NewYork-Presbyterian
Performing Provider System

DSRIP Meeting Agenda

Date & Time	5/19/17 @ 9:00 – 10:30AM	**Meeting Title**	Integrated IT/Data Governance & Clinical Operations Committee
Location	Milstein Family Heart Center 173 Fort Washington Ave. 4th Floor, Room 633	**Facilitator**	Sandy Merlino, Gil Kuperman & Alvin Lin
Go to Meeting	https://global.gotomeeting.com/join/676507237	**Conference Line**	Dial +1 (408) 650-3123 Access Code: 676-507-237

Invitees	
Chair: Sandy Merlino (VNSNY)	**Chair:** Alvin Lin (NYC DOHMH PCIP/REACH)
Chair: Gil Kuperman (NYP)	Terri Udolf (St. Christopher's Inn)
Alissa Wassung (God's Love We Deliver)	~~Amy Shah (NYC DOHMH)~~
~~Susan Wiviott (The Bridge)~~	~~Maria Lizardo (Northern Manhattan Improvement Corp.)~~
David Chan (City Drug & Surgical)	Catherine Thurston (SPOP)
~~Jean Marie Bradford, MD (NYPSI)~~	Stuart Myer (VillageCare)
~~Genevieve Castillo (Methodist)~~	Renato Leonel (Isabella)
Dan Johansson (ACMH, Inc.)	~~Mitze Amoroso (ArchCare)~~
Kate Nixon (VNSNY)	Todd Rogow (Healthix)
Theo Figurasin (NYSNA)	~~Priscilla Pena (1199 SEIU)~~
~~Steven Lam (CBWCHC)~~	Patricia Hernandez (NYP)
~~Andres Pereira, MD~~	Andrew Missel (NYP)
~~Nelson Mesa (NYP)~~	Rachel Naiukow (NYP)
Isaac Kastenbaum (NYP)	Leslie Chiu (NYP)
Brian Youngblood (NYP)	

Meeting Objectives	Facilitator	Time	Start	End
Welcome & Roll Call	Sandy Merlino, Gil Kuperman	10 min	9:00	9:10
Population Line Presentation – Transitions of Care/High-Utilizers • Potential Ways for Committee to Support Population Line	Leslie Chiu, Brian Youngblood, Isaac Kastenbaum	30 min	9:10	9:40
Workforce Training & Development • Review Final Draft Training Strategy • Prioritize List of Future Focus Areas	Rachel Naiukow & Sandy Merlino	20 min	9:40	10:00
Healthix: Follow-Up on Comments from Last Call • Update on Availability of Implementation Funding	Alvin Lin & Patricia Hernandez	15 min	10:00	10:15
Next Steps	Andrew Missel	15 min	10:15	10:30

DSRIP Meeting Agenda

Action Items				
Description	**Owner**	**Start Date**	**Due Date**	**Status**
Contact Andrew Missel re: cultural competency and/or health literacy training needs	Andrew Missel	N/A	N/A	Ongoing
Reset calendar invites for legacy Committee meetings	Andrew Missel, Isaac Kastenbaum, Lauren Alexander	4/21/17	4/28/17	Complete
Present draft integrated Comm charter	Co-Leads / Andrew Missel	4/21/17	TBD	Not Started
Send notice to Committee when learning site for training/development (LMS) is active	Rachel Naiukow	5/19/17	6/30/17	In-Progress
Change Workforce Training & Development presentation frequency to Committee: Off-months send update via email, on-months or months with training held – present in-person and debrief	Rachel Naiukow, Andrew Missel	5/19/17	5/19/17	Complete
Write 1-pg on future compliance obligations and Healthix consent, incl. recommended workflow	Todd Rogow, Patricia Hernandez	5/19/17	6/16/17	Not Started
Update on BAAs for data sharing at next meeting	Gil Kuperman, Nelson Mesa	5/19/17	6/16/17	Not Started

High Utilizers/Transitions

PPS Governance Committee Review

May 19, 2017

NewYork-Presbyterian
Performing Provider System

Agenda

1. Population Line Strategy & Scope
2. P4P Metrics Overview
3. P4P Metrics Data of Interest
4. Quality Improvement Successes & Challenges
5. Population Line Collaborator Engagement
6. Population Line Finances
7. Population Line NYS Project Requirements
8. Next Steps

Population Line Strategy & Scope: High Utilizers/Transitions

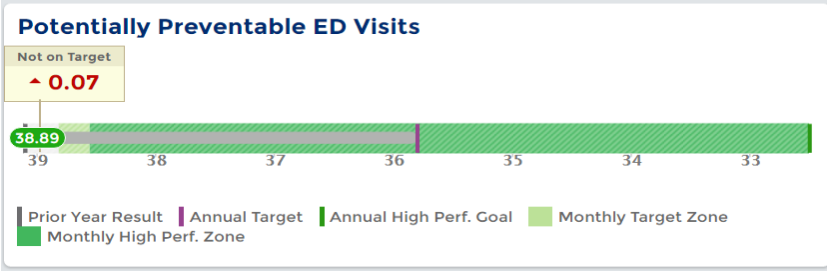
- **The Population Line is focused on addressing the PPS utilization P4P metrics through the development of interventions to:**
  - Reduce avoidable use of Emergency Department and Inpatient services
  - Improve linkages to post-acute medical and behavioral health providers
- **The Population Line's scope includes:**
  - Venues:
    - Internal NYP sites of care (all hospital campuses)
    - NYP PPS members
    - Other PPS'
  - Patient criteria:
    - All ages
    - Medicaid
    - High/Avoidable Utilizers, those with sub-optimal follow-up

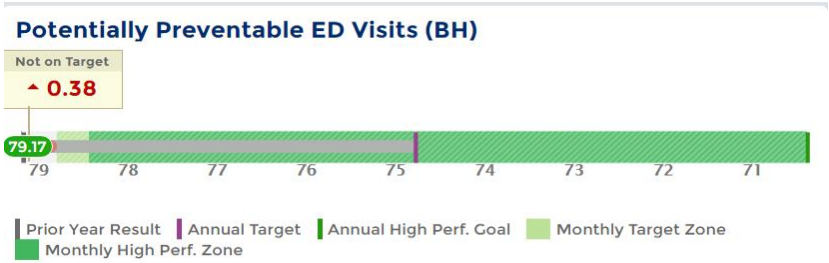
NYS Performance Metric Focus
High Utilizers/Transitions

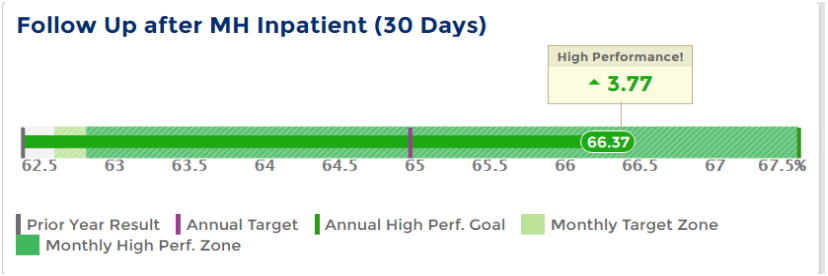
Metric	MY3 Goal	MY2 Performance	Status of Intervention
Potentially Avoidable Emergency Room Visits (PPV)	38.21	39.1	Discovery
Potentially Preventable Emergency Department Visits (BH)	78.26	79.2	Discovery
Potentially Avoidable Readmissions	546.42	559.2	Discovery
Potentially Preventable Admissions - Adults (PQI 90)	N/A	N/A	Discovery
Potentially Preventable Admissions - Children (PDI 90)	456.69	459.1	Discovery
Follow-Up after Hospitalization for Mental Illness - Within 7 Days	53.26%	52.91%	Discovery
Follow-Up after Hospitalization for Mental Illness - Within 30 Days	63.11%	62.39%	Discovery

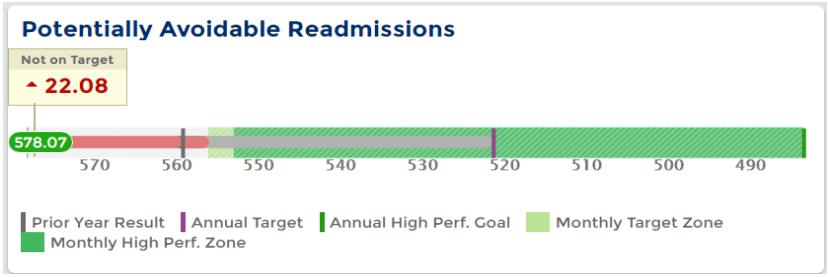
Source: DSRIP Population Line dashboard, 5/1/2017

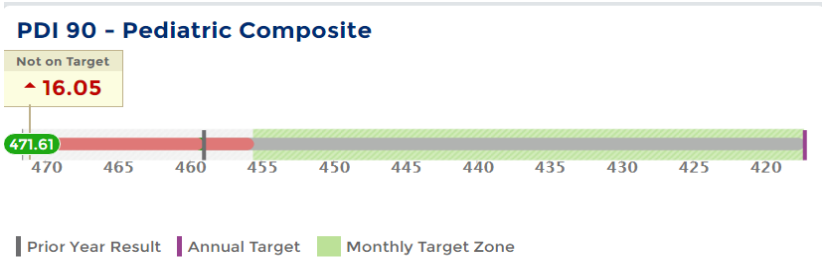
NYS Performance Metric Highlights
High Utilizers/Transitions











Source: Salient Interactive Miner, accessed 5/15/17

***Data for metric PQI 90 – Adult Composite note available*

****Charts shown are for measurement period July 1-31, 2016 (Month 1, MY3) and therefore may differ from the MY2 closing performance and the projected MY3 targets on Slide 4*

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Population Line Status Update
High Utilizers/Transitions

- **Successes:**
  - Combined discovery efforts with the CBO/Social Determinants Population Line
  - Participated in a rapid cycle process improvement initiative for High Utilizers at Weill Cornell through the NYS MAX Series
  - Embedded Behavioral Health Community Crisis Stabilization, Transitions of Care, and ED Care Triage projects in operational units
- **Challenges:**
  - High Utilizers/Transitions has broad metrics that require intensive discovery efforts
  - Anticipate limitations around system-wide capacity for change
  - Drivers of utilization are diverse, systemic

Population Line Collaborator Engagement High Utilizers/Transitions

- **Current Engagement Efforts**
  - Convened a nine-member PPS workgroup of internal and external stakeholders including representation from:
    - Charles B. Wang Community Health Center
    - God's Love We Deliver
    - Metropolitan Center for Mental Health
    - Project Renewal
    - Housing Consultant
- **Future Engagement Efforts**
  - In process of gathering qualitative discovery data through targeted interviews and focus group with stakeholders from the 5 NYPH EDs, 5 primary care sites and 7 CBOs
  - Engagement in inpatient-focused discovery process (mid-Summer)
  - Engagement in intervention design and prioritization
  - Potential RFP response for interventions

Population Line Budget Review (DSRIP Year-To-Date)

Budgets on-hold until approved by PPS Finance Committee

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High Utilizer/Transitions Next Steps

- **Identify trends and opportunities through:**
  - Completion of interviews and focus groups pertaining to high-risk and care transitions
  - Review of NYP PPS data on cohorts of patients attributed to the P4P metrics and PPS providers
- **Identify potential intervention strategies:**
  - Engage key stakeholders in intervention design
  - Prioritize potential interventions

Workforce Training & Development

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NewYork-Presbyterian
Performing Provider System

Training Strategy

- The training strategy is designed to align an interdisciplinary patient-centered workforce with the NYP PPS's DSRIP projects and goals, and to ensure the training included is used to *drive change by increasing knowledge, enhance skills, and improve the ability of the workforce to provide care.*

Training Strategy

- Executive Summary, page 2:
  - "The training strategy was approved by the Workforce Committee on December 21, 2016 and submitted to the NYS Department of Health in accordance with DSRIP's Workforce Milestone #8. As of April 21, 2017 the Workforce Committee and its roles and responsibilities were transferred to a merged PPS Clinical Operations and IT/Data Governance Committee. That Committee reviewed this revised training strategy to reflect the training needs identified through meetings with collaborators held after the training strategy was initially approved on December 21, 2016."

Training Strategy

- PPS Workforce Advisory Workgroup, page 4:
  - “The PPS Workforce Advisory Workgroup was comprised of individuals with expertise in healthcare workforce trainings and leads workforce assessment and planning within the PPS. This Workgroup was then closed and rolled into a merged PPS Clinical Operations and IT/Data Governance Committee. This decision was made in order to better align the on-going workforce/training efforts with the PPS’s efforts to achieve the pay-for-performance metrics and improve the population’s health.”

Training Priorities

- Current training and in development:
  - HI-FIVE Curriculum
    - Available via NYP Learning Center & (soon) NYP PPS Training Center
  - Center to Advance Palliative Care (CAPC) Membership
    - Robust training curriculum with free CME/CEUs
  - Motivational Interviewing
    - Webinar with in-person ILT to follow
  - P4P Metric Series
    - Webinar with in-person ILT to follow
  - Center for Community Health Navigation (CCHN) curriculum

Training Priorities

- What next?
  - Cultural Competency & Health Literacy
    - Health disparities: general population health and by major adult and pediatric chronic disease
    - Cultural differences and beliefs surrounding end of life/palliative care and pain management—*collaborator identified as trainer at VNSNY*
  - Polypharmacy
    - Identified multiple times throughout project and collaborator focus groups

Training Priorities

- The list goes on…
  - Collaborator-identified:
    - Trauma-informed care
    - Correlation between chronic disease and mental health
    - Cultural competency – including biases and stigma with mental health
    - Stress management/self-care for providers
    - Domestic violence – how to identify victims and effects on children
    - Social determinants of health
    - Basics of nutrition and healthy eating on a budget
    - Eating Disorders
    - Dialectical Behavior Therapy
    - HIV/STD prevention

Training Priorities

- The list goes on…
  - Project-identified:
    - The list is much much longer
    - See Training Strategy beginning on page 7

Question:

- How can this workforce training strategy be optimized to support the development of our Integrated Delivery System *and* contribute to reaching the P4P metrics?

NEW YORK-PRESBYTERIAN
PERFORMING PROVIDER SYSTEM

WORKFORCE TRAINING STRATEGY

APPROVED

December 21, 2016

Amended and approved _____

Table of Contents

EXECUTIVE SUMMARY

The New York-Presbyterian Performing Provider System (NYP PPS) is a network of approximately 80 providers and community collaborators jointly committed to improving the health and wellbeing and addressing the unnecessary hospital and emergency department utilization of the community that it serves.

New York-Presbyterian Hospital (NYP) is the anchor institution for this collaboration. Based in New York City, NYP is one of the nation's largest and most comprehensive hospitals. Each year, nearly 29,000 NYP professionals deliver exceptional care to more than 2 million patients. The Hospital delivers care across six campuses and its Ambulatory Care Network. As the lead for the NYP PPS network, is responsible for coordinating the network's efforts and collaborating with the State to achieve DSRIP's goals.

The following details the approach that the PPS is taking to determine the most effective training approach for the workforce. The training strategy is designed to align an interdisciplinary patient-centered workforce with the NYP PPS's DSRIP projects and goals, and to ensure the training included is used to drive change by increasing knowledge, enhance skills, and improve the ability of the workforce to provide care. The training strategy was approved by the Workforce Committee on December 21, 2016 and submitted to the NYS Department of Health in accordance with DSRIP's Workforce Milestone #8. As of April 21, 2017 the Workforce Committee and its roles and responsibilities were transferred to a merged PPS Clinical Operations and IT/Data Governance Committee. That Committee reviewed and approved this revised training strategy to reflect the training needs identified through meetings with collaborators held after the training strategy was initially approved on December 21, 2016.

This document serves as a projection of the training needs for the NYP PPS as well as the strategy for implementation of trainings across the PPS. Through the course of DSRIP, these trainings may change based on a number of factors such as collaborations with other PPSs, changes in partner engagement, changes in community needs, as well as changes in the regional healthcare landscape.

a. Training Newly Hired Staff Needed to Accomplish DSRIP Goals in Each of NYP's Projects

NYP's selected projects strategically position the PPS to accomplish its DSRIP goals. As of this date the PPS has completed hiring of the majority of new staff who will be required to deliver care within these projects and successfully meet these goals. New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed. New hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff,

professional and para-professional clinical staff, and professional and para-professional care coordination staff[1]. The training strategy identifies the training needed for newly hired staff and the skills acquired from those trainings.

b. Re-Training the Existing Workforce

The workforce training strategy details the plan for staff requiring retraining. Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider[2]. Because maintaining stability to the current workforce is an important goal, retraining is crucial to its overall training strategy. The training strategy identifies the staff requiring re-training, the training required to support these roles, the skills acquired as a result of the training, and how these skills support the projects in which the employees work.

1. BACKGROUND

a. Organizational Background

The NYP PPS is overseen by four governance committees and a Project Advisory Committee (PAC). The five committees are responsible for the oversight of the PPS, including its priorities, oversight, relationship with New York State and the community, and its day-to-day operations.

b. PPS Workforce Advisory Workgroup

The NYP PPS Workforce Advisory Workgroup was launched in February 2016 and met monthly with authority from the Executive Committee until March 29, 2017. The PPS Workforce Advisory Workgroup was comprised of individuals with expertise in healthcare workforce trainings and leads workforce assessment and planning within the PPS. This Workgroup was then closed and rolled into a merged PPS Clinical Operations and IT/Data Governance Committee. This decision was made in order to better align the on-going workforce/training efforts with the PPS's efforts to achieve the pay-for-performance metrics and improve the population's health. A dedicated Program Coordinator from the PPS, along with labor union members, continue to represent the Workforce strategy on this committee. This work is also supported by consulting services from the 1199SEIU Training and Employment Funds. The

[1] NYSDOH DSRIP website
[2] NYSDOH DSRIP website

Program Coordinator is responsible for developing and executing workforce training strategies including education and training initiatives.

The former NYP PPS Workforce Advisory Workgroup* and the organizations they represent:

Last Name	First Name	Organization
Isaac	Kastenbaum	New York-Presbyterian Hospital
Michael	Ashby	1199SEIU United Healthcare Workers East
Faith	Wiggins	1199SEIU Training and Education Funds
Emily	Drucker	1199SEIU Training and Education Funds
Linda	Reid	VNSNY
Carlos	Molina	CUNY HOSTOS
Dana	Lennon	CUNY HOSTOS
Evelyn	Fernandez-Ketcham	CUNY HOSTOS
Anthony	Ciampa	NYSNA
Steven	Muchnick	Upper Manhattan Mental Health Center
Hugo	Pizarro	ArchCare
Rob	Basile	Metropolitan Mental Health
Michelle	Green	NYSNA
Rachel	Naiukow	New York-Presbyterian Hospital

*See the NYP PPS website to view the members of the merged PPS Clinical Operations and IT/Data Governance Committee: http://www.nyp.org/pps/governance.

2. ASSESSMENT: APPROACH AND METHOD OF ASSESSING TRAINING NEEDS

As part of the development of the training strategy, the NYP PPS retained the 1199SEIU Training and Employment Funds as Workforce Consultant to meet with each project team to assess workforce training needs associated with each particular project. Additionally, the Workforce Consultant considered overarching PPS needs such as those arising from the introduction of PPS wide IT platforms and systems as well as quality improvement and change management support that is integral to the transformation into an integrated delivery system.

The initial training topics were developed through individual meetings with each Project Team and, in some cases, project stakeholders, led by a Workforce Consultant from the 1199SEIU Training and Employment Funds.

In early 2017, sessions were held with collaborators to give them opportunity to share their training needs and existing resources. The collaborators were organized in the following groups:

Primary Care and Other Specialty Providers

Post-Acute Care Providers

Pharmacy Providers

Community-Based Organizations

Mental Health and Substance Use Providers

The meetings also gave collaborators the opportunity to discuss how they currently provide training; this helped identify potential training vendors and preferred modalities. Some collaborators also shared their capacity to serve as trainers for PPS sponsored trainings. The following training needs were identified:

Trauma-informed care

Correlation between chronic disease and mental health

Cultural competency – including biases and stigma with mental health

Stress management/self-care for providers

Domestic violence – how to identify victims and effects on children

Motivational Interviewing for Domestic Violence

Social determinants of health

Basics of nutrition and healthy eating on a budget

Overview of immigration issues and resources

Eating Disorders

Issues in Treating the LGBT Community

Dialectical Behavior Therapy

HIV/STD prevention

Cultural differences and beliefs surrounding end of life/palliative care and pain management.

Next, the Workforce Advisory Workgroup and PPS Leadership, with support from 1199SEIU TEF will review the training suggestions arising from the meetings with Project Teams and Collaborators. Training priorities and timeframes will be developed to ensure that training is

launched in a way that most effectively supports the goals of the DSRIP projects and produces sustainable results.

Training curriculum will be developed and training vendors will be identified and selected in close collaboration with Project Teams and collaborators, with the support of 1199SEIU TEF to ensure best practices, alignment and to aid in implementation.

The Learning Management System (LMS), as a mode of delivery, will be utilized in several ways. It is expected that all collaborators will have access to the LMS to register for trainings, and the LMS will track training uptake for reporting purposes. On-line and e-learning, as well as written training materials will be housed on the LMS. In addition, the LMS will have the capability to survey participants about their training experiences, both immediately after training and after a period of time to track and evaluate the long-term effectiveness of training.

Finally, NYP is in close collaboration with the Columbia University College of Physicians and Surgeons Department of Bioinformatics, who is overseeing the development of a Population Health curriculum. They conducted an assessment with NYP, healthcare vendors, and Community College leadership to understand the training needs of their employee bases.

3. WORKFORCE TRAINING NEEDS

The Workforce Advisory Workgroup and the Project teams have identified both Project-specific skills and competencies (which are detailed below in the applicable Project sections), as well trainings for all staff involved in DSRIP initiatives that will support the development of an integrated delivery system focused on evidence-based medicine and population health management.

a. Project Selections

DSRIP requires that the workforce training strategy be closely linked to the selected clinical projects. The following are the projects selected by the PPS:

2.a.i	Create an Integrated Delivery System focused on Evidence-Based Medicine and Population
2.b.i	Ambulatory ICU – Pediatric and Adult
2.b.iii	Emergency Department Care Triage for At-Risk Populations
2.b.iv	Care Transitions Intervention to reduce 30-day Readmissions for Chronic Health Conditions
3.a.i	Integration of Primary Care and Behavioral Health Services**
3.a.ii	Behavioral Health Crisis Community Stabilization Services**
3.e.i	Comprehensive Strategy to Decrease HIV/AIDS Transmission to Reduce Avoidable Hospitalizations-Development of Center for Management of HIV/Aids**
3.g.i	Integration of Palliative Care into the PCMH Model
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health
4.c.i	Decrease HIV morbidity **

** As these projects engage overlapping staff and touch similar patient populations for purposes of training and workforce development they are addressed together.
** As these projects engage overlapping staff and touch similar patient populations for purposes of training and workforce development they are addressed together.

b. PPS-wide training needs

Staff involved in DSRIP projects will need to learn a set of new skills and competencies to achieve the goal of developing creating an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management.

Information Technology

PPS-wide systems and platforms

There are several initiatives in development by the PPS designed to: (1) facilitate sharing of health information between sites to promote coordinated care (2) equip staff with powerful tools to access community resources, and (3) support staff in the provision of culturally competent care and development of health literacy for patients.

Healthify – NYP PPS is developing a resource guide of community based services that Community Health Workers, Social Workers, Case Managers and others will be able to access to

effectively guide patients to resources on a range of social services such as housing, legal issues, and various therapeutic interventions etc.

Healthix - this is a platform to share patients' electronic health records across New York City to facilitate care coordination. There will be two components for training on this platform as it is rolled out: (1) an internal approach within NYPH and (2) an approach for NYP PPS collaborators.

1. Internal approach *(within NYPH):*

As part of the Healthix adoption effort throughout the NYP Ambulatory Care Network, both clinical members (physicians, social work providers, registered nurse managers, and medical assistants) and administrative staff (financial registrars) will be targeted for training.

Training requirements for Healthix will be based on roles and responsibilities:

- Healthix overview training
  Physicians, social work providers, registered nurse managers, medical assistants and financial registrars
- Healthix System User training
  Physicians, social work providers, registered care managers
- Consent training
  Financial registrars. NYP technology will also be leveraged to provide patient education materials and consent forms available on demand.

2. External approach *(amongst NYP PPS Collaborators*):

Healthix will provide software training to all PPS Collaborators after the contracting process has been completed. Prior to Healthix access and training, NYP Collaborator administrators will complete user provisioning requirements to determine and provide user role-based access. The Healthix Compliance Department will provide training on patient registration and consent. An annual audit will also be performed to assess customer compliance with statewide regulations and Healthix Privacy Policies and Procedures.

For general access to the system, Healthix provides comprehensive online application training, including in-depth reviews of the features and functionality. Healthix provides on-site consent training using the "train-the-trainer" approach to support each organization's workflow for managing patient consents. After the organization implement's Healthix, an account manager and a customer support team will be made available to assist the client with the ongoing help-desk, technical and end-user support needs. Healthix also works with each client to ensure annual refresher.

Quality Interactions Resource Center – a web-based reference site, designed to help healthcare professionals improve their daily communications and manage cross-cultural challenges in real-

time. This online resource presents cultural origins, beliefs, practices and common issues through the lens of a person-based approach. The Resource Center will help solidify and extend learning to real-time interactions in clinical and non-clinical settings.

Successful roll-out of these tools will require thoughtful individual and multi-disciplinary team training on the content, the successful application of the tool, and for sustained, meaningful use. The PPS is collaborating with the vendors of the respective systems to develop and provide contextualized training opportunities, tailored to roles and settings as these initiatives are rolled out.

Data Analytics

DSRIP project teams are collecting and analyzing robust data on patients that serve to measure effectiveness and drive innovations. Training for program management staff and others in a position to evaluate and analyze data and how to more fully use advanced features of various databases will support this work.

Population Health 101

A foundational piece of DSRIP training and education is a basic understanding of the goals of DSRIP, population health, system transformation, and the impact on how patients will receive care and how care will be delivered. In conjunction with the Greater New York Hospital Association, a training is being developed to provide an overview to all staff of the elements of population health and how its components impact the provision of care.

Cultural Competency and Health Literacy Training

The PPS has established a Cultural Competency/Health Literacy Committee that has approved a training strategy, as detailed below. The following four principles guide the training activities of the NYP PPS as they relate to Cultural Competency and Health Literacy:

1. The trainings should adhere to evidence-based standards and best practices, as articulated in the federal CLAS standards and the NQF Comprehensive Framework for Cultural Competence.
2. The trainings follow an evidence-based, person centered cross-cultural approach that does not stereotype individuals. The trainings help distinguish between the culture of a population and the culture of the individual – the "Culture of One".
3. The trainings are informed by the findings of the NYP PPS Community Needs Assessment and reflect on those health disparities noted in certain populations.

4. The NYP PPS network draws from its rich diversity and wide-ranging experience when composing and selecting training curricula. A central set of curricular resources are available for all collaborators, however collaborators may execute their own curricula in keeping with these Guiding Principles.

Implementation of Training Strategy

1. A Survey will be conducted to determine the training capacity and training needs of each collaborator.
2. The trainings will target patient-facing staff, including, but not limited to, Clinicians, Social Workers, Patient Navigators, Care Managers, Community Health Workers and Peers.
3. Collaborators will be encouraged to pursue their usual training procedures and abide by the Guiding Principles stated above.
4. Collaborators lacking training resources will be invited to participate in an annual training seminar hosted by the NYP PPS PMO and the Cultural Competence/Health Literacy Committee which will be a live, half-day event, accessible on-line. The PPS will also provide online options for training, such as webinars or an online training available through the LMS. Collaborators may participate in external trainings conducted by the Greater New York Hospital Association or other institutions as well.
5. The NYP PPS PMO will track the progress of Trainings across the PPS.

Community Health Workers, Peers and Patient Navigators

Community Health Workers (CHW), Peers and Patient Navigators play an integral role in every NYP PPS project; approximately 25 CHWs have been hired under DSRIP to support the various projects. CHWS and Peers were embedded in the New York-Presbyterian Hospital Center for Community Health Navigation (CCHN) which has a 10+ year history of supporting CHWs through a network of community-based organizations. Patient Navigators work exclusively in NYP Emergency Departments and represent the community that they support. They work exclusively in our EDs, where they support those patients who are not well established to care by providing education and on-site support and by connecting them to primary and specialty appointments. They stay in contact with the patient until he/she successfully makes it to their appointment.

CCHN, in conjunction with the Community Health Worker Network of NYC, developed a training curriculum (Appendix C) that provides a rich framework of Core Trainings, as well as more specialized trainings. As part of the training assessment done in conjunction with this

training strategy, the curriculum was discussed and evaluated and the project teams made several recommended additions to the trainings as follows:

As the CHW's have begun doing their work, the team realizes that additional training in narrative note-taking and email correspondence is necessary for them to accurately document notes in a patient-centered manner. In addition, given the caseloads that they have, time management and organization skills are needed. Additional trainings regarding personal safety while on home-visits, establishing boundaries and interpersonal communication skills are central to the work of a CHW and warrant reinforcement. The PPS has partnered, and will continue to do so, with various agencies and community based organizations to provide these trainings.

Broader Skill Development for Healthcare Transformation

The PPS also recognizes the importance of equipping all organizations with the skills and competencies necessary to drive and participate in the transformation of healthcare. As listed in the PPS's Practitioner Engagement Training and Education Plan, the PPS is working on developing the following trainings:

Introduction and Overview of New York State Delivery System Reform Incentive Payment (DSRIP) Program – This training opportunity will focus on the DSRIP program, as a part of the New York State Medicaid Redesign Team efforts. It will provide high-level overviews of the history of DSRIP, the State requirements of PPSs, the payment and evaluation mechanisms, and the role of the Independent Assessor. This training will not be specific to the NYP PPS. This training was provided via live webinar in February 2016.

Introduction and Overview of Healthcare Reform, Payment Reform, and Delivery Transformation – This training opportunity will focus on providing a broad overview of the ever evolving healthcare market, including a focus on policy changes, value-based payment, and new models of care. This training will cover a number of specific New York State-specific initiatives, including Health Homes, HARP, and Home and Community-Based Services. This will also cover federal initiatives, including CMMI-related grants and Accountable Care Organizations (ACOs). This training will be developed and made available in winter 2016, in-line with the PPS Workforce Training Strategy.

Introduction to Quality Improvement – This training opportunity will provide a broad overview of quality improvement methodologies, including PDSA cycles, Lean, and Six

Sigma-informed best practices. The training will be informed by the NewYork-Presbyterian Hospital Quality Department. This training will be developed and made available in winter 2016, in-line with the PPS Workforce Training Strategy.

Overview of Best Practices to Address Clinical and Psychosocial Needs – This training opportunity will provide a variety of introductions to best practices around addressing beneficiaries' clinical and psychosocial needs. The PPS will draw upon the expertise of the PPS's participating providers and organizations to identify and share best practices. These trainings will be made available throughout the DSRIP demonstration years as the needs arise.

The PPS is also working on developing project management and change management to support providers in their individual transformation efforts.

Other training areas will also be considered in collaboration with the 1199 Training and Education Fund, including, contextualized Spanish classes and LMSW boot camps.

4. **Project Specific Trainings**

2.b.i Ambulatory Intensive Care Units (ICUs) – Pediatrics and Adults

The goal of Project 2.b.i is to improve care and health outcomes for high-risk and high-cost adult and pediatric populations with complex care needs.

Project Plan

- Establish nine Ambulatory ICUs in existing Patient Centered Medical Homes that will:
  - Deliver comprehensive, coordinated team-based care for complex patients using a patient-centered approach
  - Deploy a population health strategy that identifies high-risk patients and provides services based on medical complexity, stability and level of need
  - Embed culturally competent and family-centered Nurse Care Managers, Social Workers, Psychiatric Nurse Practitioners and Community Healthcare Workers to coordinate care
  - Ensure the Ambulatory ICU collaborates with a network of providers and community based organizations, including medical, behavioral health, nutritional, rehabilitation, care management and other necessary provider specialties to meet the needs of the population

- Extend weekday hours and offer weekend hours to improve access
- Provide specialized education to providers and patients to promote chronic disease management
- Utilize technical platforms to support provider, patient and care team communication

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS-wide training needs may include the following:

- Contextualized medical Spanish language classes for physicians to facilitate basic patient conversations
- Customer service skills to benefit Patient Financial Advisors and Medical Assistants
- How to deescalate interactions with patients and improve phone communications.

The Ambulatory ICU sites are also considering trainings in Tobacco Cessation screening and treatment, Palliative Care screening, treatment, and hospice referral, and training in an evidence-based technique used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs known as SBIRT (Screening, Brief Intervention, and Referral to Treatment).

2.b.iii Emergency Department Care Triage for At-Risk Populations

The goal of Project 2.b.iii is to reduce avoidable emergency department use by connecting patients to primary care and addressing the educational and cultural drivers of on-going emergency department utilization

Project Plan

- Integrate culturally competent Patient Navigators into five NYP emergency department care teams who will ensure that obstacles to patient adherence are addressed and follow-up care is initiated. Activities include:
    - Meeting with high-risk patients to understand their issues with access to care and educating them regarding how best to utilize the health care system
    - Sharing updates with the health care team to inform the health care plan
    - Scheduling patients for primary care/specialty medical appointments through open access scheduling
    - Linking patients to financial assistance or other social services

- Providing appointment reminders
- Conducting post-appointment follow-up calls
- Matching patients without regular primary care providers to local Patient Centered Medical Homes within the Performing Provider System
- Making referrals to Community Healthcare Workers, Social Workers and Care Managers to address complex, multidisciplinary medical needs

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS-wide training needs may include the following:

Patient Navigators receive a training that is substantially similar to the training provided to Community Health Workers (see Appendix C) and would benefit from participating in additional trainings to enhance their existing skill base in the same way detailed above for Community Health Workers. The Patient Navigators will also need training in how to make referrals to collaborating organizations that can support patients' needs beyond the Emergency Department visit, including Health Homes, housing providers, mental health and behavioral health providers, etc.

2.b.iv Care Transitions Interventions Model to reduce 30-day readmissions for Chronic Health conditions.

The goal of Project 2.b.iv is to strengthen continuity of care between New York-Presbyterian Hospital (NYP) inpatient care and subsequent settings in order to reduce the risk of avoidable readmissions within 30 days

Project Plan

- Enhance care transitions services and collaboration with next level of care providers
- Identify patients at high risk for readmission
- Embed Transitions of Care Managers (RNs) who will work with patients and interdisciplinary care teams during inpatient stays and for 30 days post-discharge in order to:
    - Educate patients and caregivers on disease and self-management
    - Facilitate timely follow-up with primary care provider(s)
    - Coordinate medical and social service needs to overcome barriers to safe transitions
    - Employ Community Healthcare Workers who:

    - Collaborate with Transitions of Care Managers to facilitate and reinforce disease-focused education in a linguistically and culturally appropriate manner to patients and caregivers
    - Accompany patients to post-discharge follow-up appointments with primary care provider(s)
    - Assess non-medical causes of readmission, such as lack of transportation or food insecurity
- Engage pharmacy supports to address patient pharmaceutical challenges
- Utilize electronic health records and IT systems to share patient information and facilitate the transmission of care transitions plans to subsequent care settings.

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS wide training needs may include the following:

The staff involved in Project 2.b.iv were provided with on-line learning on Care Management and have selected offerings for 2017, with a focus on behavioral health. Additionally, training in counseling skills and Motivational Interviewing and poly-pharmacy are skills that would enhance all staff, but especially social workers, care managers, nurses and physicians.

3.a.i Integration of Primary Care and Behavioral Health

The goal of Project 3.a.i is to ensure that outpatient behavioral health patients receive timely, coordinated and appropriate primary care services

Project Plan

- Identify behavioral health patients who are not receiving comprehensive care
- Embed primary care resources within behavioral health practices to provide engagement, prevention and continuity of care
- Educate and encourage providers to take a holistic approach to treatment in behavioral health practices
- Develop and implement practices that will encourage the patients' primary care, community and psychiatry teams to communicate and coordinate services
- Connect patients to Community Healthcare Workers
- Build and maintain strong relationships with community organizations

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS wide training needs may include the following:

- Evidence-based practices for prescribing anti-depressants for primary care physicians
- Counseling skills and Motivational Interviewing skills for Nurse Practitioners, Social Workers, and others.
- SBIRT and poly-pharmacy training for project staff.

3.a.ii Behavioral Health Crisis Community Stabilization Services

The goal of Project 3.a.ii is to connect psychiatric patients who frequently utilize emergency room services to comprehensive, coordinated and ongoing safety net services that diminish the incentive to seek non-emergent care in an emergency room setting

Project Plan

Embed psychiatric services within the emergency department and community to identify non-emergent, emergent and chronic users and to provide them with enhanced discharge planning, expedited care planning and follow-up in real-time

- Utilize a Critical Time Intervention Team (CTI) model and cross-disciplinary psychiatric teams to target patients in potentially destabilizing periods of transition
- Link patients to services underpinning unmet needs, including but not limited to:
    - Substance abuse services
    - Primary care services
    - Appointments management assistance
    - Prescription adherence support
    - Housing providers
    - Health insurance assistance
    - Navigation, Peer Services and community-based assistance and treatment
- Build and maintain strong relationships with community organizations

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS-wide training needs may include the following:

See 3.a.i above

The CTI team will also need training on personal safety while on home-visits. Establishing boundaries and interpersonal communication skills are central to the work of a field-based team and warrant reinforcement. The PPS has partnered with, and will continue to do so, various agencies and community-based providers to provide these trainings.

3.e.i Comprehensive Strategy to Decrease HIV/AIDS Transmission to Reduce Avoidable Hospitalizations-Development of Center of Excellence for Management of HIV/AIDS

The goal of Project 3.e.i is to transform three HIV practices into true Centers of Excellence (CoE) where all services for People Living with HIV and/or HCV or those at risk for HIV are integrated into one practice. These services include prevention services, increasing primary care, HIV/HCV consultation and treatment, dental care, specialty care, behavioral health care, prenatal care, nutritional services and substance abuse services. Additionally, this project will work to develop a network of collaborators that engages people who are at risk for HIV or who are newly diagnosed or living with HIV and/or HCV who are not engaged in care or lost-to-follow-up.

Project Plan

Develop a Steering Committee that engages a group of community-based providers and collaborators to design collaborative workflows and advance the goals of DSRIP and the New York State Department of Health initiative to End the AIDS Epidemic.

- Integrate a team of Community Health Workers and Peers into both collaborators and on-site at CoE to increase outreach, screening, linkage and retention to needed social and clinical services through education, advocacy and motivational interviewing.
- Identify and link those at risk for HIV or living with HIV and/or HCV and not engaged in care to preventive services (e.g., PrEP/PEP) or clinical care (e.g., HIV or HCV treatment) as well as link them to community-based services to address psychosocial needs that may impact on engagement and/or retention in clinical care.
- Expand the nature and number of clinical services provided at three NYP HIV ambulatory sites to better meet the emerging DSRIP standards for a CoE.

- Enhance and integrate co-located behavioral health services including both mental health (with the addition of a Psychiatric NP) and substance use services (through co-located Credentialed Alcoholism and Substance Abuse Counselor (CASAC)) into the CoE to meet this under-met need.
- Provide more alternatives for pharmacy intervention and support to increase access and adherence to HIV prevention or treatment.
- Enhance care coordination and care management services to connect people at risk for or living with HIV and/or HCV to the CoE to ensure patients are receiving appropriate preventative services, engaging in care and transitioning to appropriate settings when leaving the Emergency Department or hospital.

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS-wide training needs may include the following:

In addition to the additional trainings for Community Health Workers, CHWs on this project would benefit from training on screenings for HIV, HEP-C and STIs. Given the population that these CHWs work with, additional trainings on how to talk about sexual-identity and risk assessment is important. In addition, Motivational Interviewing training has been done for some roles and additional training would be beneficial.

3.g.i Integration of Palliative Care into the PCMH Model

The goal of Project 3.g.i is to enhance Primary Care Physicians' competencies to integrate generalist-level palliative care in the NYP Ambulatory Care Network and community-based practices as standard of care, develop a new capacity to provide specialized palliative care services by expert team in the NYP Ambulatory Care Network, and develop a model of care to include care management oversight and collaboration with external providers.

Project Plan and Workforce Training Needs

- Enhance Primary Care Physicians' knowledge of palliative care for further incorporation into their practice through integrated educational interventions
- Integrate palliative care screening and risk assessment within the NewYork-Presbyterian Hospital PPS to address unmet palliative care needs

- Implement a specialized palliative care team to collaborate with providers throughout the PPS and provide care management services, including:
    - Employing RN Care Managers who will coordinate with other team members to conduct palliative care assessments and provide palliative care expertise to interdisciplinary teams
    - Utilizing Community Healthcare Workers to enhance support to patient and families in the community through home visits and additional education
- Collaborate with PPS network members to develop referral processes for palliative care

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS-wide training needs may include the following:

Clinical staff associated with this project have conducted trainings to multidisciplinary teams at the NewYork-Presbyterian Hospital Ambulatory Care Network primary care practices which have included an overview of palliative care including how to talk about goals of care, hospice referrals and healthcare proxies. The project is now planning to expand access to web-based training available through the Center to Advance Palliative Care.

4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health

The goal of project 4.b.i is to integrate evidence-based, sustainable tobacco use treatment into health services across our PPS

Project Plan

- Create an interdisciplinary team approach to addressing tobacco use
- Establish dedicated clinical services that will provide comprehensive tobacco treatment to patients across all NYP campuses
- Increase provider capacity to effectively engage patients in cessation by:
    - Assessing current provider practices for development opportunities
    - Enhancing the electronic medical record to include comprehensive documentation on cessation assistance as well as referrals to tobacco clinical services
    - Providing tailored, evidence-based education to providers on how to prescribe medications and dialogue with patients
    - Implementing clinical decision support systems that will facilitate appropriate provider intervention

    - Integrating electronic referrals to NY State Quitline
    - Establishing compliant, consistent and accurate tobacco cessation billing practices to ensure sustainability of care
- Promote patient education on cessation resources through the creation of culturally appropriate patient education materials to support tobacco cessation
- Work closely with community-based organizations to ensure cessation treatment is culturally appropriate.

Individual and Multidisciplinary Team Workforce Training Needs

Trainings specific to this project, in addition to those identified above in the discussion of PPS-wide training needs may include the following:

In-person trainings for PCPs to support following evidence-based guidelines around tobacco cessation to incorporate into practice. Group counseling and Motivational Interviewing skills would benefit all staff, especially Social Workers and Nurse Practitioners.

To-date, some staff members have received trainings for Certified Tobacco Treatment Specialists (gold standard); some will go on to receive certification. The project may also determine that additional staff should receive this training.

On-line modules have been created for clinical staff to understand treatment approaches for tobacco cessation such as quit lines, prescriptions etc., with input from the New York City Department of Health and Mental Hygiene.

4.c.i Decrease HIV Morbidity

The goal of Project 4.c.i is to transform three HIV practices into true Centers of Excellence (CoE) where all services for People Living with HIV and/or HCV or those at risk for HIV are integrated into one practice. These services include prevention services, increasing primary care, HIV/HCV consultation and treatment, dental care, specialty care, behavioral health care, prenatal care, nutritional services and substance abuse services.

- Develop a network of collaborators that engages people who are at risk for HIV or who are newly diagnosed or living with HIV and/or HCV who are not engaged in care or lost-to-follow-up.

Project Plan

- Develop a Steering Committee that engages a group of community-based providers and collaborators to design collaborative workflows and advance the goals of DSRIP and the New York State Department of Health initiative to End the AIDS Epidemic.
- Integrate a team of Community Health Workers and Peers into both collaborators and on-site at CoE to increase outreach, screening, linkage and retention to needed social and clinical services through education, advocacy and motivational interviewing.
- Identify and link those at risk for HIV or living with HIV and/or HCV and not engaged in care to preventive services (e.g., PrEP/PEP) or clinical care (e.g., HIV or HCV treatment) as well as link them to community-based services to address psychosocial needs that may impact on engagement and/or retention in clinical care.
- Expand the nature and number of clinical services provided at three NYP HIV ambulatory sites to better meet the emerging DSRIP standards for a CoE.
- Enhance and integrate co-located behavioral health services including both mental health (with the addition of a Psychiatric NP) and substance use services (through co-located Credentialed Alcoholism and Substance Abuse Counselor (CASAC)) into the CoE to meet this under-met need.
- Provide more alternatives for pharmacy intervention and support to increase access and adherence to HIV prevention or treatment.
- Enhance care coordination and care management services to connect people at risk for or living with HIV and/or HCV to the CoE to ensure patients are receiving appropriate preventative services, engaging in care and transitioning to appropriate settings when leaving the Emergency Department or hospital.

Individual and Multidisciplinary Team Workforce Training Needs

See 3.e.i above

5. TRAINING STRATEGY

a. Best Practices for Adult Learners

A mixture of teaching and learning strategies will be employed to allow learners to use their preferred learning styles to learn and retain the training information. Various modalities of training such as e-learning, webinars, classroom-based, and train-the-trainer will be utilized based on the type of training and training audience.

Training needs of the professionals across the NYP PPS network vary based on learning styles, roles and nature of their work, time-commitment, access to technology, and the benefits gained. NYP PPS's commitment to cultural competency is demonstrated by its approach to providing learner-centered approaches and flexibility in the menu of trainings

offered or required for its workforce. The strategy is to tailor the content and delivery of the core competencies to the specific learner needs. The training programs will deliver an ample understanding of training approaches to healthcare, providing the learner with the practical skills essential to working in a diverse work environment that increasingly demands efficiency.

The diversity of patients and healthcare-related situations very in a healthcare facility, and the healthcare staff must be trained to deal with the ever-changing working environment. This requires them to think critically and respond to situations with well thought out solutions, to achieve a successful outcome. The training strategy will teach the learner critical thinking skills. These courses will show the learner new ways to approach situations, and how their actions impact care.

The training strategy used by learners, will be comprehensive in its approach to teaching and learning. A mixture of teaching and learning strategies will be employed to allow learners to use their preferred learning styles to learn and retain the training information. These strategies will be used in all training programs. We will deploy the following training strategies for learning, Constructive Learning Theory, Differentiated Instructional Theory, and Collaborative Learning Theory.

Constructive Learning Theory uses the experience that people gain during their life time to help them learn. By relating life experiences to learning healthcare, teachers can help students understand healthcare-related problems in a new way. This learning tool helps students to relate concepts to their environment, and has proven effectively constructive to the learning experience.

Differentiated Instructional Theory will provide a learning structural environment for learners. Understanding the importance of diversity in teaching and learning is very important to the learning experience because not all students are alike. Therefore, differentiated instruction applies an approach to teaching and learning that gives students multiple options for taking in information and making sense of ideas. Differentiated instruction is a teaching theory based on the premise that instructional approaches should vary, and be adapted in relation to individual and diverse students in classrooms

Collaborative Learning Theory is based on the view that knowledge is a social construct. Collaborative activities are mostly based on four principles:

1. The learner or student is the primary focus of instruction,
2. Interaction and "doing" are of primary importance”,
3. Working in groups is an important mode of learning,

4. A structured approach to developing solutions to real-world problems should be incorporated into learning.

Collaborative learning can occur peer-to-peer or in larger groups. Peer-learning, or peer instruction, is a form of collaborative learning that requires students to work in pairs or small groups to discuss concepts, or find solutions to problems.

b. Training Modalities

The PPS will offer trainings in multiple modalities to both accommodate staff work schedules as well as learning styles and preferences. On-line and webinar trainings will be utilized, as well as traditional classroom offerings. Where applicable, Train-the-Trainer models will be utilized which will create pools of experts who can more easily reach a large portion of the workforce. The PPS will draw on the diversity and expertise of collaborators who may be able to serve as training vendors in particular areas.

The PPS will make best efforts to make all training content available in a format that is embedded in PPS network members' workflows. This will include offering content to be available in:

1. New York-Presbyterian Hospital Learning Center (LMS) for NYPH employees;
2. NYP PPS Learning Management System (due to be setup in January 2016) to host content for all PPS members;
3. Distribution of content to PPS network members' individual learning management systems.

c. Assessment

The PPS is committed to making sure that trainings are relevant, high quality and designed and delivered to effectively deliver trainings on the needed skills and competencies. Post-training surveys will be done (either in-person or on-line, depending on training modality). Results will be analyzed and used to refine and inform future training initiatives.

Appendices

A. *Domain 1 Minimum Standards Documentation for "Develop Training Strategy"*

Milestone #8: Develop training strategy:

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate it has developed a workforce training strategy that has been approved by the PPS workforce governing body. It must provide the IA:

- A finalized workforce training strategy, approved by the PPS workforce governing body.

The plan should identify:

- Plans for individual staff training.
- Plans for training new, multi-disciplinary teams.

Validation Process: As part of its oversight responsibilities, the IA will be validating the completion of Domain 1 milestones and measures. The IA will conduct a more extensive review of certain information to ensure the information submitted by the PPS is accurate and verifiable. Furthermore, the IA will:

- Review the workforce training strategy to ensure that it meets the minimum needs.

Minimum Standards of Supporting Documentation to Substantiate Ongoing Quarterly Report Updates: After the successful completion of the initial milestone, the PPS must provide the following information to the IA each quarter:

- Updates on the implementation of your workforce training strategy, including:
    - Evidence of up-take of training programs, including both individual training and training for new, multi-disciplinary team.
- Copies of training schedule to document trainings delivered during the quarter.

Validation Process: The IA will perform the validation process similar to the methodology described above.

B. ***NYS DOH Definitions***

New hires

New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition below). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.

Redeployed Personnel

Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1and who transition into another job title, including those who transition to another job with the same employer.

Retraining

Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner.

Training

For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS-selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.

C. Community Health Worker and Patient Navigator Training Curriculum

Topics	**Presenter**
Role Specific Training	
CHW and Patient Navigator Core Competencies	Sergio Matos
Home Visiting	Senior CHWs
Home Remedies	Milagros Batista Dr. Dodi Meyer
Health Care Management Training	
Goal Setting	Crystal Cartwright, NP
Motivational Interviewing	Dan Lowy, ARGUS
Cultural Sensitivity/Culture of One	Dr. Dodi Meyer
Shadowing Senior Workers/Patient Navigators	Senior PNs/CHWs

Health Literacy	Emelin Martinez
Narrative Note Taking/Acronym Expander	Dr. Adriana Matiz
Crisis Intervention	Dianna Dragatsi/ Village Care
Referrals to Community and Health Care Resources	SW/PM
Working with participants who have behavioral health needs	Dianna Dragatsi
Self-advocacy & empowerment skills	Giselle Rosado
Advance planning /proxy selection	Giselle Rosado
Stress/Time/Case Management Working as a team	Giselle Rosado
Mandated Reporting	Toni Cardenas, Child Protection Coordinator/CHONY
Gender Expression	NYC Anti-Violence Project/Lolan Sevila

Flu Vaccine	A. Matiz
Immigration	Coalición Mexicana
Youth Mental Health First Aid	Debbie Acevedo, RN
Adult Mental Health First Aid	Debbie Acevedo, RN
Integrated Pest Management	Healthy Homes
Legal Services	Beth Breslin
Street Safety	NYPD
General Office Skills	
Computer skills- Microsoft Office	Tech Center/CLOTH
E-mail Etiquette (Outlook)	Tech Center/CLOTH
Onboarding	

CHW credentialing	Symplr (formerly VCS)
Campus Orientation	Program Manager
Communicating with Empathy	NYP Learning Center
Hardware training-tablets	IT/Program Managers/Supervisors
DSRIP	Patricia/Dr. Adriana Matiz
PCMH	Dr. Adriana Matiz
Health Homes	
Behavior Expectations	NYP Learning Center
Program Orientation and Expectations (Policy/Procedure Manual)	Program Manager
Interpreter Services	PROMISE/Javier Gonzalez

Interpreter Services Training presented by Pacific Interpreters	Elizabeth Balbuena Travis Williams
CPR	NYP
Patient Identification	Program Managers
Authorization Form Training	Program Managers
Clinical - Internal Medicine	
DM	Crystal Cartwright, NP
Adult Asthma/COPD	Dr. Elaine Fleck
CHF	Dr. Elaine Fleck
Stroke	Dr. Elaine Fleck
Myocardial Infarction	Dr. Elaine Fleck
Depression/Behavioral Health/Role of Isolation Recognizing – Screening or no?	

Geriatric Dementia/ Activities of Daily Living	Deborah Gross, SWK Lenox Hill Neighborhood House
Adults with Multiple Medical Conditions	Dr. Elaine Fleck?
Clinical - Pediatrics	
Asthma, ADHD	A. Matiz
Down's Syndrome, MR, Cerebral Palsy, Epilepsy	C. Kostacos
Obesity	M. Frank
Psychiatric conditions and medical red flags (resp distress, dehydration, mental status change)	Psych NP- Matt (WC)
Medical Equipment/Device Training	Ellen Shaw, NP
Medication Review	Susan McKillop, RN
Identifying Red Flags in Patients	Eileen Stewart, SW

Transitioning Patients to Adult Care – Social Work Perspective	Eileen Matos, SW
Transitioning Patients to Adult Care – Medicine Perspective	Dr. Lee Shearer
EI/CPSE/CSE	Oscar Purruganan
Providing Care for Children with Autism/Developmentally Disabled	Katherine Stratigos MD, Pooja Vekaria PhD