

Whole Person Care

The Essential Role of Community Health Workers & Peers

California’s Whole Person Care (WPC) program brings together public health care systems, behavioral health providers, and social service organizations to coordinate care and improve outcomes for people with complex health and social needs. Across the state, 25 regional coalitions or “pilots” are participating in WPC.

Although pilots’ models vary based on local context, nearly every pilot included community health workers (CHWs) and/or peers as a central feature of service design (see table below). Most importantly, pilots report that CHWs and/or peers have played an essential role in the success of WPC.

While the terms for CHWs and/or peers differ, they consistently play two critical roles in WPC: acting as a bridge between people and system(s) of care, and drawing on personal experience or empathy to engage clients.

Community Health Workers and Staff with Lived Experience Across WPC Pilots¹

	Alameda	Contra Costa	Kern	Kings	Los Angeles	Marin	Mariposa	Mendocino	Monterey	Napa	Orange	Placer	Riverside	Sacramento	San Benito	San Bernardino	San Diego	San Francisco	San Joaquin	San Mateo	Santa Clara	Santa Cruz	Shasta	Solano	Sonoma	Ventura
Community Health Workers	•	•		•	•			•		•	•	•	•	•		•	•	•	•	•	•			•	•	•
Staff with lived experience	•	•		•	•	•		•		•	•	•	•	•		•	•	•		•	•	•	•	•	•	•
Caseload per care coordinator*	20-30	90-350	125-150	10-20	15-40	17-30	40	15-20	40	40	10-60	15	70-100	25-75	8-10	50	10-25	20-30	15-150	12-30	10-50	25	20-25	20	15	60

*Care coordinators include but are not limited to CHWs and peers. Other roles include Social Workers, Alcohol and Drug Counselors, Benefit Support, and more.

To support CHWs and peers, WPC pilots focused on four key areas of work:



Hiring and Workforce Development

Developing a robust CHW/Peer workforce requires recruitment and hiring practices that recognize the unique role CHWs/Peers play in the communities they serve



Training and Capacity Building

Effective onboarding and training prepare CHWs/Peers to succeed in their work and realize their full potential



Integrating Care Teams

CHW/Peers play an integral role on the care team by acting as “cultural brokers” who make connections between clinical and community settings



Advancing Trauma-Informed Care

Trauma-informed practices foster a culture of trust and shared responsibility, and build a more resilient CHW/Peer workforce



Hiring and Workforce Development

- ◆ **Marin, Orange, and San Joaquin** partner with social service organizations that are best positioned to hire CHW/Peers with a connection to the local community
- ◆ **San Bernardino** seeks candidates with “soft skills” such as kindness, compassion, and respect, which are essential for fostering relationships with clients
- ◆ **Santa Cruz**’ partner, Front St, developed a Lead Peer position to create opportunities for peers’ job growth
- ◆ **Riverside** identified skilled care coordination staff in the Behavioral Health Department at Riverside University Health System



Training and Capacity Building

- ◆ **Contra Costa** developed a training curriculum to standardize onboarding and training of all case managers, including CHWs
- ◆ **Placer** trains Peer Advocates in motivational interviewing and techniques to engage clients through shared lived experiences
- ◆ **Shasta** pairs peer volunteers with housing case managers and trains them in client engagement and navigation support
- ◆ **Ventura**’s comprehensive CHW training includes Mental Health First Aid, crisis prevention, and relapse awareness
- ◆ **San Mateo and Santa Clara** use Intentional Peer Support training to help peers foster mutually supportive relationships with clients



Integrating CHWs/Peers into Care Teams

- ◆ **Kings** co-located care coordinators and multidisciplinary teams in the same office to facilitate communication and increase accountability
- ◆ **Napa, Sacramento, and San Diego**’s care teams hold weekly huddles to share information and promote collaboration among the team
- ◆ **Solano** found that approachability and flexibility were key as Community Health Outreach Workers and case managers formed new care teams
- ◆ **Sonoma** convened multiple peer services organizations to define scope of work, staff roles, workflow, and processes for ongoing communication



Advancing Trauma-Informed Care

- ◆ **Alameda** organized a day-long workshop on trauma-informed systems of care as part of their care coordination training series
- ◆ **San Francisco** increased staff supervision and management support, and modified trainings to address vicarious trauma among street outreach workers
- ◆ **Mendocino**’s Peer Extension Workers deliver high intensity, trauma-informed support for clients with severe mental illness
- ◆ **Los Angeles**’ Capacity Building Team developed a training for CHWs that addresses interpersonal relationships and organizational policies that support a culture of trauma-informed care