health has historically deployed CHWs in affected communities throughout LA County to address public health concerns related to communicable disease outbreaks, environmental emergencies, emergency preparedness, and public health awareness campaigns. With the advent of the pandemic, CHWOI expanded the internal capacity of Public Health CHW teams to allow for increased flexibility and rapid deployment into impacted communities. CHWOI also successfully conducts community-based outreach by relying on partnerships with CBOs across different outreach models including violence intervention, Promotores, parent advocates, worker advocates, and youth advocates.

CHWOI's approach to partnering with these CBOs is unique and innovative because the program reaches beyond traditional health-based organizations by utilizing existing CHW infrastructure to quickly build capacity and deploy teams of trained CHWs in high need communities. This approach acknowledges that the impacts of COVID-19 are multi-faceted and therefore they require a holistic, whole-person care response. Partnering with CBOs across a variety of peer outreach models not only allows CHWOI to extend reach across LA County's diverse population, but it also means that CHWOI CHWs are equipped to respond to community members' needs beyond infectious disease and offer other supportive services, such as referrals to health and social services.

Since its inception, CHWOI has helped mitigate the negative impact of COVID-19, particularly in regions and populations most highly impacted by COVID-19, by training and developing a new CHW workforce, increasing health education, providing needed information and resources to community members, and facilitating vaccination appointments. From October 2020 through April 2022, CHWOI has trained over 1,100 CHWs who have conducted over 910,000 outreaches, reaching an estimated 4.8 million individuals, and scheduling over 12,000 vaccination appointments. Over 2.1 million face coverings and 900,000 hand sanitizers have been distributed, and 100,000 referrals to ancillary services (e.g., housing, food, health care) have been made. A primary objective of the CHWOI is to ensure that the most vulnerable communities and populations in LA County have more equitable health outcomes when confronting the acute and chronic impacts of COVID-19. Reaching as many of these high-need communities and

populations as possible was a key outcome for the program's success. Key health and social indicators, such as the Social Vulnerability Index (SVI) and the Healthy Places Index (HPI), were used to create a priority index to inform deployment strategies. From the initiation of CHWOI through February 2022, 94% of the 82 high-need communities prioritized based on this index were reached. This includes 125 of 129 (97%) priority zip codes.

Providing accurate, timely health information, appropriate materials and resources, and access to COVID-19 vaccines are also important objectives for CHWOI. Since October 2020, CHWOI has distributed nearly 3 million packets and materials with pertinent health and safety information regarding COVID-19. Outreach encounters have also resulted in over 100,000 referrals made for county and local services and resources in the following areas: health care, mental health, housing, food, COVID-19 testing, and Flu vaccination. As COVID-19 vaccination became increasingly available, CHWOI quickly pivoted to focus on facilitating vaccination efforts and capturing both vaccination appointment and administration data. Since May 2021, over 12,000 outreach encounters have resulted in the scheduling of COVID-19 vaccine appointments.

Building and training a knowledgeable and diverse CHW workforce is vital to the program's success. Since October 2020, CHWOI has trained over 1,100 CHWs, a large subset of which have continued with the project since its inception. All trainings are offered in both English and Spanish and are made available weekly on varying days and time slots to maximize accessibility for CHWs. Since their implementation, 92% of English speaking CHWs and 88% of Spanish speaking CHWs completed and passed their required COVID-19 knowledge checks.

Beyond completing required DPH-developed training modules for CHW COVID-19 outreach, CHWOI provides a variety of enhanced learning opportunities. Enhanced learning opportunities are live, informational, and skill-building trainings hosted by training partners and DPH subject matter experts. Trainers present on topics related to specific CHW-related skillsets (e.g., vaccine confidence, dispelling vaccine myths, and field safety) as well as general professional development skills (e.g., computer and digital literacy, storytelling, and community advocacy). CHWOI uses an online platform which houses training modules, educational print materials, recordings and slides from training presentations, and partner agencies' community outreach assignments. These trainings and enhanced learning opportunities support CHWOI's goal of building an infrastructure of community-based response. This program seeks to build CHWs' capacity and skills to achieve a versatile, competent, diverse, and skilled workforce of CHWs who are engaged in meaningful work, earn a livable wage, and can support the overall health and wellness of communities beyond the pandemic.

CHWOI created data tools to facilitate outreach, evaluate progress, and inform programmatic decision-making. To ensure that CHWs are reaching priority regions across the county and maximize limited CHW resources, CHWOI created GIS tools to facilitate and assign census block groups assignments to CHWs. These interactive maps are used to strategically identify communities that have the highest need and to visualize health data including COVID-19 case and vaccination rates, community demographics, and other key indicators of health such as the Social Vulnerability Index (SVI). CHWOI also

developed and utilized an online data tracking system that allows for the collection of outreach data in real-time. DPH data analysts monitor data entered in the tracking system on a weekly basis to check on CHWs' progress, address concerns, ensure priority communities are being reached, and minimize duplication of efforts in the field. CHWOI has also developed ongoing feedback loops that allow CHWs to share insights and information about their outreach efforts that inform messaging strategies, identify best practices and lessons learned, and provide recommendations for improvement. Gathering and analyzing this information is critical to inform and support long-term planning to integrate CHWs into various health care and social service structures and to further develop a model for a community-based system of response.

Throughout the pandemic, there has been an ongoing need to pivot outreach strategies to meet the needs of the communities served. As new guidance and information became available, Health Officer Orders were revised, and COVID-19 vaccines became available, CHWs continued to be a vital resource to the community. CHWOI has built a system to provide updated trainings and educational materials to CHWs to respond to ever-changing needs. CHWs are situated to rapidly respond to surges in cases, disseminate information about new variants, assist with vaccination appointments as individuals become newly eligible to receive vaccines and boosters, and provide information about the availability of therapeutics.

As we enter the next phase of the pandemic, CHWs will continue to be an invaluable resource to community members and will continue to provide information and assist with appointments for boosters and vaccinations for younger children as they become available. As of June 6, 2022, 38.3 percent of children ages 5-11 have been vaccinated with at least one dose. Vaccines for children under 5 years are anticipated to receive federal emergency use authorization by late June 2022. Outreach for vaccinations for younger children is one of many continuing needs where CHWs can provide a critical role in education and engagement.[2]

One of the many of impacts of the COVID-19 pandemic on public health is the exacerbation of existing health conditions and health disparities. Prevalent chronic diseases such as heart disease, diabetes, cancer and obesity increase the risk of serious illness from COVID-19. Moreover, the pandemic impacted individuals' ability to manage chronic conditions and seek adequate preventative care. COVID-19 has also exacerbated existing health disparities since certain populations, including those with lower socioeconomic status and certain racial and ethnic groups, experience a disproportionate burden of chronic disease.[3] Other impacts of COVID-19 include social isolation and mental health issues associated with the challenges and traumas endured during the

[2] Los Angeles County Department of Public Health. Available at: http://publichealth.lacounty.gov/media/coronavirus/vaccine/vaccine-dashboard.htm. Accessed June 6. 2022.

[3] Hacker KA, Briss PA, Richardson L, Wright J, Petersen R. COVID-19 and Chronic Disease: The Impact Now and in the Future. Prev Chronic Dis 2021;18:210086. DOI: http://dx.doi.org/10.5888/pcd18.210086external icon.

pandemic.[4] The effectiveness of employing CHW models to improve the prevention and management of chronic disease is well-documented as CHWs address the burden of chronic disease through the dissemination of health education, assisting with preventative screenings and care, and connecting community members to needed social supports and resources to better manage their conditions.[5] CHWs play a pivotal role in providing culturally sensitive and appropriate education to the community with the intention of reducing the prevalence of these conditions. Further, rates of sexually transmitted diseases (STDs) such as syphilis, chlamydia, and gonorrhea have been rising nationwide. LA County is no exception and has observed disparities in STDs among different racial and ethnic groups.[6] Interventions involving peer outreach have proven effective for engaging people with these conditions in managing their care. For example, HIV intervention programs that utilized peer workers found that peers who were able to discuss their own HIV status and relate their lived experience were more likely to establish connections with others with HIV and more effectively help clients navigate and stay linked to care.[7]

CHWs are also uniquely qualified and positioned to address social determinants of health by assisting community members with additional health-related services and supports. For example, CHWs connect and help community members navigate access to a wide range of social services and other needed resources, such as food, housing, access to transportation, etc. This includes providing general eligibility for assistance services, assisting with online applications, identifying language access resources, and addressing other potential barriers to access. As part of the CHWOI, over 100,000 referrals have been made linking community members to health care, mental health, housing, food, COVID-19 testing, and flu vaccination. CHWs are hired from the communities that they serve supporting a community-centered engagement strategy that enables CHWs to leverage their own expertise to better assess and meet the needs of community members.

The COVID-19 pandemic highlighted the value of having a CHW workforce that is highly trained and ready to respond to public health needs, particularly amongst the most

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[4] Jones SE, Ethier KA, Hertz M, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):16–21. DOI: http://dx.doi.org/10.15585/mmwr.su7103a3

[5] Ingram, M., Doubleday, K., Bell, M. L., Lohr, A., Murrieta, L., Velasco, M., Blackburn, J., Sabo, S., Guernsey de Zapien, J., & Carvajal, S. C. (2017). Community Health Worker Impact on Chronic Disease Outcomes Within Primary Care Examined Using Electronic Health Records. American journal of public health, 107(10), 1668–1674. https://doi.org/10.2105/AJPH.2017.303934

[6] Karlamangla S. STDs in L.A. County are skyrocketing. Officials think racism and stigma may be to blame. Los Angeles Times, May 7, 2018. Available at: https://www.latimes.com/local/california/la-me-ln-std-stigma-20180507-htmlstory.html. Accessed May 12, 2022.

[7] Mette E, Manz J. Opportunities for States to Improve HIV Treatment through Peer-Delivered Services. National Academy for State Health Policy, March 14, 2022. Available at: https://www.nashp.org/opportunities-for-states-to-improve-hiv-treatment-through-peer-delivered-services/. Accessed May 12, 2022.

vulnerable populations. Deploying this available workforce ensures the equitable distribution of information and resources to communities disproportionally burdened by disease. CHWs have demonstrated their proficiency and versatility in supporting the health needs of the community in partnership with public health, community organizations, and other service providers. Future support of CHWs is needed to strengthen the capacity of DPH and our partnering CBOs to hire and retain a robust CHW workforce and leverages existing community-based networks to provide wrap around services to the community. CHWOI partner agencies have already demonstrated their ability to implement these expanded outreach strategies such as hosting events to share COVID-related resources while simultaneously offering free mobile HIV testing. The coordination of outreach efforts and cross-collaboration with other health-related resources creates a whole person care approach that emphasizes prevention and equitable access to a wide variety of health-related resources.

Public Health is committed to tracking federal, state, and local funding and leveraging existing CHW infrastructure and partnerships to competitively apply for new funding opportunities. This includes actively supporting and investing in traditional and non-traditional community-based partners who aim to lead efforts to build and strengthen the CHWs role in ensuring equitable health outcomes for highly impacted communities and expanding the CHW workforce throughout LA County.

ATTACHMENT IV

The following responses address the fourth set of directives and were provided by the Department Mental Health:

1. Provide an updated report regarding current efforts within the Department to retain and expand upon the *Promotores de Salud Mental* program and provide long-term participants of the program with a pathway to full-time.

On May 26, 2020, the Board of Supervisors (Board) approved the motion to expand the Promotores de Salud Mental program. In Fiscal Year 2021-22, the Department of Mental Health was allocated 300 temporary F-items, 150 of which were to be used to convert the Promotores de Salud Mental program from Promotores contracted as vendors to County employees and ultimately phase out the vendor system.

The remaining 150 F-items were to be used to expand the Promotores de Salud Mental model to adapt program to underserved communities prioritized by the Board, including African American, Alaska Native/Native American and Asian Pacific Islander (API). Recruitment efforts were also extended by DMH to the other underserved communities, including LGBTQIA2-S, deaf, hard of hearing, different abled or Access for All, and Eastern-European/Middle Eastern underserved communities.

The Promotores program has demonstrated great capacity to adapt to the challenges of providing, and even increasing, services to the community during the COVID-19 pandemic. The program has also embraced other cultures and communities, engaging underserved communities throughout the process of curriculum development. The results have created culturally competent and linguistically accessible programs for underserved communities and workshops available in Chinese, Korean, Khmer, and other languages collectively known as the United Mental Health Promoters Program (UMHP).

Despite clear successes, the program has experienced difficulties in retaining a workforce as has been experienced by many throughout the pandemic. After the process of onboarding and training, promoters often leave the program to other programs within DMH that offer full time employment status and benefits. As a result, onboarding the allocated 300 items has been a slow process with significant attrition rates. In response to Board motion, DMH is developing on a plan to convert temporary F-items to permanent A-items. This process, if approved, will provide full time employment and benefits to our Promotores and Promoters, and will increase retention allowing Promoters to fully participate in the created career pathway. This includes implementation of Promoters as Community Health Workers, Senior Community Health Workers, and Supervising Community Health Workers.

2. Report back on existing allocations of CARES Act and ARPA funding for the *promotores de salud mental* program and plans for its use to preserve and expand upon the program.

Coronavirus Aid, Relief, and Economic Security (CARES) Act funding was used for Covid-19 related service for DMH. The promoters used CARES Act funding to adapt their

existing modules into Covid-19 specific modules and created three (3) new workshops providing Covid-19 information to underserved cultural communities. The Covid-19 specific workshops were used to provide factual information on the vaccine, help reduce anxiety related to the vaccination and the pandemic. Outreach efforts were used to link community members to vaccine sites and mental health services. Other Covid-19 specific efforts included increased collaboration with the Department of Public Health (DPH) to augment community participation, and collaboration with the Board offices to deploy Promoters to vaccine sites to provide emotional support, reduce anxiety, and provide linkage. Below are the titles of the presentations created specifically for Covid-19:

- Covid-19 and the Brain
- Covid-19 Return to School
- Covid-19 and Stress

The American Rescue Plan Act (ARPA) funds were not originally allocated for the Promotores/United Mental Health Program, however, discussions are in process regarding the use of ARPA funding for this program in the future.

3. Report back on initiatives to include the *promotores* and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives.

DMH works closely with Chief Executive Office's (CEO) Anti-Racism, Diversity, and Inclusion initiatives (ARDI) initiatives. In June 2021, DMH formed its own ARDI division and appointed Dr. Jorge Partida, Chief of Psychology, as Chief of the DMH ARDI Division. Programs under the division include the Promotores de Salud Mental, United Mental Health Promoters, Cultural Competence Unit (CCU), Speakers Bureau, Language Access Services, including American Sign Language (ASL) and American Disabilities Act (ADA) coordination.

ATTACHMENT A

Medi-Cal Community Supports Explainer

DECEMBER 2021

What Are Community Supports?

Community Supports, previously known as In Lieu of Services or ILOS, are certain community-based services and supports that address health-related social needs. Medi-Cal managed care health plans may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department, or other costly services.

Community Supports are services that are not usually covered by Medi-Cal. Medi-Cal health plans have the option to provide Community Supports, and eligible Medi-Cal members have the option to receive these services. If a Medi-Cal health plan chooses to provide Community Supports, they must be medically appropriate for members and help avoid more costly levels of care.

Some members who are eligible for Community Supports may also be eligible for **Enhanced Care Management (ECM)**, a Medi-Cal managed care benefit designed to address the clinical and non-clinical needs of high-need individuals through the coordination of services and comprehensive care management. Community Supports can be an important part of care for members receiving ECM because they provide opportunities for members with high needs to get care and be better served in their community.

What Services Are Available Through Community Supports?

The California Department of Health Care Services (DHCS) has pre-approved fourteen (14) Community Supports that Medi-Cal health plans may offer:

- ***Housing Transition Navigation Services***, which assist individuals with obtaining housing.
- ***Housing Deposits***, which assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.
- ***Housing Tenancy and Sustaining Services***, which aim to help individuals maintain safe and stable tenancy once housing is secured.
- ***Short-Term Post-Hospitalization Housing***, which provides those who do not have a residence, and who have high medical or behavioral health needs, the opportunity to continue their medical, psychiatric, or substance use recovery immediately after exiting an inpatient institutional setting.
- ***Recuperative Care (Medical Respite)***, which provides short-term integrated and clinical care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions).

- ***Respite Services***, which are short-term services provided to caregivers of those who require occasional temporary supervision to give relief to the caregiver.
- ***Day Habilitation Programs***, which provide services in or out of a person's home to assist them in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the community.
- ***Nursing Facility Transition/Diversion to Assisted Living Facilities***, which help individuals live in the community by facilitating transitions from a nursing facility back into a home-like, community setting, or preventing nursing facility admissions for those with imminent need.
- ***Community Transition Services/Nursing Facility Transition to a Home***, which assist individuals to live in the community to avoid further institutionalization by providing non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence.
- ***Personal Care and Homemaker Services***, which support individuals who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.
- ***Environmental Accessibility Adaptations (Home Modifications)***, which provide physical adaptions to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home.
- ***Meals/Medically Tailored Meals/Medically Supportive Foods***, which help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.
- ***Sobering Centers***, which are used as alternative destinations for individuals who are found to be publicly intoxicated and would otherwise be transported to the emergency department or jail.
- ***Asthma Remediation***, which provides physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.

ATTACHMENT B

County of Los Angeles Health Departments' Insights on Our Community Health Worker Infrastructure

Informal Internal Landscape Analysis

March 2, 2022

EXECUTIVE SUMMARY

Purpose of this Informal Landscape Analysis

The Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH) have long valued the expertise of Community Health Workers (CHWs). For several years, the three Health Departments have supported the use of peer specialists, many with lived experience, in our clinics and in community settings. Since the start of the COVID-19 pandemic, over 1,000 additional CHWs were brought on board. Our current cohort of CHWs is a mix of permanent County staff, temporary contract workers, and CHWs employed by County contracted community-based organizations (CBOs).

The three Health Departments are at a key juncture. Much of the federal and state COVID-19 funding for our temporary and contracted CHWs is slated to end within the next couple of years. Further, after many years of coordinating a network of internal and community-based CHWs, the three Health Departments are well positioned to assess what is working well, what we can improve, and what we hope to accomplish by investing in CHWs.

As preparation for a larger discussion on how the County would like to invest in our CHW infrastructure, the Alliance for Health Integration interviewed 16 staff from the three Health Departments. The questions focused on current practices and challenges for hiring and training CHWs, how to best coordinate among the three Health Departments, and the overarching vision for the network of CHWs.

This document captures the insights that staff shared about our current CHW infrastructure and their ideas for how to strengthen it moving forward. The tables below summarize the key themes that emerged from these discussions with DHS, DPH and DMH employees.

Key Themes for Strengthening the Health Departments' CHW Infrastructure

Vision & Long-Term Goals

TOPIC	RECOMMENDATIONS to CONSIDER
Vision & Long-Terms Goals	*With Community Partners:* • Develop a vision, long-term goals and objectives for meeting these goals to strategically invest in our ***internal*** CHW infrastructure and in our ***community-based*** CHW infrastructure coordinated by CBOs

Internal Coordination and Strategic Integration of CHWs

TOPIC	RECOMMENDATIONS to CONSIDER

ATTACHMENT B

CHW Roles and Responsibilities	• Agree on a common definition of CHW that encompasses the breadth of roles our CHWs play and acknowledges that CHW can have many different functional titles, e.g. peer support specialist, peer specialists, parent advocates etc. • Conduct an inventory of the different roles played by CHWs/peer specialists hired by the three Departments and also integrated into contracted services. • Determine if there is a standard set of CHW roles (i.e. specific activities carried out by CHWs) we want to prioritize for CHWs across the three Departments.
Coordination	• Establish a steering committee or coordinating committee that brings together staff from all three Departments. • Develop a mechanism to coordinate our outreach/education by geography, topic and population to maximize impact and reach. • Identify strategic ways for our CHWs to collaborate across Departments in the same neighborhoods. • Establish an internal infrastructure so we can quickly coordinate deployment of CHWs in our three Departments for time-specific projects. • In addition to cross-Departmental coordination, designate a coordinator within each Department to streamline CHWs efforts intra-departmentally. • Learn from similar CHW efforts at other county Departments and in other communities to advance our own efforts.
Training and Peer Learning	• Develop a core curriculum, or modify existing local/national curricula, for training, onboarding and continuous improvement for the three Health Departments. Include opportunities for cross-training CHWs where appropriate. • Create a repository of training materials for all three Health Departments to use to supplement and customize the core training, as needed. • Develop in-person and virtual opportunities for CHWs to network and share best practices. • Invest in CBO partnerships to enhance existing CHW community infrastructure and capacity. • Provide trauma-informed capacity building for CBO and Department staff, for CHWs, their supervisors and other staff supporting CHW efforts. • Provide professional development for CHWs' supervisors and other staff working with CHWs so they know how to best integrate CHWs into care/work teams.

	• Create a certificate of completion for CHWs who are not certified at the state level (e.g. they are not certified under SB 803) but who complete the Health Departments' core curriculum. • Provide training and support to assist CHWs who want to become certified Peer Support Specialists as allowed by SB 803. • Cross train all CHWs so they can promote the services provided by each of the three Health Departments. For example, train DMH and DHS' CHWs how to connect clients to substance use disorder treatment and train DPH's CHWs how to link clients to mental health and personal health care.

Internal Hiring and Contracting with CBOs

TOPIC	RECOMMENDATIONS to CONSIDER
Hiring CHWs	• Increase pay and expand promotional opportunities on the CHW career ladder within the County. • Pursue changes to the recruitment and hiring process across all three Health Departments to ensure inclusive hiring practices, including but not limited to removing any practices that could eliminate candidates who are usually excluded due to background checks, etc.
Contracting with CBOs	*With Community Partners:* • With our CBO partners, decide whether (and if applicable, how) to standardize and simplify the contracting process for CHWs based in CBOs. • With our CBO partners, pursue solutions to fair hiring, pay, promotional opportunities, adequate clinical supervision, and workforce development to encourage retention of CHWs and quality care.

Long-Term Funding & Policy Advocacy

TOPIC	RECOMMENDATIONS to CONSIDER
Stable Funding for CHWs	• Identify all opportunities for CHWs (broadly defined to encompass a wide variety of roles) to take advantage of Medi-Cal reimbursement through SB 803 and upcoming plans to reimburse CHWs through CalAIM and the State's CHW State Plan Amendment for Medi-Cal. • Identify other potential local, state and federal funding opportunities to support CHWs. Seek funding for care teams as a whole, as opposed to for only the CHW. • Engage in advocacy work to create policy change that will support CHWs, including but not limited to quality base pay and benefits.

1. VISION for COMMUNITY HEALTH WORKER INFRASTRUCTURE

Many staff at DPH, DHS and DMH reported that the three Health Departments and our community partners need a clear vision for how to invest in our CHW infrastructure over the long haul. Our vision could include clarification on when CHWs should be directly employed by the County, in what contexts it is more beneficial for CBOs to employ CHWs, and agreement on the priority services for CHWs to provide in clinical and in community settings. In the absence of a long-term vision, staff expressed that temporary investments, i.e. short-term contracts and hiring temporary contracted workers, are disjointed and do not necessarily help build trust and strong partnerships with CBOs, a view they said is also shared by some of our community partners.

One aspect of our vision that requires further discussion is what many staff referred to as our equity strategies. While many staff acknowledged the practicality of a hybrid hiring approach, with some CHWs directly employed by the County and others brought on through contracts with CBOs, staff input points to a potential philosophical difference of opinion over which equity strategy the Health Departments should prioritize: directly hiring CHWs as County employees or supporting CBOs to hire CHWs (see description below of the two equity strategies). Some staff asserted that one of the two strategies is more equitable than the other and that the Health Departments should not give them equal priority. Rather, these staff suggested that Health Departments should put in place some parameters to guide our contracting and hiring decisions in a more intentional manner.

Two equity strategies.

(i): Directly hire CHWs as County employees so they benefit from County jobs with good pay and comprehensive benefits;

(ii): Invest in communities by investing in CHWs employed by community-based organizations and acknowledge their unique role as trusted agencies in their neighborhoods.

2. ROLES & RESPONSIBILITIES OF CHWs

Current Roles and Responsibilities

Currently, CHWs in all three Health Departments carry out a wide variety of roles and have a broad range of responsibilities in the clinics and in community settings. While some CHWs may work in both the clinic and community context, many CHWs work entirely in one context or the other so Table 1 below is separated into these two settings.

Departments are using many different functional titles to refer to CHWs and are increasingly expanding the roles that CHWs play beyond clinical care team members and education/outreach workers, for example, violence prevention “peer specialists” who conduct violence intervention and healing activities. Thus, some staff recommended that the definition of a CHW and our internal understanding of what constitutes a CHW be broadened beyond the general categories of “outreach/education” or “clinical care team members” to be inclusive of these additional roles, that are also critical to our goal of promoting equity. On a practical level, some employees shared that defining a standard set of roles is important because expected roles and responsibilities guide

the multiple components of hiring, (e.g. supplemental questions, interview questions) and training.

Table 1: Summary of Current Roles & Responsibilities of Community Health Workers*
**Not an exhaustive list*

Roles & Responsibilities In Clinic Settings	Roles & Responsibilities In Community Settings
DMH (partial list)	**DMH (partial list)**
- Provide emotional support as a peer mentor/coach to people living with mental illness who are participating in DMH treatment programs, drawing from their own recovery experiences. - Provide emotional support to parents with kids who are involved with DCFS or Probation or to parents of children with special needs**.** - Teach parents how to advocate for their kids and access resources at school and in their communities. - Lead peer support groups in clinics. - Provide case management (and are members of the treatment team). - Link people to mental health services and other resources. - Provide therapeutic transport to take people to the hospital.	- Facilitate workshops in homes, schools, churches on mental health and available resources. - Link people to mental health services and other resources. - Conduct outreach in communities, including in areas adjacent to Peer Resource Centers to encourage drop-in visits to centers.
DHS (partial list)	**DHS (partial list)**
- Conduct a baseline needs assessment utilizing screening tools and works with patients/family and medical home team to create a comprehensive care plan. - Assist patients, and their support system in the development, tracking, and documenting of a care plan, which addresses the patient's goals and any medical, behavioral health and/or substance use treatment needs. - Facilitate connection to and engagement with patients' primary care home. - Help patients with system navigation. - Support patients before, during, and after medical and social service appointments and accompany participants to appointments as needed.	- Serve as care coordinator for home and field visitation services for pregnant/post-partum women. - Participate on behavioral health integration teams to outreach to patients at their homes to coach with medication adherence, disease self-management, accompaniment to appointments, post-hospitalization care. - Gather and enter data to support/inform medical home teams or mobile care teams. - Provide care coordination, system navigation, mentorship to people leaving jail and people on probation/parole supervision. - Complete intakes for new clients experiencing homelessness (PEH), provide general support for accessing benefits and

- Participate in team huddles, care conferences, and multidisciplinary team meetings and advocate on behalf of the patient to help them achieve health and life goals. - Assist patients/family around "transitions of care" as patient transfers from one care setting to another and promotes greater use of outpatient resources. - Provide health information and counseling around disease management, medication adherence, mental health, addiction, and self-care. - Assist patients to learn to advocate for him/her/themselves. - Represent CHWs on DHS-wide committees assigned to improve care coordination (such as Care Management or Social Determinants of Health work groups).	services, and provide education to encourage COVID testing, vaccination. - Engage community members in education on health topics. - Go door-to-door to educate one-on-one - Provide outreach in the community as assigned by attending local community fairs, events, and or community-based meetings. - Build and maintain trusting and open relationships with community organizations, leaders and resources.
DPH (partial list)	**DPH (partial list)**
- Transport patients to appointments at public health clinics and other County facilities. - Assist with oral and written translation (must be on bilingual bonus pay). - Assist with patient check-in and support patient flow to appropriate staff for care. - Support registration and scheduling functions in electronic medical records. - Assist with patient engagement and support as part of hospital violence intervention programs. -	- Conduct education/outreach at health fairs to engage community members on various topics, including COVID-19 and other infectious diseases (flu, West Nile, etc.). - Go door-to-door to homes and businesses to educate residents and business owners one-on-one on public health topics. - Support community engagement and healing activities to promote public safety. - Provide violence intervention, including incident response, peace maintenance, informal mentoring, and system navigation for survivors of violence - Teach educational and skill-building classes (e.g. hands-only CPR, etc.) at County wellness communities. - Assist with system navigation and link people to care and resources. - Provide additional educational and operational support at County-run vaccine and public health response events.

	- Connect people to services at County resource centers during emergencies such as fires, toxic exposures. - Conduct home visits to pick up specimens to be tested in lab.

3. COORDINATION AMONG THE THREE HEALTH DEPARTMENTS

Staff offered the following observations and suggestions for better coordination among the three Health Departments and in some cases, with external partners:

Geographic Coordination

- Sometimes CHWs from different Departments conduct outreach in the same neighborhoods on the same topics which is triggering "education saturation." We should avoid this duplication of efforts (see cross-training below).
- Develop mechanisms to coordinate CHWs who are doing outreach in the same communities for different purposes, for example, street violence intervention and health education outreach promoting vaccines.
- We need better partnerships with funders to coordinate outreach where there is geographic overlap. For example, if California Community Foundation invests in outreach in Antelope Valley, we need to coordinate with them so our CHWs are not doing outreach in the same area as their other funded partners.

Cross Training (see also section #4 on "Training" below)

- Cross train all CHWs so they can promote the services provided by each of the three Health Departments. For example, train DMH and DHS' CHWs how to connect clients to substance use disorder treatment and train DPH's CHWs how to link clients to mental health and personal health care.
- For CHWs working in a more clinical context, train them in new skills such as taking blood pressure, diabetes management, and other chronic diseases so they can take on additional roles. Or if more appropriate from a regulatory perspective, train CHWs to support the client to take their own blood pressure or blood sugar with their own equipment and to instruct the client to call the appropriate contact for abnormal values.
- Train CHWs in trauma informed resilience-oriented practice and field safety, including self-care to prevent burnout.

Strategic Integration of CHWs

- The Health Departments should be more strategic with how we integrate CHWs into workforce teams to maximize their impact.
- Rather than placing so much emphasis on door-to-door outreach to residences (where most people are not home during workweek hours) and businesses, CHWs should meet community members where they are, e.g. schools, parks, faith institutions, etc. (Note, not all three Departments are using the door-to-door outreach strategy).

- CHWs have expressed that the door-to-door work is too physically tiring when visiting homes and businesses all day, five days a week.
- We should target certain neighborhoods with high levels of mental and personal health issues and CHWs should be encouraged and supported to jointly partner with faith institutions and other community organizations to help people access care.
- Establish more impactful tracking and data collection mechanisms. For example, in addition to tracking the number of homes or locations visited by CHW's when doing community outreach, document the impact of their exchanges with people.
- To maximize CHWs who can speak specific languages, create a roster of which languages are spoken by CHWs so the three Health Departments can work jointly to deploy CHWs where there is a language need.

Infrastructure for Regular and Rapid Deployments

- We need an internal infrastructure, perhaps a centralized coordinating committee with representatives from each of the three Departments, to coordinate deployment of CHWs in our three Departments, in general, but also for time-specific projects, such as upcoming enrollment in expanded Medi-Cal. This committee could also produce communication about different initiatives and develop mechanisms to quickly hire CHWs to meet urgent needs.

Internal Communication and Key Messaging for Clients & Community Members

- Each Department needs to have an awareness of the core role and responsibilities of CHWs in the other two Health Departments
- Develop key, standardized messaging and communication materials for CHWs in all three Health Departments to use with clients.

Coordination with other County Departments

- Coordination of CHW efforts extends beyond our three Departments. As county initiatives focused on equity increasingly include CHWs/peer specialists, there is an opportunity for further coordination and learning with Departments outside of DHS, DMH and DPH.
- Some Health Department programs with CHWs would benefit from better communication and coordination between their CHWs and staff in other County Departments, for example, with medical case workers in the County jail in order to better serve clients currently incarcerated.

4. TRAINING & PEER LEARNING COMMUNITY for INTERNAL CHWs

Staff in all three Health Departments expressed strong agreement that coordinating training and other capacity building opportunities (e.g. learning collaboratives, conferences) for CHWs would be very beneficial. Due to length, training is discussed in this separate section even though it could also be placed under "Coordination," above.

Previous Efforts to Develop a CHW Core Curriculum and Learning Network

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Before the COVID-19 pandemic began, a group of staff from DHS, DPH and DMH convened a cross-Departmental workgroup with the goal of developing a standardized core training curriculum for CHWs in DMH, DHS and DPH by building on their existing training efforts. This group led two training webinars for CHWs and established a cross-Departmental learning network for CHWs to learn from each other and be connected to the broader CHW workforce. To facilitate peer learning and support, they set up a SharePoint website called "The CHW Connect" for County-employed CHWs to share resources and pose questions requesting peer responses. When COVID took hold, this group stopped meeting, and was unable to complete a standardized training though they had begun to inventory existing training modules developed by the three Health Departments. The pandemic also has prevented staff from actively engaging through the CHW Connect SharePoint site.

At this point in time, staff are interested in reviving all these efforts once their workload allows it. It is also worth noting that staff at the three Health Departments have conducted some training for CHWs in each other's Departments so there is a history of cross Departmental collaboration though it has not been systematic.

Broad Desire for Core Curriculum

Across all three Health Departments, there is a continued strong interest for a core training curriculum for CHWs. Examples of content that all CHWs should learn include resources available for people to access, navigation skills, and motivational interviewing skills. Beyond the core curriculum, each program within a Department would be free to add modules to supplement and customize the training to the particular needs of that program.

Each of the three Health Departments has developed key training materials that will be helpful to the development of a core curriculum. DMH has a 72-hour training curriculum that they developed with Children's Hospital Los Angeles and UCLA for mental health peer specialists in clinic settings. DHS Whole Person Care established an approximately 40-hour core curriculum which includes training on the core competencies identified in the national Community Health Worker Core Consensus Project and program-specific needs. DPH's Office of Violence Prevention has developed a peer-to-peer violence prevention curriculum that includes trauma informed practices for peer specialists.

Repository of Additional Training Modules and Professional Development

Each Department has already developed a variety of training modules. Many staff suggested that the Health Departments create an online repository of additional modules and other training materials for program staff in any of the three Departments to access and modify. These additional modules could be used to supplement a core curriculum or to use for ongoing professional development.

Staff from all three Health Departments reported insufficient ongoing professional development opportunities for CHWs. If a repository of training materials were created, staff suggested that some of the additional training modules outside the core curriculum could be used to provide ongoing professional development for CHWs to expand their skillset. For example, DHS has

training modules to build supervising and mentorship skills that the other Departments could use as professional development for CHWs. Other topics for professional development could include more in-depth teaching about resources to promote wellbeing. CHWs could be facilitators for some of these trainings.

Training Methodology

Finally, staff also emphasized that the training methodology itself is important. Some DPH, DMH and DHS programs that employ CHWs have adopted a highly participatory training approach that builds upon the expertise that CHWs bring to the table to create knowledge collaboratively. This training format engages participants in a variety of activities, avoiding the more traditional lecture-style format. Several staff expressed a strong desire that the core curriculum and add-on modules utilize this interactive approach with opportunities for hands-on learning.

Aligning Training with State Training Requirements for Medi-Cal Reimbursement

State Bill 803: Peer Support Specialists Certification (slated to begin in spring of 2022)
SB 803, approved in 2020, will enable California to expand the behavioral health workforce by allowing certification of Peer Support Specialists, a new provider category under Medi-Cal. Peer Support specialists are intended to work in a county's Medi-Cal mental health and substance use disorder delivery systems and will provide specific reimbursable peer support services to people living with mental health and substance use disorder conditions. They will mainly be clinic-based, but they are allowed to visit clients at home, board and care facilities and in hospitals. At this point the State has not yet finalized the specific Peer Support Specialist activities that will be reimbursable.

DMH and DPH-Substance Abuse Prevention and Control (SAPC) have been actively involved in SB 803. Both DMH and SAPC are planning to send many of their CHWs through this certification program once it begins and are permitted to use Mental Health Services Act dollars to pay for the program. After participating in the training, participants take an exam to become certified.

CHW Medi-Cal State Plan Amendment (slated to begin in July 2022)
Staff recommended that our efforts to develop a core curriculum also be informed by reimbursement requirements that will be established for the CHW State Plan Amendment Medi-Cal benefit, currently under development. In order for the County to take full advantage of this Medi-Cal funding source, staff suggested that we align our core CHW curriculum with training requirements that the State ultimately enacts for CHWs' services to be billable under Medi-Cal.

Certificate of Completion for our CHWs
Several staff would like CHWs to receive a special certificate of completion for finishing the CHW core training curriculum, especially for CHWs who are not able to get certified in any of the State peer worker training programs. Such a certificate would recognize completion of our training as an important milestone and assist CHWs in their professional development.

5. TRAINING FOR CHWs at COMMUNITY BASED ORGANIZATIONS

At the present time, each of the three Health Departments typically provides training for our contracted CHWs, sometimes provided by CBOs and sometimes provided by Health Department personnel, depending upon which organization has the necessary content expertise. According to staff, our CBO partners have a wide range of capacity, with some CBOs providing additional detailed training to their CHWs and other CBOs providing limited training only.

Several staff reported that they would like the Health Departments to do more to help CBOs build the capacity of their CHWs. They conveyed that is particularly important to provide comprehensive support to ensure the success of CHWs for whom this position is their first formal job in their life (see also "supervision" section below).

Staff working with CBO-based CHWs highlighted some key training and support needs. Since many community-based CHWs are still processing their own trauma and have only recently entered recovery or a post-incarceration re-entering phase, staff underscored that it is especially important for them to learn self-care practices. These practices should help them process the stories they hear during the workday from peer clients that they are supporting. Their work can be emotionally taxing. Training and other supports need to be in place at the organization to help them re-charge each day and avoid being overwhelmed by the complex challenges their clients face.

Some employees suggested that the Health Departments should foster a network among the CBOs for their CHWs to share resources and cross train one another, similar to the network started by DPH, DHS and DMH for County-employed CHWs. In the event this network does get established, staff recommended that participation and reimbursement be woven into contracts to make sure CBOs are compensated for their time.

6. CHW HIRING PROCESS at the THREE HEALTH DEPARTMENTS

Career Ladder: Insufficient Number of Promotional Opportunities

The primary payroll items for current community health workers/peer specialists employed by the three Health Departments are those in the Community Health Worker ladder:

- Community Health Worker
- Senior Community Health Worker
- Supervising Community Health Worker

Though the Senior and Supervising CHWs items are approved as official payroll items, many staff reported that there is an insufficient number of these two items that have been allocated to the three Health Departments. For example, one Departmental program has approximately 40 CHWs, but has no Supervising CHW or Senior CHW items allocated so there are no promotional opportunities for these 40 CHWs at this program.

To further develop long-term opportunities for CHWs at the County, several staff support creating additional payroll items to the Community Health Worker ladder, beyond the current positions. Other staff recommended that the County identify other internal career pathways for CHWs, in addition to the CHW ladder, to provide leadership opportunities for people with lived experience.

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Pay for CHWs

Further, several staff stated that the pay is too low for CHWs, Senior CHWs and Supervising CHWs and that the County hourly pay is not high enough to compete with larger organizations outside the County (see pay range in chart below).

Staff reported that an unintended consequence of the lower-paying CHW career ladder coupled with the small number of Senior CHW and Supervising CHW items is that some CHWs leave their positions to pursue County administrative-track jobs with higher salaries. The Health Departments then lose their unique contributions as peer specialists in programs that directly benefit from their expertise.

Below is a chart with salary information for four Los Angeles County CHW classifications:

Position	Starting Salary (mo/yr)	Ending Salary (mo/yr)
Community Health Worker	$2,899.00 *($34,788)*	$4,334.64 *($52,016)*
Senior Community Worker I *(Not commonly used)*	$2,998.82 *($35,986)*	$4,487.46 *($53,850)*
Senior Community Health Worker	$3,329.74 *($39,957)*	$4,909.46 *($58,914)*
Supervising Community Health Worker	$3,512.55 (*$42,150)*	$5,268.00 (*$63,216)*

Sources: 1) Los Angeles County Class and Salary Listing, Oct. 2021, accessed online on 1/17/22: https://file.lacounty.gov/SDSInter/lac/1043266_alpha.pdf; 2) County Class Specifications accessed online on 3/1/22: https://www.governmentjobs.com/careers/lacounty/classspecs

Standardized Hiring Processes for County-Employed CHWs

Many staff expressed that we need an exam process that is not geared towards the one department that is posting the exam. Under the current system, applicants who do not have experience working in the department posting the exam are likely to receive a lower score. Instead, many staff would like the exam process to value experience in all three Health Departments.

Recruitment and Support for Candidates to Apply for County CHW Jobs

Some staff mentioned how onerous the application process can be for CHW candidates. They thought it would be beneficial if there were a program or entity to help potential CHWs gain the skills to write a resume and cover letter, apply for jobs, and prepare for interviews. The Worker Education & Resource Center (WERC), a nonprofit organization and labor-management partnership with the Service Employees International Union Local 721, has provided helpful application support to some of DHS's CHWs, according to DHS staff. Further, other staff voiced support for the apprentice model, where CHW candidates are given stipends and trained for a few months (as opposed to hours) and provided field exposure. WERC has also successfully developed apprenticeship programs for some County CHWs.

Additionally, some staff recommended that Departments invest in a recruitment strategy to encourage diverse applicants to apply for CHW positions. Recruitment strategies could include disseminating employment opportunities to CBOs via email and asking them to share with their networks and partnering with CBOs to host informational sessions on CHW job openings. These sessions could focus on educating potential candidates about the County's hiring process, in order to demystify the multiple steps involved in applying for County positions.

Use of Standardized Supplemental Questions

As we pivot to hire more staff with lived experience, some Departmental employees conveyed that our exams do not adequately value the lived experience that applicants bring and that some applicants receive lower scores, or do not pass at all, if they do not have a certain type of experience or formal education. Staff would like the exam process to consistently include standardized supplemental questions so candidates can demonstrate their experience more broadly. Sometimes supplemental questions are not a part of the exam process and applicants have less opportunity to explain their expertise.

Utilizing Subject Matter Experts as Exam Reviewers

Rather than assigning Human Resources (HR) employees to review applications and supplemental questionnaire responses, some staff suggested it would be more effective to use non-HR subject matter experts. This would enable the County to consider people's lived experience and work experience in a more culturally appropriate manner.

Longer Exam Submission Periods & Standardized Core Interview Questions

Sometimes the CHW exams are open for only a short amount of time in order for HR to generate a list of eligible candidates quickly, to expedite the hiring process. As a result, some candidates are not able to apply during the brief application submission window, particularly if the window is during the workday. Some staff requested longer windows to allow more time for people to submit their applications and that we find other methods for expediting eligibility lists. Lastly, staff suggested that detailed interview guides with assessment criteria be developed for all three departments to use when interviewing CHW candidates.

7. CONTRACTING WITH COMMUNITY BASED ORGANIZATIONS

Simplifying and Changing the Contracting Process

Contracting with the County typically requires a significant investment of staff time. Not only does responding to a County Request for Proposals (RFP) require a considerable amount of effort but applicants must meet various administrative requirements, e.g. minimum insurance coverage. Further, once contracts are approved, a variety of additional administrative requirements kick in, e.g. report writing and annual audits. The administrative aspects of contracting can be challenging for CBOs especially for smaller ones. Staff in the three Health Departments strongly suggested deepening our use of intermediary agencies and allowing these intermediaries to subcontract with community organizations which would then be freed up to focus more on the outreach, education and other deliverables for CHWs.

Staff expressed appreciation for the added flexibility to contracting offered by the Master Agreement for Community Engagement, managed by DPH. This contracting tool is also accessible to DHS and DMH, along with all County departments. Some staff mentioned that the application process to get on the Master Agreement's pre-approved list of vendors, while less onerous than responding to a RFP, is still too difficult for many CBOs. In addition, there is currently no mechanism to link CBOs that are potentially interested in subcontracting with intermediaries applying for particular projects (via Work Order Solicitations). The result is that intermediaries might subcontract with the same set of CBOs for various projects.

Increasing the Pay for CHWs

Given that a substantial number of CHWs are hired via contracts with CBOs, many staff stated that standardizing parts of the contracting process would benefit both our partners and the three Health Departments. Staff are concerned about the wide range of pay among contracted partners, with larger organizations paying a higher salary to their CHWs than smaller agencies. However, staff are aware that requiring minimum salaries for CHWs based in our contracted agencies could raise internal parity issues. For example, if our Health Departments require contractors to pay their CHWs $30 an hour, this may be equal to - or more than - the salaries of peer colleagues or higher-level staff in the same organization. Thus, any pay requirement that the three Health Departments were to impose needs to be mindful of community-based organizations' internal pay scale. Regarding promotional opportunities, ideally CHWs based in CBOs would have opportunities to advance to senior or supervisory positions.

8. SUPERVISION of CHWs

Quality supervision for CHWs is a critical component of setting up CHWs for success. To provide excellent supervision CHWs' supervisors must receive adequate training in how to best support CHWs. More broadly, hiring CHWs means as a program, agency, and department, you are committing to a robust workforce development initiative and carving out time from skilled program managers and clinical supervisors to specifically invest in the CHW workforce. Staff at the three Health Departments and CBOs alike need to be given the training, funds and support to make these investments.

CHWs' Unique Situation

For some CHWs, this is their first job, and they might require significant support to succeed. For example, they might have limited computer skills or need to strengthen communication skills. In addition, many CHWs cope with their own trauma that can be triggered by their job responsibilities, e.g. interacting with clients whose trauma is similar to a CHWs personal trauma. And, for some CHWs, they may be currently experiencing mental health conditions or may have only recently re-entered their community after incarceration.

Quality Supervision for CHWs

Many of the clients supported by CHWs have complicated needs, for example they may be suicidal, face other severe mental health challenges, and/or reside in communities that experience significant stress and trauma due to historical oppression and systemic racism. To provide the best support to clients, some staff expressed that CHWs working in certain clinical contexts need supervisory guidance from an experienced clinical staff person. These staff reported that some of the Supervising CHWs do not have sufficient clinical expertise to guide CHWs working with patients who live with extreme challenges. While some CHWs working in clinical settings are currently supervised by clinical staff, this is not always the case.

Below are additional recommendations that staff shared to help institutionalize quality supervision for CHWs. Supervisors:

- Should conduct an assessment of CHWs during their onboarding to identify what skills and supports they need to succeed, e.g. computer skills, communication skills.
- Need skills to support CHWs as CHWs cope with their own trauma that can be triggered by their job responsibilities.
- Should help CHWs receive the support they need to heal from their own personal trauma and history.
- Should receive training in trauma informed resilience-oriented practice to support clients and peers in a culturally responsive and sensitive manner.
- Should be trained in how to support CHWs to use their "lived experience" in ways that are helpful and healthy for both themselves and their clients.
- Develop a stronger career ladder for CHW supervisors for all the reasons outlined above.

9. LONG-TERM FUNDING

Staff reported that long-term, dedicated funding sources are key so that three Health Departments do not hire and contract with CBOs on an ad-hoc basis, impeding the long-term stability of the CHW infrastructure and impacting care for clients and community members.

The Health Departments are involved in discussions and planning for three long-term state and federal funding sources for peer specialists: State Bill 803, CalAIM and fee-for-service Medi-Cal.

State Bill 803: Peer Support Specialists Certification

SB 803 creates Peer Support Specialists, a new provider category under Medi-Cal. Peer Support Specialists will provide specific reimbursable peer support services to people living with mental health and substance use disorder conditions. They will mainly be clinic-based, working in the Medi-Cal mental health and substance use disorder care systems, but they are allowed to visit clients at home, board and care facilities and in hospitals. According to DMH staff, the State has not yet finalized the specific Peer Support Specialist activities that will be reimbursable.

Peer Support Specialists will primarily provide emotional support to DMH and DPH-SAPC clients who receive mental health and substance use disorder services by serving as a mentor/coach and sharing their own recovery stories with clients.

Medi-Cal

There are potentially two new funding streams to reimburse CHWs for their services through Medi-Cal. The California Advancing and Innovating Medi-Cal (CalAIM) initiative creates financial mechanisms for managed care plans to contract with community-based organizations and other providers to support patients through Community Health Workers.

In addition to these reforms under CalAIM, the State of California is seeking approval from the Federal Centers for Medicare & Medicaid Services (CMS) via a CHW State Plan Amendment to use federal Medicaid funds to reimburse for certain services provided by CHWs to Medi-Cal beneficiaries.

Other Potential Funding Sources

Further, there might be other funding mechanisms included in the Affordable Care Act (ACA) that the three Health Departments should explore to be sure we are taking full advantage of all opportunities to fund CHW services. In some instances, it may be necessary to train CBOs to bill Medi-Cal for reimbursable services and to set up the infrastructure for meeting reporting requirements.

Beyond Medi-Cal and the ACA, many staff would like the three Health Departments to proactively advocate for policy changes at the state and federal levels that would create stable funding sources for a broad range of CHW/peer specialist services.

10. CONCLUSION

The insights presented in this document from staff at DPH, DMH and DHS shed light on the current CHW infrastructure and provide a crucial context for upcoming discussions about strengthening our CHW workforce. Staff in all three Health Departments are deeply committed to CHWs and are ready to put in place the supports, practices and administrative solutions to facilitate CHWs' success on the job and their career advancement. Across DMH, DHS and DPH, colleagues are eager to work collectively to address the issues highlighted in this report and equally enthusiastic about collaborating with community partners while planning for a vibrant, successful CHW workforce.

ALLIANCE FOR HEALTH INTEGRATION

Los Angeles County Board of Supervisors

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice Hahn (Chair)
Fourth District

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"To improve the health and well-being of Los Angeles County residents by aligning and efficiently implementing Board-approved prevention, treatment, and healing initiatives that require the collaborative contributions of the three health departments."

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D., Director
Department of Health Services

Lisa H. Wong, Psy.D., Interim Director
Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed., Director
Department of Public Health

Jaclyn Baucum, Chief Operating Officer
Alliance for Health Integration

DATE: January 30, 2023

SUBJECT: **SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES (ITEM NO. 7 OF THE FEBRUARY 15, 2022 BOARD AGENDA)**

On February 15, 2022, the Los Angeles County (County) Board of Supervisors (Board) approved the motion, *"Solidifying the Role of Promotoras de Salud in County Services,"* which instructed the Chief Executive Office (CEO), in collaboration with the Departments of Health Services (DHS), Public Health (DPH), and Mental Health (DMH), together referred to as Health Departments, and the Alliance for Health Integration (AHI) to:

1) Report back to the Board with the status of the CalAIM initiative and potential funding revenues that can be utilized to expand the role of Promotoras and Community Health Workers within the Health Departments;
2) Identify any State funding sources outside of the CalAIM initiative that can be further utilized to expand Community Health Worker and Promotoras/es initiatives;
3) Review the American Rescue Plan Act (ARPA) allocations and verify that any funding distributed for the purpose of Promotoras/es and Community Health Workers are aligned with this motion; and
4) Provide recommendations on opportunities to sustain these efforts and support the long-term viability of a permanent program.

Additionally, individual Health Departments received the following specific directives.

Instructing DHS to:

1) Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of promotoras and the timelines for their implementation;
2) Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA's Neighborhood program; and
3) Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services.

Instructing DPH to:

1) Assess and report on how CalAIM funding streams can be utilized to provide further support to vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders; and
2) Assess the need and viability of utilizing any additional funding to sustain and expand promotores use in pandemic response, while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually transmitted diseases.

Instructing DMH to:

1) Provide an updated report regarding current efforts within the Department to retain and expand upon the Promotoras/es de Salud Mental Health program and provide long-term participants of the program with a pathway to full-time employment;
2) Report back on existing allocations of CARES Act and ARPA funding for the Promotoras/es de Salud mental program and plans for its use to preserve and expand upon the program; and
3) Report back on initiatives to include the Promotoras/es and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives.

The attached report, *Board Motion Updates: Solidifying the Role of Promotoras De Salud in County Services*, reflects quarterly updates from each Health Department to address the above-noted directives.

As outlined in the quarterly update, the Health Departments acknowledge the broad impact that Community Health Workers/Promotoras/es (CHW/Ps) have on the community, including: Improving patient health outcomes, improving outpatient health care utilization, reducing avoidable emergency room visits and/or hospitalizations, promoting independent living, connecting underserved communities to prevention, mental

health services, and care, increasing health education, providing needed information and resources to community members, and facilitating vaccination appointments.

The Health Departments collectively recognize the vital role that CHW/Ps have on expanding access to care and connecting residents to resources in a culturally and linguistically appropriate manner, and as such, the Health Departments remain deeply committed to sustaining and growing this workforce.

Should you have any questions regarding this report back, you may contact Jaclyn Baucum, AHI Chief Operating Officer, at jbaucum@ahi.lacounty.gov.

JB:ak

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Department of Human Resources

BOARD MOTION UPDATES: SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES

JANUARY 2023

QUARTERLY UPDATE

ALLIANCE FOR HEALTH INTEGRATION

Health Services
LOS ANGELES COUNTY

COUNTY OF LOS ANGELES
Public Health

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
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Chief
Executive
Office.

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BACKGROUND

- On February 15, 2022, the Board of Supervisors instructed CEO in collaboration with Department of Health Services, Department of Public Health, Department of Mental Health and the Alliance for Health Integration to identify funding to sustain Community Health Worker/Promotoras/es programs and provided updates on opportunities to expand the range of services and opportunities to connect more residents to culturally and linguistically accessible care. (Motion Linked Here)
  - Included in this Motion are specific directives to each Health Department

- The Report Back was submitted on June 21, 2022. (Report Back Linked Here)

- The following slides reflect each Department's quarterly update on the work reflected in the Report Back and as required by the Board Motion

BACKGROUND INFORMATION ON MEDI-CAL FUNDING FOR CHWS

NOTE: Under CalAIM Enhanced Care Management and Community Supports, CHW/P services are not recognized as a separate billable services. A contracted provider may opt to use the MCP's capitated payment to cover CHW/P services but are not required to do so.

	Community Health Worker Benefit	SB 803/ Peer Support Benefit
Benefit Description	**Preventive health services** provided by skilled and trained CHWs who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers. CHW services are considered medically necessary for beneficiaries with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, or who face barriers meeting their health or health-related social needs, and/or benefit from preventive services.	**Health recovery services** due to mental health diagnosis or behavioral health condition are provided by Peer Support Specialists (PSS) under the Specialty Mental Health Service System, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery system (DMC-ODS) programs for counties that opt in to cover the service) DMH and DPH-SAPC are leading the implementation of the certified peer specialist within their respective systems. PSS are individuals with lived experience who receive PSS certification. Covered PSS service include: - Educational skill building groups - Engagement - Therapeutic activity
Funding	Most Medi-Cal beneficiaries in Los Angeles County are enrolled in a managed care plan (LA Care or Health Net and their delegated plans), where reimbursement for covered services is governed by contractual arrangements between the County department and the health plan. **This is not a key state funding source for the Health Departments.**	**This is a new state funding source that will be drawn down. The benefit rolled out on July 1, 2022.**

EXPLANATION: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy and position funding data for their respective CHW positions.

On the following slides, you will see this chart (right).

We have included an explanation of the types of roles and data you will review.

Temporary County employees do not have full benefits and are "at-will"; they work alongside DMH, DHS, DPH permanent staff; they are managed by County managers.

Contracted CHWs are employed by personnel agencies to quickly respond to emergencies and/or funded by short-term grants

CHWs at CBOs are employed by community organizations that have contracts with DPH, DMH and/or DHS.

	Permanent County Employees **Filled/Vacant**	**Temporary County Employees** **Filled/Vacant**	**Contracted CHWs Through Personnel Agencies** **Filled/Vacant**	**CHWs Through CBO Contracts**
CHW	Example: Filled: 200 Vacant: 250	Example: Filled: 100 Vacant: 50	Example: Filled: 40 Vacant: 200	*The Health Departments do not track vacancies of CHWs employed at CBOs and therefore this data is not included in this report.*

DHS: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (as of December 2022)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 68 Vacant: 40	N/A	Filled: 21 Vacant: 6
Senior CHW	Filled: 31 Vacant: 13	N/A	Filled: 18 Vacant: 1
Supervising CHW	N/A	N/A	Filled: 1 Vacant: 0

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Directives

1. Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of promotoras and the timelines for their implementation
2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA's Neighborhood program
3. Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services

Updates

1a. Meetings with Health Plans on leveraging the CHW benefit within the construct of public hospital financing (creative financing opportunities) for current Enhanced Care Management services

1b. Exploring opportunities within the Trauma Recovery/Hospital Based Violence Intervention Programs and the Housing for Health Street Based Engagement and Mobile Clinics

1c. Ongoing meetings and advocacy with Human Resources regarding the review and revision of class specifications, special pay practices to promote hiring and retention

2. MAMA's program continues and is integrated into the clinics, the staffing are part of the Behavioral Health Integration teams, and maintain the structure and integrity of MAMA's service delivery (more sustainable model) outside of WPC funding

3. Did not receive funding for the proposed apprenticeship program/pilot. We are leveraging our current CHW support for field visits, engaging patients, outreach, linkage to services in our current and expanding programs (i.e. Enhanced Care Management/Community Supports)

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Barriers

- Low pay for CHWs makes hiring and retention challenging
- Limitations of CHWs' promotional opportunities
- Complexity of work environments (street-based engagement teams, mobile clinics) makes hiring and retention difficult

Opportunities

- Support of Alliance for Health Integration and partnership/collaboration with DMH and DPH in this effort to update the CHW classification (higher pay and beyond)
- Meetings with HR and ongoing discovery for special pay practices
- Advocacy and creativity related to promotional opportunities
- Review and revision of CHW class specifications
- Health plan engagement on reimbursement opportunities related to CalAIM
- Capacity building

DPH: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (as of December 2022)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 75 Vacancies: 10	Filled: 4 Vacancies: 0	Filled: 87 Vacancies: 0
Senior CHW	Filled: 3 Vacancies: 0	N/A	N/A
Supervising CHW	N/A	N/A	Filled: 1 Vacancies: 0

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Directives

1. Assess and report on how CalAIM funding streams can be utilized to provide further support vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders

Updates

1a. CalMHSA's (State agency) certification application and scholarship program for Peer Support Specialists (PSS) was open between May 2022 and December 31, 2022.

- SAPC elevated 85 individuals for grandparenting scholarships; CalMHSA has approved 34 so far.
- SAPC elevated 152 individuals for initial certification scholarships; CalMHSA has approved 93 so far.

1b. CalMHSA has released the certification exam. Once individuals pass the exam, these certified peers would be eligible to provide Medi-Cal reimbursable services

1c. SAPC continues to prepare for certified PSS entry into the SUD system:

- SAPC's PSS rate setting approved by DHCS; staffing guidelines and policy development
- EHR system configuration
- Collaboration with DMH on local implementation on PSS roll out.
- Targeted technical assistance to prospective peers

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Barriers

- Ongoing delays of PSS certification program rollout at the state level have delayed local implementation
- Prospective peers in SAPC's provider network continue to elevate challenges with the CalMHSA application process. Targeted technical assistance has helped address these issues
- Medi-Cal reimbursement limited to DHCS-defined PSS activities, which do not include preventive services and supports delivered prior to client enrollment in treatment.

Opportunities

- DPH-SAPC is in the process of identifying funding sources to cover the cost of future training and certification to ensure ongoing support for building this new part of the SUD workforce once state-funded scholarships are no longer available

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Directives

2. Assess the need and viability of utilizing any additional funding to sustain and expand promotores use in pandemic response, while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually-transmitted diseases

Updates

- DPH was awarded an additional $7.5M from American Rescue Plan Act (ARPA) Tranche 2 funding for the Community-Based Outreach Initiative. Funding will support the extension of the CHW Outreach Initiative (CHWOI) to sustain COVID-19 outreach and support outreach/education for other health conditions or emergent health needs. ARPA Tranche 2 funding will extend programming from September 1, 2023-August 31, 2024
- DPH's Public Health AmeriCorps program is actively recruiting 96 AmeriCorps members to serve in a CHW capacity supporting COVID outreach. Members will serve a one-year term from their date of hire. The program is currently funded through July 2025 (pending annual renewal approval)
- CDC has authorized a no cost extension through May 2024 for the PARTNER Grant which provides funding for the DPH's Equity Fund program to conduct culturally and linguistically appropriate education and system navigation. An assessment of funds will be done over the next few months to determine how many of the 43 current funded CBOs can be extended and for how long
- Through the COVID-19 Equity Community Grants Project, DPH has been able to work with a third party administrator to onboard 12 CBOs to outreach to other CBOs that serve young children to educate families about COVID-19 and host vaccination opportunities to improve pediatric vaccination rates. Through this funding DPH has been working to identify CBOs to provide COVID-19 education and host vaccination opportunities directed at the LGBTQIA+ community and individuals living with disabilities

DMH: CHW VACANCY DATA

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (as of December 2022)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 289 Vacant: 196	Filled: 116 Vacant: 184	N/A
Senior CHW	Filled: 28 Vacant: 10	N/A	N/A
Supervising CHW	Filled: 13 Vacant: 5	N/A	N/A

UPDATES FROM THE DEPARTMENT OF MENTAL HEALTH

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
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Directives

1. Provide an updated report regarding current efforts within the Department to retain and expand upon the Promotores de Salud Mental program and provide long-term participants of the program with a pathway to full-time employment
2. Report back on existing allocations of CARES Act and ARPA funding for the Promotores de Salud Mental program and plans for its use to preserve and expand upon the program; and Report back on initiatives to include the promotores and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives

Updates

1. The program has received approval for the conversion of 150 part-time CHW/promotores positions to 150 permanent full-time positions for FY 2022-2023
2. The Promotores/United Mental Health Promoters Program and the Community Ambassador Network (CAN) are working together to coordinate efforts and attend community events side-by-side, refer community to the respective program, increase language and cultural capacity, increase opportunities for the Promotores Program to provide financial and discretionary funds to the community population as is done by CAN

UPDATES FROM THE DEPARTMENT OF MENTAL HEALTH

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
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Barriers

1. Barriers to hiring permanent positions have been low salary, recruitment of culturally and linguistically diverse workforce, assistance with navigating county job application process i.e., translating knowledge and experience to the County's job application that is relevant to the County, onboarding HR process is slow, difficulty securing technology resources, no field-based bonus provided and high burn out

Opportunities

1. Working with DMH HR regarding Special Step Placements, Manpower Shortage and possible addition of the Promotores program to Field Based Bonus eligibility list
2. Working with DEO and DHR regarding support with recruitment and onboarding
3. Targeted promotion of the job openings with culture specific organizations and community partners

DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

Curley L. Bonds, M.D.
Chief Medical Officer

Connie D. Draxler, M.P.A.
Acting Chief Deputy Director

June 28, 2023

TO: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D.
Director

SUBJECT: **SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES (ITEM NO. 7, AGENDA OF FEBRUARY 15, 2022)**

On February 15, 2022, the Los Angeles County (County) Board of Supervisors (Board) approved the motion, "*Solidifying the Role of Promotoras De Salud in County Services,*" which instructed the Chief Executive Office (CEO), in collaboration with the Departments of Health Services (DHS), Public Health (DPH), and Mental Health (DMH), together referred to as Health Departments, and the Alliance for Health Integration (AHI) to:

1. Report back to the Board with the status of the California Advancing and Innovating Medi-Cal (CalAIM) initiative and potential funding revenues that can be utilized to fund and/or expand the role of *promotoras* and Community Health Workers within the Health Departments;
2. Identify any State funding sources outside of the CalAIM initiative that can be further utilized to strengthen and expand Community Health Worker and *promotoras/es* initiatives;
3. Review American Rescue Plan allocations and verify that any funding distributed for the purpose of *promotoras/es* and Community Health Workers are aligned with this motion; and
4. Provide recommendations on opportunities to sustain these efforts and support the long-term viability of a permanent program.

Additionally, individual Health Departments received the following specific directives.

Instructing DHS to:

1. Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of *promotoras* and the timelines for their implementation;
2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the Maternity Assessment, Management, Access and Service's (MAMA's) Neighborhood program; and
3. Report on how any residually available American Rescue Plan Act (ARPA) funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services.

Instructing DPH to:

1. Assess and report on how CalAIM funding streams can be utilized to provide further support vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders; and
2. Assess the need and viability of utilizing any additional funding to sustain and expand *promotores* use in pandemic response while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually-transmitted diseases.

Instructing DMH to:

1. Provide an updated report regarding current efforts within the department to retain and expand upon the *Promotoras de Salud Mental* program and provide long-term participants of the program with a pathway to full-time employment;
2. Report back on existing allocations of Coronavirus Aid, Relief and Economic Security CARES (CARES) Act and ARPA funding for the *Promotores de Salud Mental* program and plans for its use to preserve and expand upon the program; and
3. Report back on initiatives to include the *Promotoras* and Community Ambassador Network programs in the department's Anti-Racism, Diversity, and Inclusion (ARDI) initiatives.

The Health Departments provided updates on the above directives in reports submitted to the Board on June 21, 2022, and January 30, 2023. The attached report provides quarterly updates to address the directives.

If you have any questions or require additional information, please contact me, or staff can contact Mary Barraza, Senior Deputy Director, at (213) 739-5455 or mbarraza@dmh.lacounty.gov.

LHW:CDD:MB

Attachment

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Department of Health Services
Department of Public Health

BOARD MOTION UPDATES: SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES

JUNE 28, 2023

QUARTERLY UPDATE

Health Services
LOS ANGELES COUNTY

COUNTY OF LOS ANGELES
Public Health

LOS ANGELES COUNTY
DEPARTMENT OF
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BACKGROUND

- On February 15, 2022, the Board of Supervisors instructed CEO in collaboration with Department of Health Services, Department of Public Health, Department of Mental Health and the Alliance for Health Integration to identify funding to sustain Community Health Worker/Promotoras/es programs and provided updates on opportunities to expand the range of services and opportunities to connect more residents to culturally and linguistically accessible care. (Motion Linked Here)
  - Included in this Motion are specific directives to each Health Department

- Report Backs were submitted on June 21, 2022, and January 30, 2023. (Report Backs Linked Here)

- The following slides reflect each Department's quarterly update on the work reflected in the Report Back and as required by the Board Motion

BACKGROUND INFORMATION ON MEDI-CAL FUNDING FOR CHWS

NOTE: Under CalAIM Enhanced Care Management and Community Supports, CHW/P services are not recognized as a separate billable services. A contracted provider may opt to use the MCP's capitated payment to cover CHW/P services but are not required to do so.

	Community Health Worker Benefit	SB 803/ Peer Support Benefit
Benefit Description	**Preventive health services** provided by skilled and trained CHWs who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers. CHW services are considered medically necessary for beneficiaries with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, or who face barriers meeting their health or health-related social needs, and/or benefit from preventive services.	**Health recovery services** due to mental health diagnosis or behavioral health condition are provided by Peer Support Specialists (PSS) under the Specialty Mental Health Service System, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery system (DMC-ODS) programs for counties that opt in to cover the service) DMH and DPH-SAPC are leading the implementation of the certified peer specialist within their respective systems. PSS are individuals with lived experience who receive PSS certification. Covered PSS service include: - Educational skill building groups - Engagement - Therapeutic activity
Funding	Most Medi-Cal beneficiaries in Los Angeles County are enrolled in a managed care plan (LA Care or Health Net and their delegated plans), where reimbursement for covered services is governed by contractual arrangements between the County department and the health plan. **This is not a key state funding source for the Health Departments.**	**This is a new state funding source that will be drawn down. The benefit rolled out on July 1, 2022.**

EXPLANATION: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy and position funding data for their respective CHW positions.

On the following slides, you will see this chart (right).

We have included an explanation of the types of roles and data you will review.

Temporary County employees do not have full benefits and are "at-will"; they work alongside DMH, DHS, DPH permanent staff; they are managed by County managers.

Contracted CHWs are employed by personnel agencies to quickly respond to emergencies and/or funded by short-term grants

CHWs at CBOs are employed by community organizations that have contracts with DPH, DMH and/or DHS.

	Permanent County Employees **Filled/Vacant**	**Temporary County Employees** **Filled/Vacant**	**Contracted CHWs Through Personnel Agencies** **Filled/Vacant**	**CHWs Through CBO Contracts**
CHW	<u>Example:</u> Filled: 200 Vacant: 250	<u>Example:</u> Filled: 100 Vacant: 50	<u>Example</u>: Filled: 40 Vacant: 200	*The Health Departments do not track vacancies of CHWs employed at CBOs and therefore this data is not included in this report.*

DHS: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (point-in-time)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 107 Vacant: 14	N/A	Filled: 27 Vacant: 17
Senior CHW	Filled: 38 Vacant: unavailable	N/A	Filled: 31 Vacant: unavailable
Supervising CHW	N/A	N/A	Filled: 1 Vacant: 0

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Directives

1. Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of promotoras and the timelines for their implementation
2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA's Neighborhood program
3. Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services

Updates

1a. Meetings with Health Plans on leveraging the CHW benefit within the construct of public hospital financing (creative financing opportunities) for current Enhanced Care Management services and other programs including pediatrics (in progress)

1b. Exploring opportunities within the Trauma Recovery/Hospital Based Violence Intervention Programs and the Housing for Health Street Based Engagement and Mobile Clinics. Grant funding primarily supports the CHWs in the HBVIP. Housing for Health Street Based Engagement and Mobile Clinics are seeking to hire county CHWs.

1c. Ongoing meetings and advocacy with HR regarding the review and revision of class specifications, special pay practices to promote hiring and retention. WERC is involved to create training curriculum to support CHW hiring and onboarding. On 3/2/23 the CEO approved a temporary pay increase for CHWs such that all current and incoming CHWs will start at Step 6 of the salary schedule. Discussions regarding a potential bonus/differential for street-based engagement are still on-going.

2. TheMAMA'S Neighborhood model of care continues as the standard of comprehensive perinatal medical and psychosocial care enterprise wide, with its most recent staffing integration into both Obstetric ACN and delivery hospital/tertiary sites to sustain it beyond WPC. The MAMA'S team continues to be comprised of a multidisciplinary team of medical and psychosocial professionals, including physicians, midwives, nurses, nutritionists, social workers as therapists, health educators, and CHWs, which by scope of practice is mandated by CPSP and MCO/Ps. This full team *collaborates* with existing on-site staff in BHI, specialty care, in-patient, and community organizations on medical treatments, therapeutic supports, transitions of care, and helpful resources.

3. Did not receive funding for the proposed apprenticeship program/pilot. We are leveraging our current CHW support for field visits, engaging patients, outreach, linkage to services in our current and expanding programs (i.e. Enhanced Care Management/Community Supports)

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Barriers

- Low pay for CHWs makes hiring and retention challenging
- Limitations of CHWs' promotional opportunities
- Complexity of work environments (street-based engagement teams, mobile clinics) makes hiring and retention difficult

Opportunities

- Ongoing meetings with HR and ongoing discovery for special pay practices
- Advocacy and creativity related to promotional opportunities
- Review and revision of CHW class specifications
- Health plan engagement on reimbursement opportunities related to CalAIM
- Capacity building (WERC supporting)

DPH: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (as of April 30, 2023)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 66 Vacancies: 16	Filled: 1 Vacancies: 0	Filled: 42 Vacancies: 0
Senior CHW	Filled: 1 Vacancies: 0	N/A	N/A
Supervising CHW	N/A	N/A	Filled: 3 Vacancies: 0

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Directives

1. Assess and report on how CalAIM funding streams can be utilized to provide further support vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders

Updates

- CalMHSA's certification application and scholarship program was open between May 2022 and December 31, 2022. This Spring, CalMHSA released remaining scholarships to prospective peers from all counties on a first come, first served basis.
  - As of May 25, 2023, SAPC has elevated 86 individuals for grandparenting scholarships; CalMHSA has approved 50.
  - As of May 25, 2023, SAPC has elevated 157 individuals for initial certification scholarships; CalMHSA has approved 119 so far.
- CalMHSA's certification exam and certified peer registry now live.
  - As of May 25, 2023, 51 individuals are officially certified and eligible to provide Medi-Cal reimbursable Peer Support Services (PSS).
- SAPC released Peer Support Specialist Certification and PSS policy and procedural guidance in April 2023. A SAPC-developed implementation training was delivered for the first time in May 2023.
- SAPC continues to support program implementation through:
  - Ongoing collaboration with DMH;
  - Targeted technical assistance provision.

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Directives

2. Assess the need and viability of utilizing any additional funding to sustain and expand promotores use in pandemic response, while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually transmitted diseases.

Updates

- $7.5M from American Rescue Plan Act (ARPA) Tranche 2 funding will extend the CHW Outreach Initiative (Community-Based Outreach) programming from September 1, 2023 – August 31, 2024. Funding will support outreach/education for ongoing COVID activities and other health conditions or emergent health issues in high need communities.
- DPH's Public Health AmeriCorps program is ongoing and has recruited 40 of the 96 allocated AmeriCorps members to serve in a CHW capacity supporting COVID outreach/education and other countywide public health activities and campaigns. Members will serve a one-year term from their date of hire and earn a modest living allowance. The program will begin Year 2 in August 2023 and is funded through July 2025 (pending annual renewal approval).
- The Equity Fund Program will close August 2023. CBOs who have been able to successfully meet their contract targets and draw down funds are being moved over to the COVID-19 Equity Community Project (ECP) to support with priority populations. Currently, 11 of the 43 will close their Equity Fund contracts between May – August and move to the ECP program.
  - Through the ECP 12 CBOs are continuing to outreach to other CBOs that serve young children to educate families about COVID-19 and host vaccination opportunities to improve pediatric vaccination rates. These contracts will run through November 2023.
  - Also, through ECP, 9 CBOs are currently funded to provide COVID-19 education and host vaccination opportunities directed at the LGBTQIA+ community or individuals living with disabilities. With the transition of the Equity Fund CBOs, the number will increase to 20. These funds currently run through November but will be extended through February 2024.

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Barriers

- Ongoing delays of certification program rollout at the state level have delayed local implementation.
- Prospective peers continue to elevate challenges with the CalMHSA application and examination process. Targeted technical assistance has helped to address these issues.
- Medi-Cal reimbursement limited to DHCS-defined PSS activities, which do not include preventive services and supports delivered prior to client enrollment in treatment.

Opportunities

- DPH-SAPC has identified funding to cover the cost of future training and certification to ensure ongoing support for building this new part of the SUD workforce once state-funded scholarships are no longer available.
- In partnership with DMH, SAPC has opened cross-departmental training and technical assistance opportunities (e.g. exam preparation, implementation training) to support peers across the County's behavioral health systems.
- DPH-SAPC continues to promote the Peer Support Specialist Certification program in meetings with providers and with the recently launched training to encourage agencies to hire peers and utilize PSS
- Under CalAIM payment reform efforts launching July2023, rates for peers have increased, which may increase interest in hiring and utilizing peers

DMH: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (point-in-time)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 289 Vacant: 196	Filled: 116 Vacant: 184	N/A
Senior CHW	Filled: 28 Vacant: 10	N/A	N/A
Supervising CHW	Filled: 13 Vacant: 5	N/A	N/A

UPDATES FROM THE DEPARTMENT OF MENTAL HEALTH

Directives

1. Provide an updated report regarding current efforts within the Department to retain and expand upon the Promotores de Salud Mental program and provide long-term participants of the program with a pathway to full-time employment
2. Report back on existing allocations of CARES Act and ARPA funding for the Promotores de Salud Mental program and plans for its use to preserve and expand upon the program; and
3. Report back on initiatives to include the promotores and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives

Updates

1. The program has diligently utilized the approved conversion of 150 part-time CHW/Promotores de Salud Mental positions to 150 permanent full-time positions to offer a pathway to full-time employment, allowing 46 incumbents to seek full time status. An additional 50 part-time positions will be converted to full-time positions in FY 23-24.
2. A new solicitation, funded with both ARPA and MHSA Prevention dollars, will be released shortly to expand the Promotores de Salud Mental/United Mental Health Promoters (UMHP) to contracted providers.
3. The Promotores / UMHP Programs are working together to coordinate cross-training and service coordination in the Service Areas. The Community Ambassadors will become UMHP.

UPDATES FROM THE DEPARTMENT OF MENTAL HEALTH

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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Barriers

1. Barriers to hiring permanent positions have been low salary, recruitment of culturally and linguistically diverse workforce, assistance with navigating county job application process i.e., translating knowledge and experience to the County's job application that is relevant to the County, onboarding HR process is slow, difficulty securing technology resources, no field-based bonus provided and high burn out

Opportunities

1. DMH is implementing the County-approved critical shortage recruitment rate for the CHW position effective 3/1/23 through 6/30/2024, moving incumbents and starting new hires and promotions at Step 6 of the salary scale. Similar County-approved changes are being implemented for Senior CHW and Supervising CHW positions effective 6/1/2023 through6/30/2024.
2. DMH is working with the Department of Economic Opportunity (DEO) to present the open positions to the American Job Career Centers.
3. Continuing efforts to promote job openings to diverse communities, includingat the Speaker's Bureau multi-cultural community conference, Korean specific media and organizations, at Promoter workshops and outreach events.

DEPARTMENT OF MENTAL HEALTH

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LISA H. WONG, Psy.D.
Director

Curley L. Bonds, M.D.
Chief Medical Officer

Connie D. Draxler, M.P.A.
Acting Chief Deputy Director

April 1, 2024

TO: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Lisa H. Wong, Psy.D.
Director

SUBJECT: **SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES (ITEM NO. 7, AGENDA OF FEBRUARY 15, 2022)**

On February 15, 2022, the Los Angeles County (County) Board of Supervisors (Board) approved the motion, "*Solidifying the Role of Promotoras De Salud in County Services,"* which instructed the Chief Executive Office (CEO), in collaboration with the Departments of Health Services (DHS), Public Health (DPH), and Mental Health (DMH), together referred to as Health Departments, and the Alliance for Health Integration (AHI) to:

1. Report back to the Board with the status of the California Advancing and Innovating Medi-Cal (CalAIM) initiative and potential funding revenues that can be utilized to fund and/or expand the role of *promotoras* and Community Health Workers within the Health Departments;
2. Identify any State funding sources outside of the CalAIM initiative that can be further utilized to strengthen and expand Community Health Worker and *promotoras/es* initiatives;
3. Review American Rescue Plan allocations and verify that any funding distributed for the purpose of *promotoras/es* and Community Health Workers are aligned with this motion; and
4. Provide recommendations on opportunities to sustain these efforts and support the long-term viability of a permanent program.

Additionally, individual Health Departments received the following specific directives.

Instructing DHS to:

1. Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of *promotoras* and the timelines for their implementation;

2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the Maternity Assessment, Management, Access and Service's (MAMA's) Neighborhood program; and

3. Report on how any residually available American Rescue Plan Act (ARPA) funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services.

Instructing DPH to:

1. Assess and report on how CalAIM funding streams can be utilized to provide further support vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders; and

2. Assess the need and viability of utilizing any additional funding to sustain and expand *promotores* use in pandemic response while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually-transmitted diseases.

Instructing DMH to:

1. Provide an updated report regarding current efforts within the department to retain and expand upon the *Promotoras de Salud Mental* program and provide long-term participants of the program with a pathway to full-time employment;

2. Report back on existing allocations of Coronavirus Aid, Relief and Economic Security (CARES) Act and ARPA funding for the *Promotores de Salud Mental* program and plans for its use to preserve and expand upon the program; and

3. Report back on initiatives to include the *Promotoras* and Community Ambassador Network programs in the department's Anti-Racism, Diversity, and Inclusion (ARDI) initiatives.

The Health Departments have previously provided updates on the above directives in reports submitted to the Board. The attached report provides updates from May 1, 2023, through February 1, 2024, to address the directives.

If you have any questions or require additional information, please contact me, or staff can contact Mary Barraza, Senior Deputy Director, at (213) 739-5455 or mbarraza@dmh.lacounty.gov.

LHW:CDD:MB

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Department of Health Services
Department of Public Health

BOARD MOTION UPDATES: SOLIDIFYING THE ROLE OF PROMOTORAS DE SALUD IN COUNTY SERVICES

MARCH 15, 2024

QUARTERLY UPDATE

Health Services
LOS ANGELES COUNTY

COUNTY OF LOS ANGELES
Public Health

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
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Chief
Executive
Office.

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BACKGROUND

- On February 15, 2022, the Board of Supervisors instructed CEO in collaboration with Department of Health Services, Department of Public Health, Department of Mental Health and the Alliance for Health Integration to identify funding to sustain Community Health Worker/Promotoras/es programs and provide updates on opportunities to expand the range of services and opportunities to connect more residents to culturally and linguistically accessible care. (Motion Linked Here)
  - Included in this Motion are specific directives to each Health Department

- Report Backs were submitted on June 21, 2022, January 30, 2023, and June 28, 2023. (Report Backs Linked Here)

- The following slides reflect each Department's update on the work reflected in the Report Back and as required by the Board Motion

BACKGROUND INFORMATION ON MEDI-CAL FUNDING FOR CHWS

NOTE: Under CalAIM Enhanced Care Management and Community Supports, CHW/P services are not recognized as a separate billable services. A contracted provider may opt to use the MCP's capitated payment to cover CHW/P services but are not required to do so.

	Community Health Worker Benefit	SB 803/ Peer Support Benefit
Benefit Description	**Preventive health services** provided by skilled and trained CHWs who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers. CHW services are considered medically necessary for beneficiaries with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, or who face barriers meeting their health or health-related social needs, and/or benefit from preventive services.	**Health recovery services** due to mental health diagnosis or behavioral health condition are provided by Peer Support Specialists (PSS) under the Specialty Mental Health Service System, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery system (DMC-ODS) programs for counties that opt in to cover the service) DMH and DPH-SAPC are leading the implementation of the certified peer specialist within their respective systems. PSS are individuals with lived experience who receive PSS certification. Covered PSS service include: - Educational skill building groups - Engagement - Therapeutic activity
Funding	Most Medi-Cal beneficiaries in Los Angeles County are enrolled in a managed care plan (LA Care or Health Net and their delegated plans), where reimbursement for covered services is governed by contractual arrangements between the County department and the health plan. **This is not a key state funding source for the Health Departments.**	**This is a new state funding source that will be drawn down. The benefit rolled out on July 1, 2022.**

EXPLANATION: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy and position funding data for their respective CHW positions.

On the following slides, you will see this chart (right).

We have included an explanation of the types of roles and data you will review.

Temporary County employees do not have full benefits and are "at-will"; they work alongside DMH, DHS, DPH permanent staff; they are managed by County managers.

Contracted CHWs are employed by personnel agencies to quickly respond to emergencies and/or funded by short-term grants

CHWs at CBOs are employed by community organizations that have contracts with DPH, DMH and/or DHS.

	Permanent County Employees **Filled/Vacant**	**Temporary County Employees** **Filled/Vacant**	**Contracted CHWs Through Personnel Agencies** **Filled/Vacant**	**CHWs Through CBO Contracts**
CHW	Example: Filled: 200 Vacant: 250	Example: Filled: 100 Vacant: 50	Example: Filled: 40 Vacant: 200	*The Health Departments do not track vacancies of CHWs employed at CBOs and therefore this data is not included in this report.*

DHS: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (As of February 27, 2024)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 70 Vacant: 30	N/A	Filled: 14 Vacant: 4
Senior CHW	Filled: 56 Vacant: 15	N/A	Filled: 60 Vacant: 3
Supervising CHW	N/A	N/A	N/A

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Directives

1. Assess and report on which CalAIM programs may be best suited to incorporate and expand the use of promotoras and the timelines for their implementation.
2. Report on status of available Medi-Cal revenue, future CalAIM funding and other sources of funding to support the continuation of the MAMA's Neighborhood program.
3. Report on how any residually available ARPA funding, as identified by CEO per above directive, may be repurposed to launch a pilot program that would expand the role of DHS Community Health Workers to engage residents and connect them with DHS resources and care services.

Updates

1a. Meetings with Health Plans on leveraging the CHW benefit within the construct of public hospital financing (creative financing opportunities) for current Enhanced Care Management services and other programs including pediatrics, transitions of care, etc. (ongoing)

1b. Exploring opportunities within the Trauma Recovery/Hospital Based Violence Intervention Programs (HBVIP) and the Housing for Health Street Based Engagement and Mobile Clinics. Grant funding primarily supports the CHWs in the HBVIP. Housing for Health Street Based Engagement and Mobile Clinics hired 3 CHWs from WERC program. Advocating for re-class of CHW to Sr. CW due to level of work and poor retention issues due to lack of promotional opportunities. Not getting much traction with this request.

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Updates

1c. WERC created a training curriculum to support CHW hiring and onboarding. There was a special hiring fair and several CHW's were hired.

2. Utilizing CHW's for new ECM Birth Equity Population of Focus. We also support MAMA's services overall via 2 current HRSA grant awards (total $9.25M for 5 years: Healthy Start: which is under review for renewal and PROMISE which is the maternal mental health (MMH). They do not directly fund CHWs but provide some of the critical "backbone" support (i.e. CBO engagement) for our referrals as well as now expanding our mild/mod and bridge to Serious and Persistent Mental Illness (SPMI) care for MMH. The MAMA'S Neighborhood model of care continues as the standard of comprehensive perinatal medical and psychosocial care enterprise wide, with its most recent staffing integration into both Obstetric Ambulatory Care Network (ACN) and delivery hospital/tertiary sites to sustain it beyond Whole Person Care (WPC). The MAMA'S team continues to be comprised of a multidisciplinary team of medical and psychosocial professionals, including physicians, midwives, nurses, nutritionists, social workers as therapists, health educators, and CHWs, which by scope of practice is mandated by the Comprehensive Perinatal Services Program (CPSP) and managed care organizations/plans.

3. Did not receive funding for the proposed apprenticeship program/pilot. We are leveraging our current CHW support for field visits, engaging patients, outreach, linkage to services in our current and expanding programs (i.e. Enhanced Care Management/Community Supports).

UPDATES FROM THE DEPARTMENT OF HEALTH SERVICES

Barriers

- Low pay for CHWs makes hiring and retention challenging.
- Limitations of CHWs' promotional opportunities.
- Complexity of work environments (street-based engagement teams, mobile clinics) makes hiring and retention difficult.

Opportunities

- Ongoing meetings with HR and ongoing discovery for special pay practices.
- Advocacy and creativity related to promotional opportunities.
- Review and revision of CHW class specifications.
- Health plan engagement on reimbursement opportunities related to CalAIM.
- Capacity building (WERC supporting).

DPH: CHW VACANCY DATA

As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (as of February 1, 2024)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 72 Vacancies: 35	Filled: 1 Vacancies: 0	Filled: 10 Vacancies: 0
Senior CHW	Filled: 0 Vacancies: 1	N/A	N/A
Supervising CHW	Filled: 0 Vacancies: 1	N/A	Filled: 6 Vacancies: 2

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Directives

1. Assess and report on how CalAIM funding streams can be utilized to provide further support vulnerable populations served by DPH, including but not limited to those with substance use and treatment disorders.

Updates

- SAPC has contracted with CalMHSA to provide a limited number of scholarships to cover costs for the Peer Certification Program. Each scholarship will cover the application fee, the cost of the 80-hour training, the cost of one certification exam attempt, and one retake exam (if preapproved by SAPC).
- CalMHSA's certification exam and certified peer registry is now live.
  - As of January 2024, 76 individuals are officially certified and eligible to provide Medi-Cal reimbursable Peer Support Services (PSS).
- SAPC has included a Peers Policy into its Provider Manual 8.0 released in December 2023. Additionally, it has started a provider workgroup to address any challenges Peers may face.
- SAPC continues to support program implementation through:
  - Ongoing collaboration with DMH
  - Targeted technical assistance provision.

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Barriers

- Inconsistent Peer wages across State.
- Peers' perceived limitations with career advancement may limit desirability of becoming certified.
- Slow adoption of Certified Peers across SUD system.

Opportunities

- In partnership with DMH, SAPC is offering cross-departmental training (e.g. exam preparation, implementation training) to support Peers across the County's behavioral health systems.
- SAPC is eligible and currently providing free Continuing Education (CE) credits.
  - Certified Peers will be required to complete 20 hours of CE credits every 2 years.
- SAPC continues to collaborate with the provider network to support implementation of Peers through workgroups, development of documentation guide, targeted technical assistance meetings, and an updated SAPC Peers website.

UPDATES FROM THE DEPARTMENT OF PUBLIC HEALTH

Directives

2. Assess the need and viability of utilizing any additional funding to sustain and expand promotores use in pandemic response, while also expanding their role to provide outreach and education in other health conditions like chronic diseases and sexually-transmitted diseases.

Updates

- DPH's CHW Outreach Initiative (Community-Based Outreach), funded by American Rescue Plan Act (ARPA), is currently set to sunset on August 31, 2024. The program funded 16 CBOs who hired and deployed CHWs to support outreach/education for ongoing COVID activities and other health conditions and/or emergent health issues in high need communities throughout the county.
- The Equity Fund Program closed in August 2023. The program transitioned 11 of the 43 CBOs to the COVID-19 Equity Community Project (ECP) to support priority populations.
  - ECP has been extended through February 2024 and includes:
    - 13 CBOs continuing to outreach and educate families and CBOs that serve young children to educate families about COVID-19 and connect them to vaccination resources.
    - 21 CBOs continuing to provide COVID-19 education and connections to vaccination opportunities directed at the LGBTQIA+ community or individuals living with disabilities.
- DPH's Public Health AmeriCorps program began Year 2 in August 2023. After an approved carryover request, the program is actively recruiting 123 AmeriCorps members to serve in a CHW capacity supporting COVID outreach/education and other countywide public health activities and campaigns. Members will serve a one-year term from their date of hire and earn a modest living allowance. The program is funded through July 2025 (pending annual renewal approval).

DMH: CHW VACANCY DATA

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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As requested by the Board Offices, each Health Department is including vacancy data for CHW positions (as of February 26, 2024)

	Permanent County Employees *Filled/Vacant*	**Temporary County Employees** *Filled/Vacant*	**Contracted CHWs Through Personnel Agencies** *Filled/Vacant*
CHW	Filled: 289 Vacant: 196	Filled: 116 Vacant: 184	N/A
Senior CHW	Filled: 28 Vacant: 10	N/A	N/A
Supervising CHW	Filled: 13 Vacant: 5	N/A	N/A

UPDATES FROM THE DEPARTMENT OF MENTAL HEALTH

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Directives

1. Provide an updated report regarding current efforts within the Department to retain and expand upon the Promotores de Salud Mental program and provide long-term participants of the program with a pathway to full-time employment.
2. Report back on existing allocations of CARES Act and ARPA funding for the Promotores de Salud Mental program and plans for its use to preserve and expand upon the program.
3. Report back on initiatives to include the promotores and Community Ambassador Network programs in the Department's Anti-Racism, Diversity, and Inclusion initiatives.

Updates

1. The program has continued to diligently utilize the approved conversion of 200 part-time CHW/Promotores de Salud Mental positions to 200 permanent full-time positions to offer a pathway to full-time employment: 49 are on full-time status, 4 are in the process of transitioning from part-time to full-time status, 41 are retaining their part-time status, one (1) new full-time staff is being onboarded, and 105 items are vacant. We also have 100 part-time CHW positions: 21 are filled, 14 are in the onboarding process, 65 are vacant. Efforts are ongoing to convert part-time staff to full-time staff and to hire new full-time staff.
2. A new solicitation, funded with both ARPA and MHSA Prevention dollars, was released on July 14, 2023, to expand the Promotores de Salud Mental/United Mental Health Promoters (UMHP) to contracted providers. 16 project contracts have been executed to date and 5 more are pending final signatures, which together will result in contractors hiring 126 CHWs, 21 Senior CHWs, and 21 Supervising CHWs.
3. The Promotores / UMHP Programs are working together to coordinate cross-training and service coordination in the Service Areas. The Community Ambassadors will become UMHP.

UPDATES FROM THE DEPARTMENT OF MENTAL HEALTH

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Barriers

1. Barriers to hiring permanent positions have been low salary, recruitment of culturally and linguistically diverse workforce, assistance with navigating county job application process, including translating knowledge and experience to the County's job application that is relevant to the County program, onboarding HR process is slow, difficulty securing technology resources, no field-based bonus provided and high burn out.

Opportunities

1. DMH continues to implement the County-approved critical shortage recruitment rate for the CHW position effective March 1, 2023 , through June 30, 2024, moving incumbents and starting new hires and promotions at Step 6 of the salary scale. Similar County-approved changes are being implemented for Senior CHW and Supervising CHW positions.
2. DMH is working with the Department of Economic Opportunity (DEO) to present the open positions to the American Job Career Centers. With their support, we are currently in the process of interviewing to hire 6 Supervising CHW positions and 2 Senior CHW positions.
3. Continuing efforts to promote job openings to diverse communities, including at the Underserved Cultural Communities (UsCC) Stakeholder and Service Area Leadership Team (SALT) meetings, and, Korean specific media and organizations, at Promoter workshops and outreach events.