Paraprofessional Behavioral Health Patient Navigator Roles

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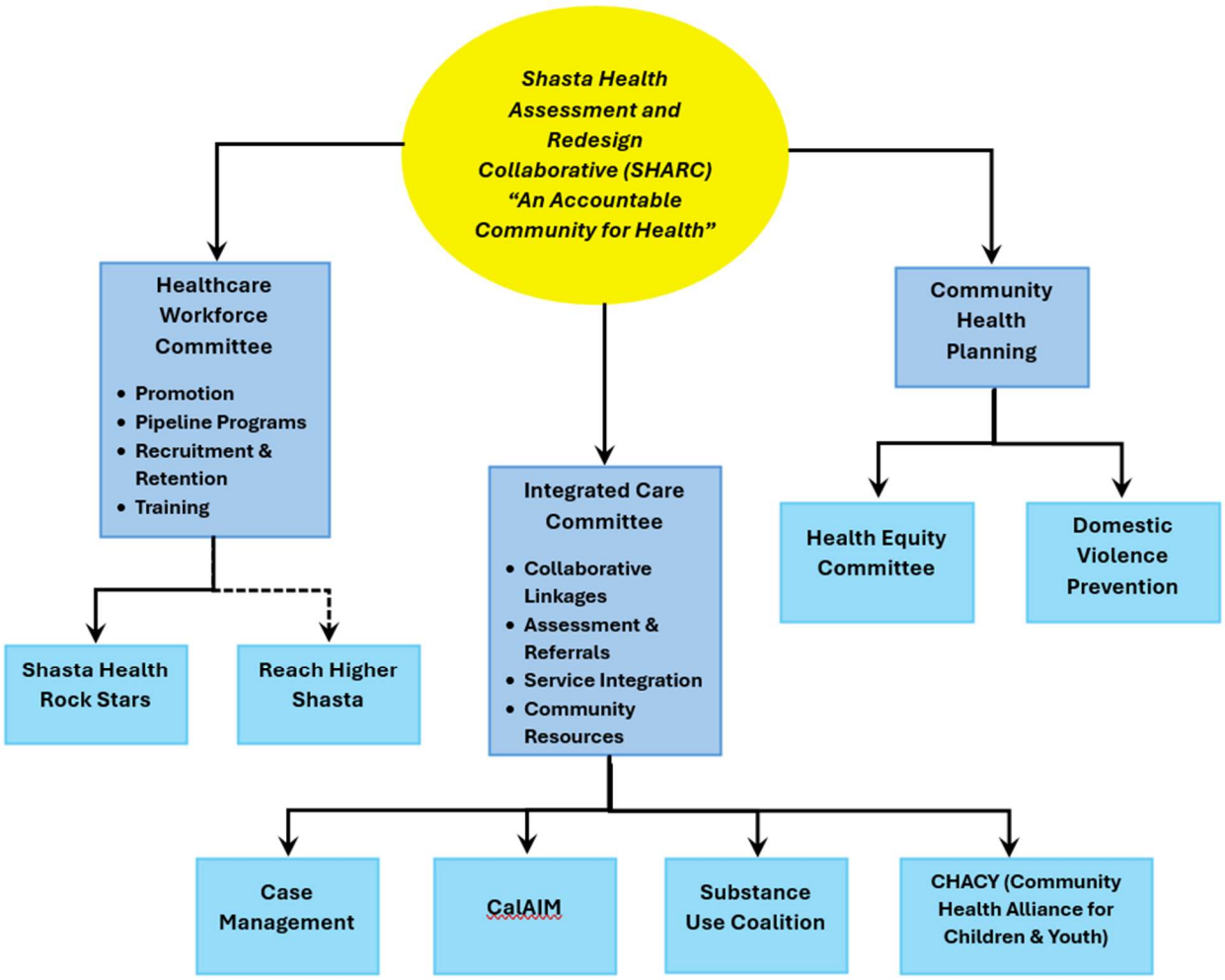
SHASTA HEALTH ASSESSMENT AND REDESIGN COLLABORATIVE (SHARC), AN ACCOUNTABLE COMMUNITY FOR HEALTH

SHARC is a collaborative that brings together health care and human service partners to improve care and health for Shasta County and the region to achieve "better care and better health at lower cost." SHARC has been meeting since 2009 to build a more organized system of health care delivery. There are several SHARC committees and subcommittees with participation from about 65 organizations. Figure 1 shows the structure and committees of SHARC.

FIGURE 1. SHARC STRUCTURE AND COMMITTEES



In 2023 SHARC was awarded a California Accountable Communities for Health Initiative (CACHI) grant to improve local systems of care for children and youth behavioral health as an Accountable Community for Health. SHARC's Integrated Care Committee (ICC) provides programmatic input, and the SHARC Steering Committee serves as the governance body for the initiative.

COMMUNITY HEALTH ALLIANCE FOR CHILDREN AND YOUTH (CHACY)

CHACY is a subcommittee of the SHARC ICC. Its purpose is to harness the power of community voice, multi-sector engagement and alignment of organizational priorities to achieve improved behavioral health for all Shasta County children and youth 0-24 years of age. It is committed to centering and uplifting marginalized voices, challenging the status quo, and addressing systemic health inequity that hinders wellbeing and access to resources. CHACY's vision is "healthy minds, healthy lives for Shasta County kids." Its mission is to "ensure a quality behavioral health system of care that includes access to prevention, early intervention, and resiliency/recovery, for all Shasta County children and youth."

CHACY's work supports the California Health and Human Services (CalHHS) Children and Youth Behavioral Health Initiative by convening stakeholders to identify and address gaps/barriers to behavioral health access to care for Shasta County children and youth. CHACY aims to improve referral systems, the system of care, and community support networks to ensure access to comprehensive behavioral health for Shasta County children and their families. Members include health and behavioral health providers, Medi-Cal managed care, Health & Human Services, juvenile justice, community-based/youth-serving organizations, advocacy groups, the Shasta Substance Use Coalition (also a SHARC ICC subcommittee), Community Schools, and Community Connect.

One strategy of the coalition is to support the expansion of the behavioral health navigator role in Shasta County. The purpose of this brief is to help CHACY achieve that strategy by providing information in one place on the various paraprofessional positions that serve in patient navigator roles related to behavioral health (mental health and substance use disorder). Information is included on the settings where different types of positions work and how they can be funded to work in those settings, as well as the training and certifications required. Recommendations are provided on how to increase access to standardized training and certification, to ultimately increase use of these roles.

BACKGROUND

Behavioral health paraprofessionals can be used to complement the work of licensed behavioral health professionals by connecting people to licensed professionals; supporting clients' engagement in treatment; teaching clients coping, problem-solving, and self-management skills; addressing clients' social needs; and/or sharing their lived experiences with mental health conditions or substance use disorders (SUD).[1]

Use of behavioral health paraprofessionals has been shown to reduce stigma associated with behavioral health conditions and use of behavioral health services, increase knowledge about how to access services and advocate for loved ones, strengthen client-provider relationships, improve clients' mental

health and social functioning, increase engagement in treatment and in work or education, and address co-occurring social needs. It has also been shown to enable licensed behavioral health professionals to focus on clients with more complex needs, working at the top of their licenses. In this way, greater use of behavioral health paraprofessionals can help alleviate the shortage of behavioral health professionals.[1]

POSITIONS, SETTINGS, AND TRAINING/CERTIFICATION

Table 1 shows a comparison of the settings, and training/education and certification requirements of each of the below positions. More detailed information follows, including information on funding sources/billing mechanisms for employers.

TABLE 1. COMPARISON OF POSITIONS

Position:	*Setting*	*Degree Required?*	*Lived Experience Required?*	*Certification Required?*	*Specific to Behavioral Health?*
Certified Wellness Coach	Schools & school-based/linked health/BH agencies	Associate or Bachelor's	No	Yes	Yes
Peer Support Specialist	BH Treatment & Recovery	No	Yes	To bill Medi-Cal	Yes
AOD Counselor	AOD Treatment & Recovery	No	No	Yes	Yes
CHWs	Varies	No	Yes	To bill Medi-Cal	No
Community Mental Health Workers	Mental Health settings	No	Yes	CHW certification required to bill Medi-Cal	Yes
BH Navigators	Hospital EDs	No	Yes, to bill Medi-Cal as a CHW	CHW certification required to bill Medi-Cal	Yes
Other (Non-Clinical Case Managers, Care Coordinators, Patient Navigators, Social/ Human Service Assistants)	Varies	No	No	No	No

CERTIFIED WELLNESS COACHES

In school settings, including schools and school-based or school-linked health and behavioral health agencies, the new classification of Certified Wellness Coach will "support non-clinical behavioral health needs of children and youth (ages 0-25), with a focus on wellness promotion and preventative services."[2]

Wellness Coaches will be required to be certified through the education program pathway or the workforce pathway. The education program pathway is for those who have an associate or bachelor's degree in human services, social work, or addiction studies. Those with an associate degree must obtain 400 hours of field experience to become a Certified Wellness Coach I, and those with a bachelor's degree must obtain 800 hours of field experience to become a Certified Wellness Coach II. The workforce pathway is for those who already have field experience in mental health, substance use/addiction, social work, or child welfare and have a degree in social work, human services, addiction studies, child development/early intervention, psychology, or sociology. Those with an associate degree and 1,000 hours of field experience can become a Certified Wellness Coach I, and those with 2,000 hours of field experience and a bachelor's degree can become a Certified Wellness Coach II.[3]

Grant funding is available through the California Department of Health Care Access and Information (HCAI) to help organizations integrate Certified Wellness Coaches into their teams, and there are plans underway to have Certified Wellness Coaches added to the Multi-Payer Fee Schedule in 2025 so services can be reimbursed through Medi-Cal and private insurance.[4]

PEER SUPPORT SPECIALISTS

In behavioral health treatment and recovery settings, "Peer Support Specialists provide recovery-oriented, culturally appropriate services that promote engagement, socialization, self-sufficiency, self-advocacy, and natural supports that are trauma aware."[1]

Becoming a certified Medi-Cal Peer Support Specialist requires a high school diploma or GED, experience with the process of recovery from mental illness or substance use disorder, agreement to a code of ethics, completion of training in an approved curriculum that addresses specific core competencies, and passing an exam.[5] Certification is not required except to bill Medi-Cal.[1] Training is provided by organizations approved by the California Mental Health Services Authority (CalMHSA), and most are community-based organizations, not colleges, so the training does not come with academic credit toward a degree.[1]

Medi-Cal coverage for Peer Support Specialist services can be provided through Specialty Mental Health Services (SMHS) plans and Drug Medi-Cal plans at the counties' option, but they must use local funds to cover the non-federal share of expenditures for the services.[1]

ALCOHOL AND OTHER DRUG (AOD) COUNSELORS

In AOD recovery and treatment program settings, AOD Counselors (which are sometimes called Addiction Counselors or SUD Counselors) "provide counseling services such as intake, assessment of need for services, treatment planning, recovery planning, [and] individual or group counseling to participants, patients, or residents…."[6]

AOD Counselors must register with a certifying organization approved by the Department of Health Care Services (DHCS), and they must become certified within five years of registering. The certification requirements are outlined in the California Code of Regulations and involve completing 155 hours of formal classroom AOD education including specific AOD-related subjects,160 hours of supervised AOD training, 2,080 hours of experience providing AOD counseling services, passing a test, and agreeing to abide by a code of conduct.[7] Once certified, Counselors must complete 40 hours of continuing education every two years.

Depending on the types of insurance accepted by a facility employing and AOD Counselor, their services may be able to be billed under a licensed provider to Medi-Cal, Medicare, or private insurance.

COMMUNITY HEALTH WORKERS (CHWs), COMMUNITY MENTAL HEALTH WORKERS, AND BEHAVIORAL HEALTH (BH) NAVIGATORS

CHWs serve in a variety of settings as "a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. A community health worker is a frontline health worker either trusted by, or who has a close understanding of, the community served. Community health workers include Promotores, Promotores de Salud, Community Health Representatives, navigators, and other non-licensed health workers. … A community health worker's lived experience shall align with and provide a connection to the community being served."[8]

CHWs must have training in specific competencies or, if they have work experience that qualifies them to continue working and billing as CHWs temporarily, they must obtain training within 18 months of their first CHW visit provided to a Medi-Cal beneficiary. In either case, CHWs must receive 6 hours of training per year ongoing to maintain their certification.[9]

Community mental health workers are a subset of CHWs who focus specifically on mental health and primarily focus on outreach, navigation, and education, mainly around reducing stigma and teaching people about available services and how to access them.[1]

DHCS contracts with Public Health Institute to fund the CA Bridge program, which pays for the use of BH navigators in emergency departments (EDs). These navigators facilitate Medication Assisted Treatment (MAT) and referrals to ongoing treatment for substance use and mental health services. There are also hospitals (including Mercy Medical Center – Redding) receiving funding currently to develop revenue streams for long-term sustainability of these positions, including CHW billing, participating as an ECM provider, or through other revenue generation mechanisms.[10]

Like Peer Support Specialists, certification of CHWs, including community mental health workers and BH navigators, is only required if billing Medi-Cal, although the CA Bridge program does require training for BH navigators. Unlike Peer Support Specialist services, CHW services are not available through Medi-Cal's SMHS plans or Drug Medi-Cal.[1]

CHW services, including those provided by community mental health workers if they are certified, are billable to Medi-Cal as a Fee for Service (FFS) benefit.[11] CHWs are not billable providers within the Federally Qualified Health Center (FQHC) reimbursement model, but FQHCs can add the costs of CHW services into their payment rate. CHW services can also be billed through California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) if the recipient of the services meets certain criteria.[12] FQHCs and other providers can become ECM providers, as can Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) as of January 8, 2024.[13]

OTHER NON-CLINICAL PATIENT NAVIGATORS

Non-clinical case managers, care coordinators, and social and human service assistants are essentially CHWs/community mental health workers by another name and without required certification. They work in a variety of settings and are paid for in a variety of ways.

EDUCATION PROGRAMS AVAILABILE IN THE NORTHSTATE

Table 2 shows the educational programs related to behavioral health patient navigation available at north state community colleges.

TABLE 2. PARAPROFESSIONAL BEHAVIORAL HEALTH EDUCATION PROGRAMS[1, 14]

College:	*Human Services/ Social Work*	*Psychology*	*Sociology*	*AOD Counseling*
Butte College		A-T	A-T	
College of the Siskiyous	C, A	A, A-T	A-T	
Feather River Community College District			A-T	
Lassen Community College	C, A	A-T	A-T	C, A
Sacramento City College		A, A-T	A, A-T	
Shasta College	C, A	A-T	A-T	

Key: C = Certificate, A = Associate's degree, A-T = Associate's degree for Transfer

RECOMMENDATIONS

#1 STANDARDIZED USE OF TITLES AND JOB DESCRIPTIONS

Job titles and descriptions should be standardized across employes to reflect the core competencies, education, experience, and certification needed and the settings and populations where the position will work, to match the information outlined in Table 1.

This will avoid confusion for job applicants and people planning their education path with one of these positions in mind. It will also help people navigate their pathway if they wish to move into a professional position upon completing further education.

#2 DEVELOP STANDARDIZED CERTIFICATION PROGRAMS

Opportunities for access to AOD Counselor and Peer Support Specialist training and certification programs should be assessed. Conversations with the Community College System should take place to ensure training is offered for certificate programs to meet at a minimum the Certified Wellness Coach and Community Health Worker requirements, along with AOD Counselor and Peer Support Specialist requirements if needed.

Even if training programs for Peer Support Specialist certification are available, community colleges should be encouraged to offer the training and certification programs so that students receive academic credit that can be used toward another degree, unlike training programs offered through community-based organizations.

These training programs should be standardized across community colleges statewide to allow students to transfer from one community college to another.

#3 PROMOTE THE USE OF BH PATIENT NAVIGATORS, AS WELL AS TRAINING AND FUNDING OPPORTUNITIES

Employers not currently offering BH patient navigation should be encouraged to do so, given the benefits to both the patient outcomes and the professional workforce. This goes for all applicable employers including school-based/linked, as well as those outside of school settings. Those using non-specific positions like case manager, care coordinator or patient navigator should be encouraged to use one of the position titles that requires certification (the one appropriate for their setting, patient population, and the duties of the position). They could also hire a classification with less education or experience requirements, such as a CHW, and support staff in gaining the qualifications needed for other certifications, such as Certified Wellness Coach. This will help in terms of standardization and will also allow more opportunity for staff to pursue a pathway into a professional position if they choose to do so, and it will allow for more billing/funding possibilities for the employer.

Employers should also offer training opportunities to their staff in these positions and/or funding for educational attainment where needed, whenever possible.

The SHARC Healthcare Workforce committee and other local healthcare workforce collaboratives could do this promotion with local employers.

#4 PROMOTE PIPELINE AND PATHWAY OPPORTUNITIES

Efforts should be made to encourage people to pursue BH patient navigation as a career and/or as a pathway to a professional position in the field. Some strategies to achieve this are outlined below.

Existing efforts to get the word out to K-12 students about healthcare-related professions should include BH careers, including patient navigator positions and the pathways that can be pursued from there to professional positions. One example is Shasta Health Rock Stars, a project of the SHARC Healthcare Workforce committee that includes a website with tools such as a health career pathways map, and annual awards and scholarship programs.

Certificate programs should be stackable, meaning the courses taken can also be applied to an associate degree, which should be a transfer degree so students can pursue a bachelor's or master's degree if they choose to. Conversations should take place with the CSU and UC systems to ensure these pathways are streamlined. This could assist with growing the workforce of licensed behavioral health professionals.

Many students in these fields are from low-income families and must work while in college.[1] For this reason, it is recommended that community colleges provide online learning. This would also make it easier for students living in remote areas to participate (as long as they have reliable internet access).

Funders should also be encouraged to provide scholarships, to cover both school expenses as well as childcare and transportation, and paid internships to students.

#5 SUPPORT EFFORTS TO INCREASE MEDI-CAL REIMBURSEMENT FOR THESE SERVICES

Since CHWs are not billable providers within the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) reimbursement model, and CHW services can be billed through CalAIM ECM but becoming an ECM provider is not always feasible for smaller FQHCs because there is a patient threshold that must be reached in order to break even or generate revenue, efforts should be supported to make it easier to bill for these services and to increase the reimbursement rate.

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