



Understanding and Alignment Among CHW/P/Rs, Doulas, and Peer Support Specialists

Community health workers, *promotores*, and community health representatives (collectively, CHW/P/Rs), doulas, and peer support specialists (PSSs) are critical workforces that play a vital role in addressing health disparities and the social drivers of health. Although these community-connected health care professionals have worked locally and in the realm of public health for decades, state policymakers and safety-net programs like Medi-Cal (California's Medicaid program) increasingly recognize their contributions and have begun formally incorporating their services as covered benefits.

The California legislature enacted — and the federal Centers for Medicare & Medicaid Services approved — Medi-Cal coverage for CHW/P/Rs and for PSS (as of July 1, 2022) and doula services (as of January 1, 2023).^{*} Individuals or community-based organizations (CBOs) can enroll as Medi-Cal providers and contract with county behavioral health agencies (BHAs), mental health plans (MHPs), or Medi-Cal managed care plans (MCPs) to provide these covered services and receive reimbursement. As these three workforces navigate, adapt to, and seek to influence health care programs that serve the one in three Californians enrolled in Medi-Cal, opportunities to advance common goals emerge.

^{*} James G. Scott (director, Program Operations Div., US Centers for Medicare & Medicaid Services [CMS]) to Jacy Cooper (chief deputy dir., Health Care Programs, DHCS), "[California State Plan Amendment 22-0001](#)" (PDF), July 26, 2022; James G. Scott to Jacy Cooper, "[California State Plan Amendment \(SPA\) 20-0006-A](#)," December 20, 2021; and James G. Scott to Jacy Cooper, "[California State Plan Amendment 22-0002](#)" (PDF), January 27, 2023.

CHCF Convenings

In the spring and summer of 2024, the California Health Care Foundation (CHCF) brought together representatives of these three workforces from across different regions of California (see appendix). The goal was to support information sharing and professional networking among CHW/P/Rs, doulas, and PSSs. While other types of community-connected providers are also able to provide services through Medi-Cal, this project focused specifically on these three covered benefits — CHW/P/R, PSS, and doula services.

CHCF engaged RACE for Equity, a global management consulting firm specializing in facilitation, training, and technical assistance to advance equity, and Sunshine Moore, an independent health care consultant, to support the participants in exploring intersections and differentiations among their work and identifying potential synergies for future advocacy efforts.

Through phone interviews and virtual and in-person meetings, participants learned about the history of each other's workforces, how their roles are different and alike, the services their workforces provide, typical career paths and professional development opportunities, and the details of what Medi-Cal now covers under each benefit. They also heard about opportunities and challenges they have respectively faced when it comes to Medi-Cal requirements, coverage limitations, financial impacts, and program implementation. Together, they identified several areas of alignment and generated ideas for continued engagement and collaboration.

Defining and Understanding the Workforces

Participants agreed that all three workforces are distinct from each other but that they tend to approach their work and the clients they serve with a similar mindset. All three workforces tailor the services they provide based on each person's needs, goals, and preferences. Rather than a top-down or one-size-fits-all approach, they seek to empower clients to take an active role in their care by providing them the tools they need to navigate the broader health care system and connecting them to community resources and supports. As providers, they draw on their own lived experience, as well as their cultural and linguistic skill sets, to educate and support Medi-Cal members so they can make informed decisions. Finally, they work alongside licensed providers to address clients' social and emotional needs, not just their physical or behavioral health (BH) conditions.

"As doulas, our approach to care is centered around the birthing person — we come alongside them holistically. We support their individual journey."

—Chantel Runnels, CD, CLES, founder, The Chaun Collective, and operations director, Sankofa Birthworkers Collective

As they participate in formal health care programs such as Medi-Cal, these workers are discovering that their roles are evolving from traditional, self-defined identities and population-specific services to more

standardized terminology with state-defined benefits and scopes of practice. They acknowledge challenges in adapting their professions to fit within Medi-Cal definitions and covered benefits while maintaining the quality and integrity of their work. For example, not all services they provide are covered under Medi-Cal, so they must choose whether to continue offering those services uncompensated or adapt their services to fit the Medi-Cal benefit package. Also, some may identify as both a doula *and* a peer support specialist — or a peer support specialist *and* a CHW/P/R — yet they might only be certified as one or the other. This can inhibit their holistic approach to care and the range of services Medi-Cal recipients ultimately receive.

Because these provider-patient relationships draw on their deep trust with and connections to their communities, Medi-Cal members may not want to meet with multiple providers or could be lost to follow-ups and referrals if services cannot be provided on the spot by the doula, PSS, or CHW/P/R standing before them. At the same time, doulas, PSSs, and CHW/P/Rs recognize that they specialize in particular populations or services unique to their workforces and are interested in exploring team-based care approaches and cross-referrals.

"We don't manage cases — we work with people. A case manager gives you a phone number. We help you find the number and make the call yourself."

—Peer support specialist

Glossary

As defined by the California Department of Health Care Services (DHCS):

- ▶ **Community health workers (CHWs)** tend to be members of the community they serve and link members to health and social services to improve overall quality of services delivered. CHWs include promotores, community health representatives, navigators, and other nonlicensed public health workers, including violence prevention professionals. CHWs must have lived experience that aligns with and provides a connection between the CHW and the member or population being served.
- ▶ **Doulas** are birth workers who provide health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum clients before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion. They provide person-centered, culturally competent care that supports Medi-Cal members' racial, ethnic, linguistic, and cultural diversity while adhering to evidence-based best practices.
- ▶ **Peer support specialists** are people with a current state-approved Medi-Cal Peer Support Specialist Certification Program certification and who meet ongoing education requirements. PSSs provide services under the direction of a behavioral health professional. They self-identify as, and disclose, having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as a parent, caregiver, or family member of a consumer.

Please refer to *Understanding Community Health Workers/Promotores/Representatives, Doulas, and Peer Support Specialists in Medi-Cal* for a more detailed discussion of DHCS definitions, requirements, and covered benefits and services.

Sources: Dana Durham (chief, Managed Care Quality and Monitoring Div., DHCS) to all Medi-Cal managed care plans, "Community Health Worker Services Benefit" (PDF), All-Plan Letter 24-006, May 13, 2024; [Medi-Cal Provider Manual: Part 2 — Community Health Worker \(CHW\) Preventive Services](#) (PDF), DHCS, updated November 2024; and Jacy Cooper (chief deputy dir., Health Care Programs, DHCS) to James G. Scott (director, Program Operations Div., CMS), "State Plan Amendment 22-0024: Peer Support Specialists" (PDF), DHCS, March 2022; and [S.B. 803](#), 2019–20 Leg., Reg. Sess. (Cal. 2019).

Although CHW/P/Rs, doulas, and PSSs have a lot in common, they also pointed out numerous differences in how Medi-Cal defines, regulates, and reimburses them. Examples include:

- ▶ Doulas and PSSs must be at least 18 years old, and PSSs must possess a high school diploma or GED, whereas CHW/P/Rs have no minimum age or education requirements.
- ▶ Doulas practice independently with no supervision requirements, whereas PSSs provide services under the direction of a behavioral health professional, and CHW/P/Rs must be supervised by a supervising provider.
- ▶ Services provided by all three workforces require a recommendation from a licensed provider. But DHCS has issued a standing order for doula services, and MCPs may, at their discretion, issue standing recommendations for CHW services for otherwise eligible Medi-Cal members.
- ▶ CHW services (which require a recommendation from a licensed provider) do not require a care plan for the first 12 units, whereas PSS services must be part of a written and approved care plan that includes specific and individualized goals.
- ▶ PSSs must self-identify and be willing to disclose their lived experience, as a consumer or family member of a consumer.

For a side-by-side comparison of these workforces and the three new benefits under Medi-Cal, see *Comparing Three Medi-Cal Benefits: Community Health Workers, Doula's, and Peer Support Specialists*.

Thus, the definition of a CHW/P/R, doula, or PSS as defined in statute or regulation is not necessarily representative of how these workforces view and define themselves. Moreover, some participants raised concerns that focusing too heavily on the distinction between those who are certified versus noncertified (e.g., certified vs. noncertified peer support workers or CHW/P/Rs) can have unintended consequences

that limit what services they can provide, how they are reimbursed, and what career opportunities they can pursue. PSSs acknowledged that some of their Medi-Cal requirements are federally mandated and not at the discretion of state regulators, but all three workforces agreed that more work could be done to increase access to care through streamlined requirements and more equal treatment of providers.

“We existed before it was a Medi-Cal benefit; we are born from, of, and by the community.”

—Alex Fajardo, executive director,
El Sol Neighborhood Educational Center

Participants also expressed interest in exploring cross-training opportunities, co-curriculum development, and dual certification programs. For example, some peer support organizations have been asked to offer their training programs to CHWs, whereas PSSs who have already completed the same training are not automatically able to serve as CHWs. CHW services, available through CalAIM (California Advancing and Innovating Medi-Cal), are now an optional county BH benefit through California’s Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Medicaid Section 1115 Demonstration Waiver. By contrast, PSS services are an optional county benefit but are not part of CalAIM.

PSSs maintain that Medi-Cal members would benefit from peer support services as a statewide preventive benefit rather than limiting it to those enrolled in Drug Medi-Cal / Drug Medi-Cal Organized Delivery System or specialty mental health services. They point out that a person must already have an acute or chronic mental health / substance use disorder (MH/SUD) condition before they can access peer support services, but PSSs could help prevent acute episodes or exacerbations of chronic conditions if Medi-Cal recipients had access to PSS services sooner.

Participants advocated for a holistic view of their professions and the full range of services they provide given the:

- ▶ Significant demand for these services
- ▶ Need to diversify and grow these workforces
- ▶ Need for CBOs to expand their capacity to provide services
- ▶ Pressure on MCPs and counties to build and grow CBO networks

Participants also recognized that there is limited awareness of the scope of each other’s work. They identified a desire to learn more about the workforces themselves, build referral networks, and create additional professional networking opportunities. By doing so, doulas who work with pregnant people experiencing MH/SUD conditions can refer Medi-Cal members to PSSs. Likewise, PSSs may refer Medi-Cal members experiencing food insecurity or who become pregnant to CHW/P/Rs and doulas.

Raising Awareness: Opportunities for Education and Collaboration

During CHCF’s virtual and in-person events, participants shared their experiences working to advocate for and implement new Medi-Cal benefits in ways that support Medi-Cal members, achieve the state’s goals, and appropriately support community-connected workers. They agreed that the nature of their work — and their lived experiences, which are a job requirement — can be traumatizing or retrigger their own past trauma.

Doulas, for example, drew a connection between adverse childhood experiences (ACEs) that can affect health later in life and their work to prevent them in

the first place. They noted that CHW/P/Rs screen for ACEs, and PSSs work with clients with MH/SUD conditions often rooted in ACEs. Doulas' focus on supporting birthing families during pregnancy and into the first 12 months of a child's life is intended to avoid the ACEs that drive poor health in adulthood.

All three workforces draw on their own ACEs and lived experiences to help others, but at the same time may be reliving those ACEs over and over with each new patient. Low reimbursement rates can further contribute to trauma, exacerbate provider burnout, and hinder workforce development. Participants called for additional supports to ensure their workforces continue to expand and thrive and for greater education so policymakers and state regulators can better understand how these professions are impactful but also demanding.

"Peers and CHW/P/Rs have had their ACEs build up over time. Doulas are trying to prevent ACEs from the day you are born. We want to catch it at the beginning before ACEs happen."

—Doula

What Does Lived Experience Mean to You?

- ▶ "Living today with yesterday's constructs"
- ▶ "Connecting trauma and resilience"
- ▶ "When you know the price of milk"
- ▶ "Walking the walk in the community"
- ▶ "Being directly impacted by injustice"
- ▶ "My experience as an African American from conception to today and how that impacts my experience"

— CHCF convening participants, including CHW/P/Rs, doulas, and PSSs

The need for education and awareness campaigns was not limited to policymakers and state regulators. Participants agreed they need to continue educating each other, health care providers, and MCPs/BHAs/MHPs about the impact of the services they provide and their value to the health care system in terms of outcomes, cost savings, and population health. They also identified a significant need to educate high school and community college students and the public that these professions exist, that Californians can make a livable wage and provide for their families doing this work, and that professional development and advancement opportunities are available if they decide to pursue these careers.

Finally, there is a need to educate health care providers, social service providers, and Medi-Cal members themselves that these benefits are available. Participants want to develop referral networks not just among each other but among schools, law enforcement and justice systems, human service agencies, and within health systems and health care organizations. Educating Medi-Cal members about the availability of CHW/P/R, doula, and PSS services — and how to access them — is critical to advancing the state's goals through CalAIM, BH-CONNECT, and other initiatives.

"We are all part of a movement to increase equity, remain person-focused and peer-led. For PSS, I feel we are unique in that we are part of a disability justice movement aimed at ensuring people have the right to recovery-oriented systems and practices."

—Susan Gallagher, executive director, Cal Voices

To support these education efforts, participants expressed interest in formalizing a coalition of their workforces, both as an advocacy tool and to create regional communities of practice. They cited the

ACCESS California program as a model for how to fund and structure such efforts. ACCESS California elevates the role of patients receiving peer support services in the public mental health system through advocacy, outreach, and training initiatives. ACCESS California provides the following:

- ▶ Education and training on how to advocate at the state, county, and local levels
- ▶ Training programs to support those seeking to become state-certified peer support specialists in preparing for the certification exam
- ▶ Programs to assist PSSs in their job search, including a job portal, placement assistance, and coaching/mentoring
- ▶ Forums and events to support professional networking

A publicly funded multi-workforce advocacy organization could be instrumental in helping CHW/P/Rs, doulas, and PSSs implement many of the ideas generated throughout these convenings.

ACCESS California

ACCESS California is a statewide consumer-led public mental health advocacy program to elevate and empower clients' voices. It began in 2017 through funding from the Mental Health Services Oversight and Accountability Commission. As of November 2020, ACCESS California is funded by the California Department of Corrections and Rehabilitation's Council on Criminal Justice and Behavioral Health. This funding has allowed the program to expand its advocacy reach and influence on California's justice system, giving a voice to individuals and families impacted by this system in advocating for their and their loved one's behavioral health needs. In 2024, the Mental Health Services Oversight and Accountability Commission funded this program a second time to extend its programming through 2027.

Demonstrating Value: Pilot Projects and Financial Partnerships

All three workforces recognized the need to better communicate and demonstrate how their workforces and the services they provide save the health care system money while improving outcomes for Medi-Cal members. CHW/P/Rs emphasized their roles as advocates and navigators for marginalized populations, including justice-involved clients. They stressed that their relationships — built on trust, community congruence, or behavioral health lived experience — allow them to act as cultural interpreters between Medi-Cal members and providers. In other words, they can engage people who have, or who are at risk of developing, multiple uncontrolled, high-cost chronic conditions; those with social, emotional, and preventive care needs; and hard-to-reach populations that would otherwise be lost to traditional methods of provider or MCP/MHP outreach.

"Beyond conventional roles as service providers or coordinators, we recognize CHW/P/Rs as transformative forces capable of reshaping systems and structures. They stand not only as navigators but as agents of change and community transformation."

—Alex Fajardo, MCP, CFC, executive director,
El Sol Neighborhood Educational Center

These workforces understand that having qualitative and quantitative evidence of their impact on communities is vital to their professional and advocacy priorities, such as greater acceptance and integration into interdisciplinary care teams and higher reimbursement rates. They are interested in exploring pilot projects with counties and MCPs that will generate data and best practices to inform such policy discussions. They cited previous studies

and real-world lessons that quantified lower health care costs, improved individual health outcomes, and reduced health disparities. Doulas are particularly interested in working with Enhanced Care Management providers and MCPs to explore team-based care models that include doulas, PSSs, and CHW/P/Rs. They would like to develop a best practices playbook and to publish studies.

Participants also want to explore how to maximize Medi-Cal as a sustainable funding stream and ensure their workforces are participating in all applicable programs. They identified an opportunity for CBOs and individuals to collect data on the administrative and start-up costs of enrolling in Medi-Cal and joining MCP/BHA networks and the financial advantages or disadvantages of doing so. They also cited the multiple programs in which CHW/P/Rs, for example, can participate but reported that the complexity of how to appropriately navigate and implement billing, benefit eligibility, documentation, staffing, and workflows for each program can prevent CBOs from participating.

Participants also want to explore and develop a better understanding of the limitations of Medi-Cal as a sustainable revenue stream. Not everyone they serve is eligible for Medi-Cal, and low reimbursement rates may impact their decision about whether to participate in Medi-Cal. For example, while Medi-Cal pays for about four in 10 births in California, doulas have many clients who do not have Medi-Cal. They must pursue contracts with public health agencies, health systems, and private health insurance carriers as well as grants, private donations, and foundation partnerships to sustain their income.

Some participants are facing challenges with grants and funding sources they have relied on in the past no longer being available, or contracts being terminated, due to the perception that these workforces will now be fully funded through Medi-Cal. Analyzing the costs and benefits of participating in various Medi-Cal programs and quantifying the impact of shifting revenue streams could provide valuable insights to inform organizational and operational decisionmaking for these workforces.



Participants from California's CHW/P/Rs, doula, and PSS workforces gather to explore intersections and opportunities for collaboration.

Collective Advocacy: The Conversation Is Just Beginning

CHW/P/Rs, doulas, and PSSs are motivated to work together to advance health equity, implement and improve Medi-Cal benefits and services, and grow their workforces. They welcome conversations with government agencies, policymakers, health care providers, and MCPs/MHPs/BHAs about funding opportunities and partnerships to support these efforts. They encourage all CHW/P/R, doula, and PSS organizations to connect, advocate, and collaborate as part of a broader coalition, which could include other workforces not represented in these convenings.

Specific action items identified during the CHCF convenings include:

- ▶ Formalizing their work through an official coalition, which could include a website, logo, steering committees, and other methods to collaborate on advocacy priorities.
- ▶ Inviting each other to conferences, presentations, and other forums to continue educating each other on their workforces, developing professional connections, and building regional referral networks and communities of practice.
- ▶ Organizing multiple education and public awareness campaigns, which could include joint meetings, lunch-and-learns, and advocacy days. Campaigns could be targeted to specific audiences, such as:
 - ▶ Policymakers, regulators, health systems, providers, and managed care plans: on the full scope of services these workforces provide, the impact they have on population and individual health, and the value they provide to the health care system
 - ▶ Students, colleges, and the public: about their professions and job opportunities within their fields in order to grow their workforces
 - ▶ Medi-Cal members and providers: about the availability of these new benefits and how to access them
- ▶ Exploring cross-training, dual certification, and curriculum codevelopment.
- ▶ Seeking partners for pilot projects that will provide data, best practices, and other evidence to inform continued advocacy efforts.
- ▶ Analyzing all applicable Medi-Cal and non-Medi-Cal programs to determine the most sustainable funding streams, including advantages and disadvantages that affect their workforces, operations, and communities.

Appendix. Participants

CHW/P/Rs

America Bracho, CEO and president, Latino Health Access

Alex Fajardo, MCP, CFC, executive director, El Sol Neighborhood Educational Center

Maria Lemus, executive director, Vision y Compromiso

Andrea Mackey, associate organizing director, California Pan-Ethnic Health Network and CHW/P/R Policy Coalition

James Mackey, MSW, DHSc, national program manager, Transitions Clinic Network

Nancy Mejia, chief program officer, Latino Health Access

Thu Quach, PhD, president, Asian Health Services

Vanessa Ramos, YTT-200hr, PSS, adviser, Investigations, Disability Rights California

Cary Sanders, MPP, senior policy director, California Pan-Ethnic Health Network

Anna Steiner, MSW, MPH, associate director, Transitions Clinic Network

Doulas

Kairis Chiaji (Doula in Heels), CHA, PSS, cowgirl; founding director, Children of the Sun Doula Project

Linda Jones, cofounder and executive director, Black Women Birthing Justice

Samsarah T. Morgan, DD, LC, CD (SMC), CHt, founder and executive director, Oakland Better Birth Foundation / Shiphrahs Circle Community Doulas

Sayida Peprah-Wilson, PsyD, founder and executive director, Diversity Uplifts

Khefri Riley, Doula, CLEC, CPYT, HCHD, cofounder and director, Frontline Doulas

Chantel Runnels, CD, CLES, founder, The Chaun Collective; operations director, Sankofa Birthworkers Collective

Peer Support Specialists

Rayshell Chambers, cofounder and co-executive director, Painted Brain

Nicole Chilton, program manager, Cal Voices

Susan Gallagher, executive director, Cal Voices

Keris Jän Myrick, MBA, MS, VP of partnerships and innovation, Inseparable

Stephanie Ramos, education director, Cal Voices

Jason Robison, chief program officer, SHARE!

California Health Care Foundation Staff

Amelia Cobb, MPH, senior program officer, People-Centered Care and Learning & Impact

Carlina Hansen, MS, senior program officer, Improving Access

Catherine Teare, MPP, associate director, People-Centered Care

Consultants

Deitre Epps, CEO and founder, RACE for Equity

Sunshine Moore, independent health care consultant

About the Author

Sunshine Moore is an independent health policy consultant focusing on strategy and business development. She works with community-based organizations, government agencies, managed care plans, and public and private health care organizations to develop strategic plans, navigate complex health policies and regulations, and implement new programs and services.

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About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.