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Prepared by

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Prepared for

LANE COMMUNITY COLLEGE

Funded by

OREGON HEALTH AUTHORITY

PEER PERSPECTIVE:
Recommendations for a Peer Wellness Specialist Training Program

EXECUTIVE SUMMARY

Purpose

Lane Community College retained MSH Consulting Northwest (Iris Bicksler, Heidi Larwick, and George Zaninovich) to develop recommendations for co-designing a Peer Wellness Specialist curriculum that centers lived experience, aligns with Oregon Traditional Health Worker guidance, and creates clear, accessible career pathways for peer workers across Lane County.

Process summary

During Phase 1 we prioritized listening and co-creation. We convened stakeholders from coordinated care organizations, provider networks, and workforce partners; held two peer listening sessions (one virtual and one in person); and conducted iterative validation meetings. We analyzed stakeholder input alongside THW guidance and local workforce needs to balance regulatory and operational realities with trauma-informed practice and respect for lived expertise.

Key findings:

- Community-led design is essential. Curriculum development must be driven by peers so that lived experience is recognized and treated as professional expertise.
- Access and participant supports are critical. To ensure equitable participation, training must offer bilingual materials, hybrid delivery options, stipends or scholarships, childcare and transportation supports, and device and connectivity assistance.
- Employers need concrete tools to integrate peers. Role descriptions, supervision guides, workflow templates, and onboarding packets are necessary to reduce stigma and confusion and to create predictable working relationships.
- Sustainability requires funding and policy alignment. Sustainable employment outcomes depend on coordinated funding from CCOs, workforce boards, foundations, and employers, as well as clearer billing, state certification, and reimbursement pathways.
- Evaluation must be embedded from the start. The program should track completion and competency, employment placements, employer integration metrics, and equity indicators to demonstrate outcomes and inform continuous improvement.

Recommended (Phase 2):

We recommend a pilot cohort of 15–20 participants complete the 8–10 week Peer Wellness Specialist training, with field placements and shadowing bringing the total experience to about 12 weeks.. Core curriculum elements should include trauma-informed practice, motivational interviewing, crisis response, documentation and HIPAA compliance, professional boundaries, self-care and supervision, and a train-the-trainer module. All materials and instruction should be bilingual and culturally adapted, and trainees should receive stipends and logistical supports to ensure participation.

EXECUTIVE SUMMARY

Immediate next steps

- Finalize the curriculum and learner assessment tools, and recruit the pilot cohort.
- Secure commitments from three to five employer or clinical placement partners to provide supervised field hours and on-site mentoring.
- Launch a simple Peer Workforce Hub — a single online location for schedules, certification guidance, job postings, and onboarding templates.
- Assemble short-term pilot funding from CCO commitments combined with a foundation grant to cover stipends, instructor costs, and assessing future funding.
- Implement an embedded evaluation plan with baseline measures and reporting at 3, 6, and 12 months.

Success metrics

Track completion and competency rates, the percentage of trainees placed in paid roles within three months, employer satisfaction and integration scores, demographic equity in recruitment and placement, and early indicators of improved client engagement, where measurable.

Contacts

Project team: MSH Consulting Northwest — Iris Bicksler, Heidi Larwick, and George Zaninovich. Lead LCC contact: Justin Chin, Dean, Workforce Development.

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Background

Lane Community College (LCC) is leading a regional initiative to develop a Peer Wellness Specialist (PWS) training program that aligns with Oregon's Traditional Health Worker (THW) standards and directly responds to Lane County's growing behavioral health needs. Over the past decade, Lane County, like many communities across Oregon, has experienced increasing demand for Peer-delivered services amidst workforce shortages, rising mental health needs, and persistent gaps in culturally responsive care. These challenges have been especially acute in rural and low-income areas, where access to clinical and recovery-oriented services is limited.

The Oregon Health Authority's Healthy Oregon Workforce Training Opportunity "HOWTO" grant aims to strengthen the state's Peer workforce by expanding training opportunities rooted in lived experience, cultural humility, and whole-person approaches to wellness. This project not only builds a training pipeline but also supports long-term system transformation by elevating the role of Peers in care coordination, recovery support, and equitable service delivery.

To develop the curriculum, LCC partnered with MSH Consulting Northwest, LLC (Iris Bicksler, Heidi Larwick, and George Zaninovich), forming a team with deep experience in co-design, trauma-informed engagement, and systems-level workforce development. This partnership ensures that the project remains authentically Peer-driven while also being informed by healthcare organizations, community-based partners, educators, and service providers. The collective goal is to create a training program that complements Oregon's existing Peer infrastructure, opens more accessible pathways to THW certification, and strengthens the local workforce by preparing graduates for meaningful, supported employment across Lane County's behavioral health and medical systems.

Process

The first phase of the project laid the groundwork for a Peer Wellness Specialist (PWS) curriculum that is both community-informed and aligned with Oregon's Traditional Health Worker (THW) standards. Rather than beginning with a pre-determined outline, this phase emphasized co-creation and listening, ensuring that the curriculum was rooted in the lived experience of Peers and the practical needs of service providers, healthcare organizations, and local communities.

1. Strategic Outreach and Engagement

Beginning in August 2025, the consultant launched a structured outreach effort to build awareness and invite broad participation. Outreach targeted:

- Practicing Peer Support Specialists and Peer Wellness Specialists.
- Traditional Health Worker (THW) trainers.
- Community-based organizations and culturally specific service providers.
- Coordinated Care Organizations (CCOs) and Lane County Health and Human Services.
- Clinical behavioral health providers, and primary care clinics.
- Workforce development and educational partners.

This outreach used a mix of direct invitations, community networks, and targeted communications to ensure participation reflected the diversity of Lane County, with particular emphasis on bilingual/bicultural voices and underrepresented communities.

2. Stakeholder Group Meetings

The Stakeholder Group brought together key system partners to provide high-level guidance and ensure the curriculum aligned with workforce priorities. Members included Peer-delivered service leaders, THW trainers, CCO representatives, workforce development partners, and grant partners.

- **Purpose:** To introduce project goals and timelines, gather feedback on initial priorities, identify opportunities for alignment across organizations, and deepen engagement and buy-in.
- **Process**: Facilitated sessions encouraged cross-sector dialogue, highlighting both challenges and opportunities in integrating Peer Wellness Specialists into Lane County's healthcare workforce.
- **Outcome:** A shared understanding of curriculum goals and early recommendations on competencies, delivery methods, and sustainability considerations.

3. Peer Group Meetings

Two Peer Group sessions, one held virtually and one in-person, were convened to maximize accessibility and create multiple avenues for participation. These sessions intentionally centered the voices of practicing Peers, whose lived experience in behavioral health recovery, systems navigation, and community wellness shaped every part of the discussion. Participants brought a rich diversity of gender identities, sexualities, racial and cultural backgrounds, geographic locations, and ages, offering a broad and representative picture of Peer work in Lane County.

- **Purpose:** To identify core training needs, explore role fidelity, and elevate the values Peers considered essential in a PWS curriculum.
- **Process:** Facilitated discussions and interactive activities (such as role scenarios and "day in the life" mapping) were used to draw out detailed insights.

Outcome: A community-driven set of priorities for training content and delivery, with explicit attention to **equity, cultural humility, and accessibility**.

4. Feedback Analysis and Re-Engagement

Following the initial engagement sessions, the consultant team conducted a detailed analysis of all input gathered from Stakeholders and Peers. Feedback was reviewed alongside existing THW curriculum models, Oregon Administrative Rules, national best practices for Peer-delivered services, and current workforce needs across Lane County. This analysis helped identify common threads, areas of divergence, and underlying values that should inform training delivery.

Several themes emerged consistently across groups: the need for trauma-informed facilitation; the importance of flexible, accessible, and bilingual delivery; the desire for strong role clarity and professional boundaries; and the call for training that recognizes lived experience as expertise. At the same time, Peers emphasized emotional safety, relationship-building, and healing-centered learning environments, while system partners highlighted documentation, compliance, and alignment with reimbursement pathways.

The re-engagement meetings served to bring these themes back to both groups for validation. These sessions provided critical opportunities for participants to see how their input was shaping the emerging framework and to further clarify, correct, or challenge early ideas. The process strengthened transparency and trust, and allowed the project team to refine recommendations in real time. Participants shared nuanced insights about what they needed from the training and how the curriculum could reflect the realities of Peer work, whether navigating team dynamics, managing burnout, or supporting individuals in crisis.

This iterative approach helped move the project from identifying barriers and opportunities to developing concrete, solution-oriented action steps that will guide curriculum design in the next phase.

> ***“We keep seeing that HR processes, such as background checks, make it hard for peers to get hired, even though their lived experience is exactly what makes them strong in this work. Employers need to be flexible and creative because peer experience is not a traditional path to employment. When we create space for peers, it builds diversity and strength in the workforce.”***
>
> *- Stakeholder Listening Session on 10/2/25*

Findings

The final step in Phase One was synthesizing all collected feedback into a cohesive set of findings that will inform the draft curriculum framework and implementation strategy for Phase Two. Across all Peer and Stakeholder meetings, several strong themes emerged, offering both clarity and coherence to the design of the training model. Participants emphasized that values must sit at the heart of Peer Wellness Specialist work and that training must combine technical skill-building with personal reflection, relational development, and trauma-informed approaches.

Peers repeatedly expressed that the curriculum must honor lived experience as professional expertise and ensure that training spaces feel safe, supportive, and grounded in cultural humility. Stakeholders from healthcare systems and community organizations highlighted the need for job readiness, documentation skills, clear role boundaries, and stronger alignment with clinical workflows. Rather than existing in tension, these perspectives helped create a balanced vision that centers both humanity and professionalism.

The findings reflect an ecosystem where Peer roles are essential but often misunderstood, underutilized, or under-supported. Participants identified gaps in supervision, barriers to certification and onboarding, and challenges navigating complex systems. At the same time, they articulated powerful opportunities for growth: Peer leadership development, bilingual and hybrid training formats, expanded professional pathways, and stronger cross-sector collaboration. These themes form the foundation for curriculum recommendations and will inform the pilot cohort, evaluation tools, and long-term sustainability planning.

Peer Roles — **Essential and misunderstood**

Curriculum — **Head AND heart = readiness**

Lived Experience — **Required foundation for trainers**

Peer and Stakeholder Findings

Oregon's Peer workforce plays a vital role in supporting individuals and communities navigating mental health challenges, substance use recovery, and broader health and social needs. Peers bring unique value through lived experience, empathy, and cultural knowledge. However, Peer roles often face barriers related to training, supervision, reimbursement, and visibility. From our meetings with the Peers and Stakeholders, we heard repeatedly around the importance of values in this work. To that end, we recommend the following guiding principles underpin all Peer efforts.

A. Guiding Principles

Inclusion, Accessibility, and Equity
Training and workforce systems must prioritize equity as essential, not optional. This includes cultural responsiveness, linguistic access, trauma-informed approaches, and ADA-compliant facilities. Feedback from participants emphasized that accessibility must also include scholarships or subsidized options for those in rural or low-income circumstances who may otherwise be unable to participate.

Community-Led
Peers with lived experience must shape workforce systems as leaders, trainers, and decision-makers. Participants noted that Peers bring authenticity, empathy, and insight grounded in their own recovery and life journeys—qualities that should guide both system design and training delivery.

Recognition of Lived Experience
Employers, systems, and training providers must treat lived experience as professional expertise and a valued dimension of workforce diversity. Respondents stressed that recognition of lived experience should be bold and front-and-center in all communication materials and program design.

Holistic Ecosystem
Training, supervision, hiring, reimbursement, and visibility are interconnected. System improvements should be coordinated rather than siloed. Stakeholders encouraged "de-siloing" across systems, recommending intentional opportunities for cross-sector relationship building.

Regional Equity
Workforce expansion efforts must prioritize underserved areas such as Lane County and rural regions to avoid perpetuating statewide geographic inequities. Participants highlighted the absence of local Peer Wellness Specialist (PWS) training options in some counties and called for virtual or hybrid options to bridge geographic gaps.

B. Peer Training

Training Environment
Training must be person-centered and safe, modeling respect, empathy, and cultural humility. Participants should have access to supportive resources and a structure that allows rest and self-care. Built-in breaks, clear ground rules, and options to step away as needed were consistently identified as best practices.

Teaching Methods
Adult learning and popular education models should replace lecture-heavy formats. Training should integrate role plays, shadowing, small-group discussions, and scenario-based practice to reflect the unpredictable realities of Peer work. Community feedback reinforced the value of smaller group sizes, particularly in virtual settings, to encourage engagement and deeper connection.
Participants expressed preference for flexible scheduling and pacing:

- Shorter daily sessions spread over more weeks. iI shouldn't be 8 hours a day for 5 days a week, but rather 4 hours a day once or twice a week.
- A mix of in-person and virtual instruction that allow participants to learn in various modes.
- Evening and weekend offerings to accommodate individuals who are employed.

Sample Schedule Concept
80 hours spaced over 10 weeks, with two four-hour sessions per week (e.g., Tuesday/Thursday 9–1 or 1–5). The schedule could include lecture, role play, and discussion.

Content Priorities

- **Technical Skills:** Documentation, HIPAA training and compliance, computer literacy, case noting, and referrals. Participants also suggested printed reference materials for virtual cohorts to reinforce learning.
- **Professional Skills:** Communication, time management, boundary setting, and career navigation.
- **Specialized Knowledge:** Trauma-informed care, motivational interviewing, crisis de-escalation, advocacy, and cultural humility and competence.
- **Personal Wellness:** Self-care strategies, supervision use, and resilience practices.

Training Accessibility

Removing barriers is central to equity. Trainings should provide stipends, scholarships, meals, transportation support, and childcare.

> ***"I wanted to become a Peer so I could be the person I needed."***
>
> *-Peer Listening Session on 9/25*

Hybrid and mobile delivery models can expand reach to rural communities. Training schedules should be offered evenings/weekends and published one year in advance. Additional recommendations include:

- Printed and mailed materials for rural learners.
- Virtual breakout rooms and small-group discussions to replicate in-person connection.
- Advance resource packets so participants can familiarize themselves with content.
- Explicit inclusion of scholarship opportunities for participants who cannot afford tuition.

These approaches support inclusion, increase completion rates, and expand reach to those traditionally excluded from professional training environments.

Trainers & Facilitators

Trainers must be practicing Peers with lived and cultural experience. Facilitators should model nonjudgmental attitudes and integrate personal reflection and lived experience into their teaching.

Diversity of Voices

Representation of BIPOC, trans, youth, rural, and other marginalized communities is essential to ensure that training resonates across Oregon's diverse populations.

Trainer Development

Expanded train-the-trainer programs are needed statewide to grow the pool of qualified facilitators, especially in underserved regions. Participants recommended that LCC partner with existing organizations that are a model for accessible, inclusive training delivery.

Methods

Trainers must embody openness, non judgment, and active listening, while modeling boundaries and self-care. Small-group facilitation and reflective discussion are preferred to ensure that participants feel supported, particularly in virtual formats.

C. Outreach and Recruitment

Community-Based Outreach
Recruitment for participants should occur through trusted networks including shelters, schools, recovery centers, and culturally specific organizations,. Participants stressed that the term "trusted networks" is essential—trust must be defined by the community itself, not solely by institutions. Outreach should therefore involve organizations and individuals already known within each community.

Peer-to-Peer Recruitment
Alumni and current Peers are the most effective recruiters, offering personal invitations and role-modeling. Several participants suggested providing case studies or vignettes illustrating how Peers have recruited Peers in authentic, empowering ways. However, community members cautioned that recruitment must remain voluntary and self-identified; support staff should never pressure someone to take on a Peer role.

Inclusive Messaging and Language
Inclusive marketing was viewed as essential but should avoid appearing tokenizing or exploitative. Participants suggested using welcoming, affirming, multilingual materials featuring people of varied ages, races, and identities. Marketing should highlight that lived experience— including experiences of incarceration, recovery, or trauma—can qualify someone for this work, not disqualify them. The term "pipeline" was identified as confusing and should be replaced with phrases such as "pathways" or "routes into Peer work."

Community Engagement and Visibility
Outreach efforts can benefit from collaboration with local high schools, community colleges, and youth-serving organizations to introduce the concept of Peer support early. Participants suggested outreach through college radio stations, community events, cultural organizations, and organizations that have hired or plan to hire Peers. Tabling at events where questions naturally arise about "how to get involved" was described as highly effective, particularly when accompanied by concise printed materials or QR codes linking to training information.

Equity and Access in Recruitment
Marketing materials should clearly explain scholarship opportunities and how to complete a background check for Oregon Health Authority. Recruitment in correctional facilities should focus on individuals who have demonstrated commitment to personal growth, such as completing educational programs while incarcerated.

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"It is so important that this training is led by people doing the work! So many more people would join this movement if they knew how to get into the work and navigate the stigma of their past."

- Peer Re-engagement Session 10/15/2025

Centralized Infrastructure

A comprehensive public hub should serve as the central access point for all information related to Peer workforce training, certification, and employment. This hub could include searchable databases of approved training programs and a calendar of upcoming training, detailed certification and reimbursement guidance. It should also feature resources for obtaining and maintaining Continuing Education Units (CEUs), including links to approved courses and instructions for tracking and reporting CEU credits.

In addition to training information, the hub could host employment listings specific to Peer roles—connecting job seekers with organizations committed to Peer-led and recovery-oriented services. Participants emphasized the value of a concise, practical resource guide that graduates can use after completing training, summarizing key information about CEU maintenance, career advancement pathways, mentorship opportunities, and ongoing support networks. Over time, this infrastructure could evolve into a "one-stop" digital home for Oregon's Peer workforce, supporting professional growth, standardization, best practices, supervision training tools, and sustainability across the sector.

Networking & Collaboration

Participants stressed the need for coordinated, statewide networking opportunities and public visibility campaigns to strengthen the Peer workforce's sense of identity and purpose. Regional networking events, virtual forums, and regional learning opportunities, in addition to financial support to attend the statewide conference could foster stronger collaboration among Peers, employers, and allied professionals. Such spaces would allow for Peer-to-Peer learning, shared problem-solving, and the exchange of effective practices across systems and service areas.

At the same time, participants underscored the importance of public education and consistent messaging about the role and value of Peers. Many noted that "people don't really know what a Peer does for a living," which limits respect, funding, and integration into broader behavioral health and social service systems. A coordinated communications strategy—spanning agencies, community organizations, and advocacy groups—could elevate public understanding of Peer support, reinforce its legitimacy as a professional discipline, and highlight success stories that demonstrate its impact on recovery, wellness, and community resilience.

Advocacy and Visibility

Peer-led advocacy is essential to shaping systems that are equitable, responsive, and grounded in lived experience. Participants called for intentional investment in Stakeholder development programs that prepare Peers to participate in governance, policy design, and decision-making roles at the organizational, regional, and state levels. Training in public speaking, facilitation, and policy engagement would empower Peers to represent their communities and influence change more effectively.

Beyond individual Stakeholder development, participants envisioned a future in which Peer-run organizations take the lead in defining standards, guiding workforce development, and setting the direction of the field. Supporting these organizations through funding, technical assistance, and structural inclusion in system planning processes would ensure that advocacy remains authentically Peer-driven. By prioritizing Peer visibility, Oregon can build a sustainable model that centers lived experience not only in service delivery but also in system design and policy innovation.

Sustainability

For the Peer Wellness Specialist training program to thrive beyond its initial development and pilot phase, sustainability must be planned at multiple levels: financial, institutional, relational, and operational. Participants emphasized that sustaining this work requires more than securing future grant funding, it requires building a durable infrastructure that supports ongoing training access, workforce development, and the strengthening of Peer-led systems, including Medicaid billing.

There are multiple Medicaid billing pathways—traditional fee-for-service, capitation arrangements, value-based payment, and innovative models that support Peers in non-clinical community settings. Each comes with distinct requirements and unique barriers, and some are more sustainable than others. What is universally acknowledged is that contracting and credentialing are complex, and billing is administratively burdensome. None of the existing pathways adequately support Peers in earning a living wage. Advocacy, policy changes, and new legislation are needed to address the systemic challenges organizations with Peer staff face in achieving Medicaid sustainability.

"I think both supervisor support through administration AND peer support are incredibly helpful, especially when you're putting your training to practice. I have learned far more in my conversations with peers who I met in my PSS training than any resource from OHA or other orgs. "

- Stakeholder/Partner Listening Session 10/2/2025

Barriers to Peer Integration

Medical settings present unique opportunities, and challenges, for Peer Wellness Specialists. Throughout the engagement process, participants described both the promise of integration and the barriers that Peers frequently encounter when entering clinical environments. Many Peers reported experiencing stigma or misunderstanding from medical staff who were unfamiliar with Peer roles, leading to confusion about scope of practice or unrealistic expectations about what Peers are able, or not expected, to do.

Stakeholders emphasized that successful integration requires explicit role clarity, team-based workflows, and training that prepares Peers and clinicians to collaborate within interdisciplinary teams. This includes understanding boundaries, documentation expectations, mandatory reporting, and communication protocols within primary care, behavioral health clinics, and hospital settings. Peers also noted the need for training on navigating medical culture, advocating for themselves within hierarchical structures, and building collaborative relationships with clinicians.

At the same time, participants highlighted that Peers bring essential value to medical teams: relational engagement, cultural humility, trust-building, and lived experience that can bridge gaps between clinical care and community realities. When integrated effectively, Peers can support care coordination, reduce patient anxiety, improve follow-up, and help individuals navigate complex systems.

NEXT STEPS

1. Finalize and Pilot the Curriculum

- Draft curriculum and refine and align with Oregon Traditional Health Worker (THW) certification standards.
- Conduct a pilot cohort of 15–20 participants (approximately 80 training hours plus field experience).
- Offer bilingual instruction and materials in English and Spanish to ensure full accessibility.

2. Strengthen Institutional Infrastructure

- Integrate the program into LCC's **Career Pathways framework** to leverage advising, registration, and employment supports.
- Simplify registration and onboarding processes to reduce barriers for participants with literacy, language, or technology challenges.
- Establish dedicated Peer navigators or "training concierges" to assist participants with enrollment, technology, prescreening tasks, and paperwork.
- Ensure ADA compliance, bilingual accessibility, and flexible hybrid delivery.

3. Secure and Sustain Funding

- Pursue local and state partnerships to support scholarships, stipends, and technology access for participants.
- Explore collaboration with Coordinated Care Organizations (CCOs), workforce boards, and OHA to integrate funding streams for ongoing cohorts.
- In the short term, prioritize scholarship funding for fewer participants paired with strong personal and technical support.

4. Implement Evaluation and Feedback Loops

- Develop evaluation tools to assess participant experience, competency attainment, and employment outcomes.
- Conduct focus groups with graduates, employers, and trainers after the first cohort.
- Track equity metrics such as demographic representation, completion rates, and job placement three months after training.
- Use feedback to adjust curriculum content, delivery, and supports on an annual basis.

5. Community Sessions and Relationship Building

Sustained, meaningful community engagement is essential to maintaining the Peer-driven foundation of this initiative. As the curriculum moves from design to implementation, structured community input sessions should continue to inform the development, ensuring the training remains relevant, equitable, and responsive to evolving needs.

Planned Actions

Peer Advisory Network:

- Formalize a standing advisory group composed of practicing Peers, trainers, and alumni who meet regularly to guide program development, recruitment, and evaluation.

Relationship Building Across Systems:

- Strengthen ongoing partnerships with behavioral health providers, CCOs, recovery centers, primary care, and culturally specific organizations. These relationships will support referral pipelines, field placements, and job opportunities for graduates.
- Trust and Reciprocity: Relationship building must be intentional and mutual. LCC should invest time in understanding community priorities, show accountability by reporting back on how feedback is used, and ensure Peers see tangible results from their input.

6. Development of an Accessible Resource Hub

To support the long-term success of Peer Wellness Specialists, LCC and partners should develop a public, centralized resource hub that consolidates all essential information, tools, and support for both trainees and working Peers. This digital and physical hub is a bridge between training, certification, and employment; reducing barriers and promoting professional growth.

Planned Actions

Design and Launch a Peer Workforce Portal:

- Create a user-friendly online platform featuring:
  - Upcoming training schedules and registration links.
  - Certification guidance for Traditional Health Workers.
  - CEU opportunities and professional development events.
  - Peer role employment listings in behavioral health and community wellness.
  - Background check guidance and advocacy tips.
  - Downloadable materials (resource guides, documentation templates, and forms) in multiple languages.
  - Networking opportunities and discussion forums.

TRAINING & GRANT INFORMATION

Contact	Justin Chin, Dean of Workforce Development
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REPORT & PROJECT INFORMATION

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Lane Community College

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APPENDIX

Outreach Calendar and # of attendees

September 25, 2025 - Peer Listening Session (in-person): 25 participants
September 25, 2025 - Peer Listening Session (virtual): 8 participants
September 29, 2025 - Peer Listening Session Feedback Form (emailed): 33 participants
October 2, 2025 - Stakeholder/Partner Listening Session (in-person): 24 participants
October 15, 2025 - Peer Re-engagement Session (in-person): 17 participants
October 15, 2025 - Peer Re-engagement Session (virtual): 5 participants
October 22, 2025 - Stakeholder/Partner Re-engagement Session (in-person): 18 participants
October 24, 2025 - Stakeholder/Partner Session Feedback Form (emailed): 3 participants

Team Bios

Iris Bicksler is a Full Spectrum Doula, Community Health Worker, and Peer Support Specialist with over 30 years of experience and more than a decade of leadership within Oregon's Traditional Health Worker (THW) system. She has shaped doula workforce development, THW payment and contract strategy, Medicaid billing expansion, and the creation of new THW training curricula through positions at PacificSource Health Plan and as a THW Consultant with MSH Consulting NW. Iris also serves as Board President of the Oregon Doula Association and is a member of the OHA THW Commission Payment Model Subcommittee.

Heidi Larwick is a passionate leader in the nonprofit sector with more than two decades of experience in community building and a deep belief in the power of people to create equitable change. As the founder and former Executive Director of Connected Lane County, she championed collaborative, innovative approaches that created safe and inspiring spaces for youth. Today, as the Director of Juniper Co., she strengthens community roots by supporting systems that expand opportunity, grow nonprofit capacity, and foster long-term economic well-being.

George Zaninovich helps organizations build stronger communities and healthier workplaces. With 20+ years of experience across strategy, program design, and partnership work at FSG, Catlin Gabel School, and Portland State University, he designs and delivers community engagement strategies and culture-building processes that produce measurable change. George partners with public and private schools, nonprofit and for-profit teams, and local government to co-create inclusive programs, coach leaders, and translate community voice into operational improvements. He centers equity and clear metrics so teams can move from insight to action and sustain what works. Based in Eugene, he brings a pragmatic, relational style that helps organizations grow with care.