Traditional Health Worker Commission: Community Health Worker Scope of Practice (FINAL)

**Care Coordination and System Navigation**
- Coordinate with involved systems of care
- Assist with referrals
- Contribute to team care plans and planning
- Assist with transitions between providers and phases of care
- Connect people to community and/or social service resources
- Facilitate community members’ attendance at medical and other appointments

**Outreach and Direct Service**
- Conduct case-finding, recruitment and enrollment
- Engage individuals and communities in the field
- Provide follow-up with individuals, families, and groups
- Make presentations at agencies and community events
- Provide basic services and screening tests
- Help people meet basic needs

**Coaching and Social Support**
- Provide social support and build social networks
- Conduct home visiting
- Motivate and encourage people to obtain care and services
- Plan and facilitate support groups
- Help people meet basic needs

**Advocacy, Organizing, and Cultural Mediation**
- Advocate for the needs and perspectives of individuals and communities
- Advocate for health-promoting policy
- Organize communities to identify and address pressing health issues
- Conduct two-way education about community and system needs and norms

**Education**
- Share culturally appropriate and accessible health education and information
- Support chronic disease self-management
- Build individual and community capacity and empowerment
- Increase health literacy
- Support stress management
- Train new CHWs

**Assessment, Evaluation and Research**
- Participate in individual level assessments
- Participate in community-level assessments
- Participate in evaluating CHW services and programs
- Identify and engage research partners and participate in research
- Document and track individual and population-level data

*Success of above roles are dependent on knowledge and skills gained in community membership and shared life experience. This list is not intended to be either prescriptive or all inclusive.*
# Peer Support Specialist Scope of Practice

## Care Coordination
**Systems Navigation**
- Coordinate with implementation of involved systems of care
- Assist with information, appointments, and referrals (as requested)
- Contribute to Plan of Care, ensuring goals, needs and strength of peer’s voice
- Provide support during transitions and assist with natural supports and formal services
- Connect individuals to community and formal service resources
- Serve as cultural liaison between peer and providers

## Outreach and Direct Service
- Conduct community-based engagement and empowerment activities regarding behavioral health and wellness
- Enhance individual and family engagement
- Provide continuity of communication between peers, natural supports, and providers
- Make presentations at agencies and community events
- Assist individual peers to meet their own basic physical and emotional crisis and long term needs
- Advocate for needed community resources and coordination of services

## Coaching and Social Support
- Provide mutual support and build natural and services networks
- Provide support and services at times and locations needed by peers
- Inform, motivate and assist individuals to receive effective and culturally appropriate needed services
- Plan and facilitate support groups
- Enhance peer inclusion in service and program planning, policy development, evaluation at local and state level
- Advocate for the needs and perspectives of individuals in services and communities
- Advocate for wellness, recovery and behavioral health promotion across the lifespan
- Organize communities to identify and address individuals planning and directing their own behavioral health care, education and other needed services
- Conduct two-way education about community and system needs
- Teach & facilitate Collaborative Problem Solving approach

## Advocacy, Organizing, and Systems Change
- Support emotional health, wellness and self-management of social and health challenges
- Promote leadership development and client-directed behavioral health systems education
- Increase resilience, developmental assets
- Support client directed services and program management
- Supervise & train PSSs

## Education
- Share culturally appropriate and accessible emotional health education and information
- Participate in evaluating programs and service systems
- Identify and engage policymakers and participate in publications and research
- Document and track individual, program and service system-level data

## Assessment, Evaluation and Research
- Participate in individual and family level assessments & planning
- Participate in service system and community-level policymaking

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*Success of above roles are dependent on knowledge and skills gained from life experience similar to that of the peer (adult, young adult, family/parent) being assisted.*
**Traditional Health Worker Commission: Personal Health Navigator Scope of Practice**

*Insert definition of PHN from rules*

<table>
<thead>
<tr>
<th>Care Coordination</th>
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<th>Advocacy, Organizing, and Cultural Mediation</th>
<th>Education</th>
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</thead>
<tbody>
<tr>
<td>Coordinate with involved systems of care and community resources</td>
<td>Conduct outreach to clients to engage and maintain them in care</td>
<td>Assist clients with setting goals for care</td>
<td>Advocate for clients within the health system</td>
<td>Educate clients about the health care system</td>
<td>Evaluate the availability of health services in the community</td>
</tr>
<tr>
<td>Assist with referrals and appointments</td>
<td>Connect clients to the appropriate level of care</td>
<td>Promote social support and/or relationship building</td>
<td>Connect clients to culturally appropriate health resources</td>
<td>Connect clients to available health education in the community</td>
<td>Collect and use information from and with clients to connect them to resources</td>
</tr>
<tr>
<td>Coordinate care with other health care coordinators in the community</td>
<td>Assist with enrollment in insurance, specialty care and social service programs</td>
<td>Promote effective communication between clients and health care providers</td>
<td>Provide health information in ways clients can understand and act on</td>
<td>Document client encounters and outcomes</td>
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<tr>
<td>Contribute to care team planning</td>
<td>Provide social service and/or community resource connections</td>
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<td>Track and maintain community resource and health outcome data</td>
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<tr>
<td>Promote client-centered care</td>
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Traditional Health Worker Commission: Doula Scope of Practice (DRAFT)

Care Coordination and System Navigation
- Coordinate with involved systems of care
- Assist with referrals
- Assist with creation of birth plan
- Connect people to community and/or social service resources

Outreach and Direct Service
- Provide anticipatory guidance before, during and after birth
- Support client informed decision-making
- Outreach

Coaching and Social Support
- Assist with transitions between providers and phases of care
- Referral to social service and/or community resources

Advocacy, Organizing, and Cultural Mediation
- Serve as cultural liaison
- Advocate for client's needs before, during and after birth

Education
- Increase health literacy
- Support stress management
- Share culturally appropriate and accessible health education and information

Assessment, Evaluation and Research
- Not applicable

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# Peer Wellness Specialist Scope of Practice

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<td>Systems Navigation</td>
<td>Conduct community-based engagement and empowerment activities regarding behavioral health and holistic</td>
<td>Provide mutual support and build natural and services networks</td>
<td>Advocate for the needs and perspectives of individuals and communities</td>
<td>Share culturally appropriate and accessible health education and information</td>
<td>Participate in individual and family level assessments</td>
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<td>Coordinate with implementation of involved systems of care</td>
<td>Enhance individual and family engagement</td>
<td>Provide support and services at times and locations needed by peers</td>
<td>Advocate for wellness, recovery, disease prevention and health-promotion</td>
<td>Support chronic disease and holistic wellness self-management</td>
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<td>Assist with referrals and appointments (as requested)</td>
<td>Motivate and assist individuals to clearly receive effective and culturally appropriate needed services</td>
<td>Plan and facilitate support groups</td>
<td>Organize communities to identify and address individuals planning and directing their own health care, education and other needed services</td>
<td>Serve on integrated care teams in behavioral, primary, specialty care</td>
<td>Participate in evaluating programs and service systems</td>
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<td>Make presentations at agencies and community events</td>
<td>Assist individual peers to meet their own basic physical and emotional needs</td>
<td>Conduct two-way education about community and system needs and norms</td>
<td>Increase resilience, holistic wellness and health literacy</td>
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<td>Connect people to community and service resources</td>
<td>Develop needed community resources</td>
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<td>Support client directed services and program management</td>
<td>Train &amp; supervise PWSs</td>
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