CHOICE
Community Health Organization
Improving Care and Equity

Community-Initiated Care (CIC) Discussion Document 2.0

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Introduction

Health service delivery in the United States is at a crossroads. Despite high levels of spending and a growing professional workforce, equitable access to timely, culturally relevant care remains a challenge particularly for marginalized communities and rural regions. While mental health offers a visible and urgent example of these gaps, similar barriers affect access to preventive care, chronic disease management, maternal health, and more.

In response, **Community-Initiated Care (CIC)** has emerged as a promising framework for empowering communities to take an active role in health support. Built on task-sharing principles, CIC trains community members, not just professionals, to provide brief, structured support across a range of health issues in everyday settings.

This discussion document aims to expand understanding of CIC as a scalable, person-centered model that extends the reach of health systems by integrating trained community members into the continuum of care. While mental health remains a primary entry point for CIC, the principles and practices outlined here are applicable across a range of health domains—from chronic disease support and maternal health to substance use prevention and elder care.

By grounding health support in trusted community relationships and culturally responsive methods, CIC not only complements existing services but also strengthens local capacity to promote well-being in diverse, equitable, and sustainable ways.

This document explores how CIC can serve as a bridge to broader health equity, transforming how we conceptualize, deliver, and distribute health services at the community level and is outlined in the following sections:

- **The need for CIC**
- **Core principles of CIC**
- **Insights from the Washington State learning cohort**
- **Practical next steps for organizations and providers**
- **Additional resources for further learning**

For a **broader exploration of CIC models**, refer to:

- *"A Theory of Change for Community-Initiated Mental Health Care in the United States"* (Cambridge University Press)
- *"Community-Initiated Care: A Blueprint for the Practical Realization of Contextual Behavioral Science"* (ScienceDirect)

The Need for CIC

The U.S. health system continues to face serious equity and access challenges—challenges that extend across physical and mental health domains. High costs, geographic disparities, clinician shortages, and cultural misalignment prevent many individuals from accessing preventive care, managing chronic conditions, or receiving early intervention for health concerns.

These gaps are most pronounced in communities facing systemic inequities, including rural populations, communities of color, and economically marginalized groups. Traditional, clinician-centered systems often fail to meet these communities where they are—geographically, culturally, and relationally.

Community-Initiated Care (CIC) addresses these challenges by equipping everyday individuals teachers, barbers, youth mentors, faith leaders to deliver brief, structured health interventions tailored to their community's needs. These non-specialist helpers do not replace licensed providers; they extend the health system's reach, offer timely support, and connect individuals to higher levels of care when necessary.

The Example of Mental Health

While mental health exemplifies where CIC has been applied, its model is adaptable to other domains—such as maternal health education, chronic disease self-management, or substance use support—creating a more responsive and inclusive approach to community health. However, it's useful to have an example to work from.

Specific to mental health CIC lays the groundwork for a new care and career pathway in mental health, one that is rooted in lived experience, peer leadership, and social connectedness. It enables a radical redistribution of support functions into communities, while reinforcing accountability, supervision, and evidence-based practice. As such, CIC is both an innovation in health and an imperative for sustainability, enabling communities to respond early, reduce stigma, and promote well-being at scale.

Despite increasing investments in mental health services, access remains a significant challenge:

- **Rising prevalence:** Over 20% of adults in the U.S. experience mental illness annually, yet fewer than half receive treatment.
- **Structural barriers:** High out-of-pocket costs, geographic isolation, racial discrimination, and language barriers continue to exclude many from accessing care.
- **Shortage of professionals:** More than 152 million Americans live in designated mental health professional shortage areas, limiting timely access to care.
- **Cultural misalignment:** Mainstream services often fail to reflect the values, norms, and lived experiences of the communities most in need.

CIC offers a scalable, cost-effective solution by shifting some mental health support roles to trained community members, thereby increasing access while maintaining high-quality care.

For an in-depth analysis of barriers to accessing care and the need for workforce expansion, see:

- *"Scaling Up Community-Delivered Mental Health Support and Care"* (Frontiers in Public Health)
- *"Enhancing the Capacity of the Mental Health and Addiction Workforce"* (Scattergood Foundation)

Core Principles of Community-Initiated Care

CIC represents a shift in how health support is conceptualized and delivered. It challenges the assumption that effective care can only occur in clinics, and that only professionals can provide meaningful health interventions. Instead, CIC recognizes the value of lay expertise, cultural insight, and community-based trust as powerful tools for advancing health equity.

The model is built on four guiding principles:

1. **Empowerment & Training**

Train community members in low-intensity, evidence-informed health interventions (e.g., motivational interviewing, chronic disease coaching, emotional support). These helpers are equipped to provide initial support and guide individuals to more specialized care when needed.

2. **Task-Sharing & Community Integration**

Integrate CIC across everyday settings—schools, places of worship, community centers, and even homes making health support more visible, accessible, and destigmatized.

3. **Adaptability & Cultural Relevance**

Enable communities to shape and adapt CIC programs to their specific health challenges, cultural values, and resource levels, ensuring relevance and inclusion.

4. **Collaboration with Health Systems**

CIC strengthens, not replaces, professional care. It builds referral pathways, coordinates with formal systems, and contributes to a tiered model of support that balances grassroots insight with clinical oversight.

For more on how community-based care models improve outcomes, refer to:

- *"Lessons Learned in Developing Community Mental Health Care in North America"* (PMC)

Insights from the Washington State Learning Cohort

In a focused two-hour virtual session, the Washington State learning cohort brought together local leaders, including educators, faith-based leaders, service providers, and advocates to explore the practical application of Community-Initiated Care in their communities. The discussion surfaced both enthusiasm and critical considerations for implementation. Participants underscored that community trust is foundational: CIC must be introduced and championed by individuals who are already viewed as credible and caring, with deep relationships and cultural alignment. Training alone is not enough; ongoing mentorship and supervision are essential to ensure that community members feel supported and competent in their new roles. Importantly, participants recognized that CIC cannot scale without structural support, namely policy changes and funding mechanisms that validate and sustain this new layer of care. Finally, they pointed to the potential of technology to bridge distance and increase access, particularly in rural or underserved areas, while maintaining links to formal clinical supervision. These insights reflect a growing recognition that CIC offers a promising path forward, but only if rooted in the realities and capacities of local communities.

- **Community trust is essential:** To be successful, CIC programs will need to rely on trusted local leaders (e.g., religious leaders, teachers, peer mentors) to introduce the initiative and help champion it.
- **Training and support matter:** Community members feel most confident when they receive ongoing mentorship rather than one-time training.
- **Systemic change is needed:** Without policy shifts and funding models that support CIC implementation, scaling efforts may be limited.
- **Technology can enhance access:** Digital tools and telehealth options can support CIC workers in reaching more people while staying connected to professional supervision.

For an overview of CIC's implementation challenges and successes, see:

- *"Inside the Rise of the Mental-Health Volunteer Movement"* (Financial Times)
- *"Poor countries are developing a new paradigm of mental health care. America is taking note."* (VOX)

Next Steps: Engaging with CIC (REFER TO IMPLEMENTATION GUIDE)

For organizations and service providers interested in CIC, the following steps can help kickstart engagement:

1. **Assess community readiness:** Identify existing networks and trusted leaders who could serve as CIC facilitators.
2. **Connect with CIC training programs:** Seek partnerships with organizations that offer structured training for lay mental health supporters.
3. **Pilot small-scale initiatives:** Begin with community listening sessions or a short training program before expanding to larger efforts.
4. **Build cross-sector partnerships:** Engage health systems, social services, and local policymakers to ensure long-term sustainability.
5. **Measure and adapt:** Use community feedback to refine the approach and align with local needs.

For a national perspective on expanding community-based behavioral health roles, see:

- *"Practical Guide for Expanding the Community-Based Behavioral Health Workforce"* (SAMHSA)

Conclusion

Community-Initiated Care (CIC) represents a transformative vision for how health support can be delivered, one that centers community leadership, trust, and accessibility. Rather than relying solely on traditional, facility-based systems, CIC broadens the reach of care by empowering trained, non-specialist community members to serve as a first line of support across a range of health needs.

This approach aligns with an emerging shift in health system design, where effective care is no longer confined to hospitals or clinics but distributed across the environments where people live, work, and gather. CIC supports three foundational shifts:

1. **To clinical systems** — by reinforcing the continuum of care and relieving pressure on overburdened providers.
2. **To communities** — by integrating support into everyday spaces and relationships.
3. **To individuals** — by equipping people with practical tools to promote their own health and support others.

CIC is the infrastructure that links these levels. It strengthens prevention, increases access, and builds local resilience by embedding care in the social fabric of communities. From chronic disease self-management to maternal health, from youth wellness to aging support, the model offers a flexible framework adaptable to diverse priorities.

The experience of Washington State's learning cohort demonstrates that communities are ready to lead this evolution if given the tools, training, and structural backing to succeed. CIC is not just a promising innovation; it is a strategic and necessary shift toward a more equitable, responsive, and sustainable health system.

Let us move forward with commitment to transforming CIC from a promising concept into standard practice, and ensuring that every community has the capacity to care, connect, and thrive.

Further Reading & Resources

For deeper insights and evidence on CIC, explore the following:

- *A Theory of Change for CIC* (Cambridge University Press)
- *Community-Initiated Care: A Blueprint* (ScienceDirect)
- *Scaling Up Community-Delivered Mental Health Care* (Frontiers)