



Building health through relationships

Community health workers, doulas, recovery coaches, and peer support specialists

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KEY POINTS

- This brief focuses on community health workers (CHWs), doulas, recovery coaches, peer support specialists, and similar roles for trained professionals who develop trusted relationships with the people they serve based on shared experience, language, culture, or community.
- **How do these workers affect health?** Research shows CHW, doula, recovery coach, and peer support services are effective in improving health outcomes, especially for underserved communities. Expanding these services in Connecticut could help improve population health and reduce health disparities. These services are cost-effective and may result in cost savings to the health and social services systems.
- **Why does Connecticut need this workforce?** Health support roles provide entry level professional jobs for people who may face challenges entering the professional workforce. These workers enable other health professionals to serve more patients, reducing the effects of workforce shortages.
- **How can Connecticut support this workforce?**
 - Policymakers should fund efforts to recruit people from underserved communities and train them in these roles, as well as fund Medicaid coverage of their services.
 - Health systems should integrate these roles into their staffing models.
 - Health plans should pay for these services.

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Introduction

The health support workforce includes a range of roles: community health workers (CHWs), doulas, recovery coaches, peer support specialists, and others.* These workers are trained professionals who develop trusted relationships with the people they serve based on shared experience, language, culture, or community. Health support workers build on this trusted relationship to help individuals set goals, access needed health and social services, and achieve desired personal health outcomes. They can also help individuals manage serious health issues during major life changes, such as the birth of a child, discharge from a residential treatment facility, or release from prison or jail.

People of color and people with limited English are underserved by the health care system and have worse health care outcomes by almost every measure.¹ As trusted members of their communities, health support workers are particularly effective in helping these underserved populations navigate the health and social service systems and achieve their desired health outcomes, thereby reducing health disparities. Approaches that include health support workers are often less expensive than other similarly effective interventions, and they may result in cost savings to the health and social services systems. In addition, health support workers can provide intensive assistance to people with the greatest needs, enabling other staff to serve a greater number of patients, moderating the impact of workforce shortages.

This brief describes four roles within the health support workforce: CHWs, doulas, recovery coaches and peer support specialists. It describes what each role does, where they work, what the benefits of their work are, how they are certified, whether Medicaid pays for their work, and how private insurers can use new billing codes to pay for these services. It then recommends steps that policymakers, health systems and health plans can take to support this workforce.

This brief highlights key health roles that center on providing services based on trusted relationships and shared backgrounds. People working in these roles have a variety of job titles. For example, someone employed in a community health worker role may have a job title such as patient navigator, community health advocate or health coach. This brief is not intended to define new roles, terms, and job titles, but rather to describe the variety of roles that already exist and the benefits they provide.

*A note on terminology: The Connecticut Department of Mental Health and Addiction Services (DMHAS) uses the terms “peer recovery support” or “peer support” to refer to peer support workers focusing on both substance use disorder (SUD) and mental health. This brief uses the term “recovery coach” for peer support for SUD because the role is functionally different from peer support for mental health, in large part because of differences between the treatment systems. Staff sharing their own lived experience with SUD is a central component of all levels of SUD treatment, while mental health treatment protocols generally discourage clinicians from sharing their own lived experience with mental health conditions.



The Health Support Workforce

The health support workforce includes workers with a range of titles whose core qualification is an ability to develop trusted relationships with the people they serve based on shared experience, language, culture, or community. Health support positions generally do not require an academic degree, but they may require specific knowledge or experience relevant to the work, and some roles may require certification. Health support workers typically receive training covering topics such as outreach, communications, coaching, advocacy, ethics, targeted health information, and community resources.

The United States Bureau of Labor Statistics (BLS) counts over 8,000 workers in Connecticut in the general category of Social and Human Service Assistants, some of whom may work in the roles described here, and it counts another 560 as Community Health Workers.²

OVERVIEW OF HEALTH SUPPORT ROLES IN CONNECTICUT

Role	What do they do?	Is certification available in CT?	Is certification voluntary in CT?	Does CT Medicaid pay for services?	How many state Medicaid programs pay for services?
Community Health Worker	<ul style="list-style-type: none"> • Connect people to culturally appropriate health and social services • Help people manage their own health conditions 	Yes	Yes	Not yet; DSS is developing a plan for payment	24
Doula	<ul style="list-style-type: none"> • Support pregnant people and their families before, during and after childbirth 	Yes	Yes	Payment expected to begin in 2025 through the maternity bundle	10
Recovery Coach for Substance Use Disorder	<ul style="list-style-type: none"> • Engage people with substance use disorder (SUD) • Help people with SUD to take steps toward harm reduction and recovery 	Yes	Yes, but most employers and payers require	Yes, in some inpatient and residential programs No, for outpatient services	34
Peer Support for Mental Health	<ul style="list-style-type: none"> • Give and receive assistance to achieve long-term recovery from mental illness 	Yes	Yes, but most employers and payers require	Yes, but limited to one targeted program	36

Community Health Workers

What is a community health worker?

Connecticut law defines a CHW as “a public health outreach professional with an in-depth understanding of the experience, language, culture and socioeconomic needs of the community and who provides a range of services, including, but not limited to, outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to social determinants of health and basic screenings and assessments of any risks associated with social determinants of health.”³

CHWs hold many different job titles. In addition to CHW, common job titles include community health navigator, case manager, care coordinator, health advocate, outreach worker, health educator, home visitor, and health coach, as well as many others.⁴

What do community health workers do?

Most CHW jobs have a well-defined set of tasks that are specific to the client population. Some CHW roles include assessing a person’s needs and connecting that person to culturally appropriate health and social services to meet their particular needs. CHWs often have a specific focus on identifying and addressing social needs that have a major effect on an individual’s health status, such as stable housing, nutrition, and transportation.⁵

Some CHW positions focus primarily on helping individuals improve their self-management of one specific chronic condition, typically asthma, diabetes, or heart disease, but may include other conditions. For example, a new initiative is training CHWs to help individuals manage mental health conditions.⁶ These positions typically follow a protocol established by the CHW’s employer, and may include conducting outreach, providing culturally appropriate health information, conducting a home assessment, supporting the individual in setting their own health goals, and coaching the individual to achieve those goals.



Where do community health workers work?

CHWs are almost always employed by an organization to perform a specific role, usually as part of a multi-disciplinary team of health and/or social service providers. Organizations that employ CHWs include community health centers, hospitals, private physicians' offices, social service organizations and government agencies. In some states, CHWs are employed by a government or private not-for-profit "hub" organization and work with many health and social service providers in the area.⁷

What are the benefits of community health worker services?

A considerable body of research shows that CHW services are effective in meeting the goals of a specific program, for example, improving asthma control or connecting individuals to services, particularly for low-income, underserved, and racial and ethnic minority communities.^{8,9} CHWs also help to reduce workforce shortages: By providing care coordination and patient education, CHWs enable the clinical staff who would otherwise provide those services to treat more patients.¹⁰ Moreover, studies show that CHW services are cost-effective, that is, programs that employ CHWs can often achieve desired outcomes at a lower overall cost than programs that do not include CHWs. Some CHW programs have demonstrated a financial return on investment (ROI), meaning that the CHW services resulted in savings to the health care system that were greater than the cost of the CHW services.^{11, 12}

How are community health workers certified?

The Connecticut Department of Public Health certifies community health workers who meet specified training and experience requirements. Certification is voluntary; state law does not require CHWs to be certified, though employers or payers might require certification.

Does Medicaid pay for community health worker services?

The Connecticut Department of Social Services (DSS) is in the process of developing policies for Connecticut's Medicaid program to cover CHW services, as directed by Connecticut PA 23-186 §4.

Twenty-four state Medicaid programs cover CHW services. Some of these states pay fee-for-service rates for CHW services, some states include CHW services in managed care capitation rates, and some do both.¹³ Two other states are in the process of implementing Medicaid payment for CHW services.



Community health workers: emme Coalition at Optimus Health

Optimus Health, a community health center based in Bridgeport, offers emme – Empowerment, Mindfulness, Motivation and Education – at its network of area clinics. The emme Coalition CHWs provide tools, skills, and resources to help girls and women live healthier lives. emme provides coaching and health education to help women and girls set life goals, devise a plan to reach their goals, and obtain support for meeting their needs in areas such as childcare, transportation, housing, food, technology, and language.

Fairfield County's Community Foundation Fund for Women and Girls provides funding for the emme Coalition with a goal of addressing challenges and health disparities.

CHW Destiny McLellan explains that she can “help patients overcome the various barriers that impact their health, well-being, and lives by connecting them to the resources they need to thrive.”

Mary Grace Pagaduan, former director of the Fund for Women and Girls, points out that the CHWs' work with the patients with the greatest needs frees Optimus Health's clinicians to spend more time with other patients and has helped to improve the clinicians' job satisfaction.

<https://optimushealthcare.org/services/programs/emme/>

Doulas

What is a doula?

Connecticut law defines a doula as “a trained, nonmedical professional who provides physical, emotional and informational support, virtually or in person, to a pregnant person and any family or friends supporting such person before, during and after birth.”¹⁴

What do doulas do?

Doulas support pregnant people and their families before, during and after childbirth. This support includes providing culturally appropriate health education, information, coaching, coping skills, and comfort measures. Doulas help their clients make informed decisions about their health care; identify potential issues; facilitate open communication between their clients and clinicians, service providers, and others; and advocate for their clients’ choices in addressing expected and unexpected needs.

Where do doulas work?

Most doulas are independent practitioners. Doulas meet their clients at their clients’ homes, as well as at hospitals and clinics.

What are the benefits of doula services?

Research shows many benefits from doula services, including improved maternal and infant health, fewer birth complications, lower preterm birth rates, increased rates of breastfeeding, and increased maternal satisfaction. Families report that doulas helped them advocate for themselves and ensured clinicians heard their concerns. Studies indicate that doula care is cost-effective and may avert costs to the health care system. Research suggests that doula services may be particularly effective in improving outcomes for Black women and others who have historically experienced disparities in maternal health care.^{15, 16, 17}

How are doulas certified?

The Connecticut Department of Public Health certifies doulas who meet specified training and experience requirements. Doulas may also obtain private certification through DONA International or a local organization. Certification is voluntary; state law does not require doulas to be certified. However, people may prefer to contract with a certified doula for services, and payers may require certification.

Does Medicaid pay for doula services?

Connecticut DSS plans to incorporate doula services into the HUSKY Health Maternity Bundle payment, which DSS aims to use to pay for services related to prenatal, labor and delivery, and postpartum care beginning in 2025.¹⁸ In addition, DSS is developing a protocol for paying certified doulas directly.¹⁹

Ten state Medicaid programs pay for doula services. All of these states pay fee-for-service rates for doula services, generally structured as a flat rate for labor and delivery and a visit rate for prenatal and postpartum care.²⁰



Doulas: Earth's Natural Touch: Birth Care & Beyond

Earth's Natural Touch: Birth Care and Beyond (ENT) doulas work together to improve birth outcomes across Connecticut and several other states, with a particular focus on improvements in Black maternal and infant health.

ENT has trained over 100 doulas and works as a collective with over 40 of those graduates. ENT's interdisciplinary doulas work in teams to provide support to families before, during and after birth, building on the trusted connections they build with their clients. ENT's doulas provide the

full range of doula care, including providing targeted education so clients can make informed decisions about their own care, suggesting methods to reduce pain during labor, and facilitating communication between the family and medical staff. ENT also runs an online lactation support group called the Mocha Milkshake Café.

SciHonor Devotion, founder, explains, "ENT's interdisciplinary doulas see the value in the African proverb, 'If you want to go fast, go alone. If you want to go far, go

together.' Together we can make great changes." ENT provides in-depth doula training to new doulas, as well as continuing education, community service opportunities, confidential peer review and support, and resilience and capacity-building strategies for doulas.

Some clients pay directly for ENT's doula services and grants cover the cost for others.

www.earthsnaturaltouch.com

Recovery Coaches (Peer Recovery Support Specialists for Substance Use)

What is a recovery coach?

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) explains that “a peer recovery coach brings the lived experience of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery.”²¹ The terms “recovery coach,” “peer,” “peer recovery support,” and “peer support” for recovery from substance use disorder are often used interchangeably.

What do recovery coaches do?

Recovery coaches’ own lived experience with substance use disorder (SUD) enables them to build trust with people with substance use and addiction. Recovery coaches reach out to and engage with individuals with SUD and help these individuals implement harm-reduction strategies and visualize a path to recovery. Once individuals begin to take steps toward recovery, recovery coaches help them develop their own personal recovery plan and connect them to ongoing services. Recovery coach roles include serving as an individual’s supporter, motivator, problem-solver, facilitator, and advocate.²²

Where do recovery coaches work?

Many recovery coaches are employed by a substance use treatment program or clinic. Recovery coaches also conduct outreach in hospital emergency departments, correctional facilities, and community settings.²³

What are the benefits of recovery coach services?

Research shows that recovery coach services contribute to several desired outcomes, including reduced substance use, increased engagement and retention in treatment, decreased emergency department visits and hospitalizations, and decreased criminal justice involvement.²⁴

How are recovery coaches certified?

The private Connecticut Certification Board administers a peer recovery support certification process under a contract with the Connecticut Department of Mental Health and Addiction Services (DMHAS). The certification is the same for peer recovery support specialists for SUD and for serious mental illness. The Connecticut Certification Board certifies peer recovery specialists who have a high school diploma or GED, meet specified training and experience requirements, and pass the International Certification and Reciprocity Consortium (IC&RC) Peer Recovery examination.²⁵ State law does not require recovery coaches to be certified; however, most employers and payers require certification.

Does Medicaid pay for recovery coach services?

Connecticut's §1115 Demonstration Waiver for SUD Treatment covers recovery coach (certified peer) services provided as part of certain inpatient and residential SUD treatment programs.

Thirty-four state Medicaid programs cover recovery coach services.²⁶ Like Connecticut, some states include recovery coach services as a required or optional component of specified inpatient and residential SUD

treatment programs; these states incorporate the cost of recovery coach services into the rates paid to the programs. Many states cover recovery coach services in outpatient and community SUD treatment programs and in outreach programs. Fee-for-service rates for recovery coach services are generally structured as an amount per encounter or an amount per day because the time required varies considerably from encounter to encounter.



Photo courtesy of CCAR

Recovery coaches: Connecticut Community for Addiction Recovery (CCAR)

At Connecticut Community for Addiction Recovery (CCAR), recovery coaches work to support people with substance use disorder (SUD) in the organization's eight recovery community centers, as well as in hospital emergency departments, prisons, and other community settings and by telephone.

Rebecca Allen, director of recovery advocacy at CCAR, explains that recovery coaches' "power lies in

shared experiences." CCAR aims to "meet people where they are" and provide whatever support people need, including listening in a nonjudgmental way, offering a new way of living, and connecting people with SUD and their families to community resources. CCAR communicates its open-ended approach by saying, "How can we help you with your recovery today?"

CCAR's recovery coach services are funded through grants and service contracts. CCAR also operates the Recovery Coach Academy, which provides initial training to help people get certified as a recovery coach, as well as advanced sessions on topics such as ethics, professionalism, and spirituality, along with specifics of recovery coaching within emergency departments and justice settings.

www.ccar.us

Peer Support Specialists (Peer Recovery Support Specialists for Mental Health)

What is a peer support specialist?

A peer support specialist is a peer worker living with a serious mental health condition who offers and receives “help, based on shared understanding, respect, and mutual empowerment”²⁷ with individuals living with a similarly serious mental health condition. The terms “peer supporter,” “peer worker,” and “peer specialist” are often used interchangeably.²⁸

What do peer support specialists do?

Peer support specialists give and receive “non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges.”²⁹ Peer support specialists provide compassion, understanding, and support, rooted in their own lived experience of recovering from mental illness, without stigma. In addition, “peer workers educate their colleagues and advance the field by sharing their perspectives and experience in order to increase understanding of how practices and policies may be improved to promote wellness and resiliency.”³⁰

Where do peer support specialists work?

Peer support specialists generally work as part of a clinical team staffing a psychiatric treatment program, or as part of a social services team staffing a community-based service organization, community clubhouse, or mental health advocacy group.

What are the benefits of peer support services?

Emerging research indicates that peer support specialists may help individuals increase their own social functioning, community engagement, quality of life, and engagement in treatment. As a result, peer support specialists may contribute to decreased hospitalizations and decreased costs.³¹ Peer support specialists also enable treatment programs to provide more personal one-to-one support, which may not be otherwise available where mental health clinicians are stretched thin because of workforce shortages.³¹

How are peer support specialists certified?

The private Connecticut Certification Board administers a peer recovery support certification process under a contract with the Connecticut Department of Mental Health and Addiction Services (DMHAS). The certification is the same for peer recovery support specialists for SUD and for serious mental illness. The Connecticut Certification Board certifies peer recovery specialists who have a high school diploma or GED, meet specified training and experience requirements, and pass the International Certification and Reciprocity Consortium (IC&RC) Peer Recovery examination.³² State law does not require peer support specialists to be certified; however, most employers and payers require certification.

Does Medicaid pay for peer support specialist services?

Connecticut's §1915(c) Mental Health waiver covers peer support services for 915 "adults with serious mental illness who are being discharged or diverted from nursing home care." The number of individuals eligible for these services was negotiated between Connecticut DSS and the federal oversight agency.³³

Thirty-six state Medicaid programs cover peer support specialist services.³⁴ Many states include peer support services as a required or optional component of specified mental health treatment programs; these states incorporate the cost of peer support services into the rates paid to the programs. Some states pay fee-for-service rates for peer support services provided in a community setting.



Peer support specialists: Connecticut Mental Health Center (CMHC)

Connecticut Mental Health Center (CMHC) embeds peer support specialists (called simply "peers") in every part of its inpatient and outpatient services. Peers talk informally with clients about their experience with mental illness, help clients navigate CMHC services, and connect clients with resources in the greater New Haven area.

Peers lead wellness recovery action planning (WRAP) groups, where they help participants

develop goals, build a "toolbox" for managing each day with mental illness, and plan what to do in a crisis or difficult situation. Peers meet monthly to support and learn from each other.

Billy Bromage, assistant clinical professor of psychiatry, explains that "peers are available to be a compassionate ear when clients need it. Peers' perspective brings

unique value in supporting clients' recovery."

CMHC is a collaboration between the Connecticut Department of Mental Health and Addiction Services (DMHAS) and Yale School of Medicine's Department of Psychiatry. Peer services are primarily funded under CMHC's contract with DMHAS, together with some grant funding.

<https://medicine.yale.edu/psychiatry/care/cmhc/clinics/peer/>

New Federal Reimbursement Pathway

The federal Centers for Medicare and Medicaid Services (CMS) recently established three new payment codes that providers can use to bill Medicare for services provided by CHWs, recovery coaches, peer support specialists, and “other auxiliary personnel” beginning in calendar year 2024.³⁵ State Medicaid programs and private insurers may also choose to allow providers to bill for health support services under these new codes.**

The three new billing codes include one code for conducting a risk assessment, as well as codes for two general buckets of health support services.

The first new billing code is for conducting a social determinants of health (SDOH) risk assessment to determine whether an individual has needs that may negatively affect their health, “such as housing insecurity, food insecurity, transportation needs, and utility difficulty.”³⁶

The second billing code is for what CMS calls “community health integration” services, that is, services a health support worker provides to address SDOH needs identified in the risk assessment, such as housing, nutrition, and transportation. The health support worker must complete a SDOH assessment before providing these community health integration services.

These community health integration services include:

- “person-centered planning,
- health system coordination,
- promoting patient self-advocacy, and
- facilitating access to community-based resources to address unmet social needs that interfere with the practitioner’s diagnosis and treatment of the patient.”³⁷

The third new code is for what CMS calls “principal illness navigation” services to help individuals navigate “treatment of a serious, high-risk condition or illness,” such as “cancer, chronic obstructive pulmonary disease, congestive heart failure, dementia, HIV/AIDS, severe mental illness, and substance use disorder (SUD).”³⁸ A physician must diagnose a patient with one of these serious conditions before a health support worker can provide principal illness navigation services.

These principal illness navigation services include:

- “person-centered assessment,
- practitioner, home-, and community-based care coordination,
- health education,
- building patient self-advocacy skills,
- health care access / health system navigation,
- facilitating behavioral change,
- facilitating and providing social and emotional support, and
- leveraging knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.”³⁹

***The rules for using these new billing codes do not mention doulas or childbirth, however a state could potentially include doulas under the category of “other auxiliary personnel” who are qualified to provide some of these services, such as conducting a SDOH risk assessment.*

Policy Framework

Each of these workforces has specific knowledge and experience, as well as common roles and responsibilities and foundational qualities. It can be helpful when considering policy changes to recognize what makes these workforces distinct and what commonalities exist.

OCCUPATION-SPECIFIC KNOWLEDGE AND EXPERIENCE

Community Health Worker	Doula	Recovery Coach	Peer Support
<ul style="list-style-type: none">• Position-specific expertise, e.g. re asthma, diabetes, or cardiac care, including treatments and care management strategies• Health system navigation	<ul style="list-style-type: none">• Pregnancy, childbirth, postpartum recovery, and neonatal care• Systems of ob/gyn care and treatment strategies	<ul style="list-style-type: none">• Lived or living experience with recovery from SUD• Recovery communities• Behavioral health systems of care and treatment strategies	<ul style="list-style-type: none">• Lived or living experience with mental health conditions and treatments• Behavioral health systems of care and treatment strategies

COMMON ROLES AND RESPONSIBILITIES

- Help individuals develop personal health goals
- Provide culturally appropriate health education and information
- Provide individual coaching and social support
- Connect individuals to services and supports
- Advocate for individuals and communities, and help individuals develop self-advocacy skills
- Culturally mediate among individuals, communities, and health & social service systems

COMMON FOUNDATIONAL QUALITIES

- Mutual trust and respect
- Strong engagement and communication skills
- Shared lived experience or shared community
- Cultural competence, promoting equity
- Ethical and professional practices

COMMON NEEDS TO SUPPORT WORKFORCE

- Sustainable funding
- Peer support and peer learning
- Mentoring and continuing education
- Supervision by trained individuals



Conclusion and Next Steps

Why does Connecticut need the health support workforce?

- The health support workforce already performs critical roles in Connecticut, and strengthening its growth and sustainability will benefit the state.
- Research shows that including community health workers, doulas, recovery coaches and peer support specialists in systems of care results in improved health outcomes and increased satisfaction with care.
- By improving health outcomes for underserved populations, health support workers reduce racial and ethnic disparities in health care outcomes.
- Health support workers help individuals avoid adverse events, thereby reducing the need for expensive hospital stays and emergency department visits, and averting costs from the health care system.
- Health support is a professional workforce with low barriers to entry for people with lived experience.

How can policymakers build and sustain the health support workforce?

Policymakers should:

- Allocate funding and direct Medicaid to pay for CHW, doula, recovery coach and peer support services independently or as part of larger programs, as appropriate.
- Allocate funding for recruiting individuals from underserved communities who have lived experience and providing them training to become CHWs, doulas, recovery coaches and peer support specialists.
- Continue to fund certification of CHWs, doulas, recovery coaches and peer support specialists.
- Encourage or require health and social service organizations to include CHWs, doulas, recovery coaches and peer support specialists in their staffing models.
- Encourage or require private insurers to cover CHW, doula, recovery coach and peer support services independently, using the new CMS codes, or as part of larger programs, as appropriate.
- When drafting legislation, regulations, and program models, explicitly note the ways these workforces can contribute to the overall goal.

How can health systems build and sustain the health support workforce?

Health systems should:

- Include and fully integrate CHWs, doulas, recovery coaches and peer support specialists in their staffing models, either as direct employees, independent contractors, or services delivered under contract with a social services organization.
- Recruit individuals from underserved communities and with lived experience for these positions.
- Provide initial training and continuing education for employed and contracted CHWs, doulas, recovery coaches and peer support specialists.
- Provide training for clinical staff on how to integrate CHWs, doulas, recovery coaches and peer support specialists into care teams.

How can health plans build and sustain the health support workforce?

Health plans should:

- Pay for CHW, doula, recovery coach and peer support services independently or as part of larger programs, as appropriate.
- Encourage contracted health care providers to include CHW, doula, recovery coach and peer support services in their staffing models.

Hub model: Vermont's Community Health Teams

The state of Vermont established community health teams (CHTs) that work with all community residents and most primary care providers in each local area.

The CHTs have flexible staffing to meet each community's needs. Most CHTs rely on CHWs and may also include a social worker, dietician, recovery coach and other staff.

The CHTs help residents meet their health needs, such as managing chronic conditions, accessing treatment for opioid use disorder, obtaining community

services (for example, heating and transportation vouchers), and living with a disability safely at home.

CHTs work closely with primary care providers: CHTs help patients access and coordinate services, and primary care providers refer patients who need assistance to the CHT. The CHT model has helped Vermont residents improve their overall health and reduce their need for emergency services. Medicare, Medicaid, and private insurers all contribute toward the cost of the CHTs, and these payers benefit from the reduction in emergency services.



Source: Vermont Blueprint for Health Manual.

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/Blueprint%20Manual%20July%202022_Updated.pdf

Endnotes

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