CHOICE
Community Health Organization
Improving Care and Equity

Community-Initiated Care (CIC) Implementation Guide

Practical Steps for Service Providers & Organizations: Helping Communities Take the Lead in Health and Well-Being | Dr. Benjamin F. Miller, PsyD

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Key Publications and Toolkits

The purpose of this implementation guide is to provide community organizations, educators, faith groups, healthcare providers, and policymakers with a structured, actionable framework for adopting and scaling Community-Initiated Care (CIC). While CIC is most commonly applied in the mental health space, its principles are adaptable to a range of community-centered health interventions. By outlining practical steps, tools, and support strategies, the guide empowers local leaders to integrate evidence-informed care into everyday environments, emphasizing community trust, accessibility, and sustainability.

This guide is intended for:

- Community-based organizations seeking to integrate mental health support into local services.
- Educational institutions interested in peer-led mental health initiatives.
- Faith-based groups exploring supportive roles in mental health.
- Health care administrators aiming to complement formal services with community-based care.
- Policy advisors and funders looking to invest in scalable mental health interventions.

What is CIC?

Community-Initiated Care (CIC) is a scalable, community-driven approach that trains and empowers non-specialists (e.g., peers, educators, faith leaders) to deliver brief, evidence-based interventions addressing various health-related needs. While originally designed and validated for mental health support, CIC's task-sharing principles can extend to other public health areas, such as chronic disease management, maternal support, or wellness promotion.

Goal: Expand access to timely, culturally relevant health support in everyday community settings. Approach: Task-sharing model where trained community members provide structured, relationship-based interventions. Impact: Enhances early response, strengthens social connectedness, and broadens the health system's reach.

5 Key Steps to Implement CIC

1. Assess Community Readiness

- Map local community groups and existing support efforts
- Schedule meetings with key stakeholders to assess interest
- Deploy a structured needs assessment survey or focus groups
- Compile and report findings with identified opportunity areas

2. Train & Support CIC Implementers

- Identify target implementers from community groups
- Deliver training modules using culturally adapted materials
- Match each implementer with a mentor for ongoing support
- Set up a monthly supervision and peer-sharing meeting

3. Integrate CIC Into Everyday Settings

- Identify key community institutions (e.g., schools, churches, local businesses) to host CIC activities
- Meet with institution leaders to outline the benefits of CIC and secure commitment
- Designate visible, trusted CIC implementers within each setting and introduce them through local events or flyers
- Launch storytelling sessions, peer-led workshops, or wellness circles to normalize mental health dialogue

4. Build Referral Pathways

- List local mental health clinics, counselors, and hospitals that can accept referrals
- Meet with providers to explain CIC's scope and negotiate referral processes
- Develop a simple, user-friendly referral form or flowchart for CIC implementers
- Train implementers on when and how to refer cases beyond their scope
- Formalize agreements with partners to ensure long-term collaboration

5. Monitor & Adapt for Sustainability

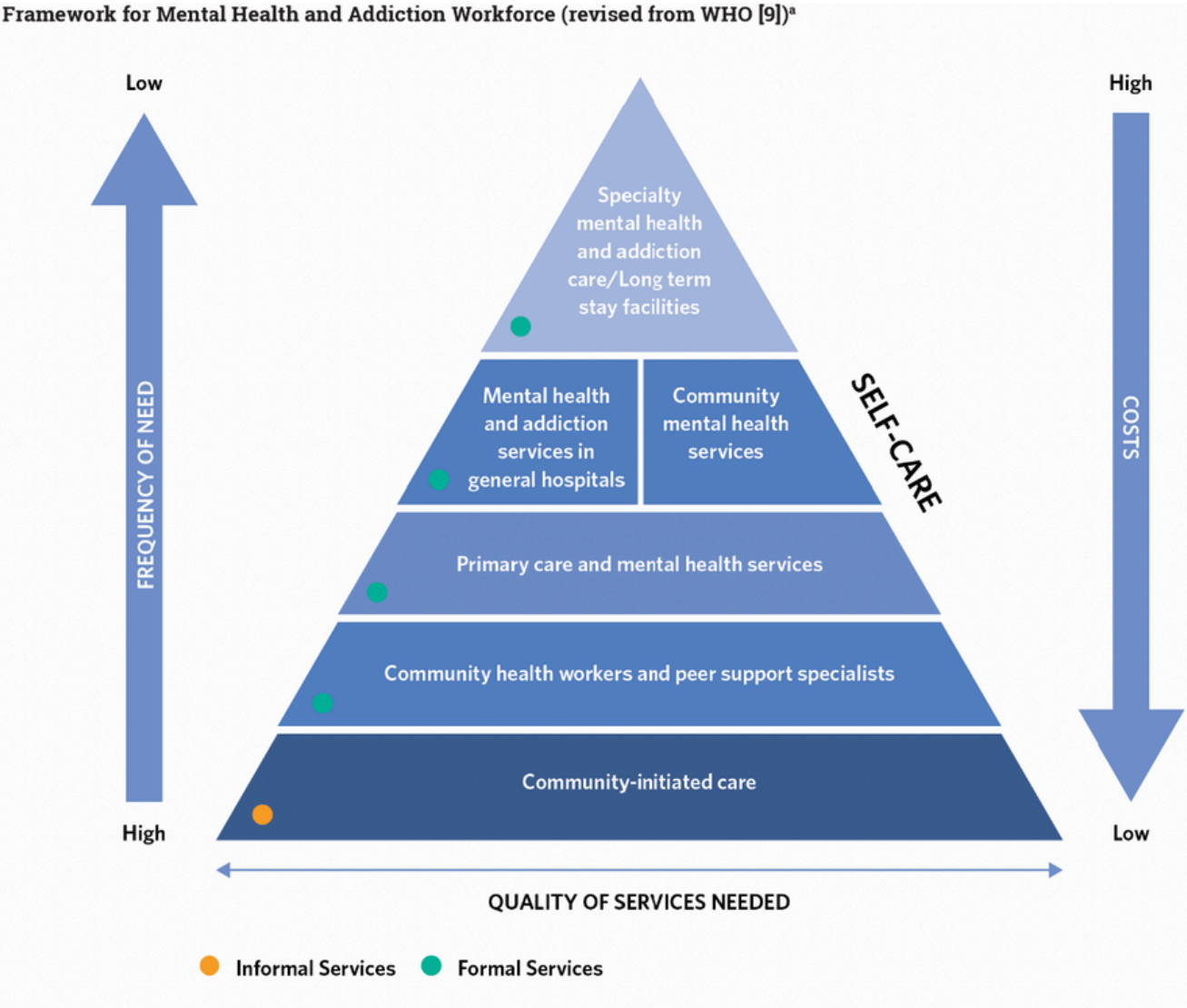
- Set up tools for tracking training outcomes, support sessions, and referral use
- Distribute short feedback surveys to CIC users and implementers
- Conduct quarterly review meetings to analyze data and community feedback
- Adjust training, messaging, or partnerships based on feedback and observed trends

Barriers and Solutions Matrix

Barrier	Challenge Description	Proposed Solution	Support Needed
Low community engagement	CIC events or helpers receive little interest	Co-create events with local leaders; use relatable community influencers	Outreach budget, communication toolkit
Cultural resistance to discussing mental health	Stigma or taboo around mental health topics	Use storytelling and peer examples that reflect community values	Culturally adapted materials, trained facilitators
Implementer burnout	Helpers overwhelmed by emotional load or time	Offer regular peer support groups and structured supervision	Supervisor roles, mental health resources
Inconsistent referrals	Gaps or confusion in referring to formal care	Create clear, visual referral protocols and train all CIC helpers	Referral guide, local partner agreements
Funding uncertainty	Lack of sustained resources to support CIC roles	Engage local funders early and align with existing policy goals	Grant-writing support, policy brief

Visual Framework: Workforce Capacity Pyramid

This pyramid illustrates how CIC strengthens foundational layers of health support by embedding care in informal and peer-based relationships. While the model is best established in mental health, its adaptable structure supports broader public health goals, promoting early intervention and reducing pressure on specialty services.:



Key Layers (bottom-up):

- Self-care and informal supports
- CIC and peer-based interventions
- Primary and community-based clinical care
- Specialty mental health services
- CIC operates across multiple layers, offering flexible and scalable support before needs become acute.

Key Considerations for Success

✓ Domain Flexibility: CIC can support a range of health priorities, including mental health, chronic illness, maternal health, aging, when tailored to community needs and backed by appropriate training and partnerships.
✓ Equity & Inclusion: Ensure CIC supports diverse communities, particularly marginalized groups.
✓ Non-Stigmatizing Language: Normalize mental health discussions to reduce barriers to seeking help.
✓ Policy & Funding Alignment: Work with funders and decision-makers to embed CIC into long-term mental health strategies.

Ready to Get Started?

Use this checklist to determine if your organization is ready to begin CIC implementation:

- Leadership and staff understand CIC principles
- Community stakeholders are engaged and supportive
- A needs assessment has been conducted
- A training plan for CIC implementers is in place
- Referral partners have been identified
- Data collection tools and feedback loops are ready

Example Metrics to Track:

Metric	Description	Collection Frequency	Responsible Role
# of CIC implementers trained	Total number trained and active	Monthly	Training Lead
Referral success rate	% of referrals successfully followed	Quarterly	Program Manager
Community engagement events	Events hosted to promote CIC awareness	Monthly	Outreach Coordinator
Outcomes/ Satisfaction rating	Average user outcome/satisfaction with support	Quarterly	Evaluation Team

Resources:

For more support, explore Community-Initiated Care models & best practices: Cambridge University Press: A Theory of Change for CIC ScienceDirect: Community-Initiated Care: A Blueprint

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