Quick Guide

Trillium Traditional Health Worker Provider Data Reporting Template

WHAT IS THE PURPOSE OF THIS REPORT?

This annual data report helps Trillium understand your Traditional Health Worker (THW) workforce and how services are being used. Oregon Health Authority requires Trillium to maintain reports about our THW providers.

Your responses to this report help Trillium:

- Meet Oregon Health Authority (OHA) requirements
- Show the value of THW services
- Support future funding and payment models
- Improve training, support, and workforce growth
- Advance health equity using REALD data

Your data helps sustain and expand THW services across our region.

SUBMISSION DETAILS

- Due annually by: August 31
- Reporting period: July 1– June 30
  Example: The reporting period for the annual report due August 31, 2026 would be July 1, 2025-June 30-2026.
- Submit to: THW@TrilliumCHP.com

Note: No individual information will be disclosed.

WHO ARE TRADITIONAL HEALTH WORKERS?

Oregon Health Authority recognizes the following worker types under the THW certification:

1. Birth Doulas
2. Community Health Workers
3. Peer Support Specialists
    a. Adult Mental Health Peer Support
    b. Adult Addictions Peer Support
    c. Family Support Specialists
    d. Youth Support Specialists
4. Peer Wellness Specialists
    a. Adult Mental Health Peer Support
    b. Adult Addictions Peer Support
    c. Family Support Specialists
    d. Youth Support Specialists
5. Personal Health Navigators

STEP-BY-STEP INSTRUCTIONS

Step 1: Start on the "Instructions" Tab

Quickly review the instructions tab to understand:

- Who should complete the report (Five worker types of THW providers)
- Why REALD data is collected
- When the report is due and how to submit it

You don't need to enter data here—this tab is just for reference.

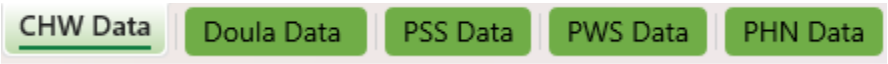
Step 2: Complete "Provider or CBO Information" Tab

This section gives Trillium a snapshot of your organization. You will fill out:

1. Organization name
2. Counties served
3. Contact person filling out this report and their email
4. Interest in growing your THW workforce
5. Any THW training or support needs
6. Completion date

Your responses help us tailor support (training, workflows, payment strategies).

Step 3: Complete ONLY the Tabs That Apply to Your Organization



You'll see separate tabs for each THW type:

- CHW (Community Health Worker)
- Doula
- PSS (Peer Support Specialist) Adult Addictions, Mental Health, Family & Youth Support
- PWS (Peer Wellness Specialist) Adult Addictions, Mental Health, Family & Youth Support
- PHN (Personal Health Navigator)

Only fill out tabs for roles you employ. Skip tabs that don't apply.

Step 4: For Each THW Type, Complete These Sections

Each workforce tab follows the same structure—once you learn one, the rest are easy.

Employed by	
Please list the total number of CHWs employed by your organization as of June 30.	
FTE of CHWs	
How many of the total CHWs were employed full time (1.0 FTE)?	
How many of the total CHWs were employed anything less than full time (< 1.0 FTE)?	
Location of CHWs	
How many of the total CHWs are clinic-based?	
How many of the total CHWs are community-based?	

a. Workforce Size (as of June 30). Fill in:

1. Total number of THWs (Example: number of CHWs you employ)
2. How many are full-time (1.0 FTE)
3. How many are part-time (<1.0 FTE)
4. How many are clinic-based (Example: If your CHWs work in a clinic setting, such as a medical office or health center, include that number here.)
5. How many are community-based (Example: CHWs working out in the community, not in a clinic)

This helps track workforce capacity across the region and where THWs are integrated into care and community settings.

b. Demographics (REALD Data)
Important tips:

- If you don't know → enter "Unknown"
- If the THW declined → enter "Did not disclose"
- Each section: The numbers entered in the race/ethnicity, preferred language, and disability sections must be equal to the total amount entered in your first section of "number of THWs employed by your organization" (Example: If you enter 6 as the number of THWs employed, then the number in the race/ethnicity section should total 6, the number in the preferred language section should total 6, and the number in the disability section should total 6.)

This data helps identify disparities and improve equitable care.

c. Utilization (July 1–June 30) Estimate:

1. Number of self-referrals (member-initiated requests)
2. Number of care team referrals

CHW Utilization	
Please answer the questions below about CHW utilization at your organization between the dates of July 1 - June 30 of the reporting year. Please estimate to the best of your ability or indicate if you do not currently collect this data.	
How many member requests for CHW services were received via self-referral? This is the number of requests for CHW services initiated by members and may include multiple requests from members.	
How many times was a patient referred to/for CHW services by a member of their care team? This is the total number of referrals to CHWs and may include multiple referrals for the same patient.	

This shows how members access THW services and how care teams collaborate with THWs.

d. Payment Type

CHW Payment Type	
Please review each payment model below and enter the total number of CHWs paid under each payment model as of June 30 of the reporting year. You may enter additional payment models if they are not listed under "other."	
Fee for Service	
Contracts	
Grants	
Direct Employment	
Alternative Payment Model (includes: PMPM, capitation, flex, Advanced Payment and Care Model, case rate, value-based payment, or population-based payment)	
Other	

Report on how your organization's THWs are funded:

1. Fee-for-service: Paid per visit or service provided
2. Contracts: Set agreement to provide services for payment
3. Grants: Temporary funding to support a program
4. Direct employment: THW staff are paid by your organization and not fully funded or billable through other funding sources
5. Alternative payment models: Monthly or fixed payments to support ongoing services (not tied to each visit)
6. Other

You can select multiple items if applicable. This directly supports future reimbursement and payment model development.

e. Satisfaction Survey about THW Services

Satisfaction Survey
Did your organization conduct any member satisfaction surveys about THW services?
Which THW types did you assess for member satisfaction?
Please describe the member satisfaction assessment process (online survey, telephonic, paper, etc.).
Please describe your findings from the assessment.
Please describe any changes you implemented to THW services based on your member satisfaction findings.

Answer:

1. Did you survey members?
2. Which THW types?
3. How was the survey conducted?
4. What were the findings?
5. What changes were made?

Even brief summaries are helpful. This demonstrates quality and impact of THW services.

Step 5: Review Your Work

Before submitting:

- Make sure all applicable tabs are complete
- Double check totals
- Ensure required fields are filled

Incomplete data may delay reporting.

Step 6: Submit Your Report

Send your completed template to:
Email: THW@TrilliumCHP.com

NEED HELP?

For questions or support, please email Trillium's THW Liaisons at THW@TrilliumCHP.com.
Thank you for submitting your annual THW data report. We value your partnership in better understanding and supporting the THW workforce!