



*We Can't Do it Alone and We Don't Have To*  
Advancing Mental Wellbeing and Connecting Communities to Care with Behavioral Health Workforce Extenders



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# Learning Objectives

Following the training, participants will be able to:

1. Describe how integrating support from trusted, trained local representatives who look and talk like the populations they serve is a best practice for engaging, supporting and bringing value to those they serve.
2. Identify the ways in which community health workers, peer support professionals, crisis professionals, qualified behavioral health assistants, and qualified medication administration persons can support their organization's population health strategy, including strategies for aligning efforts with existing CBOs who provide extender support and strategies for adding/expanding this workforce in-house.
3. Identify strategies to effectively and sustainably recruit, train, supervise, support, and finance this workforce, including options for value-based contracting with local healthcare partners.
4. Re-envision behavioral health (BH) delivery of the future: outside of the clinic walls and beyond billing codes.

# Topics Covered



Who are BH Workforce  
Extenders?



Planning to Integrate  
Extenders



Implementation  
Strategies



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# Who are BH Workforce Extenders?

“Racism is a root cause of health inequities and any effort to address this must be community-led. While health systems are not currently set up to meet the needs of our communities, working with [extenders] can make this change possible.”

*Mayra E. Alvarez, The Children's Partnership*

# History of Community Health Extenders (part 1)

Bicêtre Hospital, Paris recognized the value of employing recovered patients as hospital staff

China's Farmer Scholars, later called "Barefoot Doctors", had 3 months of training to record births and deaths, vaccinate against smallpox and other diseases, give first aid and health education talks, and help communities keep their wells clean

Community Health Representatives were funded by the Indian Health Service and the Office of Economic Opportunity started outreach worker programs in many US cities, many of which lost funding in the 70s and 80s; Lay Counselors introduced to support those with mental illness in hospitals

Health promoter projects resumed in the US to reach migrant farm workers in Oregon, North Carolina, Michigan, and Arizona

1830

Late 1800s

1920s

1935

1960s

1970s

Late 1980s

1990s

Russia's Feldhsers were local people who had 3 years of training as paramedics to assist physicians and to function in rural areas where physicians were not available; many obtained training in midwifery

Alcoholics Anonymous (AA) was established

Mental Health Consumer Movement empowered former mental health service users to help each other

Multiple states supported "consumer liaisons"



# History of Community Health Extenders (part 2)

Georgia was the first state to gain Medicaid approval for a new role “Certified Peer Specialist”

SAMHSA publishes *What are Peer Recovery Support Services?* about services designed and delivered by people in recovery from SUD

SAMHSA published *The Value of Peers* compiling the evidence base for non-clinical, strengths-based support from peer support workers who have lived experience of recovery from a mental health condition, substance use disorder, or both

Peer support workforce expansion identified as one of the top priorities for the Colorado Behavioral Health Administration Workforce Strategic Plan

1999

2005

2009

2010

2017

2020s

2022

June 2022

Center for Medicaid Services encouraged states to utilize peer support

The Affordable Care Act recognized Community Health Supporters as members of the healthcare workforce

Extenders were vital to the COVID-19 pandemic response

[SB22-181](#) was passed allocating \$15 million to CCCS to design a new behavioral health training program. CCCS and BHA established the standards for Qualified Behavioral Health Assistant (QBHA) Certificate



# A Diverse Array of Roles Can be Described as “Extenders”

Peer Advocates  
Health Advocates  
Community Health Workers  
Health Navigators  
Community Health Educators  
Peer Recovery Coaches  
Peer Support Specialists  
Community Health Representatives  
Family Advocates  
Promotoras  
Patient Navigators



# Value of Extenders



Engage underserved populations in care to reduce local BH health disparities



Facilitate timely screening and connections to care for those with the highest risks



Advocacy support in treatment planning with providers



Emotional support, empathy, and companionship



Share resources and build skills



Recovery support for building community and relationships



Health and psychosocial education



Provide evidence-based interventions, support self management and goal setting



Assess and address social health needs



System navigation



Respond to crises



# Roles of BH Extenders Within BH Care Delivery

Combat Stigma

Providing community-based outreach, education, screening & brief interventions to underserved populations

Address social care needs (housing, transportation, food assistance, etc.)

Leading recovery groups

Mentoring and setting goals

Supporting outreach to those who miss intake and follow-up appointments

Providing non-clinical groups for those waiting to initiate care to provide support and sustain retention in care

Providing support to family members of those receiving BH care

Enhancing services based on needs of special populations

Supporting crisis response

Build Trust

Evaluating and advising practice



# Who Are We Talking About in Colorado?

## Peer Support Professional

Peer Support Professionals are individuals who use their lived experience to help others. Peers can work in a variety of settings and offer support in any area where a member with a BH diagnosis is receiving care from a Health First Colorado provider. Peers are part of a care team. They can offer practical solutions and focused problem solving to help people practice building skills needed to maintain their health and wellbeing.

“Peer Support Professional” means the following persons who meet the qualifications as described in Section 27-60-108(3)(a)(III), C.R.S.:

- A. A peer support specialist;
- B. A recovery coach;
- C. A peer and family recovery support specialist;
- D. A peer mentor;
- E. A family advocate; or
- F. A family systems navigator.



# Who Are We Talking About in Colorado? (#2)

## Qualified Medication Administration Person (QMAP)

“Qualified Medication Administration Person” or “QMAP” means a person who passed a competency evaluation administered by the Department of Public Health and Environment before July 1, 2017, or passed a competency evaluation administered by an approved training entity on or after July 1, 2017, and whose name appears on the Department of Public Health and Environment’s list of persons who have passed the requisite competency evaluation.

# Who Are We Talking About in Colorado? (#3)

## Community Health Workers

Trained member of the health care team, typically employed by health delivery systems to assist individuals in reducing barriers to care and in negotiating complex health care systems. Could also be a lay member of the community who is trained to deliver an intervention to community members in community settings.

***Health/Patient Navigator:*** A trained member of the health care team, typically employed by health delivery systems to assist individuals in reducing barriers to care and in negotiating complex health care systems.

***Promotora de Salud:*** Trusted individuals who empower their peers through education and connections to health and social services in Latino Communities.



# Who Are We Talking About in Colorado? (#4)

## Crisis Professional

Crisis professionals are any person who is receiving or has received crisis professional curriculum training approved by the BHA specific to crisis assessment, management, de-escalation, safety planning and all relevant laws and provisions such that training is complete, and the person can lead a crisis response.

# Who Are We Talking About in Colorado? (#3)

## Qualified Behavioral Health Assistants

Qualified Behavioral Health Assistants (QBHAs) have completed a 10 Credit Microcredential at a Colorado Community College, which has trained them to:



Apply evidence-based crisis intervention techniques (such as active listening skills) in behavioral health settings



Construct objective documentation records that adhere to ethical and legal standards



# Financing BH Extenders in Colorado

## Peer Support Professional

- Some peer services are billable as a Health First Colorado (Colorado's Medicaid program) benefit if the member has a covered diagnosis and services are submitted under a "rendering provider".
- With the exception of peers working in Recovery Support Service Organization (RSSO), Medicaid does not require that Peer Support Professionals hold a certification.

## Community Health Workers

- Senate Bill 23-002 in May 2023 to add community health worker (CHW) services as a Health First Colorado (Colorado's Medicaid program) benefit starting July 1, 2025.
- HCPF will seek federal authorization from the federal Centers for Medicare and Medicaid Services (CMS) by July 1, 2024, to add CHW services as a covered benefit.
- HCPF is conducting stakeholder meetings to get input on how to meet federal requirements to add CHW services.



# Core Competencies for CHWs

- ✓ Community Assessment, Engagement and Capacity Building
- ✓ Individual Assessment and Advocacy
- ✓ Effective Communication
- ✓ Cultural Responsiveness and Mediation
- ✓ Education to Promote Healthy Behavior Change
- ✓ Care Coordination
- ✓ Use of Public Health Concepts and Approaches
- ✓ Professional Skills and Conduct

CHWs who complete a CHW training program and pass a competency assessment will be listed on the Colorado CHW registry.





# Core Competencies for Peer Workers

**RECOVERY-ORIENTED:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

**PERSON-CENTERED:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

**VOLUNTARY:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

**RELATIONSHIP-FOCUSED:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

**TRAUMA-INFORMED:** Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and Empowerment

Source: SAMHSA Core Competencies for Peer Workers in Behavioral Health Services



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# Core Competencies for Qualified Behavioral Health Assistants

- ✓ Behavioral Health and Wellness
- ✓ Intercultural Competency
- ✓ Therapeutic Communication
- ✓ Case Management
- ✓ Crisis Intervention

Students who complete required coursework achieve a Behavioral Health Qualified BHA Certificate. A Behavioral Health Assistant Certificate II builds on the Assistant I courses through service learning and deeper study and understanding of diversity and inclusive practice.





# Planning to Integrate Extenders Within BH Organizations

# Considerations for Integrating BH Workforce Extenders

01

Identify the goals and values (mutual respect and understanding) your organization has for this workforce

02

Consider:

**Competencies**- skills and qualities that can be achieved

**Skills**- abilities to do something well based on knowledge, practice, and aptitude

**Qualities**- personal characteristics or traits such as patience and compassion

03

Ensure buy-in from leadership and clinicians

04

Define scopes of practice and identify the appropriate type or mix of extenders that can support the goal/meet the need

05

Make a plan to measure success for implementation, service delivery ((clear flow of services, shared systems for documentation, shared physical space), and measuring effectiveness

06

Assess capacity to recruit, hire, train, manage, supervise, and support this special workforce

07

Assess local environment to identify recruitment options



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# Where are Extenders?



## Community Support Service Organizations



## Public Health Department



## Programs for special populations

- Early Child Programs
- Youth Mentoring Programs
- Area Agencies for Aged
- Maternal and Infant Outreach Programs
- Migrant Worker Health Programs
- Veteran Programs
- Re-entry Programs
- Recovery Service Programs
- Programs for People who have Intellectual and Developmental Disabilities
- Cultural Centers serving specific groups
- Faith-Based Programs

## Thought Exercise

- What organizations in your community offer extender services? Consider organizations that are not directly engaged in BH service delivery (at this time).
- Write down three opportunities for enhancing care with extenders in your community?

# Should You Buy It or Build It?

## Buying From a Local Resource

Pros	Cons
Partner's experience can inform program design	External data sharing and coordination can be complex
Less burden for training and administration	Requires plan and resources for external oversight
Locally trusted	Reputational Risk if partnership is not successful
More capacity, experience	Less ownership and accountability

## Building by Hiring Internally

Pros	Cons
More collaboration, ownership, and accountability re: who is hired	Can be difficult to find the right staff
Workforce integration managed internally	Organization needs resources to recruit, train, administer, supervise, and sustain a whole new workforce
New workforce can be integrated using adapted practices	Integrating and maintaining unique roles can be more difficult "in house"





# Implementation Strategies



# Define the Role



## Clarify Who Is Needed

- Identifying the community/ population you wish to reach to target gaps and address disparities
- Clarify responsibilities relative to other members of the care team
- Avoid duplicating roles



## Develop the Position Structure

- Ensure the salary is reasonable and competitive relative to others in the care team
- Plan for Caseload Size
- Plan for Supervision Support unique to the role
- Plan for Regular Communication
- Preserve and optimize the unique strengths of the identified workforce



## What is the Strategy for Integration in BH Team?

- Workflows
- Documentation
- Conduct standardized cross training and anti-oppressive practices
- Consider opportunities for career advancement in the organization

# Strategies for External Partnering

Identify local partnering options with needed extender workforce

Collaborate to identify a “shared agenda” for a shared population and/or target population for which partnering organizations each have mutual capacity to serve

Identify lead contacts for detailing the goals and expectations for the partnership

- Goals
- Roles and responsibilities
- Competencies, skills, and qualities for desired workforce
- Financing strategy (investment, grant, billing, other)
- Administration and oversight
- Supervision
- Identify options for a career ladder

Formalize the Partnership Agreement/MOU/Contract



# Strategies for Internal Recruiting, Interviewing and Retention

Job descriptions should be customized to emphasize the attributes that are sought and the goal and role that is planned

Recruit strategically to reach a broad array of candidates:

- Look within your own organization for community leaders
- Reaching out to associations for the targeted workforce
- Post flyers at community locations such as community based organizations, recreational centers, houses of worship, high schools and community colleges, and local businesses
- Host large group recruiting sessions in community settings
- Advertise in radio, community, and media reaching the target population, and at social and sporting events

Avoid “poaching” or supplanting from local organizations

Interviews should focus on identifying candidates who have the competencies/personal qualities that are sought

Ensure access to robust training, support, supervision and a path to advancement



# Administrative Oversight



Define reasonable goals for integrating this workforce



Plan how success will be measured



Anticipate and arrange method for continuously tracking and measuring operational effectiveness and outcomes



Consider how assignments/referrals will be made



Plan how services will be tracked, monitored, and reported



Plan for coordination within the team



Identify and plan training for this workforce



Establish an approach to ensure regular and open lines of communication,



Anticipate and address potential challenges using workflows that can be refined over time

# Strategies for Supervising and Supporting BH Extenders

Carefully consider who provides supervision

- For Medicaid billing, unlicensed staff must be supervised by a licensed professional who serves as the rendering provider. Unlicensed staff can provide 'employment supervision'.
- Supervisors require a strong understanding of the role and capacity to advocate in support of maintaining “guardrails” within the organization

Ensure supervision is consistently provided on a regular basis

Make certain the supervisor to extender ration is reasonable based on caseload size, role, and other supervisor responsibilities

Arrange for coaching, emotional support, and feedback from other extenders, community organizations, and/or extender groups to complement supervision

- Mobile technology can be used for support to extenders and provide answers to immediate questions



## Thought Exercise

- Think about your organization's climate, culture, and physical space. Consider expectations related to caseloads, service delivery, documentation, performance review, supervision, etc.
  - What about your organization would be welcoming for BH Extenders?
  - What is not welcoming for BH Extenders?
- Write down 2 strategies that you imagine will help retain BH Workforce Extenders in our organization.

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



<https://bit.ly/bhprovidertrainingsurvey>



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# Appendix A: Additional Resources

## Office Hours

Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the [HCPF Safety Net Landing Page](#) for details & registration information.

## Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

## HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

## TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: [info@safetynetproviders.com](mailto:info@safetynetproviders.com)





# Appendix B: References

- Colorado Department of Health Care Policy and Financing Peer Services: <https://hcpf.colorado.gov/peerservices>
- Colorado's Training for Qualified Behavioral Health Assistants: <https://cccs.edu/new-students/explore-programs/behavioral-health/>
- Colorado CHW background and resources: <https://hcpf.colorado.gov/communityhealthworkers>
- Colorado Behavioral Health Administration. Investing in the Peer Support Workforce: Lived Experience and Whole-Person Care for Colorado. <https://drive.google.com/file/d/1g7PRfG76bxxe1DuWjXsj2xssbCHreka7/view>
- Development of Colorado's Behavioral Workforce. Annual Report 2022-2023: <https://drive.google.com/file/d/1Bwh8kJ2L0zDQ8jDBO8QvMLgJ94ioGJzv/view>
- California Health Care Foundation. Advancing California's Community Health Worker & Promotor Workforce in Medi-Cal. <https://www.chcf.org/wp-content/uploads/2021/09/AdvancingCAsCHWPWorkforceInMediCal.pdf>
- Bringing Recovery Supports to Scale (BRSS) Technical Assistance Center Strategy (TACS). Supervision of Peer Workers. [www.samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf](http://www.samhsa.gov/sites/default/files/brss-tacs-peer-worker-supervision.pdf)
- A Model for Building Healthy Communities: Effective Integration of CHW & Peers into Care Teams [https://visionycompromiso.org/wp\\_new/wp-content/uploads/2016/02/TCE\\_Promotores-Framing-Paper.pdf](https://visionycompromiso.org/wp_new/wp-content/uploads/2016/02/TCE_Promotores-Framing-Paper.pdf)
- Article about preserving the extender role: <https://www.healthaffairs.org/content/forefront/integrating-community-health-workers-into-health-care-teams-without-coopting-them>
- Online Curriculum for supervisors of Community Health Workers (CHWs): <https://targethiv.org/library/community-health-worker-supervisor-curriculum>
- The Promotoras Model: [https://www.careinnovations.org/wp-content/uploads/The-Promotor-Model-A-Model-for-Community-Transformation\\_Vision-y-Compromiso.pdf](https://www.careinnovations.org/wp-content/uploads/The-Promotor-Model-A-Model-for-Community-Transformation_Vision-y-Compromiso.pdf)



# Appendix B: References (continued)

- Substance Abuse and Mental Health Services Administration (SAMHSA). Value of Peers, 2017  
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  - Peer Support. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf); Apoyo Entre Compañeros <https://www.samhsa.gov/sites/default/files/value-of-peers-infographic-spanish.pdf>
  - Family, Parent, and Caregiver Peer Support in Behavioral Health; [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf); Apoyo de Pares Para Padres O Encargados de Niños y Jóvenes Con Problemas de Comportamiento [https://www.samhsa.gov/sites/default/files/t24\\_spanishvop\\_familycaregiver\\_508\\_8\\_31\\_18.pdf](https://www.samhsa.gov/sites/default/files/t24_spanishvop_familycaregiver_508_8_31_18.pdf)
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  - Peers Supporting Recovery from Substance Use Disorders [www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf); Recuperación de Trastornos de Consumo de Sustancias con el Apoyo de Pares <https://www.samhsa.gov/sites/default/files/peers-supporting-sud-recovery-spanish.pdf>

