Peer Wellness Specialist Training
January 2018 – December 2020

Summary:
This pilot expands and integrates the existing collaborative partnerships of the Traditional Health Worker (THW) community in the tri-county area by building upon previous pilots and work of the THW Workgroup. This expands the ability of the THW Hub to train, supervise, and support the growing network of all types of THWs; Community Health Workers (CHWs), Health Navigators (HNs) Peer Support Specialists (PSSs), Peer Wellness Specialists (PWSs), and Birth Doulas. This pilot focuses on design, creation, accreditation, and delivery of a certified training course for Peer Support Wellness Specialists in the tri-county area. The pilot will demonstrate the strategic focus of; effectiveness and sustainability, expanding, connecting and demonstrating access to person-centered Medicaid focused healthcare, and connecting social determinants of health and upstream health to the traditional healthcare system.

Budget:
- **Total amount of pilot funds used:** $118,600
- **Please list and describe any additional funds used to support the pilot.**
  None

B. **Provide a brief summary of the goals, measures, activities, and results and complete the grid below.**

Goals:
- THW Workgroup will engage at least two new agencies with working IHN-CCO member in need of Peer Wellness Support Specialists Services
- THW Workgroup will create and submit for certification a Peer Wellness Specialist training to OHA
- Deliver two PWS trainings in IHN Service Area
- 20 PWS completed training for enrollment in THW Registry at Oregon Health Authority

Goal	Measure(s)	Activities	Results to Date
By 12/31/2018, THW subcommittee will engage at least 2 agencies, working with IHN-CCO members in need of PWS services, in developing a plan utilizing PWSs in their communities.	Identification and engagement of 2 new agencies working with identified populations that are interested in using PWSs in service delivery.	Built connections with agencies interested in PWS services: Linn County MH, Samaritan Rural Opioid Grant, CHANCE,	Agencies still interested, FTRN plans on delivering 1st training virtually in September 2021
Actively participate in at least 1 Delivery System Transformation (DST) workgroup; DST recommends the THW Workgroup.	Attend either by phone or in person.	Executive Director attend DST meetings	Executive Director attended 70% of DST meetings over course of pilot. FTRN added 2nd staff person attending in 2020.
By 04/30/18, create and submit a curriculum for PWS training course for certification.	Create curriculum.	Research Curriculum topics Frame curriculum Consult with topic experts Write learning objectives Create learning activities Research and obtain enrichment materials Create Instructors materials Create Learners materials	Curriculum certified and credentialed in Fall of 2020

		Create resource documents Review with THW workgroup Review with Subject Experts Publish in PDF	
	Submit curriculum for accreditation.	Submit curriculum to OHA for review and credentialing in July of 2019. Received feedback from OHA in Sept 2019 Review feedback Respond to feedback Resubmit feedback June 2020 Receive notice of certification Fall 2020.	Curriculum certified and credentialed in Fall of 2020.
By 12/31/18, 2 state-approved PWS workshops will be completed, 1 in Benton or Linn County and 1 in Lincoln County.	Completed PWS training workshop in Linn-Benton County.	Not accomplished	Not accomplished
	Completed training workshop in Lincoln County.	Not accomplished	Not accomplished
By 12/31/2018, 20 attendees will have completed local state-approved PWS workshops and be eligible to apply for enrollment into the state THW registry by the Oregon Health Authority (OHA).	# of certified PWS who have completed a local workshop.	Not accomplished	Not accomplished

C. What were the most important outcomes of the pilot?

The most important outcomes of the pilot were
- Creation of credentialed PWS curriculum that could be offered as an additional resource for advancing the peer workforce and adding access to PWS services to healthcare, behavioral health and community based organizations, strengthening a multidisciplinary approach
- Increasing and building a trained, credentialed PWS workforce to meet the needs of IHN members experiencing behavioral health and or substance use disorder challenges.
- Building connections between agencies aligned with behavioral and substance use disorder service delivery to inform and strategically plan for the use and implementation of PWS services for their IHN members

D. How has the pilot contributed to Triple Aim of improving health; increasing quality, reliability, and availability of care; and lowering or containing the cost of care?

This pilot expanded the foundational system of training and education in our THW Linn, Benton and Lincoln Hub. By adding this curriculum to the other curriculum offerings of Community Health Worker, Peer Support and Doula training it brings another foundational education source to build and expand the needed THW workforce in our region to meet the growing and changing needs of IHN members with limited access to services or challenged to accessing services through a barrier.

It impacts the Triple Aim as an upstream/prevention resource that will improve the health outcomes for members impacted by substance use and behavioral health disorder by offering supports and improved access to care, accessing care earlier, thereby preventing higher cost interventions and containment of costs needed to treat substance use disorder and behavioral health issues potentially in the emergency room while meeting the needs of those members well before they end up in crisis.

It impacts the quality of care of the Triple Aim by educating and a credentialing a workforce to serve as a bridge and support between the member and their care team and serves as an advocate for the member to have a voice in their care plan and empower them to be more clear what their needs are and their expectations for their care.

E. What has been most successful?

Through the DST and the THW workgroup, relationships have been established to advance and expand the use of PWS in multidisciplinary teams. The

F. Were there barriers to success? How were they addressed?

There were several barriers to success with this project

- Over the course of the pilot, we had several staff changes at FTRN that slowed down the progress on creating the curriculum. In hindsight, it would have been helpful to hire an outside curriculum developer or project manager to keep us on task and keeping to the original year's timeline. We had the best success when the responsibility for the curriculum design was moved to a small team of staff lead by a senior staff to complete the project after multiple breaks in progress

- Technology and software created several barriers in our ability to produce the curriculum in the format requested by the OHA. The requirements around format and production details were challenging based upon the software that FTRN had easy access to. We ended up purchasing software to aid in the finalized documents but there were delays in the production in the final products.

- There were multiple barriers based upon OHA's system for guiding and informing entities who want to develop curriculum. The guidance in what is required in curriculum is vague and much of the decisions around what to include in curriculum is left to the creators, however in review the reviewers were looking for particular items, outcomes and topics that were not specifically identified in the curriculum information documents. Greater clarity from OHA and more specifics on learning objectives would be helpful.

- Additionally, there was an issue with how the staff at OHA provided all of the documents that we submitted in our original submission to the reviewers. It appears there was an issue with some components not uploaded with the electronic documents, but they were included in the paper documents requested as well. This was frustrating from our perspective and lengthened the time it took to get the final curriculum credentialed.

- The ability of FTRN to deliver the training was then again impacted by COVID 19 in 2020 that prevented training from happening in a person to person or in group sessions. This prevented us from meeting our last outcomes around trainings delivered and new PWS credentialed. We are currently working on adapting the curriculum to a virtual and online format and hope to test it in the Summer and late Fall of 2021. We will offer the curriculum free of charge for two or three sessions to ensure that cost is not a barrier for individuals to sign up and receive the training.

- The key to overcoming all of these barriers was remaining flexible and adaptable and finding new ways to complete a project or task that was more difficult based upon issues and an environment we had little control over.

G. **How readily would the pilot be scalable or replicable? Describe cautions and considerations when considering scaling, or replicating the Pilot. (i.e. Success dependent on personality/skills set, or activities appropriate under certain conditions like size, target population, etc.)**

If another organization wanted to create a similar project, I would strongly recommend using the budget to hire consultants or project managers to keep the project on schedule and that would have more technical skill in technology and software beyond the potential capacity of a community based organization.

In our current virtual work environment, how each organization and our systems pivot to online learning and training is moving quickly but at the same time not moving, based upon all of the other requirements of our work pivoting. There is a limit to how quickly or how you prioritize pivoting when everything you have to do need to adapt and change.

H. **Will the activities and their impact continue? If so, how? If not, why?**

Yes~ Family Tree is committed to adapt the curriculum to a virtual/online platform so that we can continue to educate and expand the Peer workforce. Peer Supports of all kinds and THWs across the systems are vital and critical in supporting members of IHN and other CCOS in accessing healthcare. It is a lever that will increase engagement and access for members of vulnerable populations and communities who struggle in accessing high quality healthcare.