

#### HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

CHW SUPERVISOR TRAINING, POWERED BY



KICK-OFF WEBINAR SEPTEMBER 12, 2023 3:30 – 5:00 PM ET



### THE NACHC MISSION

#### **America's Voice for Community Health Care**

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.







You are part of a national community of health center CHW supervisors, supporting CHW staff who are working to provide care and resources to the health center patients who need it most.

An exciting opportunity to learn, share, and grow in your role.

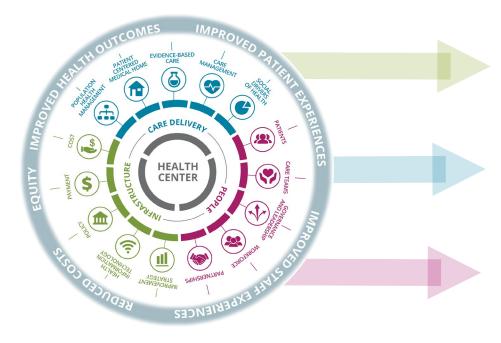
#### 50 health center staff participants strong!

# This Professional Development Course is a NEW offering through NACHC's Elevate National Learning Forum





### **NACHC's Elevate National Learning Forum**



Provides guided application of the Value Transformation Framework

- ✓ Monthly webinars
- Supplemental sessions
- ✓ Evidence-Based Action Guides
- ✓ Action Briefs
- ✓ eLearning modules
- ✓ Tools & Resources
- ✓ <u>Online Learning Platform</u>
- NEW Professional Development Courses, including
  CHW Supervisor Training

For more information on how to leverage the VTF and Elevate for systems transformation, review the **Action Brief: How to Use the VTF and Elevate** 



#### **CHW Related Resources**



#### Use Care Management with High-WH)

Value-based care requires health care organizat Value-based care requires nearin care organization of the clinical and financial risks associated with high-risk systematic process for managing the care of high-risk Systematic process for managing use care or ingrease proven interventions in a supportive one-on-one envi been shown to improve health outcomes<sup>133</sup>. High-risi definition, have multiple health needs often compo optimition, have multiple health needs often composi-social and other issues. These patients are at risk for social and other issues. I nese patients are at risk to outcomes, inadequate quality of care, and increased Centers for Medicare and Medicaid Services (CMS) re management as a critical tool to achieve the Quadru health outcomes, improved patient and staff experand improved equity7.

This Action Guide provides the steps to start a ht Inis Action Guide provides the steps to start a nei care management program for high-risk patients, recommendations meet the requirements of Chro recommendations meet the requirements of chird Management (CCM) services defined by CMS and,

eligible for reimbursement. WHA' Does a High-Risk Care Manage

High-risk care management involves intensiv nightisk kare management involves intensive, nights or other health worker, to individuals wit nurse or other nealth worker, to informations with The formal design of a health center care man The formal design of a health center care man standardized approach to managing high-risk discussed in this Action Guide is based on a ni anscussed in this Action durine is bester on an staffing models can be employed with some r statling mouels can be employed with some management include: identifying and engagin management include: loentrying and engegi comprehensive assessment, creating an indi education, monitoring clinical conditions, an

@ HEALTH CENTER CARE DELIVERY **BOPULATION HEALTH MA RISK STRATIFICATION** 

VALUE TRANSFORMATION FRAMEWORE

#### WHY **Risk Stratification?**

Action Guide

Risk stratification enables providers to identify the right lev and services for distinct subgroups of patients. It is the proassigning a risk status to patients, then using this informa care and improve overall health outcomes.

Population health management requires practices to conpatients as both individuals and as members of a larger ( population. At the individual level, a natient's risk categor step towards planning, developing, and implementing a care plan. One common stratification method is to segn "risk" level: high-, medium- (rising), and low- risk. At the risk stratification allows care models to be personalize patients within each subgroup. (See Models of Care Ad

A "one-size-fits-all" model, where the same level of re to every patient, is clinically ineffective and prohibitiv To maximize efficiency and improve outcomes, heal analyze their patient population and customize care costs12245. Healthy patients, for instance, may not v engaged through alternate models of care2. With th and should be reserved for high-risk patients. Care care at each level can flexibly match need with mo Organizations who succeed in a value-based care stratification as a tool to drive population health.

#### WHAT is Risk-Stratification?

The goal of risk stratification is to segment pa and care needs. For example, out of every 1, (20%) who could benefit from more intensive total health care spending in the United Stat for nearly half of U.S. health expenditures conditions is 17 times higher than for people

#### VALUE TRANSFORMATION FRAMEWORK Action Guide P HEALTH CENTER (Ce) INFRASTRUCTURE SOCIAL DRIVERS OF HEALTH CARE DELIVERY WHY consider the Social Drivers of Health? Health centers, by virtue of their mission and model, play a pivotal role in advisecious contai privace of Health repruse amount moderate. Meantrigenters, by virtue of their mission and model, play a pivotal role in addressing Social Drivers of Health (SDOH) among medically underserved patients nationscide. Clanud into Javiers and an investige sector of the se role in addressing Social Drivers of Meath (SDON) among medically underserved patients nationwide. Signed into law in 1964 as part of precident London R. Unknervis, busin on exhibiting tradition convolution convolutions. underserved patients nationwide. Signed into law in 1964 as part of President Lyndon B. Johnson's war on poverty, health centers serve national and communication of memory of sympatric distance and common and President Lyndon IL Jonnson's war on poverty, health centers serve patients and communities at greater risk of preventable chronic and output diseasenet-3 Social drivers of health are the conditions in which people are born.

Social drivers of health are the conditions in which people are born grow, work, live, and age. SDOH are non-medical conditions that invitude onvial economic objective download for the former of the Brow, work, live, and age. SDCH are non-medical conditions that include social, economic, physical, or other factors present in people's auxiliary strategies being formed to dispersive inducers basis. Include social, economic, prysical, or other factors present in peop Ryes, These factors have been found to directly influence health, a unconverse and eviation of late Network and eviated to invess in reservations marke tream rooms to concernly introductioning, and quality of life outcomes and risks<sup>4-1</sup>. Research shows that social drivers, also called social fisks, may have a overseer tall serve on Austria and Austria events that talends shows at the other servers and austria. Research shows that social drivers, also caned social risks, may have a greater influence on health and health equity than lifestyle choices or have been exactly on the exactly of the social socia

greater impuence on health and nealth equity than lifestyle choices or health care, with some studies suggesting that SDOH may account for 30-55% of health outcomers. The movement of health systems toward value-based care provides The movement of health systems toward value-based care provides significant opportunities to address SDOH while improving value and movement of service values, here of same is a reverse status involves of Revenues of Rev significant opportunities to address SDOH while improving value and quality of care is Value-based care is a potentially important financial markamion for chross centres with nonversities for long-term

quainy or care ... value-based care is a potentially important timan mechanism for SDOH services with opportunities for long-term sustainability and population health improvements...

WHA7

can health centers do to address social risk? Carri Trearitri Leritero un traducieno actuari can actuari Sold include such factors as income, education, employment, food, housing, and social inclusion and non-discrimination. Healthy People 2030 groups SDOH into 5 domains.

 Neighborhood and built environment Social and community context

(IK) PEOPLE

ASSOCIATION OF Community Health Center

18 | May 2023

**Care Management Action Guide** 

**SDOH Action Guide** 

**Risk Stratification Action Guide** 

#### ...and MORE!

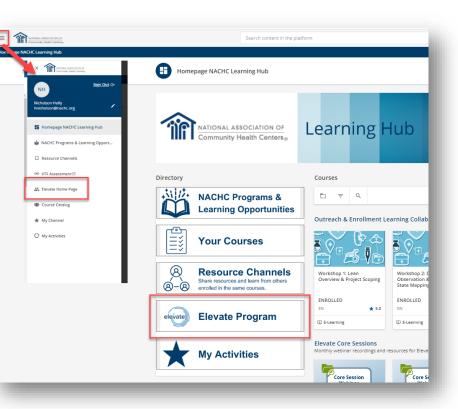


#### **NACHC's Online Learning Hub**

If you already have a 'NACHC One' login (the login used for NACHC conferences), use this to sign in.

If you do not yet have a 'NACHC One' login, **register for free**!

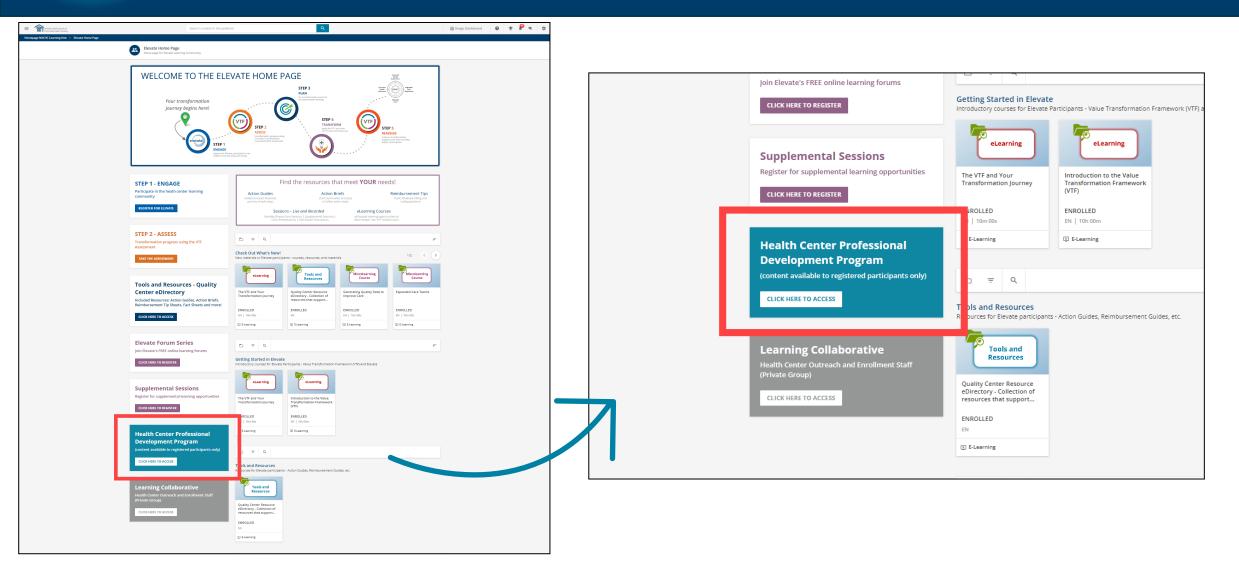




Access NACHC's Learning Hub at https://nachc.docebosaas.com/learn/signin



#### **NACHC's Online Learning Hub**





#### CHW Supervisor Training: Course Timeline





#### **Complete the VTF Assessment**

#### Health centers are required to complete the VTF Assessment for course participation... WHY?

The VTF Assessment enables health centers to measure progress in areas important to value transformation.

Care management and staff engagement/professional development opportunities are both important components!



For more information on the VTF Assessment, review the Action Brief: Assess Transformation Progress



#### **Complete the VTF Assessment**

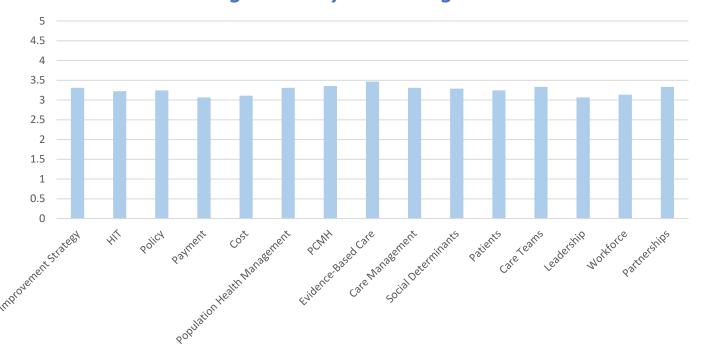
#### NOTE: The tool assesses organizational progress.

The individual participating in the training does NOT have to be the person who completes the Assessment.

While it is encouraged that multiple staff across an organization complete the tool, with results shared and discussed, only <u>one individual from each</u> participating health center needs to complete an assessment.

The VTF Assessment is best completed by health center staff who have knowledge of a wide range of health center systems (e.g., leadership, finance, clinical care, etc.).

#### CHW Supervisor Training Participants Average Score by VTF Change Area



#### **Meet The Trainers!**







Kelly Volkmann, MPH



Seth Doyle, MA



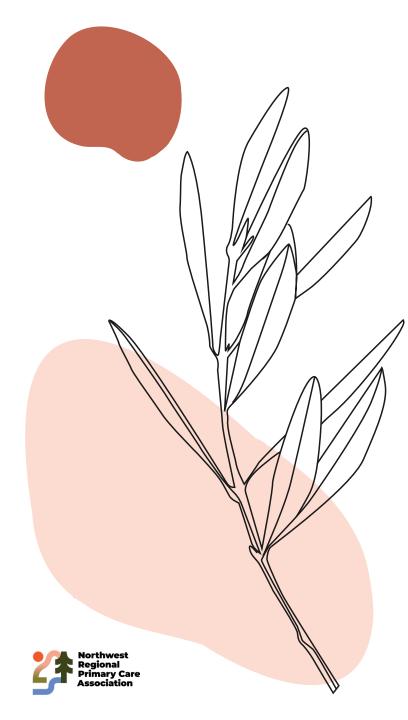
### **CHW Supervision 101-A**

## Supervising with Corazón de Servicio

Seth Doyle, NWRPCA Kelly Volkmann, NWRPCA Christian Castro, NWRPCA







### WELCOME! BIENVENIDXS!

Who is joining us today? Let's have some fun...Please put into the chat:

- Your name
- Pronouns
- Agency
- Your favorite fall activity
  - Kelly's is picking apples!

### Objectives for today

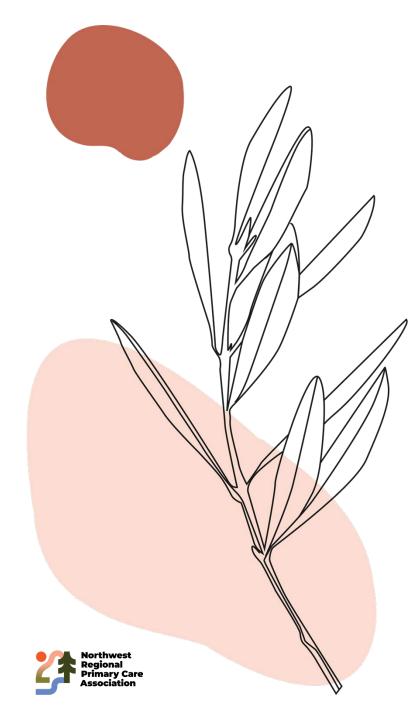
1. Identify at least 3 skills, characteristics, and roles that CHWs can play

2. Describe the rationale for using a trauma-informed, supportive supervision, and situational leadership styles when supervising CHWs

**3**. Describe 3 qualities that a CHW supervisor needs to have to effectively supervise CHWs







"Health starts where we Live... Learn... Work... and Play."

Jane Isaacs Lowe, Ph.D.

#### The "Social Drivers/Determinants of Health" \*\*

The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.

The World Health Organization





# What SDOH\*\* challenges do you see your clients dealing with every day?



Please unmute or share your thoughts in the chat box!

#### \*\* Social Drivers of Health



### Health is affected by many factors...



Sexual orientation

Poverty

Food insecurity

Language differences

Zip Code

Health insurance

Social Class

Health literacy





Gender

Ethnicity

Race and racism Housing Instability

Discrimination

Gender identity

#### Work environment

**Education level** 



nwes onal Crushing rock for road ary Care ciation



Job type



"Not enough people understand how CHWs can make a difference." .......

\* . . . . . . .



### Who *is* a CHW?

- **Trusted** member of the community being served
- Shares similar characteristics
  - Language, culture
  - Socioeconomic circumstances
  - Chronic disease condition
  - Mental health consumer



 "Someone I can relate to...someone who understands me... my barriers...and my strengths!"



### Lived, shared experiences

- CHWs share lived experience with their communities
  - Overcoming barriers
    - Transportation
    - Language
    - Knowledge
  - Navigating systems
    - Health care
    - Social service
  - Individual and community strength, culture, power
- They are experts in helping community members find their way to systems of care and through barriers



"As CHWs we always work with social determinants of health, sometimes in limited ways but wherever possible we are offering time, support, openness to families for connection to mental health supportive services/treatment as well as substance use/abuse treatment and supportive services."



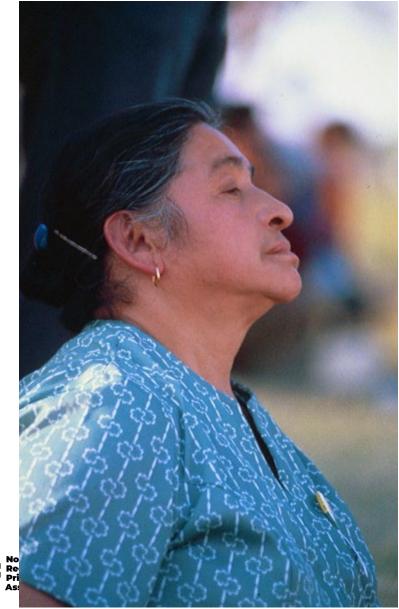
### CHWs have many titles...

- Promotor/a de Salud
- Health navigator
- Outreach worker
- Lay health educator
- Community health representative





#### ...but share the same skills and roles



#### CHW Roles: CHW Core Consensus (C3) Project

- 1. Cultural mediation among individuals, communities, and health / social service systems
- 2. Providing culturally appropriate health education and information
- 3. Care coordination, case management, and system navigation
- 4. Providing coaching and social support
- 5. Advocating for individuals and communities
- 6. Building individual and community capacity
- 7. Providing direct service
- 8. Implementing individual and community assessments
- 9. Conducting outreach
- 10. Participating in evaluation and research

"I don't feel that community health worker is a job title. And there's no one job description necessarily. And you can call them whatever you want to. But they have to have the heart of a health worker."

> "Promotoras de salud nacen, no se hacen."

........

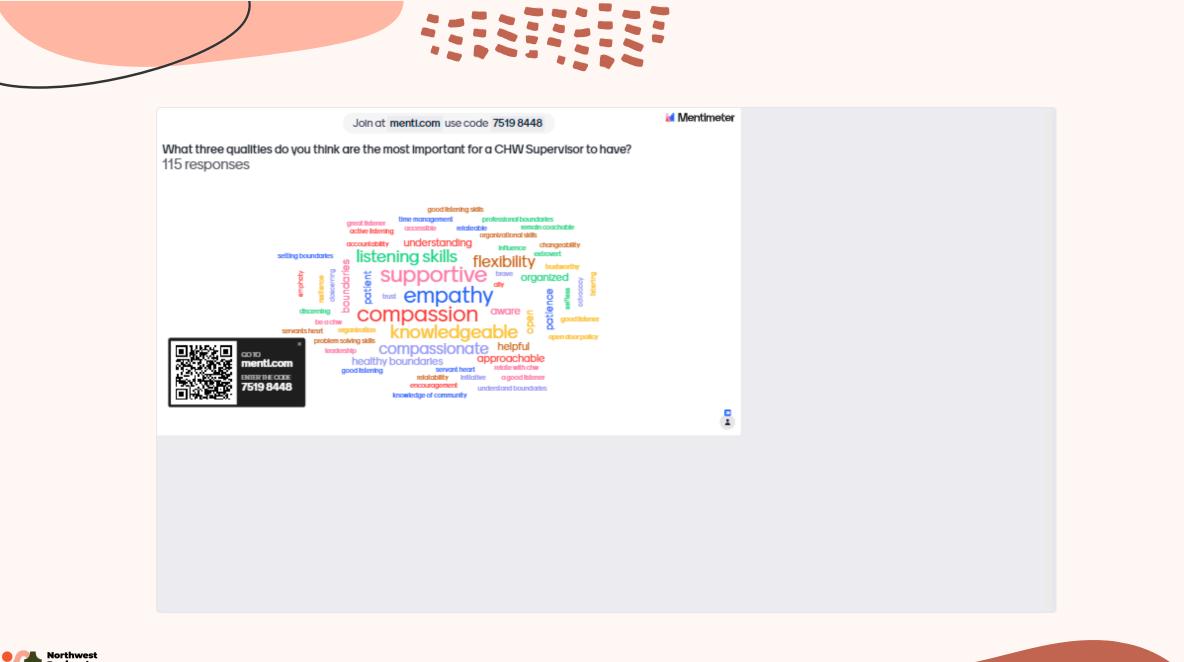


#### CHWs – Unique Workforce

- CHWs may...or may not...have:
  - College degree
  - Technical writing or computer skills (for reports, etc)
  - Experience with working in a health care or community-based organization
  - Comfort talking with health care professionals as equal members of a care team...
- You the supervisor need to know what level of skills and education your CHWs have when they are hired...

...And commit to providing them with the additional training they might need to be successful!





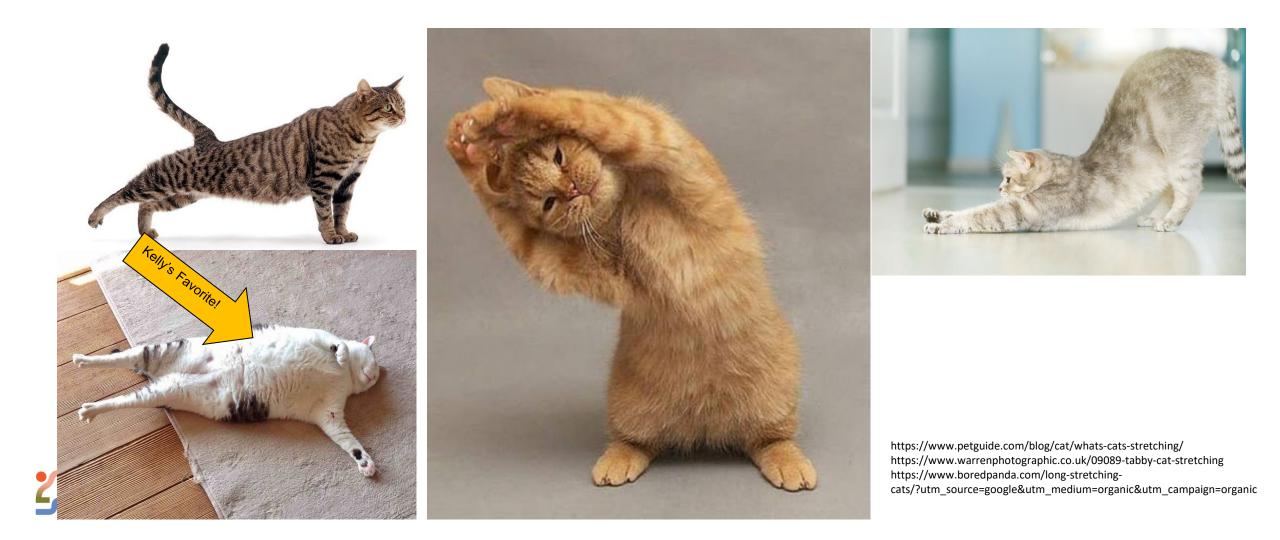
Northwest Regional Primary Care Association





Let's take a 5-minute break to stretch, hydrate, and relax!

#### As we are returning to the group, let's take a minute to... Cat Stretch!



### Flexible Supervision Styles

- Supervisor will need to adjust supervision style to accommodate this diversity
  - Supportive Supervision
    - Coaching versus more directive
  - Trauma-informed Supervision
    - Follows the principles of trauma-informed care
  - "Situational Leadership" style
    - Supervisor tailors style according to where employee is in their development and learning curve









# Supportive Supervision

Supportive Supervision is helping to make things work, rather than checking to see what is wrong...



### Supportive Supervision

Supportive Supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that complement their success and encourage self-efficacy.



National Association of Social Workers



### Supportive Supervision

Supportive supervision is a process of helping staff to continuously improve their own work performance.

It is carried out in a *respectful and non-authoritarian way* with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

World Health Organization, 2008





### Trauma-Informed Supervision

"Good Supervision is Trauma-Informed Supervision."



What are some examples of trauma that your clients might have experienced?

#### Let's do a "Chatterfall"

- Open your chat box so that you can see it on your screen
- You will have 30 seconds to write your response to the question in the chat **but don't hit enter!**
- At the end of 30 seconds, I will give the cue to hit enter and everyone will enter their responses at the same time
- We will see the "Chatterfall" of responses, and will take a few mins to read them out loud ③





# Trauma-Informed Supervision

- CHWs are likely to have experienced or continue to experience historical, vicarious, *and* personal trauma
- If not addressed, can lead to burnout and compassion fatigue
- It is important to take a trauma-informed approach to supervising CHWs
- The *guiding principles of trauma-informed care* can provide guidance for supervising CHWs



### Guiding Principles of Trauma-Informed Care

- 1. Safety
- 2. Trustworthiness and transparency
- 3. Peer support and mutual self-help
- 4. Collaboration and mutuality (positive, interactive relationship between people)
- 5. Empowerment, voice, and choice
- 6. Cultural, historical, and gender issues



\*Source: Guiding Principles of Trauma Informed Supervision, Substance Abuse and Mental Health Services Administration (SAMHSA)

# Supportive and trauma-informed supervision tools

- Provide emotional support
- Model healthy work-family behaviors
- Help staff solve schedule conflicts
- Think strategically about work-life issues
- Provide resources
- Coach and praise employees
- Model safe behavior

### What do you think?

How can we use these supervision tools in our work as supervisors and in our supervisory systems?

Please unmute or share your thoughts in the chat box!



When a flower doesn't bloom, you fix the environment in which it grows... not the flower. Alexander Den Heijer

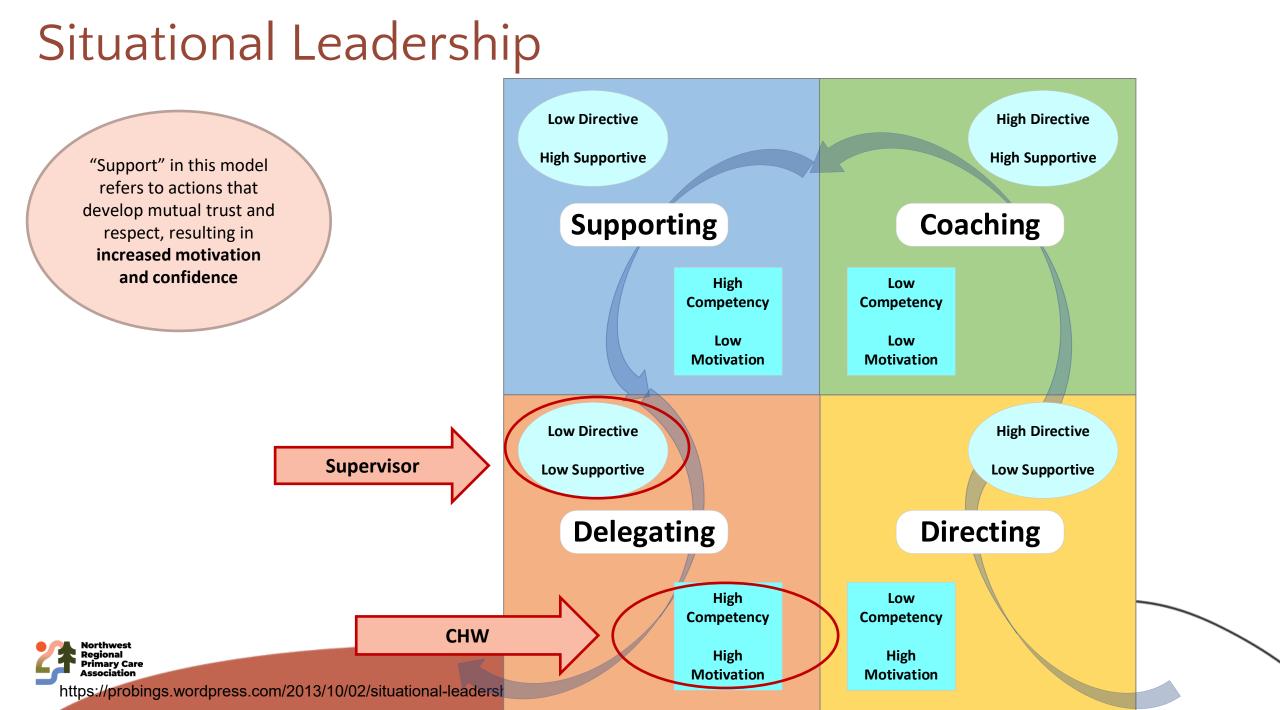




# Situational Leadership

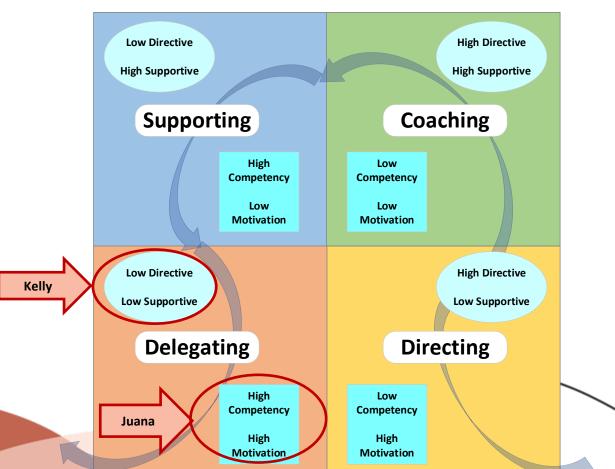
Situational Leadership accounts for different skill and confidence levels, and can deliver the right amount of direction and support





### How Situational Leadership worked for me...

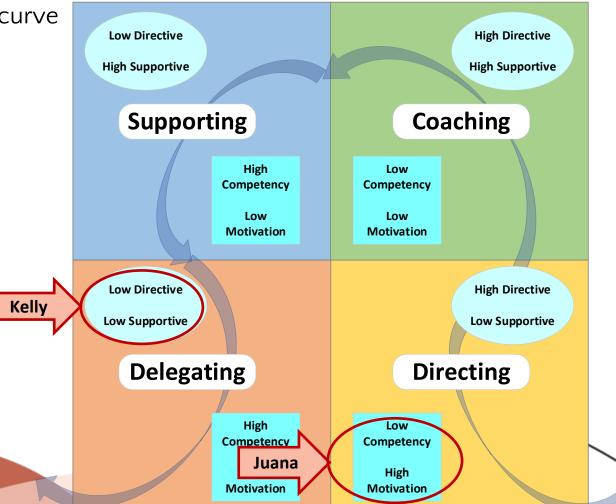
- Talented, bright, eager and enthusiastic CHW "Juana"
- Very competent in her role as a Medicaid application assister and community resource navigator
- Juana was working with "High Competency, High Motivation"
  - My supervision style was "Delegating" with "Low Supportive, Low Directive" behaviors
  - Juana didn't need me to micro-manage her
  - I gave instructions, job assignments, and support as needed
  - Had confidence in Juana's ability to perform well





### But then...

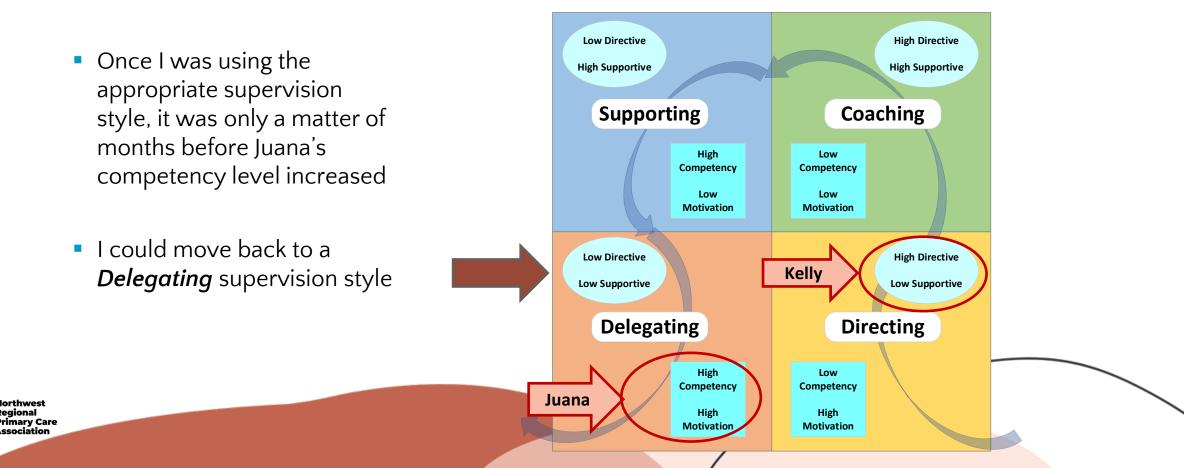
- Juana moved into a clinical CHW position
  - More responsibilities, more to learn
  - Much less comfort initially and steep learning curve
  - But she was still very motivated to learn
    - Juana was now "Low Competency, High Motivation"
    - But even though Juana needed more direction and guidance, *I didn't change my Delegating style*
    - This left Juana confused, ineffective, anxious, and no longer performing well





### Adaptation and flexibility on my part...

- Once I realized what was happening, I changed my style to be more "Directing"
  - I gave very clear instructions with lots of examples, increased teaching and learning opportunities
  - I followed up with her and had frequent check-ins, but it was less about asking for her input and creative ideas
    - That came later as she became more competent at her work and needed more motivation to continue



### Case Study Time!

- Christian will put you into small break-out rooms (2–3 people)
- Please have your copy of the Case Study that was emailed to you this morning Page 1 is the Case Study, Page 2 is a copy of the tools needed
- With your group, read through the case study and discuss questions using the tools we have been learning about
- No right or wrong answers...
- You will have about 8 minutes for your discussion
- We would love to hear your insights when you return!

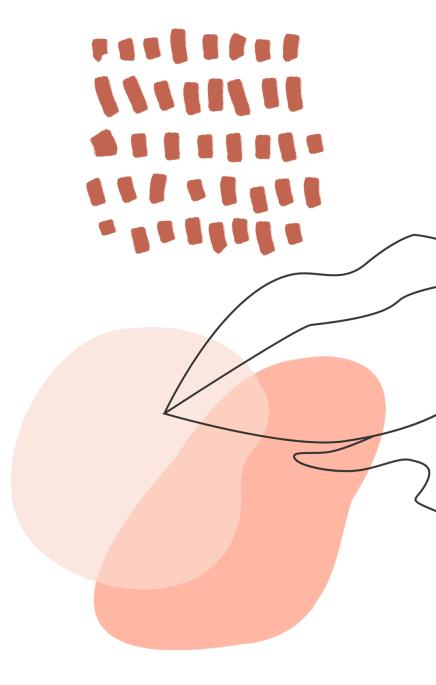




Please share your supervision insights and suggestions with the group!

It takes a village for a good supervisor to blossom!

YOU – the CHW Supervisor – are crucial to the success, growth, and professional development of the CHWs on your team.





## Tool Kit Resources

NOTE: The Code of Ethics listed below was disseminated during the annual national Unity conference held by The Center for Sustainable Health Outreach (CSHO) in June 16-19, 2008 in Albuquerque, New Mexico. The theme for the conference designed by and for Community Health Workers was "Community Health Workers: The Winds of Change - From Grass Roots to Ground Breaking Public Health Professionals." The Code of Ethics will be in the CHW text book developed by City College/Community Health Works in San Francisco.

#### Code of Ethics for Community Health Workers

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community she or he serves. This trusting relationship enables the CHW 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. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Adapted from

University

"Family Supportive

by Leslie Hammer,

Supervisor Behaviors"

Ph.D., Portland State

The Safety and Health

Improvement Program

is a great way to build and sustain supportive

supervision. Access the training here, that includes access to

saif.com/learntolead

tracking forms.

Questions? Don't forget about Office Hours!

Northwest Regional Primary





#### Supervisor Self-Assessment Guide

Although we do not provide a specific self-assessment tool for supervisors in this report, supervisor self-assessment is an important aspect of CHWs' success. CHW supervisors can act as mentors, advocates, and coaches. Therefore, it is important to consider the effectiveness of CHW supervisors. This can be accomplished through self-assessment by the supervisor and also assessment of the supervisor by the CHW. Assessment questions may include:

1) What skills and qualities are necessary for a good CHW supervisor?

2) What are ways I can better support the CHWs I supervise?

3) Is the structure of supervision (individual vs. group) appropriate for the CHWs I supervise?

4) Is the frequency of supervision (monthly,

5) Am I available outside of immediate super

6) Am I supervising a manageable number of

JL



#### Supervision

#### WHAT IS A VICARIOUS TRAUMA-INFORMED ORGANIZATION?

Vicarious trauma (/T), the exposure to the trauma experiences of others, is an occupational challenge for the fields of vicitm services, emergrancy medical services, fire servic/ja, law enforcement, and others. Working with vicitms of violence and trauma changes the worldview of reponders and puts individuals and organizations at risk for a range of negative consequences (Bell, Kularni, and Daton, 2003; McCann and Pearlman, 1990; Newell and MacNeil, 2010; Vicarious Trauma Instuitze, 2015; Pearlman and Saakvitne, 1995; Knight, 2013), A vicarious trauma-informed organization recognises these challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and organism.

For more information on vicarious trauma and its effects, visit https://vtt.ovc.ojp.gov/.

(NOTE: Although these guidelines were created by a victim key services organization, they contain insights and practices that port first responder organizations can modify for their own use.) Affirm the importance of staff and volunteers and the work they do for the organization to advance its mission (Canfield, 2005).

 Provide regularly scheduled supervision that is evaluated by both the supervisor and the employee or volunteer.
 Acknowledge staff differences (e.g., in culture, race, iden-

- tity, gender, survivor status, work experience) and discuss how they inform one's work and experience of VT.
- Openly discuss exposure to trauma and the resources available to help employees and volunteers address VT.
- Ensure that any discussion of the trauma history of a staff member or volunteer is solely to identify its potential impact on their work and their risk for vicarious traumatization.

#### Manage Workload and Expectations

 Monitor staff and volunteer workloads and jointly set realistic expectations for meeting clients' needs including, but not limited to, extra time for non-English speaking clients, time for writing notes, formal and informal meetings, stress-reducing and self-care activities, and time off (Schauben and Frazier, 1995).



➢PCAR

E-BOOK

#### Creating a Trauma-Informed System of Care

Addressing Individuals, Professionals, and Organizations

#### Supportive supervision: techniques for being a great leader

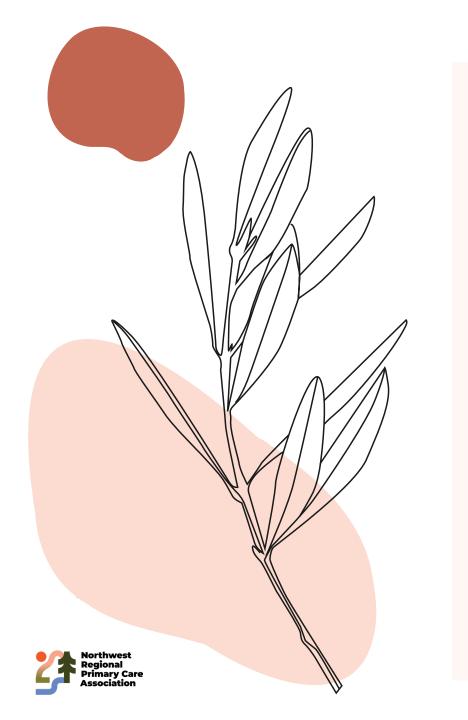
This resource is part of SAIF's leadership project, which is meant to help employers and leaders of organizations es strong and sustainable safety cultures using research-based concepts and strategies.

> Juggling work demands and family responsibilities can cause stress, which can affect health, as well as job safety and quality.

Supervisors are the key to increasing worker engagement on the job, improving worker being, and reducing workplace injuries. Family and personal support and safety suppor behaviors are great ways supervisors and managers can help workers ease the stress and family life.

Family and personal support behaviors require supervisors to focus on specific, repeated behaviors, such as these:

Creative anagement Emotional support Daily job and personal problem solving Model healti behaviors



# Thank you!

Seth Doyle sdoyle@nwrpca.org

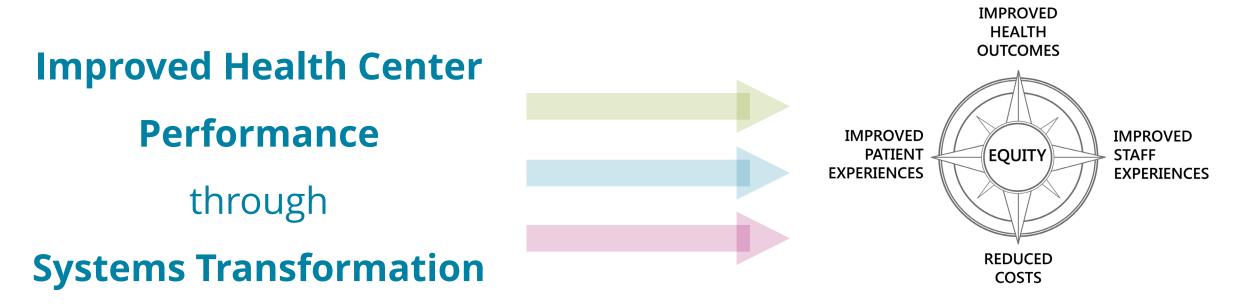
Kelly Volkmann <u>kvolkmann@nwrpca.org</u>

Christian Castro ccastro@nwrpca.org



### **Course Goals**

- The NACHC Quality Center recognizes the critical importance of providing access to training opportunities for health center professionals to build skills, develop competencies, and advance careers while driving improved patient care and health outcomes.
- These trainings support health centers to achieve the Quintuple Aim



### **Course Schedule**





Course Schedule	2023 Dates	Time
CHW 101: Live, Session #1	September 12	3:30 – 5:00 pm ET
CHW 101: Live, Session #2	September 19	3:30 – 5:00 pm ET
Office Hours #1	September 20	4:00 – 5:00 pm ET
CHW 201: Live, Session #1	September 26	3:30 – 5:00 pm ET
CHW 201: Live, Session #1	October 3	3:30 – 5:00 pm ET
Office Hours #2	October 4	4:00 – 5:00 pm ET



# Thank you!

Next Live Session is on Tuesday, September 19th 3:30pm-5:00pm ET

Questions? Contact kvolkmann@nwrpca.org or QualityCenter@NACHC.com