Best and Promising Practices for Traditional Health Workers

Presented by the Systems Integration Subcommittee of the Oregon Health Authority's Traditional Health Worker Commission

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SECTION I: Recommendations for OHA and the THW Commission for supporting the safe, equitable, and appropriate supervision of Traditional Health Workers

The System Integration subcommittee identified supervision and career development as focus areas for the 2023 year. In conjunction with the Payment Models subcommittee, the subcommittee offers the following recommendations for the safe, equitable, appropriate, and efficient supervision of Traditional Health Workers.

Best Practices

It is recommended that the Oregon Health Authority Traditional Health Worker Commission:

- Undertake biannual updates and revisions to the Oregon Health Authority THW Toolkit, first published in 2017. Revisions should include best practices based specific to worker types, current research and recommendations, as well as national and local resources.
- Support and encourage hiring processes that explicitly draw on the lived experience of all THW workers as part of minimum qualifications for employment. Qualifications and candidate ranking should prioritize health equity, THW competencies, and experience rather than formal certification/education.
- Develop example compensation models that heavily value health equity, THW competencies, and experience when determining salary.
- Develop examples of recommended skill and competency language for job descriptions.

Minimum standards for supervision

Understanding that supervision models must be flexible and customizable for varied organizations, worker types, and different roles, the commission holds that safe, equitable, and appropriate supervision of THWs shall:

- Incorporate recommended skills and competencies from the THW Commission as outlined in the THW Toolkit in supervisor job descriptions.
- Have or develop an understanding of worker types and best practice for worker type supervision. Recommendation is that hiring of THW supervisors includes specific assessment of the recommended skills and competencies when hiring.
- Ensure that THW employees who are interested in supervisory positions are provided access to resources and trainings to develop both the personal and professional skills required to be effective in supervisory roles.

Training resources

The THW Commission recommends that the following opportunities are undertaken by the Oregon Health Authority to best support the workforce.

- Development and ongoing maintenance of a library of training resources of national best practice recommendations.
- Fund professional development and ongoing support for supervisors through community based organizations and worker type professional organizations.

SECTION II: Recommendations for supervisors of Traditional Health Workers

ii.a Recommendations for all THW supervision practices

Within the varied roles, scopes of practice, and practice modes of the THW Workforce, the commission recognizes that supervision requirements must be flexible and customizable (e.g. clinical vs. community based practice; billing providers vs. rendering providers only). Through extensive community outreach, including THW worker specific supervisor panels, public THW comment sessions, and consultation with professional organizations and policy makers, as well as a review of national best practices the following recommendations have been developed.

Organizations with Traditional Health Workers should:

- Understand the role, scope of practice, and unique challenges faced by the THW workforce.

  Practices to support this within organizations and by supervisors can include:

  ⟶ Explore the unique challenges THWs face within and outside their scope of work.
  ⟶ Provide a clear path for THWs challenging requests to work outside of scope.
  ⟶ Lead organizational education around THW scope and role.

- Understand the population being served and the social and historic injustices that have led to inequities and trauma within systems, and recognize that THWs, by definition, have been affected by these.

  Practices to support this within organizations and by supervisors can include:

  ⟶ Utilize trauma informed workspace practice in supervision throughout the organization.
  ⟶ Engage in effective cross-cultural communication and cultural humility.
  ⟶ Understand the role of vicarious trauma on the THW Workforce and provide support and tools to mitigate.
  ⟶ Support THWs accessing extensive trauma informed care training to support their work.
  ⟶ Build self-care into job description/duties/work expectations/reviews.
  ⟶ Support mentorship/on the ground skills development/support through experience; e.g. supervisor shadowing
  ⟶ Develop organizational strategies designed to address the impacts of vicarious trauma and compassion fatigue and burnout.

- Develop policies and hiring practices that weigh lived experience and health equity vs. degrees/licensure when appropriate.

  Practices to support this within organizations and by supervisors can include:

  ⟶ Develop job descriptions, hiring rubrics, and pay scales in line with best practices and industry examples.
  ⟶ Remove barriers to THW promotion—specifically around educational/licensure requirements when able.

- ⟶ Work with THWs to outline individual and professional goals and support a variety of pathways for reaching them.
- ⟶ Conduct ongoing policy reviews for equity and THW best practices.

- Plan for sustainability funding when developing THW Programs with specific intent to build supervision models appropriate to the THW Workforce

  Practices to support this within organizations and by supervisors can include:

  - ⟶ Advocacy for a living wage and sustainable workforce.
  - ⟶ Continuing education—supporting space and time for workforce to pursue necessary CEUs.

- Utilize best practices in individual and group supervision as part of Trauma Informed supervision:

  - ⟶ Establish cadence of check ins and meetings: individual, group, etc.
  - ⟶ Allocate protected time for THWs to address vicarious trauma, compassion fatigue, burnout, self-care practices, etc.
  - ⟶ Utilize reflective supervision models.
  - ⟶ Setting clear expectations.
  - ⟶ Have onboarding practices/plans and trainings appropriate to worker on tasks of the job; e.g. data entry, charting, documentation, HIPAA, etc.
  - ⟶ Include information on navigating health and social care systems as well as individual experiences within systems.

ii.b Recommendations specific to THW worker types

In addition to the best practices for all organizations and supervisors outlined above, workforce feedback included areas of need specific to different worker types. Information on Traditional Health Workers in the State of Oregon can be found in the OHA THW Commission THW Toolkit.

Community Health Worker (CHW): A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Models

- Clinical model: CHWs as part of a medical program to support community health goals, navigate social systems, and provide health education. Clear distinctions should be made to protect the CHW scope of work and CHWs should not be used as office staff or interpretation services—co-certified CHWs would be acting as a medical interpreter **not** a CHW when providing those services.
- Community model: CHWs embedded in community based organizations (CBOs), schools, shelters, and other community spaces to support health, provide education, and system navigation.
- Hub model: CHWs are employed as part of a hub that may provide clinical or CHW specific supervision, billing services, and/or other administrative functions, but daily work is performed at contracted organizations.

Recommendations for Skills, Experience and Training

- In particular because of the broad scope and use of CHWs, best practice requires a comprehensive understanding of the CHW scope of work and supervisors should work to ensure the role of the CHW is understood across the organization and advocate for them.
- Effective cross cultural communication skills, including cultural humility.
- Ability to set clear goals and accountability requirements while acknowledging and supporting the community based nature of the work.
- Willingness to learn from CHWs to better understand and address community needs.
- Provide or support culturally appropriate resources for trauma informed self-care.

Organizational/Policy Recommendations

- Integrate CHWs into organizational culture as a specific worker type with a clear and respected role.
- Develop self-care policies that meet the needs of the workforce, specifically including addressing vicarious trauma and culturally specific needs.
- Support community led work that may differ from organizational priorities.
- Provide training and support for CHW supervisors to develop best practices.

Peers

- **Peer Support Specialists (PSS):** A Peer Support Specialist (PSS) is an individual with shared lived experience with substance use and/or mental health who provide supportive services to a current or former consumer of mental health or addiction treatment.

- **Peer Wellness Specialists (PWS):** A Peer Wellness Specialist (PWS) is an individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.

Sub-specialties for PSS and PWS include

- Adult Addiction Peer: A person in addiction recovery with two years abstinence who provides support services to people seeking recovery from addiction.
- Adult Mental Health Peer: A person with lived experience of mental health who provides support services to other people with similar experiences.
- Family Support Specialist: A person with experience parenting a child or youth who has experience with substance use or mental health who supports other parents with children or youth experiencing substance use or mental health.
- Youth Support Specialist: A person with lived experience with substance use or mental health treatment who also had difficulty accessing education, health or wellness services who want to strictly provide support services with people under the age of 30.

Best Practices for Peer supervision include that supervisors have shared lived experience with the same peer specialty or use a co-supervision model with a contracted peer supervisor and clinical supervisor. Environments in which peers work may look different including clinical vs. community based; rural vs. population center, but the fundamental competencies and practices of the work are the same.

Models:

- Clinical: Certified Peer Support Specialists are embedded into a variety of clinical settings such as primary care, pediatrics, respite, substance use treatment programs, etc.
- Community Based: Peer Support Specialists in community based models serve any individual regardless of payment models, funding streams and/or insurance types.
- Crisis Intervention: Best practices are to include peer support specialists in crisis intervention teams which are designed to respond to people who are experiencing a behavioral health crisis safely and, when appropriate, link them to mental health supports and services that reduce the chances for future interactions with the criminal justice system or other levels of care.
- Mobile Crisis Response and Stabilization: Family Support Specialists are a required component of Mobile Response and Stabilization Services (MRSS). The MRSS model is designed to provide youth and their families with a developmentally appropriate crisis

intervention that is designed to meet the unique needs of children, youth, young adults, and their families.
- Warmline: Oregon's parent warmline (Reach Out Oregon) is an alternative or follow-up to a crisis line telephone and virtual communication service, staffed by certified Family Support Specialists who assist individuals with parenting concerns.

Supervision Models

- Co-supervision models- this is a national best practice and includes a clinical and peer supervisor working together to provide supervision to the peer while speaking to their individual expertise (i.e., clinical supervisor speaks to clinical diagnosis, treatment, etc and peer supervisor speaks to building mutuality, strategic sharing, etc.).
- When onsite co-supervision models are unavailable, on site clinical supervisor must understand the scope of practice. Organizations should utilize options such as hub supervision models where peer led organizations contract to provide peer supervision. Such contract supervision options include day to day clinical supervisor and engaging a local Peer Run Organization to provide peer specific supervision.

Recommendations for skills, experience, training

- Experience specific to vicarious trauma management and burn out as an effect of re-traumatization.
- Ability to support peers navigating personal relationships, boundaries, ethics, and their peer role.
- Knowledge of peer specialty trainings, and advocate for peer specific continuing education.
- Knowledge of peer run organizations and concepts such as ‘nothing about us without us.’
- Transformational leadership skills.
- Understanding system trauma and the role of consumers in system change.
- Ability to use personal lived experience in a manner that prompts change.

Organizational/Policy Recommendations

- Hiring and performance review models that account for lived experience and weigh health equity, system trauma, and vicarious stress intrinsic to the peer role.
- Provide specific training related to mutuality of relationships, boundaries and ethics, strategic sharing and navigating the peer role in the community.
- Defined number of supervisory hours that supervisors and organizations are held accountable to. Best practice minimum is 2 hours of peer supervision per month and 2 hours of clinical supervision per month plus group coaching monthly.
- Mentorship, job shadowing, and ongoing training and assessments to mitigate burnout and guide professional development in specific competencies that align with peer practice.
- Include peers in the hiring and interview process.
- Career pathway—not requiring increased licensure that moves people away from fidelity to peer models.
- Self-care practices and policies in place for flexible schedules, remote work and community based practices, including the use of regulation and resilience models, systems and organizational level approaches to avoiding burnout.

Personal Health Navigators (PHN): Individuals who provide information, assistance, tools, and support to enable a patient to make the best health care decisions. Also sometimes called Patient Health Navigators.

Models

- PHNs are primarily clinic based and work in a one-on-one capacity to support clients managing their complex medical and SDoH needs. PHNs should be considered part of the care team with specialized training, experience, and unique insight into client needs and motivations.

Recommendations for Skills, Experience and Training

- Ability to support PHNs in moving through the medical system bureaucracy and to serve as a buffer when the medical system doesn't like what client (patient) chooses—a PHN's job is not to pressure the client or ensure medical 'compliance'.
- Ability to share real world experience and lead peer review sessions to build expertise.
- Utilization of effective quick check-ins while incorporating longer weekly check-ins. Ensuring that supervision time is not focused entirely on clients.
- Effective remote supervision practices, as PHNs are often working telephonically with clients.
- Understanding of the resources and needs of the PHN's service area with a particular understanding of how health systems interact with SDoH and specialty spaces, e.g. hospitals, primary care, specialty care, and behavioral health, HIV outreach as well as transportation, housing navigation.
- Advocate to develop communication pathways with other care team members within and outside of the PHN work setting.
- Establish clear two way communication around clinical needs: when is a client in crisis vs. needing support with day to day management.

Organizational/Policy Recommendations

- Promote PHN access to needed tools and software to ensure visibility across health care delivery settings to optimize their impact and reach.
- Build and maintain relationships with leadership in other systems commonly navigated by PHN in order to collaboratively address barriers related to patient needs and promote access and improved health outcomes.
- Include PHNs in metrics work to support greater understanding of the role and value of PHNs.
- Provide visibility of the specific role and scope of PHNs, differentiate from CHW work when the two are conflated.
- Provide flexibility and space for PHN to prioritize patient care, including a recognition that THW work isn't 9-5 work and advocate for the ability to work with patients in community.

Birth Doulas: A birth companion who provides personal, nonmedical support to birthing persons and families during pregnancy, childbirth, and postpartum experience.

Under Oregon Administrative Rules, Birth Doulas are able to practice as Oregon Health Plan billing providers, as such supervision is not a requirement for participation. However, the THW Commission recognizes the value of peer learning and support as best practice and recommends the establishment of models that allow doulas to continue to practice independently but access supports and peer models as desired.

Models

- Independent practice: Doulas working independently may or may not create informal or semi formal peer groups for case review, support, and ongoing training.
- Group Practice: Several doulas working in a practice share clients, provide call support and backup, and have joint administrative functions
- Doula collective or partnership: Several independent doulas collectively share administrative functions and can provide peer support and case review.
- Hub model: A single entity employs or contracts with multiple doulas and serves as a central point of contact for referrals, billing, training, continuing education, and supervision.
- Hospital/clinic based: Doula(s) are employed directly by medical groups to support clients birthing with their providers.

Recommendations for Skills, Experience and Training

- Understanding of the population being served. Doula work varies widely across cultures and systems and the integration of state certified doulas into the Medicaid system has expanded access to individuals who have not traditionally been able to access doulas. And understanding of the health and social needs of the Medicaid population is essential.
- Commitment to anti-racist culturally reflective work, particularly specific to birthing and child rearing practices.
- Health system relationships and knowledge. Doula supervisors should build relationships and advocate for the inclusion of doulas in a system often outwardly hostile to their inclusion.
- Interprofessional collaboration and conflict resolution skills.

Organizational/Policy Recommendations

- Understand the financial and contractual requirements of doula supervision and develop sustainable models to support these.
- Utilize tools, including Responsible Event Reporting, to hold both doulas and health systems accountable.
- Build systems level partnerships with mental and behavioral health systems—maternal mortality in Oregon is profoundly impacted by mental and behavioral health needs and doula systems have a unique opportunity to explore community based solutions.
- Provide flexibility and space for doulas to prioritize patient care, including balancing on-call time with client visits and other responsibilities.

Tools and Resources

Oregon THW Toolkit

Glossary of Terms | The Vicarious Trauma Toolkit | Glossary of Terms

Self-Care Strategies for Managing Secondary Traumatic Stress

Trauma-Informed Care Guide

Community Health Workers

ORCHWA

Supervising and Supporting Community Health Workers | RHIhub Toolkit

Supervision of Community Health Workers | HPerry-13June2014

Peers

Oregon Health Authority: Office of Recovery and Resilience

MHAAO - Mental Health & Addiction Association of Oregon

Oregon Family Support Network

Youth Era

Substance Use Disorder Peer Supervision Competencies

Resources for the Supervision of Peer Workers | SAHMSA

Supervisor of Peer Workers Self-Assessment |SAHMSA

The Provider's Handbook on Developing & Implementing Peer Roles

Birth Doulas

Oregon Doula Association