

Traditional Health Worker Training Program *Renewal Application*

Purpose

Organizations use this application to renew their Oregon Health Authority (OHA) approved training programs for:

- Birth Doulas,
- Community Health Workers,
- Peer Support Specialists,
- Peer Wellness Specialists,
- Family Support Specialists,
- Youth Support Specialists,
- Personal Health Navigators, and
- Tribal Traditional Health Workers.

Organizations must complete and submit this application to OHA, indicating all program requirements have been met in accordance with OAR 950-060-0000 through 950-060-0160 (see OARs at <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798>).

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact THW.Program@odhsoha.oregon.gov.

How to submit your application

An electronic copy of the completed application and all supporting documents must be submitted to the Oregon Health Authority. The completed application must include Sections 1 through 3, with all necessary attachments. Organizations seeking a waiver to any OHA training program requirement must also submit a *Traditional Health Worker Training Program Temporary Waiver Request* (download a copy of form OHA 8906B at <https://www.oregon.gov/oha/EI/Pages/Become-an-Oregon-Health-Authority-Approved-THW-Training-Program.aspx>).

Please use the form to type in your answers. If you are having difficulties accessing the form, please contact THW.Program@odhsoha.oregon.gov. Please stay within the word count as indicated in the parentheses. If you have a compelling reason to go beyond the word count provided, please attach additional documents and reference them in the section.

Email the following documents to THW.Program@odhsoha.oregon.gov:

1. The PDF application, AND
2. All supporting documents in PDF format (required).

Note: OHA will keep this electronic copy of your application, and all submitted course materials on file. You may need to submit multiple emails if the attachments are too large and/or zip the file to reduce size.

Application process

- The completed renewal application must be submitted six (6) months in advance of the training expiration date. OHA may take up to 120 days to approve a renewal.
- If an application is incomplete, OHA will send written notice requesting resubmission of complete application packet.
- If OHA determines that all training program requirements are sufficiently met, OHA shall send written notice of approval. If OHA determines that training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.
- OHA may conduct site visits of training programs, either before approving a training program or at any time during the three-year approval period.

Our discrimination policy

The Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that ODHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe ODHS or OHA treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write:

Governor's Advocacy Office (GAO)

500 Summer Street NE, E-17
Salem, OR 97301

Fax: 503-378-6532

Email: GAO.info@odhs.oregon.gov

"Equal opportunity is the law!"

Review committee

Completed applications will be reviewed by the Training Evaluation Metrics and Program Scoring (TEMPS) subcommittee of the Oregon Health Authority's Traditional Health Worker (THW) Commission.

Criteria for approval

Approved training programs should have a deep understanding of the history and purpose of the Traditional Health Workforce, and train THWs in a manner that will maintain the integrity of this long-standing community-based and peer-based model of health delivery. In the review of applications, the committee will carefully evaluate whether the training program adequately fulfills all OHA-defined requirements, unless a waiver for a specific requirement is approved. In an effort to be inclusive of all communities throughout Oregon that may benefit from the services of THWs and to ensure resources are appropriately allocated, the committee may also take into consideration the geographic distribution of training programs, the level of need for training programs in communities, and the diversity of communities served when reviewing applications.

Approval period

OHA approved training programs must apply to renew their approval status every three years. Per Oregon Administrative Rule 950-060-0110(7)(b)(9) (see OAR at <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301297>), "Training programs shall complete and submit the renewal application no less than six months prior to the expiration of the current approval period." **Failure to do will result in your organization being required to submit the training as an initial training and not a renewal.**

Proof of approval

During the approval period, the written notice of OHA approval must be made available to any student and/or partnering organization that requests a copy and, to the extent possible, displayed at the main training center. OHA contact information for questions, comments or concerns about the THW Program should be included on all student materials and advertising for the program:

Notice of OHA approval

This training program has been approved by the Oregon Health Authority to provide certification training for Traditional Health Workers. If you have any questions, comments or concerns about Oregon's Traditional Health Worker training and certification program, contact THW.Program@odhsoha.oregon.gov.

Letter or Certificate of Completion for graduates

The organization agrees to issue a written letter or Certificate of Completion to all successful training program graduates. Individuals who do not meet the criteria for completion should receive a letter or Certificate of Attendance/Participation only. This will not qualify them to be placed on the registry. Criteria for completion means:

1. Attended and completed all required instruction,
2. Demonstrated achievement of all assessment requirements, and
3. Has lived experience like the population that will serve as a PSS, PWS, FSS, and YSS or experiential knowledge from the same community which will be served as a CHW and TTHW.

Each certificate must state whether the oral health training requirement was fulfilled in addition to and as a part of the training.

Reporting to OHA

The organization agrees to verify, with OHA, the names of graduates when those individuals apply for certification and registry enrollment. The organization agrees it will not impose additional costs on individuals for this verification. The organization agrees to submit a quarterly report that includes agency information, partnering organizations, counties in which the training was held, and THW information including demographic information, preferred language, counties of residence, and education levels of individuals trained.

Abbreviations used in the application

- **CBO:** Community-Based Organization
- **CCO:** Coordinated-Care Organization
- **CHW:** Community Health Worker
- **NAV:** Personal Health Navigator
- **OHA:** Oregon Health Authority
- **PSS:** Peer Support Specialist
- **PWS:** Peer Wellness Specialist
- **THW:** Traditional Health Worker
- **FSS:** Family Support Specialist
- **YSS:** Youth Support Specialist
- **TTHW:** Tribal Traditional Health Worker

Questions about THW training program approval?

Contact the Equity and Inclusion Division at THW.Program@odhsoha.oregon.gov.

Application summary checklist

Please check that all necessary components of this application are completed and attached. The completed application must include Sections 1 through 3, with all necessary attachments. **Failure to provide all required items will result in your application being returned for resubmission.** In sections where no changes have occurred, check the “no changes” box.

Application summary checklist with numbered list of attachments named using the titles in the checklist below (required).

Section 1: General information

Attached: **1.6 Summary of training experience** — Any prior THW training experience in the past three years (required)

Section 2: Training program details

Attached: **2.3 Signed updated agreement** with an Oregon CBO. Required for all non-Community Based Organizations (see OAR at <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=325622>).

Attached: **Student feedback form** — **Not required if unchanged.**

Check here if no changes.

Attached: **Facilitator’s Guide** — Syllabus/overview or agenda only. Only required to submit curriculum revisions **IF changed since last approval.**

Check here if no changes.

Attached: **2.6 Copy of Certificates of Completion**, including completion of all instruction and assessment requirements (required), with designation:

- **Lived experience** — Required for PSS and PWS certifications, **or**
- **Community experience** — Required for CHW and TTHW certifications.

Attached: **2.6 Copy of certificates of attendance or participation** without appropriate designation:

- **Lived experience** — Required for PSS and PWS certifications, **or**
- **Community experience** — Required for CHW and TTHW certifications.

Plus completion of all instruction and assessment requirements (required).

Section 3: Signature (Required)

Signed and dated by the director.

Oral Health Training requirement

How are trainees completing the Oral Health Training requirement (check one):

Internally, either by your training organization or an outside entity. If this option is selected, you must document these additional hours separately from the total number of Foundational Training hours on the Certificate of Completion. (See topic requirements at OAR 950-060-0130.)

Externally by an OHA-approved Oral Health Training that trainees take separate from the Foundational Training. If this option is selected, **do not** include these hours in the total number of Foundational Training hours documented in this application or on the Certificate of Completion.

Attachments

Please use the list of attachments outlined in the checklist to name each item. Include **only** those attachments that describe any **changes to the training since last approved**:

When sending electronic copies of the attachments, make sure the number and name of the file corresponds to what is listed below. **All documents should be in PDF format and sized for printing on 8.5" x 11" paper. This is required for submission. Failure to do so will result in your application being returned.** Please name the attachment file according to the file name for ease of review. If there are more than eight attachments, please provide a separate page.

Please only submit required attachments as outlined in the checklist on page five.

Name of attachment	Section and page number

Section 1: General information

1.1 Organization contact information

Name of organization: _____

Official name of training program (training program must identify worker type and sub-worker type in the title): _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

City: _____ State: _____ Zip: _____

Main phone: _____ Email: _____

1.2 Organization director

First name: _____ Last name: _____

Phone: _____ Email: _____

1.3 Contact person

First name: _____ Last name: _____

Title: _____

Phone: _____ Email: _____

1.4 Organization overview

In 300 words or less, briefly describe your organization's understanding of the history, purpose and value of THWs (Community Health Workers, Peer Support Specialists, Peer Wellness Specialists, Family Support Specialists, Youth Support Specialists, Personal Health Navigators, Doulas and Tribal Traditional Health Workers). This is an expansion of your organization's overview of THWs in your curriculum. Please discuss:

- The role of Traditional Health Workers in Oregon's health care system,
- How this this applies to the work that your organization is providing, and
- Your mission and teaching philosophy (ex: popular education and/or how you provide information to students).

(For more information, see OAR 950-060-0100 at <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301296>.)

1.5 Training offered:

Check the type(s) of THW training that your organization is seeking renewal for:

CHW, PWS, NAV core curriculum training (section 3a and b)

Plus CHW training topics (80 hours)

Plus NAV training topics (80 hours)

Plus PWS training topics (80 hours):

For adult-to-adult mental health support

For adult-to-adult addictions support

For family-to-family support

For youth-to-youth support

Plus NAV training topics (80 hours)

PSS training topics (40 hours):

For adult-to-adult mental health support

For adult-to-adult addictions support

For family-to-family support

For youth-to-youth support

Doula training (28 hours)

Tribal Traditional Health Worker (80 hours)

1.6 Summary of training experience

Attach a 1–2 page PDF document listing your organization's prior experience in training THWs in the past three (3) years. Do not exceed two (2) pages. Include:

- A brief description or list of topics covered,
- Start and end dates (if not ongoing),
- Location,
- Hours of training,
- Training format, and
- Target audience.

Section 2: Training program details

2.1 Delivery of training

Location

What is the geographic reach of the training program? List of training facilities and locations (if available). If your training information exceeds the space provided below, please include all location details on a separate paper and submit as an attachment.

<i>Training facilities</i>	<i>Facility locations</i>	<i>Format(s) of training(s)</i>
		In-person Virtual (for example, Zoom) Hybrid (Mixture)
		In-person Virtual (for example, Zoom) Hybrid (Mixture)
		In-person Virtual (for example, Zoom) Hybrid (Mixture)

Instructors

List names of instructors and their credentials or work experience with THWs.

<i>Instructor name</i>	<i>Credentials or work experience</i>

2.2 Experienced THW involvement

Please describe how experienced THWs of the same worker type are involved in the ongoing feedback and curriculum changes, including incorporating student feedback (required, 150 words):

Language

In what languages will the training be offered?

English

Spanish

Other: _____

2.3 Recruitment and enrollment

Reduction of barriers

Identify the approach for recruiting and enrolling students. Indicate collaborations, if any, with other entities (CBOs, CCOs, other programs, etc.) and describe the organization's strategies for reducing barriers to enrollment (required, 150 words):

Fees

Are there any costs for individuals, groups or organizations to enroll in and complete the training program? If so, describe the fee structure for the training program (optional — not a factor in determination of program approval, 150 words):

2.4 Equivalency

If you plan to grant equivalency, describe how the program will grant equivalency for students who have previously completed training through this organization, other organizations, State or National, including details of the standards for granting equivalency or the assessment tool. If you will not grant equivalency, explain the circumstances that prevent your program from doing so and outline any plans for granting equivalency in the future (required, 200 words):

2.5 Academic credit

Will students receive academic credit following completion of training? (Not required for approval.)

Yes No

List educational institutions: _____

List costs, if any: _____

2.6 Records

Describe your organization's system of maintaining an accurate record of successful graduates for five years from their date of completion of the training program (required, 150 words):

Discuss the following:

- Release information forms
- Records include trainer, trainee, worker type, and date and agendas of the training
- Certificate of completion if there is lived experience that matches the worker types and subtypes (CHW, PSS, PWS, FSS, YSS, TTHW):
 - » Community Health Worker
 - » Personal Health Navigator
 - » Tribal Traditional Health Worker
 - » Peer Wellness Specialist type:
 - » Peer Support Specialist type:
 - Adult Addictions
 - Adult Mental Health

- Family Support Specialist
 - Youth Support Specialist
- » Doula
- Certificate of attendance or participation, if there is no lived experience by worker types and subtypes (CHW, PSS, PWS, FSS, YSS and TTHW):
 - » Community Health Worker
 - » Personal Health Navigator
 - » Tribal Traditional Health Worker
 - » Peer Wellness Specialist type:
 - Adult Addictions
 - Adult Mental Health
 - Family Support Specialist
 - Youth Support Specialist
 - » Peer Support Specialist type:
 - Adult Addictions
 - Adult Mental Health
 - Family Support Specialist
 - Youth Support Specialist
 - » Doula

Section 3: Signatures

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- I understand that if training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.
- I understand that OHA may conduct site visits of training programs, either prior to approving a training program or at any time during the approval period.
- I understand that the organization must apply to renew its approval status every three years, and that the renewal application must be submitted at least 6 months prior of the date of approval expiration.
- I shall advise OHA of any changes to the organization contact information within 30 days of such changes.
- I understand that during the training program approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.
- I agree to include OHA contact information for questions, comments or concerns about the THW Program on all student materials and advertising for the program.
- I agree to issue a letter of completion or certificate to students following successful completion of the training program.

- I agree to verify the names of successful training program graduates to OHA when those individuals apply for certification and registry enrollment, without imposing additional costs on the individuals.
- I agree to abide by the rules regarding the training and certification of Traditional Health Workers. See OARs 950-060-0000 through 950-060-0160, located at <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798>.
- I certify that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand providing false, incomplete or misleading information may result in the denial of the application or revocation of training program approval.

Director signature and date