

Community Inclusive Social Enterprises as Reciprocal Infrastructure

When peer support becomes paid work, community capacity is built through mutual aid.

Beyond the Binary of Employment and Volunteering

Traditional approaches to work requirements assume a clear distinction between employment generating income and volunteering providing unpaid service. Someone either works for wages counting toward requirements or volunteers for free potentially earning compliance credit. Community Inclusive Social Enterprises occupy the space between these categories, creating a third model combining economic activity with mutual support.

The foundational insight is simple. Many people subject to work requirements possess skills, knowledge, and experience their communities desperately need. Someone who successfully navigated work requirements while managing diabetes and working three jobs has expertise others facing similar challenges need. Someone who figured out documentation systems for informal caregiving arrangements while raising a nephew with autism can teach those strategies to others. Someone who balanced multiple part-time positions with housing instability knows how to make impossible situations work.

This expertise operates outside formal labor markets. No employer hires someone specifically for their lived experience navigating Medicaid systems. No professional certification validates expertise gained through managing multiple chronic conditions while maintaining coverage. No career pathway exists for people who mastered juggling gig work, childcare coordination, and bureaucratic compliance simultaneously.

Yet this expertise has substantial value. Other people facing similar challenges would pay for help if they had resources. Community organizations would hire peer navigators if budgets permitted. Healthcare systems recognize peer support effectiveness but struggle funding it adequately. The knowledge exists, the need exists, but traditional economic structures don't facilitate exchange.

CISE models create infrastructure enabling this exchange. Someone with navigation expertise becomes a credentialed peer navigator charging modest fees for consultation and ongoing support. A woman who maintained employment through serious mental illness provides peer support to others managing similar challenges, earning income that counts toward her own work requirements. A man who navigated the appeals process successfully helps others prepare appeals, generating fees while meeting compliance obligations.

This is neither traditional employment with an employer paying wages nor pure volunteering with no compensation. It represents microenterprise where individuals operate as independent service providers, community members become paying clients, and economic activity happens at small scale without traditional business infrastructure.

The CISE Service Model

Maria successfully navigates work requirements while working three part-time jobs and raising her nephew. Other women in her church face similar challenges juggling multiple employers, childcare, and Medicaid compliance. They ask Maria for help. She explains verification procedures, shares strategies for documentation organization, describes exemption categories, and provides ongoing support through the monthly reporting cycle.

After helping five women informally, Maria realizes this represents valuable service worth compensation. She completes a state-recognized peer navigator training program, receives credentials documenting her expertise, and begins charging fees. Twenty dollars for initial consultation covering compliance overview, exemption assessment, and strategy development. Ten dollars monthly for ongoing support including verification reminders, documentation review, and problem-solving assistance.

Her first clients are the women she already helped. They gladly pay modest fees for reliable support from someone who understands their circumstances intimately. Maria helps five people consistently, generating one hundred fifty dollars monthly and fifteen to twenty hours of qualifying work. These hours count toward her own work requirements while her income supplements her part-time earnings.

This model works because Maria operates at community scale serving people she already knows through existing relationships. She doesn't need business licensing, liability insurance, commercial space, or sophisticated marketing. She provides services through phone calls, text messages, in-person meetings at church, and occasional home visits. Her overhead is minimal. Her credibility comes from lived experience rather than professional credentials. Her business development happens through word-of-mouth referrals within her community.

The economics work for both Maria and her clients. Maria earns supplemental income while meeting work requirements, learning business skills, and building expertise that could lead to professional navigator positions. Her clients receive affordable support from someone who genuinely understands their circumstances and maintains ongoing relationships beyond transaction processing. Five clients at thirty dollars monthly generates reasonable income for Maria while remaining affordable for clients budgeting carefully.

Scale emerges through replication, not growth. Maria doesn't expand to serve fifty clients herself, which would require infrastructure and systems she lacks capacity to build. Instead, she mentors other women who develop their own CISE practices. Each operates independently at sustainable scale serving people in their own networks. Collectively they provide navigation capacity reaching substantial populations without requiring centralized organizational infrastructure.

Credentialing and Quality Assurance

For CISE models to function at scale beyond informal mutual aid, some credentialing structure must verify provider expertise and establish quality standards protecting clients from poor service or outright fraud.

State recognition provides one model. States developing work requirement navigation infrastructure can create peer navigator credentials requiring completion of training programs covering compliance procedures, exemption categories, documentation standards, professional boundaries, and ethical guidelines. Training might involve twenty hours of instruction delivered through online modules, in-person workshops, or hybrid approaches. Completion earns a credential authorizing the individual to provide paid navigation services and submit verification on behalf of clients.

This credentialing serves multiple purposes. It verifies that peer navigators understand system requirements sufficiently to provide useful guidance. It establishes baseline quality standards protecting clients from incompetent advice. It creates legitimacy enabling peer navigators to interface with state systems, MCO care coordinators, and provider offices. It provides liability protection through good faith provisions covering credentialed providers following training protocols.

Community organization credentialing offers alternative approaches. Established CBOs with navigation expertise can train and credential peer navigators using curricula they develop based on community needs and successful navigation strategies. This model allows cultural customization, language accessibility, and



integration with other community services. Organizations credential providers they trust and continue supervising them through peer learning groups and quality monitoring.

National networks of peer support providers create third credentialing pathway. Organizations like the National Association of Peer Supporters or Community Health Worker networks develop standardized training and certification programs. These credentials transfer across states and communities, enabling peer navigators to operate in multiple locations and establishing professional identity supporting career development.

Quality assurance happens through multiple mechanisms. Client feedback systems where people receiving services rate peer navigators and describe outcomes. Audit processes where random service episodes are reviewed for compliance with protocols and identification of problems. Outcome tracking showing whether peer navigators successfully help clients maintain coverage and meet requirements. Continuing education requirements ensuring peer navigators stay current as policies evolve.

The credentialing structure must balance legitimacy and accessibility. Requirements so rigorous that only professional-class individuals can complete them defeat the purpose of peer-based models drawing on lived experience rather than formal education. Training delivered only during business hours in distant locations excludes people working multiple jobs or managing caregiving responsibilities. Credentialing fees exceeding modest amounts create financial barriers. The goal is verification of competency, not gatekeeping replicating professional barriers.

Payment Mechanisms and Economic Sustainability

Cash payment represents the simplest model but excludes clients without discretionary income. Many people subject to work requirements live on extremely limited budgets where even modest navigation fees compete with food, housing, and transportation costs. Cash-only models systematically exclude people needing support most while serving populations with slightly more resources.

Sliding scale fees enable broader access. Peer navigators charge rates based on client ability to pay. Someone earning income through employment pays full rate. Someone managing on disability benefits pays reduced rate. Someone completely without income receives free or highly subsidized support. This approach requires navigators to accept variable compensation, which works only if some clients pay full rates subsidizing others.

Community currencies and time banking create alternative exchange mechanisms. Clients without cash contribute service hours to peer navigators or other community members, earning credits toward navigation support. Someone provides childcare for the peer navigator, earning credit toward consultation hours. Someone helps with yard work, generating time bank credits usable for any community service including navigation support. These systems enable exchange even when cash is constrained.

MCO and health system funding provides sustainable revenue streams. Managed care organizations recognizing that peer navigation reduces coverage churn and improves outcomes can contract with CISE providers. Health systems understanding that navigation support reduces emergency department utilization and improves chronic disease management can fund peer navigator services for their Medicaid patients. These institutional funding sources enable peer navigators to serve populations unable to pay while generating sustainable income.

State grants or stipends directly supporting peer navigator income represent another funding approach. States allocating modest budgets for community-based navigation can distribute funds to credentialed peer navigators based on clients served and outcomes achieved. Twenty-five dollars per client per month for documented navigation support generates meaningful income for peer navigators while costing states far less than professional navigator salaries.

Foundation grants to community organizations can fund peer navigator payments. Organizations receive grants supporting navigation infrastructure and use portions to purchase services from independent CISE providers. This creates bridge funding while institutional payment systems develop.

The sustainable economic model typically combines multiple revenue streams. Some clients pay directly using cash or sliding scale fees. Some institutional funders purchase services. Some foundation grants provide subsidy. Some community currencies enable participation by clients without resources. Diversified revenue protects peer navigators from dependence on single funding sources while enabling service to populations across economic circumstances.

Peer Navigator Career Pathways

CISE participation represents potential entry point into professional healthcare and social service careers for people whose lived experience provides foundation but who lack traditional credentials.

The pathway might begin with successful personal navigation. Someone maintains Medicaid coverage, navigates work requirements successfully, and develops expertise through managing their own compliance. They recognize this knowledge has value and begin informally helping others in similar situations.

The second stage involves formal credentialing. They complete peer navigator training, receive state or organizational credentials, and begin providing paid services through CISE model. They develop client bases through community relationships, establish service quality reputations, and earn income while meeting their own work requirements.

The third stage adds sophistication through continuing education and specialization. They pursue additional training in specific populations like dual eligible management, mental health support, or chronic disease self-management. They develop expertise in particular compliance challenges like exemption advocacy or appeals processes. They may achieve advanced peer specialist certifications or Community Health Worker credentials.

The fourth stage transitions to organizational employment. Their established track record as effective CISE providers makes them attractive candidates for CBO navigator positions, MCO care coordinator roles, or health system peer support programs. They bring lived experience combined with demonstrated competency serving community members successfully. Their CISE work functions as extended job interview demonstrating capability to potential employers.

The fifth stage involves supervision and leadership. Experienced peer navigators move into supervising roles, training new peer specialists, managing navigator teams, or directing peer support programs. They may pursue additional education using work experience to meet admission requirements for degree programs. Their career pathway from CISE provider to professional leader demonstrates possibilities for others.

This career development model serves multiple purposes. It creates economic mobility pathways for populations facing substantial barriers to traditional employment. It builds healthcare and social service workforce with lived experience understanding populations served. It enables peer support infrastructure scaling through combination of CISE providers and professionally employed peer specialists. It demonstrates that lived experience combined with appropriate training and support creates valuable professional expertise.

Organizations supporting these pathways provide mentorship connecting experienced peer specialists with newer CISE providers, create learning communities where peer navigators share strategies and challenges, offer bridge programs helping CISE providers transition to organizational employment, fund continuing education supporting professional development, and maintain employment pipelines actively recruiting from successful CISE provider pools.

Technical Infrastructure Requirements

CISE providers need substantially less technical infrastructure than professional navigators or CBOs, but some supporting systems enable effectiveness and scale.

Client management tools help peer navigators track who they're serving, what support they've provided, when deadlines approach, and what outcomes result. Simple spreadsheets or mobile apps recording client names, contact information, service dates, and notes suffice for individual providers serving modest client bases. More sophisticated case management systems become valuable as client numbers grow.

Scheduling and reminder systems ensure peer navigators contact clients before verification deadlines, follow up after exemption applications, and maintain consistent communication. Automated text message reminders triggered by deadline calendars reduce missed compliance requirements. Simple scheduling apps enable clients to book consultation times without phone tag.

Payment processing systems facilitate fee collection without requiring cash handling. Mobile payment apps like Venmo, Cash App, or PayPal enable electronic payment from clients with smartphones and bank accounts. Community time banks provide alternative exchange tracking for clients without traditional banking. Simple invoicing templates document services provided for clients paying through institutional funders.

Documentation and reporting tools help peer navigators track outcomes demonstrating effectiveness to funders or credentialing bodies. Templates recording services provided, client progress, barriers encountered, and outcomes achieved create standardized reporting. Aggregated data showing client coverage retention rates and compliance success validates peer navigator effectiveness.

Communication platforms enable coordination between peer navigators, referrals to appropriate resources, and connection with professional support when cases exceed peer navigator scope. Private social media groups, encrypted messaging apps, or simple phone trees create peer learning communities. Connections to MCO care coordinators, CBO case managers, and professional navigators enable warm handoffs when intensive support becomes necessary.

The infrastructure model should provide maximum functionality with minimum sophistication requirements. Cloud-based platforms accessible through any smartphone without requiring special software. Interfaces designed for people without advanced digital literacy. Backup paper-based processes for communities with limited technology access. Training supporting skill development rather than assuming expertise.

National platforms or statewide systems serving peer navigators across communities enable consistency while accommodating local variation. A common system used by all credentialed peer navigators in a state provides standardized client management, documentation templates, and reporting capabilities. Individual CISE providers access the system without building infrastructure themselves. The shared approach achieves technical sophistication through scale.

State investment in this infrastructure recognizes that supporting thousands of independent CISE providers requires common systems they cannot individually develop. The cost of building robust platforms serving distributed peer navigators exceeds what individual providers or even regional organizations can sustain. Treating infrastructure as public good benefiting the entire peer navigation ecosystem enables participation at scale.

Addressing Concerns About Quality and Fraud

Skepticism about CISE models often focuses on quality control and fraud prevention. If anyone can claim peer navigator credentials and charge fees, what prevents incompetent service or outright scams?

The credentialing process provides first quality assurance layer. Training programs ensure peer navigators understand compliance requirements, exemption categories, documentation standards, and professional boundaries before serving clients. Competency assessments verify knowledge before issuing credentials. This establishes baseline quality standards.

Client feedback mechanisms provide ongoing quality monitoring. People receiving services rate peer navigators and describe experiences. Patterns of poor service trigger reviews. Exemplary service generates referrals and reputation building. This market-based quality signal supplements formal credentialing.

Outcome tracking demonstrates whether peer navigators successfully help clients. Coverage retention rates, compliance success, exemption approval percentages, and client satisfaction scores provide objective quality measures. Peer navigators consistently showing poor outcomes face credential review or revocation.

Complaint and appeal processes enable clients to report problems. Simple mechanisms for reporting concerns about peer navigator conduct, competency, or ethical violations. Investigation protocols determining whether problems reflect individual misconduct or system issues. Remediation for problems amenable to additional training versus credential suspension for serious violations.

Fraud prevention happens through auditing random service episodes. States select small percentages of claimed CISE services for verification. Did the service actually occur? Did the client receive value? Was documentation appropriate? Audits catching fraud trigger credential revocation and potential legal consequences. The audit risk deters fraudulent claims while tolerating honest mistakes.

Professional supervision provides quality assurance for peer navigators serving complex populations. Experienced professional navigators or licensed social workers provide consultation to CISE providers managing difficult cases. Regular case review identifies situations exceeding peer navigator scope requiring professional intervention. This supervision protects both clients and peer navigators from situations beyond appropriate boundaries.

The quality assurance approach recognizes that peer navigators provide different services than professional navigators. They excel at relationship-based support drawing on lived experience. They struggle with complex cases requiring clinical judgment or legal expertise. Quality systems should evaluate peer navigators against appropriate standards reflecting their scope rather than expecting professional-level performance from people providing peer support.

Organizations successfully operating CISE models report that quality problems emerge less frequently than skeptics predict. Peer navigators operating in communities where they maintain ongoing relationships face reputational consequences for poor service. People serving their own communities have intrinsic motivation to provide quality support. The combination of formal credentialing, community accountability, and outcome monitoring produces reasonable quality without excessive regulatory burden.

Scale and Geographic Distribution

CISE models scale through replication rather than organizational growth. Traditional service organizations grow by hiring more staff, opening additional locations, and building larger infrastructure. CISE scales by credentialing thousands of independent peer navigators each serving modest client bases within their own communities.

This scaling model provides distinct advantages for geographic distribution. Rural areas lacking organizational infrastructure can still develop peer navigator capacity. Someone in a small town becomes credentialed and serves neighbors facing work requirements. They don't need office space, extensive technology, or organizational employment. They provide services through existing relationships in communities where they already live.

Urban neighborhoods underserved by formal organizations benefit similarly. Communities with limited CBO presence can still develop peer navigation capacity through residents becoming credentialed providers. The CISE model doesn't require organizational infrastructure. It requires individuals with lived experience willing to develop expertise and serve their communities.

Immigrant communities where language and cultural barriers limit access to formal services can develop peer navigators speaking community languages and understanding cultural contexts. Credentialing processes accommodating multiple languages and culturally appropriate training enable participation by providers serving their own communities.

Communities skeptical of formal institutions or government programs can access peer support from trusted community members. Indigenous communities, communities with histories of government mistreatment, or populations avoiding formal systems due to immigration concerns may trust peer navigators from their own communities when they avoid institutional providers.

The scaling challenge involves supporting thousands of independent providers operating with minimal infrastructure. Credentialing systems processing high volumes of applications. Training delivered at times and locations accessible to working people. Technical infrastructure supporting distributed users. Payment mechanisms reaching independent contractors. Quality assurance monitoring service quality across decentralized providers.

States successfully enabling CISE scale typically invest in shared infrastructure serving all credentialed providers, create regional support systems connecting peer navigators for learning and coordination, partner with community organizations providing local presence and relationship building, and maintain simple administrative processes avoiding bureaucratic barriers to participation.

The model proves particularly valuable in states with large rural populations, substantial geographic distances between population centers, and limited organizational infrastructure in many communities. CISE enables navigation capacity emerging wherever credentialed peer navigators live rather than requiring organizational presence in every community.

Relationship to Other Community Support Models

CISE sits between traditional volunteering and professional employment, complementing both while substituting for neither.

Volunteer peer support provides unpaid assistance through mutual aid relationships. Someone helps a neighbor navigate work requirements expecting nothing beyond gratitude and strengthened community bonds. This model scales through social capital and community organizing but cannot sustain people needing income or requiring intensive time commitments.

CISE compensates peer navigators for time and expertise, enabling people to dedicate substantial hours to navigation support while meeting their own economic needs and work requirements. The compensation transforms helping from occasional volunteer activity to reliable income source justifying time investment.

Professional navigation through CBOs or MCO employment provides expert services with organizational support, supervision, and resource access. Professional navigators handle complex cases requiring clinical judgment, legal expertise, or intensive coordination across multiple systems. They serve populations beyond their personal community connections.

CISE fills the middle space serving people needing more support than volunteer networks provide but not requiring professional-level intervention. Someone needing basic verification help, exemption information, and encouragement benefits from peer navigator support costing far less than professional services. The three models work together creating layered support with appropriate intensity matching member needs.

Faith-based organizations may host and support CISE providers while maintaining their volunteer service models. Churches credential congregation members as peer navigators who charge modest fees to people outside the congregation while providing free support to fellow members. The organization provides training space, administrative support, and referrals while peer navigators operate independently.

Community-based organizations may partner with CISE providers, referring clients needing peer support while focusing professional staff on complex cases. The partnership enables CBOs to extend reach without hiring additional employees while providing peer navigators with referral sources and professional backup for difficult situations.

The ecosystem works best when multiple support models coexist creating pathways matching different needs. Someone manages easily with volunteer help from neighbors. Someone pays modest fees to credentialed peer navigator for structured support. Someone requires professional navigator assistance funded through MCO contracts or state programs. Movement between levels happens as needs change, with peer navigators facilitating referrals to professional services when complexity exceeds their scope.

Challenges and Limitations

CISE models face substantial challenges preventing them from serving as sole navigation infrastructure.

Income instability affects peer navigators depending on client fees for significant income. Clients facing their own economic challenges may discontinue services when budgets tighten. Peer navigator income fluctuates monthly creating financial stress. The model works better as supplemental income alongside other employment than as primary income source.

Scope limitations mean peer navigators cannot handle all situations. Complex medical exemptions requiring clinical documentation exceed peer navigator expertise. Legal challenges involving appeals or discrimination require attorney involvement. Mental health crises demand professional clinical intervention. Peer navigators must recognize these boundaries and facilitate referrals without attempting to provide services beyond their competency.

Isolation challenges face peer navigators operating independently without organizational support. They manage scheduling, payment processing, documentation, and problem-solving alone. They lack colleagues providing consultation on difficult cases or emotional support managing challenging situations. Connection to peer learning communities or organizational partnerships mitigates isolation but requires intentional infrastructure.

Credentialing sustainability requires ongoing training availability, credential renewal processes, continuing education opportunities, and quality monitoring systems. States or organizations must maintain this infrastructure consistently across years. Peer navigators operating in states without sustained commitment to CISE infrastructure lack support systems enabling effective practice.

Liability concerns affect peer navigators providing advice potentially leading to coverage loss if incorrect. Good faith provisions protect well-intentioned errors but peer navigators fear legal consequences. Professional liability insurance designed for independent contractors in social services remains expensive and difficult to obtain. Organizations credentialing peer navigators may provide group coverage but this adds administrative complexity.

The model works best recognizing these limitations while leveraging unique strengths. CISE provides affordable, culturally competent, relationship-based navigation support to populations who trust peer navigators from their own communities. It cannot replace professional services for complex cases, clinical determinations, or legal representation. The sustainable approach combines peer navigation with professional backup creating comprehensive support infrastructure.

The Path Forward



Community Inclusive Social Enterprises transform compliance burden into economic opportunity and community capacity building. They recognize expertise gained through lived experience as valuable asset deserving compensation. They create microenterprise opportunities for people facing employment barriers in traditional labor markets. They provide affordable navigation support through trusted community relationships.

States enabling CISE models at scale invest in credentialing infrastructure processing peer navigator applications efficiently, training programs accessible to working people with family responsibilities, technical platforms supporting independent providers across communities, payment mechanisms reaching contractors operating at small scale, and quality assurance systems protecting clients while avoiding excessive regulatory burden.

The next article examines how Decentralized Autonomous Organization models can coordinate peer navigation, professional services, and institutional support through distributed governance and programmable reciprocity enabled by blockchain and artificial intelligence.

Next in series: Article 8D, "Decentralized Autonomous Organizations and Programmable Support"

Previous in series: Article 8B, "Grant-Funded CBOs and the Mission Drift Problem"

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