



**OHPB Workforce Committee  
Non-Traditional Health Worker Subcommittee**

**Meeting Summary  
September 19, 2011 Meeting  
9:00 – 11:30 am**

Committee Members In Attendance:

- Donna Larson (Co-Chair)
- Teresa Rios Campos (Co-Chair)
- Arika Bunyoli
- Herman Bryant
- Meghan Caughey
- Jammie Farish
- Alisha Fehrenbacher
- Ann Kasper
- Catherine Potter (for Maria Avila)
- Carol Romm
- Kelly Volkmann
- Jennifer Valentine
- Judith Woodruff
- Jean Yamamoto

Committee Members Present (by phone)

- Cheryl Miller
- Vinay Prasad
- Martin Rafferty

OHA Staff in Attendance

- Carol Cheney
- Lisa Angus
- Rachel Gilmer
- Shawn Clark

OHA Staff Present (by phone)

- Tricia Tillman

Committee Members Not in Attendance

- Debbie Buck
- Rhonda Busek
- Erin Fair
- Jalaunda Granville
- John Saito
- Crucita White

**Meeting Summary  
(Committee actions or decisions in bold)**

Donna Larson convened the meeting, welcomed participants and asked participants to introduce themselves with name, affiliation and one fear and one thing that would signify success.

Fears and signs of success centered around getting a clear understanding of the multiple roles held by NTHWs, and assuring that the process of standardization of roles and education/training does not result in loss of integrity of the current way services are delivered (essence of peers understanding needs of clients, culturally and linguistically appropriate approaches, encompassing the diverse scope of work and the diversity of communities served), or conversely, that the integrity is lost because the standards are too general.

Additionally, there were fears and hopes about keeping the services affordable and reimbursable by CMS, that the model expands past CCO organizations and the Oregon Health Plan and is embraced by larger health systems and that we look to other states that have succeeded or erred with similar processes.

### **NTHCW Charter Review**

Carol Cheney and Lisa Angus provided a brief overview of the deliverables and timeline for the Subcommittee, as described in the Charter.

Other key points shared:

- The work of the group is to develop scope of work and education and training standards that are overarching and structured enough to fulfill the intent of the law, broad enough to allow for the utilization of NTHWs by Coordinated Care Organizations (CCOs), and that meet standards for reimbursement by CMS.
- Additionally, the hope is to maintain the nuances, essence and cultural approaches that make these services successful and meet the needs of the diverse clients served by this workforce.
- OMHS was asked to facilitate the Subcommittee's work because we had convened a group working on similar issues specific to community health workers (CHWs); that said, Shawn Clark from Addictions and Mental Health, as well as many community based organizations have also worked on similar issues within behavioral and physical health services.
- We are not wedded to the name of the Subcommittee – “Non-Traditional Health Worker Subcommittee.” We are open to other name suggestions for the group, but do not want to utilize this meeting time for that discussion.

### **Regulatory Issues**

CMS standards are fairly broad. Ralph Summers from OHA is leading a Regulatory Issues Workgroup that is aligning HST efforts with regulations to assure compliance. Ralph was not able to participate in the meeting. He will provide information about CMS standards re: NTHWs at a later date.

### **Subcommittee Relationship with other OHPB/HST Work:**

The Subcommittee reviewed additional background materials provided in the packet, including the OHPB hierarchical chart and information about CCOs and Health Systems Transformation (HST). HST is now focused on OHP but we hope this change will eventually encompass the rest of the health care system.

There is no formal route between the Subcommittee and the External Workgroups that are part of HST, but all are reporting to the OHPB (Subcommittee will report directly to the Workforce Committee of OHPB) and the CCO Criteria and Statement of Work Workgroup is probably the most relevant to this Subcommittee. Staff will compile recommendations and reports.

### **NTHW Matrix**

OMHS staff developed a draft Matrix sourcing various states' legislation, training curricula, reports and white papers, and other resources to provide an overview of definitions, education and training curricula and hours, competencies, scope of practice and payment methodologies.

The following recommendations resulted from the NTHW Matrix discussion:

- Peer Wellness Specialists and Peer Support Specialists, while both utilized by behavioral health programs, are significantly different. PSS workers are specific to mental health services, while PWS' also provide support on overall health and chronic diseases and health promotion. **We will separate these worker distinctions on the matrix.**
- Look to Minnesota, Arizona, New Mexico, Texas and Alaska models, as well as national models. Example: AHRQ is looking at a larger CCO model that includes NTHWs.
- Separate core competencies from curricula/training.
- Focus on core competencies that 1) everyone needs, and 2) that each classification of health worker needs.
- The bill provides the Subcommittee with direction to first develop a broad definition and then develop more specific sub specialties.
- Include a core competency regarding the social determinants of health to assure a holistic approach to care.
- Community "control" is a hallmark of the CHW model. We need to take care not to lose that essence in a quest to be efficient in defining roles and training/education
- Start by talking about what job qualifications/jobs are needed by the CCOs, then develop roles, competencies, and training.

### **Action Steps**

- Committee members are asked to review the document and provide additional information such as job descriptions, competencies, trainings, and other documents/research for the matrix.**
- Staff will analyze the data and provide a report for discussion at the next meeting.**

### Small Group Work

The Subcommittee broke into three smaller groups to take initial steps in identifying commonalities between the non-traditional worker types. Participants on the phone were included as a small group. Commonalities across all worker types include:

Characteristics	Knowledge/Skills
Self-identified community members	Communication
Share experiences with the people they serve	Client/patient advocacy
“Look like” the people they serve	Community builder
Broad spectrum of diversity	Health promotion and prevention
Include home care workers in the matrix – already working with seniors and people with disabilities	Cultural competency/responsiveness
Commitment to building capacity for self-efficacy, self sufficiency among the community/client/patient	Holistic view of health (including social determinants of health), not just medication management
	Need to develop outcomes-based core competencies/skills

### Non Traditional Health Worker Survey

The Subcommittee agreed that a survey should be administered to non-traditional health workers. The goal of the survey is to understand how workers themselves would identify roles/competencies and survey current education and training they receive. Subcommittee members will focus their review and edits on what the group needs to know to accomplish our task, rather than what we would like to know.

Public Comment: This survey is long – Are there specific questions that we would sort out at a higher level? Have the organization that employs them answer some the question? Administer two surveys – high level at organization vs. with employees?

The OHBP Workforce Committee may also conduct a survey primarily targeting employers that would focus on workforce development needs, including non-traditional health workers. NTHW Subcommittee members are asked to review the draft survey provided at the meeting and submit edits and recommendations for additional questions.

The Subcommittee briefly discussed challenges with naming the different kinds of workers and offered comments on the development of the title “Community Health Worker” and the phrase, “peer delivered services.” We will provide some basic titles in the survey and offer a fill in for other titles.

Staff will consider offering an incentive to survey participants who complete the survey: gift card, drawing for prize.

**Action Steps**

- The Survey will be sent to the Subcommittee in an editable version. Subcommittee members agree to track changes in the document and return to OMHS Staff no later than September 28th.**

**Detailed Action Steps Chart**

	<b>Who</b>	<b>What</b>	<b>By When</b>
<input type="checkbox"/>	Subcommittee	Send additional/ recommended documentation re: roles, competencies, education/training curricula to fill out the Matrix. To: <a href="mailto:carol.i.cheney@state.or.us">carol.i.cheney@state.or.us</a>	<b>ASAP</b>
<input type="checkbox"/>	OMHS	Send MS Word version of draft survey to Subcommittee for updates	<b>ASAP</b>
<input type="checkbox"/>	Subcommittee	Review draft Survey and track any edits	<b>Now – 9/30/11</b>
<input type="checkbox"/>	Subcommittee	Return Survey document with changed tracked to <a href="mailto:carol.i.cheney@state.or.us">carol.i.cheney@state.or.us</a> . <b>Notes: Date changed to accommodate for extra time. Please do not send to entire subcommittee.</b>	<b>September 30</b>
<input type="checkbox"/>	OMHS	Provide final survey instruments to Subcommittee in online survey link and PDF formats	<b>10/5</b>
<input type="checkbox"/>	Subcommittee	Disseminate survey to NTHWs with whom you are connected.	<b>10/5</b>
<input type="checkbox"/>	OMHS	Gather information regarding regulatory issues.	<b>ASAP</b>

**Attachments to Minutes**

- NTHW Roles/Requirement Matrix (in MS Word)
- DRAFT Survey (in MS Word)

**Next meeting**

**TBD**

**Contact Person**

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