



TRADITIONAL HEALTH  
WORKERS

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SCOPE OF PRACTICE

# COMMUNITY HEALTH WORKER SCOPE OF PRACTICE

## Care Coordination System Navigation

- Coordinate with involved systems of care
- Assist with referrals
- Contribute to team care plans and planning
- Assist with transactions between providers and phases of care
- Connect people to community and/ or social service resources
- Facilitate community member's attendance at medical and other appointments

## 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

## Outreach and Direct Services

- 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

## 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

## Assessment and 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

## 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

# PEER SUPPORT SPECIALIST SCOPE OF PRACTICE

## Care Coordination System 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 peers and providers

## Outreach and Direct Services

- 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 meet their own basic physical and emotional crisis and long-term needs
- Advocate for needed community resources and coordination of services

## Assessment and Evaluation and Research

- Participate in individual and family level assessments & planning
- Participate in service system and community-level policy-making
- Participate in evaluating programs and service systems
- Identify and engage policymakers and participate in publication and research
- Document and track individual, program and service system-level data

## Education

- Share culturally appropriate and accessible emotional health education and information
- Support emotional health, wellness and self-management of social and health challenges
- Promote leadership development and client – directed behavioral health systems education
- Increase resiliency development assets
- Support client directed services and programs management  
Supervise & train PSSs

## Advocacy, Organizing, and cultural Mediation

- Advocate for the needs and perspectives of individuals in services and communities
- Advocate for wellness, recovery and behavioral health promotion-across life span
- Organize communities to identify and address individuals planning an directing their own behavioral health care, education and other needed services
- Conduct two-way education about community and system needs
- Teach and facilitate Collaborative Problem Solving Approach

## 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

# PEER WELLNESS SPECIALIST

## SCOPE OF PRACTICE

### Care Coordination System Navigation

- Coordinate with implementation of involved systems of care
- Assist with appointments, and referrals (as requested)
- Contribute to Plan of Care, ensuring needs and strength of peer's voice
- Assist with transitions and assist between natural supports, providers, and phases of care
- Connect people to community and service resources
- Serve as cultural liaison between peers and providers

### Education

- Share culturally appropriate and accessible emotional health education and information
- Support chronic disease and holistic wellness self-management
- Serve on integrated care teams in behavioral, primary, specialty care
- Increase resilience, holistic wellness and health literacy
- Support client directed services and program management
- Supervise & train PWSs

### Outreach and Direct Services

- 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 meet their own basic physical and emotional needs
- Advocate for needed community resources

### Advocacy, Organizing, and cultural Mediation

- Advocate for the needs and perspectives of individuals in services and communities
- Advocate for wellness, recovery and disease prevention and health promotion
- Organize communities to identify and address individuals planning and directing their own health care, education and other needed services
- Conduct two-way education about community and system needs

### Assessment and Evaluation and Research

- Participate in individual and family level assessments
- Participate in service system and community-level assessments
- Participate in evaluating programs and service systems
- Identify and engage research partners and participate in publications and research
- Document and track individual, program and service system-level data

### Coaching and Social Support

- Provide mutual support and build natural and services networks
- Provide support and services at times and locations needed by peers
- Motivate and assist individuals to clearly 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

# PERSONAL HEALTH NAVIGATORS

## SCOPE OF PRACTICE

### Care Coordination System Navigation

- Coordinate with implementation of involved systems of care and community resources
- Assist with appointments, and referrals
- Coordinated care with other health care coordinators in the community
- Contribute to care team planning
- Promote client-centered care
- Assist with transitions and phases of care

### Education

- Educate clients about the health care system
- Connect clients to available health education in the community
- Provide health information in ways clients can understand and act on
- Participate in curriculum development and train new PHNs

### Outreach and Direct Services

- Conduct outreach to clients to engage and maintain them in care
- Connect clients to the appropriate level of care
- Assist with enrollment in insurance, specialty care and social service programs
- Provide social service and/ or community resource connections

### Advocacy, Organizing, and cultural Mediation

- Advocate for clients within the health system
- Connect clients to culturally appropriate health resources
- Promote effective communication between clients and health care providers

### Assessment and Evaluation and Research

- Evaluate the availability of health services in the community
- Collect and use information from and with clients to connect them to resources
- Document client encounters and outcomes
- Track and maintain community resource and health outcome data

### Coaching and Social Support

- Assist clients with setting goals for care
- Promote social support and/ or relationship building

# BIRTH DOULA (DRAFT)

## SCOPE OF PRACTICE

### Care Coordination 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

### Education

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

### Outreach and Direct Services

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

### Advocacy, Organizing, and cultural Mediation

- Advocate for clients within the health system
- Connect clients to culturally appropriate health resources
- Promote effective communication between clients and health care providers

### Assessment and Evaluation and Research

*Not Applicable*

### Coaching and Social Support

- Assist with transactions between providers and phases of care
- Referral to social service and/ or community resources