NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

SHIP/DSRIP
Workforce Workgroup Meeting

December 20, 2017

Timing	Topic	Lead
10:30 - 10:45	Welcome and Introductions ▪ Agenda and Meeting Goals	Wade Norwood Jean Moore
10:45 – 12:00	Presentations on Certified Peer Support Programs ▪ NYS Office of Mental Health ▪ NYS Office of Alcoholism and Substance Abuse Services ▪ NYS Department of Health AIDS Institute	Joseph Swinford Carmelita Cruz Richard Cotroneo
12:00 - 12:15	DSRIP Update ▪ Working Lunch	Cherlyn Fay
12:15 - 12:25	Update on the Regulatory Modernization Initiative	Lisa Ullman
12:25 - 12:30 12:30- 12:45 12:45 - 12:50 12:50 - 12:55 12:55 - 1:05	Subcommittee #1 – Barriers to Effective Care Coordination Subcommittee #2 – Care Coordination Curriculum Subcommittee #3 – Care Coordination Training Guidelines Subcommittee #4 – Health Care Data Subcommittee #5 – Primary Care and Behavioral Health Integration	Wade Norwood Thomas Burke Jean Moore Jean Moore Amy Jones-Renaud
1:05 - 1:20	Update on Department of Health Workforce Programs	Thomas Burke
1:20 - 1:45	Discussion	All meeting participants
1:25 - 1:30	Adjournment	Wade Norwood Jean Moore

Workforce Workgroup Charge

- Workforce is one of the underlying enablers for the State Health Innovation Plan (SHIP), supporting the five pillars and helping achieve the SHIP objective of moving towards the Advanced Primary Care model

- The Workforce Workgroup also serves the goals of the Delivery System Reform Incentive Payment (DSRIP) Program and the work of Performing Provider Systems (PPS), supporting efforts to reduce avoidable hospital use and achieve the sustainable transformation of the delivery system

- The charge of the Workforce Workgroup is to promote a health workforce that supports comprehensive, coordinated and timely access to care that will improve the health and well-being of New Yorkers, consistent with these transformational initiatives

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Certified Peer Support Programs

Joseph Swinford, Office of Mental Health

Carmelita Cruz, Office of Alcoholism and Substance Abuse Services

Richard Cotroneo, Department of Health AIDS Institute

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Peer Specialst Certification

Joseph Swinford
Deputy Director, Office of Consumer Affairs

December 20, 2017

Background

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

What is Peer Support?

➢ The essence of peer support is for a person to use their experience of recovery to assist another person in their journey of Recovery

➢ Approach is based on a *Shared Personal Experience Paradigm* as opposed to a *Clinical Paradigm*

➢ Peers work to support and at times mentor consumers on recovery much like a Chaplain would work with them on clinical issues related to their mental health care.

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

What is Peer Specialist Certification?

➢ Process for acknowledging skills acquired by peers that qualify them to assist another in their recovery journey

➢ Includes standards for training and experience

➢ Promotes a skilled workforce

➢ Allows funding from new sources

➢ Establishes the qualifications for "professional" recognition for individuals working in the mental health system based on "The Shared Personal Experience" paradigm

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

The National Landscape

➢ Georgia is widely recognized as the first state to certify peer specialist for Medicaid in 2001

➢ In 2007 CMS issued a State Medicaid Director Letter clarifying:

  – States may opt to provide peer to peer services through Medicaid

  – The following items must be addressed:

    • Care-Coordination - Within the context of a comprehensive, individualized plan of care that includes specific individualized goals

    • Supervision – By a competent mental health professional (as defined by the State)

    • Training and Credentialing – Must be defined by the State, providing peer support providers with a basic set of competencies necessary to perform the peer support function, and include continuing educational requirements

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

The New York Experience

➤ A rich history of providing peer to peer services through various non - Medicaid funding sources

➤ A diverse array of quality training through out the state

➤ One of the first states to develop a civil service job class for peer specialist working in OMH facilities

➤ Between 1997 and 2000 with funding from CMHS New York peers developed a process for Accreditation of peer run programs

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

The New York Experience

➢ In 2011 the New York State made the decision to move all mental health services into Medicaid Managed Care

➢ To insure continued opportunities for peer services OMH developed a Peer Specialist Certification process in conjunction with peer leaders

➢ In February of 2015 OMH handed over operation of the process to the New York Peer Specialist Certification Board

➢ OMH continues to provide oversight and funding

NEW YORK STATE OF OPPORTUNITY. | **Office of Mental Health**

Service Options

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Medicaid Billable Peer Support Services

➢ Mainstream Managed Care Plans will have the option to provide peer support services to members under the "in-lieu of" authority

➢ HARP (1915 waver) Plan HCBS Peer Supports –

➢ For individuals identified as having a serious mental illness impacting functional abilities peer support will be available to:

➢ Promote skill building

➢ Provide individual advocacy

➢ Support the use of recovery tools (WRAP, PAD, etc.)

➢ Provide emotional and other needed support and/or guidance in goal development and attainment

➢ Provide outreach and engagement services

NEW YORK
STATE OF
OPPORTUNITY. | **Office of
Mental Health**

Who Must Become Certified?

➢ Anyone working in an OMH facility as a peer specialist (both state employees and contractors)

➢ Peer specialist who provide services that are paid for by Medicaid Managed Care

➢ Persons who provide Peer Support Services under the the H.A.R.P plan HCBS services

➢ Peer specialist who work for the VA

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Certification Requirements

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

1) General Qualifications

➢ 18 years of age or older

➢ Have a high school diploma or GED

➢ Must identify as actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey

➢ Have sufficient knowledge of recovery, overcoming the challenges resulting from a diagnosis of mental illness to assist others with recovery

➢ Current or former recipient of mental health, or dual disorder services

➢ Not currently hospitalized

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

2) Formal Training

➤ General Professional Skills such as:

- ➤ Advocacy
- ➤ Values
- ➤ Ethics

➤ Basic Technical Skills such as:

- ➤ Active Listening
- ➤ Strategic Disclosure
- ➤ Recovery Support Tools and Goal Setting

➤ General Mental Health Knowledge such as:

- ➤ General knowledge of mental illnesses
- ➤ General knowledge of treatment of mental illness

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

2) Training Options

➢ **Option 1** – Online training through the Academy of Peer Services (APS) website www.academyofpeerservices.org

➢ **Option 2** – Skills training obtained through other programs or on-the- job training must pass the competency test for each of the classes for the "Core Courses" on the APS website. Examples of other trainings include:

- In person training offered by various peer run agencies (i.e. MHEP, HTH, etc.)
- Peer support trainings through national programs (i.e. Self-Help Clearing House, DBSA, etc.)
- On the job training through a peer run agency
- Self taught through various activities and experiences

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

3) Practical Experience

A minimum 2000 hours of either in a paid or volunteer experience doing the following types of activities:

- Providing peer support either 1-1 or in a group setting
- Documentation of activities
- Writing plans for interactions including assisting others in setting and pursing goals
- Working as a member of a team
- Coordinating with traditional service providers
- Utilize recovery tools to assist others
- Coach through role modeling
- Benefits advisement
- Utilizing personal recovery tools and activities to maintain one's own recovery
- Maintaining the shared personal experience approach to working with others regardless of setting

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

3) Practical Experience

Practical or field experience must include supervision which involved:

- Guidance in working with individual based on the shared personal experience of recovery
- Guidance in using recovery tools (Supervisor must be trained and experienced in these themselves)
- Consultation and debriefing on specific cases and issues
- Supervision must have been from someone who has a clear understanding of, and experience providing services through, the shared personal experience approach related to recovery (including the values and ethics) with knowledge of how to avoid cooptation
- Supervisors are encouraged to take training on the APS website on the basics of peer support and supervision

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Certification Process

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Application Process

Submit an application packet that includes:

- ➢ Submit an application attesting to:
  - Lived experience
  - Willingness of share experience with others

- ➢ Agreement to abide by the Peer Specialist Code of Ethics

- ➢ 3 letters of reference supporting the individual's ability to assist others based on "The Shared Personal Experience" paradigm

- ➢ Documentation of required training and practical experience (DOCMENTATION OF EXPERINCE IS NOT REQUIRED for NYCPS-P)

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Recertification Requirements

10 hours of approved CEUs per year. These may be continuing education trainings, seminars, workshops, APS courses or college courses.

➢ CEUs must be related to mental health or dual diagnosis recovery

➢ At least 1 CEU credit per year must cover each of the following

- Ethics and boundaries

- Trauma Informed Approaches

- Peer support skill development

➢ CEUs must be within the current certification period and cannot be carried forward to other periods

➢ Each Certified Peer Specialist is responsible for documenting and reporting their CEUs for recertification.

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Application Process

Certification will be available in one of the following levels:

- **Level 1** – *"NYCPS-P"* available to persons who meet the general requirements, having completed training but do not have the required supervised practical experience. This will be good for 2 years (renewable for an additional period at the discretion of the board). During this time the individual must complete the supervised experienced and CEU requirements to become eligible for a level 2 certification

- **Level 2** – *"NYCPS"* available for those who meet the general requirements, has completed the required training and has the required supervised practical experience. This type of certification is good for 2 years and the individual must complete the recertification requirements for renewal.

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

NY Peer Specialist Certification 2016-17 Summary

- ➢ Developed standards for NYCPS and NYCPS-Provisional certifications, released applications for each, as well as NYPSCB Code of Ethical Conduct and Disciplinary Procedures.

- ➢ Created, launched and updated the NY Peer Specialist website, http://nypeerspecialist.org/

- ➢ More than 1500 applications have been received.

- ➢ *Over 1250 professionals have been issued certifications as New York Certified Peer Specialists*

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Resources

New York State of Opportunity. | Office of Mental Health

Resources

The New York Peer Specialist Certification Board

http://nypeerspeciailst.org

International Association of Peer Supporters Practice Guidelines

http://inaops.org/national-standards/

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Resources

CMS Medicaid Directors Letter

http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD081507A.pdf

Univ. of Texas School of Social Work – Peer Specialist Training and Certification Programs A National Overview

 2014 Update

http://sites.utexas.edu/mental-health-institute/files/2014/07/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2014-Update.pdf

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Certified Recovery Peer Advocates (CRPA)

Carmelita Cruz, Counsel's Office
Carmelita.Cruz@oasas.ny.gov
518-485-2312

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Overview of Peer Services

- Certified Recovery Peer Advocates (CRPAs)

- Peer Support Services (14 NYCRR Part 822)

- Peer Services as Outreach & Engagement

NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

Peer Certification

- OASAS authorizes two entities to award certification of Certified Recovery Peer Advocates (CRPA)

  - New York Certification Association - http://nycertification.org/

  - New York Certification Board - http://www.asapnys.org/ny-certification-board/

- Medicaid Reimbursement in OASAS setting requires certification of peers

- CRPAs authorized to provide "peer support services" as defined in 14 NYCRR Part 822

Why a Peer Support Certification?

- Standardizes education and experience criteria and provides a legally defensible occupational standard.

- Promotes a skilled workforce and ongoing training.

- Allows funding from new sources

- Professional recognition based on "The Shared Personal Experience" paradigm

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Current Reimbursement

- Peer Counseling – OASAS Outpatient Clinics

- $11.15/15 minute unit - Upstate

- $13.05/15 minute unit - Downstate

- $10.28/15 minute unit – Opioid Upstate

- $12.03/15 minute unit – Opioid Downstate

25% increase being proposed

Peers: Evidence-based

- Federal CMS identifies Peer Support as an EBP, 2007

- Reduced rates of hospitalization and inpatient care

- Decease in use of ERs (Davidson et al., 2012)

- Decreased substance use among COD (Sledge, et al., 2011)

- Decreased depression (Sledge, et al.,2011)

- Increased hope, self-care (Sledge)

- Enlarged social networks (Campbell, J., 2004)

- Increased sense of control & ability to change (Tondora, et al., 2010)

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Benefits of Working WITH a Peer Specialist

- Increased engagement and activation in treatment, [8,9,10,11,12,13]

- Increased empowerment and hope,[14,15,16,17,18]

- Increased satisfaction with and quality of life, [19,20,21]

- Decreased self-stigma, [22]

- Reduced use of inpatient services, [23,24,25,26,27]

- Increased social functioning, [28,29]

- Increased community engagement, [30,31]

- Decreased hospitalization. [32]

The DIMENSIONS: Peer Support Program Toolkit was developed by the University of Colorado Anschutz Medical Campus, School of Medicine,Behavioral Health and Wellness Program June 2015 Cynthia W. Morris, PsyD; Lindsey B. Banning, PhD; Sara J. Mumby, BA; Chad D. Morris, PhD. Pg. 20

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Benefits of Working AS a Peer Specialist

- Increased knowledge; [33]

- Increased sense of empowerment and selfworth; [34, 35]

- General improved quality of life; [36]

- Increased stabilization and resilience; [37]

- Increased financial independence and less reliance on benefits. [38]

The DIMENSIONS: Peer Support Program Toolkit was developed by the University of Colorado Anschutz Medical Campus, School of Medicine,Behavioral Health and Wellness Program June 2015 Cynthia W. Morris, PsyD; Lindsey B. Banning, PhD; Sara J. Mumby, BA; Chad D. Morris, PhD. Pg. 20

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

What is a Certified Recovery Peer Advocate (CRPA)

There is also a self defined "lived experience" requirement, broad enough to include those impacted by SUDs who would like to become a peer.

Hold a high school diploma or jurisdictionally certified high school equivalency and complete 46 hours of required training-advocacy; mentoring & education; recovery & wellness; ethical responsibility *CRPA – Provisional available for two years once education is completed.

Complete 500 hours of volunteer
or paid work experience

CERTIFICATION REQUIREMENTS

Receive 25 hours of supervision by an organization's documented and qualified supervisory staff

Pass the IC&RC Peer Advocate Exam

CRPA- F and CRPA-Y

- In development - specialty CRPA designations to work with youth and family members.

- Will require additional education and lived experience.

- "F" – defined as a caregiver/parent of a youth with   SUD.

- "Y" – defined as a person 18-30 who had an SUD during their youth.

Office of Alcoholism and Substance Abuse Services

"Peer support services" defined

"Peer support service" is a face-to-face service provided by a peer advocate as defined in Part 800 of this Title. Peer support services are services for the purpose of outreach for engaging an individual to consider entering treatment, reinforcing current patients' engagement in treatment, and connecting patients to community based recovery supports consistent with treatment/recovery and discharge plans.

NEW YORK STATE | **Office of Alcoholism and Substance Abuse Services**

What are peer support services?

Support Recovery

Share Wisdom

Connecting & Engaging

Reciprocal

Natural Support Experts

Advocacy

People with Lived Experience

Peer Support is about…

- Putting energy into mutual learning relationships as opposed to service relationships;

- Connecting/reconnecting with family, our culture, and the community;

- Helping each other take a look at how we've come to make sense of the world;

- Re-defining ourselves;

- Figuring out how to make this work for both of us;

- Supporting and challenging each other to move towards the life we want;

- Changing the world.

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Peer Support is not….

- A "program model"
- Focused on diagnoses or deficits
- About "helping" in a hierarchical way
- Being a "counselor"
- Pressuring people to comply with treatment
- Monitoring people's behavior
- Care coordination or care management

New York State | Office of Alcoholism and Substance Abuse Services

Opioid STR – Centers of Treatment Innovation

- Opioid State Targeted Response grant - $25.2 M
- 7 Center's of Treatment Innovation – 16 counties
- Workforce development – CRPAs
- Outreach and engagement in-community, mobile services
- CRPA contact forms

Preliminary Analysis of Peer Data

- 6 providers utilizing CRPAs to deliver peer support services

- 330 unique individuals engaged

- CRPA contact form completed for 244 of the 330 unique individuals

- Initial connection in variety of settings

- Peer actions during contact

- Linkages/referrals

- 54 admitted to OASAS treatment program

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

Contact Information

Susan Brandau, Director, Bureau of Recovery, OASAS
Susan.Brandau@oasas.ny.gov, (518) 485-2107

Julia M. Fesko, Director, Bureau of Talent Management, OASAS
 Julia.Fesko@oasas.ny.gov, (518) 457-6511

Managed Care Questions: PICM@oasas.ny.gov

Opioid Treatment Program Questions: Belinda Greenfield, Bureau Director, Adult Treatment Services, OASAS Belinda.Greenfield@oasas.ny.gov

Women, Adolescent and Children's Programs: Maria Morris, Director, OASAS, Maria.Morris@oasas.ny.gov

NEW YORK STATE | Office of Alcoholism and Substance Abuse Services

NYS Certified Peer Worker in HIV, Hepatitis C and Harm Reduction

"Perhaps our greatest accomplishment this year in Ending the Epidemic is the progress we have made in the Peer Certification Initiative."
Johanne Morne, MS, Director, AIDS Institute

People living with HIV have always been on the front lines of the epidemic

Strong Values:

Consumer voice

Empowerment

Involved in Quality

Certification formalizes and professionalizes the role of the peer worker

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Ending the AIDS Epidemic (ETE)

- Expand HIV testing to identify all those living with HIV and link to care
- Promote access to HIV treatment to maximize health and achieve viral suppression
- Expand access to PrEP for those with ongoing risk

- **Recommendation # 21:** Establish a mechanism for an HIV peer workforce
- **Recommendation # 30:** Increase access to opportunities for employment and employment /vocational services

NEW YORK STATE OF OPPORTUNITY. | Department of Health

<u>Primary Goal:</u>

Develop a certification process that will support our ETE objectives and prepare peer workers for employment in a wide range of health care, support services, community-based settings

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

AIDS Institute Peer Worker Certification

Three tracks:

1. HIV Peer Worker
2. HCV Peer Worker
3. Harm Reduction Peer Worker

➢ Individuals can pursue more than one track

➢ No fees for certification

➢ No fees for training

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Qualifications

- Shared lived experience of HIV, HCV or accessing harm reduction services

- GED is not required to earn credential

- Criminal record not an obstacle for certification

- Caveat: Individuals may be subject to agency hiring policies

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

- **60 Peers certified to date**
- **Over 300 applications in process**

- Self-management, tx adherence
- Engagement, linkage, retention
- Patient navigation
- Outreach, education, support groups
- Harm Reduction and prevention
- Quality Improvement
- Documentation

Core Competencies developed under each Area of Work

NEW YORK STATE OF OPPORTUNITY. | Department of Health

What is required to become certified?

- Foundational Training *or* Statement of Experience
- 90 total training hours, **in any order**, including the 3-day Peer Worker Pre-Certification Course
- Choose a track: HIV, Hep C or Harm Reduction
- 500 hour practicum or work experience
- Successful Supervisor Evaluation
- Knowledge Exam – score of 75% or better
- Agree to follow Code of Ethics
- Resume
- Receive final approval from a Peer Review Board
- Complete a minimum of 10 training hours per year to maintain certification

NEW YORK STATE OF OPPORTUNITY. | Department of Health

www.hivtrainingny.org

- Register for all courses
- Peer certification tab provides comprehensive list of resources
- Course catalogue, course trackers
- On-line application
- Sign up for listservs

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Certification: Not for Everyone

- Not all peers need to be certified
- Ongoing role for volunteer, non-certified peers

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Organizational Capacity Building

- Organizational Readiness Assessment for Peer-Delivered Services

- On-line session to review Organizational Assessment

- Training for Supervisors

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Respecting the Unique Peer Worker Role

- Peer worker is a unique role, based on lived experience
- Peer workers should not be seen as "less expensive" replacement for other job titles

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Job Description

- Peer workers should have clearly defined job descriptions

- Job description would be a subset of NYS competencies designed to meet specific needs of facility and patients

- Describe how peer worker is to interface with other members of the care team

Hiring Practices

- Require certification or provide a timeframe within which certification should be completed

- Include "shared lived experience of HIV" (or HCV or HR)" in job description

- During interview, ask candidate if he or she is comfortable with all aspects of the job description

- May confirm status at job offer

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Integration with Care Team

- Support for role of peer workers articulated from the top of the organization
- All areas of facility should have clear understanding of peer worker's roles and responsibilities
- Foster mutual respect and clear communication between peer workers and other professional
- Participation in case conferences

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Supervision

- Establish clear supervisory lines
- Peer workers are expected to follow all agency policies
- Training for Supervisors is available at www.hivtrainingny.org
- Dedicate adequate time for supervision
- Consideration: Is the designated supervisor a current or past provider for the peer worker?
- Reinforce the purpose of supervision/ boundaries
- Make aware of Employee Assistance Program

Peer Worker Employment Opportunity Listserv

- Peer Worker Employment Opportunities Listserv
  - Employers forward job opportunities to AI
  - Job announcements sent to Peer Workers who sign up
  - 483 members, 31 job postings shared since June 2016
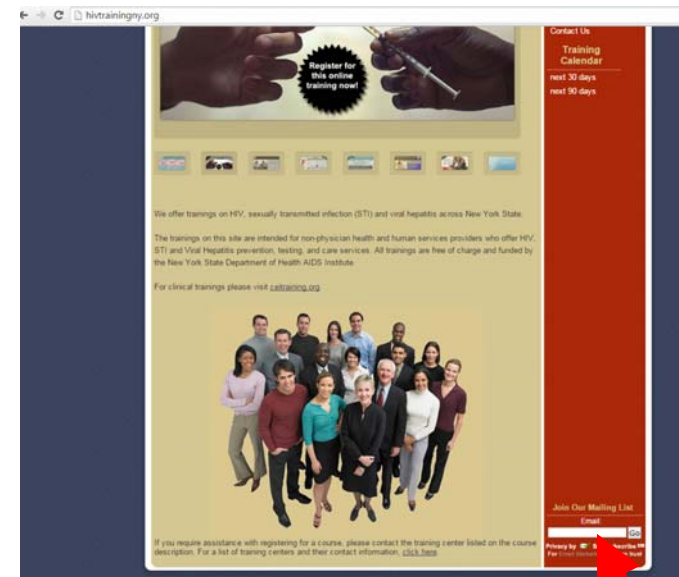
Public Benefits and the Transition to Employment Series: Impact of Work on Benefits

- Critical concern of many peer workers is the impact of income from peer work on range of government benefits

- Provides guidance on SSI, SSDI, Ticket to Work, SNAP & TANF

NEW YORK STATE OF OPPORTUNITY. | Department of Health
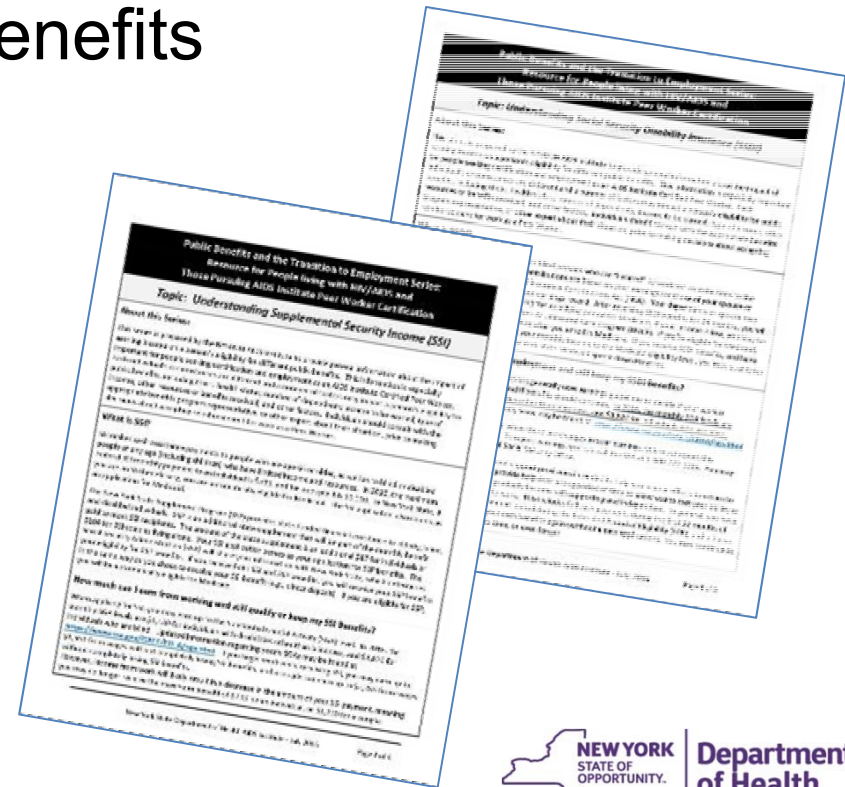
What is the impact of peer work on the wide range of benefits

- Complex issue
- Individual circumstances
- HASA: Earned Income Disregard for Stipends Associated with Peer Work

Archived Webinar:

Returning to Work with HIV: Impact on Government Benefits

www.hivtrainingny.org

Peer Workers:
Opportunities for Advancement

- Peer workers, like other professionals, may want to pursue opportunities for professional advancement
- Supervisors should support professional development for peer workers as they do for other staff

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Richard Cotroneo

richard.Cotroneo@health.ny.gov

518-474-3045

For all things training, think…

www.hivtrainingny.org

NEW YORK STATE OF OPPORTUNITY. | Department of Health
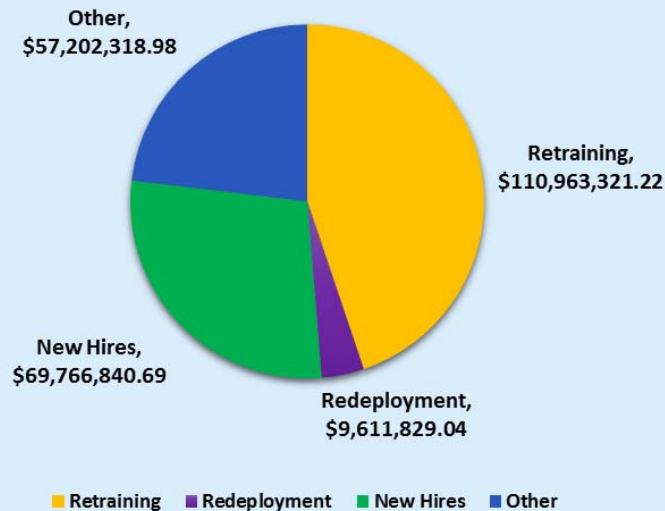
DSRIP Update

DSRIP Workforce Updates

December 20, 2017

PPS WORKFORCE SPENDING

DSRIP Workforce Spending DY1 – DY3Q2

PPS Reported Workforce Spending by Category, DY1 - DY3Q2

Other,
$57,202,318.98

Retraining,
$110,963,321.22

New Hires,
$69,766,840.69

Redeployment,
$9,611,829.04

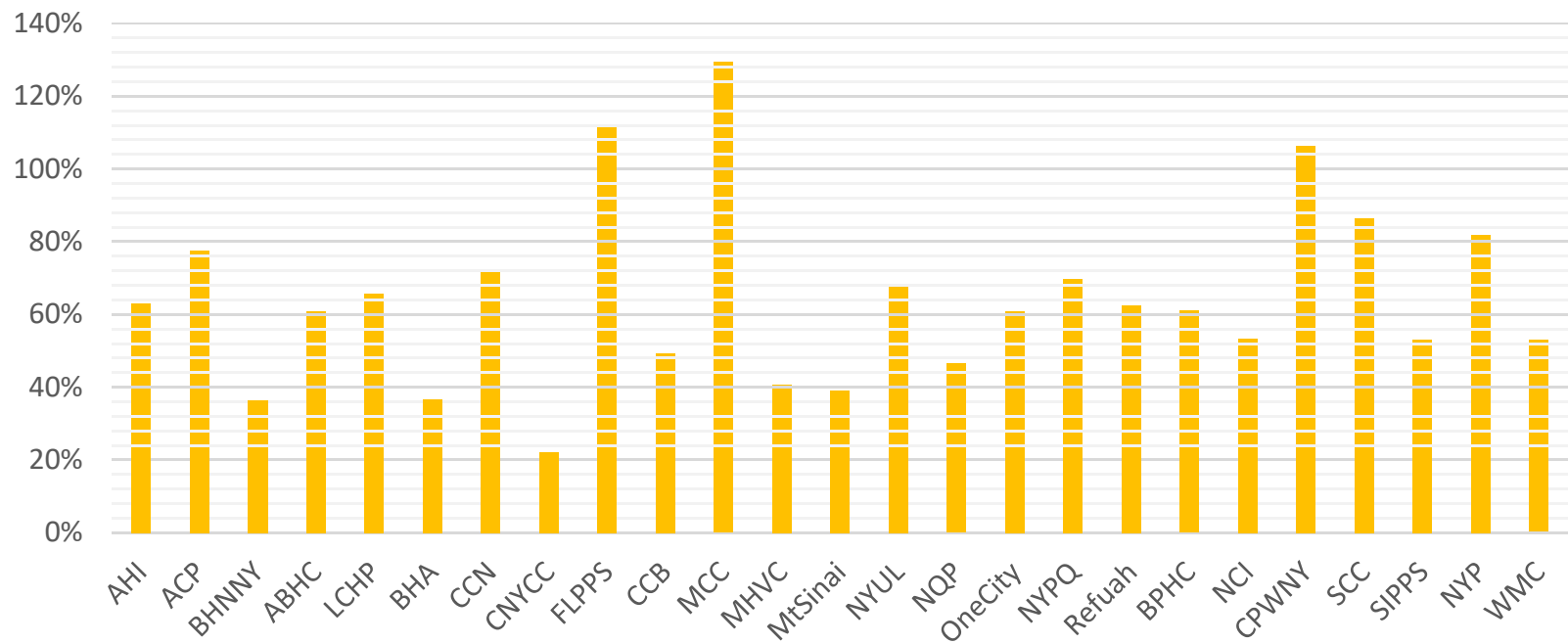■ Retraining ■ Redeployment ■ New Hires ■ Other

$247.5M
Total Spent

$213.9M
Spending commitment

Other includes:

• Workforce Vendor Subcontracting
• Compensation and Benefit Report Development
• Scholarships

NEW YORK
STATE OF
OPPORTUNITY.

Department
of Health

Progress Toward Total Five Year PPS Workforce Spending Commitment as of DY3 Q2 – Percentage

PPS WORKFORCE ACHIEVEMENTS

BRONX HEALTH ACCESS

Achievements:

- Trained a cohort of 18 to be HIV Peers who are now ready to work in the community

- Delivered multiple Motivational Interviewing trainings attended by many PPS Partner employees

- Made a Value Based Payment training video available to the entire PPS on the PPS website. Distributed the video to key partners on flash drives to facilitate viewing at Partner institutions

- Collaborated with Center for Health Equality: Harlem Neighborhood Health Action Center to deliver an Asthma workshop as requested to a key partner

- Partnered with Hostos Community College (CUNY) to deliver several Medical Assistant Refresher Courses. 39 staff have been trained as of January 2017. An additional cohort of 20 Medical Assistants is planned for January 2018

- PPS Partner VIP Community Services served as training vendor to deliver CASAC training to 48 workers. An additional new cohort of 50 is being recruited and will start training early 2018.

- Delivered multiple series of contextualized Spanish classes to medical and dental staff to enhance communication with patients and their families. Titles trained include MD, RN, SW, & RT.

- Offered two separate series of test preparation Bootcamps to prepare LMSWs and LCSWs for their licensing exams

- Provided support to a grant-funded program that trained 15 Community Health Workers as part of a US Department of Labor Office of Apprenticeship program and an additional 22 incumbents who are presently attending. Providing support for an additional cohort of 17 which began 11/28/17. Additional cohorts may be created with DSRIP funds.

Community Health Literacy Program

BPHC's Community Health Literacy Program (CHL) seeks to educate, empower and connect underserved community members to primary care, health insurance and supportive health services.

Program Highlights

- Developed in collaboration with seven community-based organizations (CBOs): ArchCare, Bronx Community Health Network, Health People, BronxWorks, Mary Mitchell Family &Youth Center, Regional Aid for Interim Needs (R.A.I.N) and The Bronx Health Link.
- Organizations meet regularly to share best practices, provide feedback and participate in refresher training.
- Each organization uses its resources and partnerships to initiate outreach strategies.
- Contracts incentivize CBOs for community trainings and referrals.
- 55 hours of training for CBO staff members (topics listed below).
- **More than 9,500 community members have been reached.**

Outreach Locations

Bronx, NY

Seeking and Using Health Insurance	Navigating the Healthcare System	Cultural Competency
• Health insurance options, eligibility and how to apply	• Knowing who your primary care provider (PCP) is	• History of Poverty and Race in the Bronx
• Connects eligible people to health insurance	• Benefits of using your PCP for primary care	• Cultural Humility
• Help people sign up for health insurance when needed	• Referrals to PCPs and health home services	• Health Equality and Health Equity
		• Culturally affirming care

BRONX PARTNERS FOR
HEALTHY COMMUNITIES

SBH
Health System
BRONX

CNYCC Workforce Success Story: Launch of PPS-Wide Learning Management System (LMS)

- HWapps LMS launched on August 4, 2017

- 112 partner organizations with active users

- Five (5) online courses currently available to partners free of charge, plans for over twenty (20) additional online courses over the next 6-12 months

- Total number of individual course registrants: 1577 registered

- Total number of course completes: 1391 completed

- Designed to support group or individual training formats & reporting by organizations utilizing CNYCC content within their own LMS

Workforce & Training Highlights

Collaboration

Workforce Committee
- Includes individuals with healthcare and educational backgrounds and experience
- Co-chaired by a senior HR executive and senior leader from 1199SEIU TEF

Partnership with 1199SEIU TEF
- Builds upon long-standing commitment to collaboration in workforce development
- 1199SEIU TEF provides consulting services as well as development and implementation of training programs

Network Engagement

As of the end of DY3 Q2:
- More than **850 staff** from across **74 organizations** have participated in stipend-eligible trainings
- Over **24,000 course-hours** completed by CCB Participants' staff
- Variety of topics and curricula for care managers, care navigators, health coaches, PCPs, specialists, and RNs
- CCB Participants earned over **$304K in training stipends** to support participation in DSRIP-related training

Expanding Access Online

Implemented a learning management system (LMS)
Phase I (April 2017)
- Tracking instructor-led training
- Training Provider access

Phase II (October 2017)
- User Self-Registration with automated reminders for instructor-led trainings
- Online video courses (20 currently), course evaluations, and automated reminders
- Online CME credit application with certificate of completion

Since Phase II Launch
- **Nearly 1,000** total users at CCB Participant Organizations now have access to LMS
- **Over 100** user self-enrollments for online and instructor-led trainings

Promoting Video Courses
- Most are CME- or CEU-eligible
- CCB is promoting through targeted email campaigns and feature in CCB's newsletter

Workforce Highlights (DY3Q3)

- Collaboration within region with other PPS (Millennium Care Collaborative) to coordinate workforce efforts, to avoid duplication of services for ongoing data collection.
  - Focus on staffing impact and budget as well as compensation and benefit

- Development of tracking system for reporting consistency for PPS wide educational trainings occurring across all partners. Reporting and related gap analysis is more easily performed.

- Over 1 million dollars spent on community primary care recruitment efforts.
  - Recruitment incentives
  - Retention incentives

COMMUNITY PARTNERS OF WNY
Performing Provider System

aka Sisters of Charity Hospital PPS

MSPPS Workforce Key Successes in 2017

Mount Sinai

CILC

Designed and rolled out the Clinical Integration Learning Center (CILC). This Learning Management System space is built on the Taleo LearnCenter platform, and designed for use by all of Mount Sinai's population health networks.

Launched Value-Based Care Instructor-Led Training, a comprehensive training program comprised of 11 courses available to all members of the MSPPS workforce. Additional offerings expected in 2018.

CME

Finalized 8 e-learning courses (6 CME-granting) with 26 (5 CME-granting) additional e-learnings on track to be made available to staff by end of DY3Q4.

CG

Supported the rollout of the MSPPS IT portal and applications to 2000+ users through communications, workforce engagement, and training support. Materials include communication templates, how-to guides, videos, FAQs and other support documentation.

Defined Success Profiles for key care management roles, which describe the skills, behaviors, competencies, and knowledge required for those functions to be successful.

Care Management competency assessment tools and hiring manager interview question bank under development.

Developed regional partnerships with labor, other employers, industry groups, and local government on care management career pathways.

Workforce Snapshot

December 2017 Update

Leveraging Long-term Pipeline

- *Career exploration programs (i.e. MASH Camp & Job Shadow Programs)*

Collaborating with Institutions of Higher Education

- *Bachelors & Masters Programs at community college (i.e. Nurse Practitioner & Social Worker)*
- *Development of North Country Care Coordination Certificate Program with SUNY Jefferson & SUNY Canton*

Development & Collaboration of Interdisciplinary Teams

- *Growth of Certified Diabetes Educators, Community Health Workers, BH Peer Supports*
- *Monthly Care Coordination Collaboratives (networking, education, case study, call to action, etc.)*
- *Tobacco Cessation, NDPP & CDSMP systematic referrals*

Customized Training Videos & System-wide Training/Retraining

- *DSRIP 101, Blood Pressure Measurement, Health Literacy & MEB, Medicaid Health Home, Care Transitions, etc. which have been used by NCI and shared with/utilized by various PPS' (and in India!)*
- *Development of various trainers in the region (i.e. SBIRT, Mental Health First Aid, PCMH Content Experts, Bridges Out of Poverty, etc.)*

Regional Expansion of Graduate Medical Education

- *PPS key partner in regional Rural Residency Program Development Grant. Working collectively with partner hospitals, FQHCs and Public Health Depts. to build rural residency capacity & sustainability*

Provider Incentive Program Success

DY1 - DY3 Totals		
Provider Type	**# Recruited**	**Award Amount**
Certified Diabetes Educator	4	$ 80,000.00
Dentist	2	$ 163,801.00
Family Nurse Practitioner	8	$ 653,250.00
LCSW (Grow LCSW)	1	$ 30,000.00
LCSW (Grow LCSW-R)	5	$ 195,000.00
LCSW-R (recruit)	1	$ 30,000.00
Physician Assistant	5	$ 236,639.00
Physician	12	$ 1,456,280.00
Psych Nurse Practitioner	4	$ 310,528.71
Psychiatrist	4	$ 500,000.00
Psychologist	2	$ 90,000.00
Totals	**48**	**$ 3,745,498.71**

Nassau Queens PPS Accomplishments

2255 persons trained through October 2017

- On Line Training
- Diabetes E-Learning
- Behavioral Health Crisis Strategy (Queens)
- Behavioral Health Crisis Strategy (Nassau)
- Treatment of Blood Cholesterol to Reduce CV Risk in Adults
- Introduction to Value Based Payment

- Live Workshops
- Value Based Training Workshops for
  - Primary care Physicians and Mental Health/Substance Use Providers
  - Tier 1 Community based Organizations
  - Ambulatory Care Performance Improvement
  - Motivational Interviewing

- Partner with local colleges
- Coursework to address Workforce needs (e.g., Community Health Worker certificate)
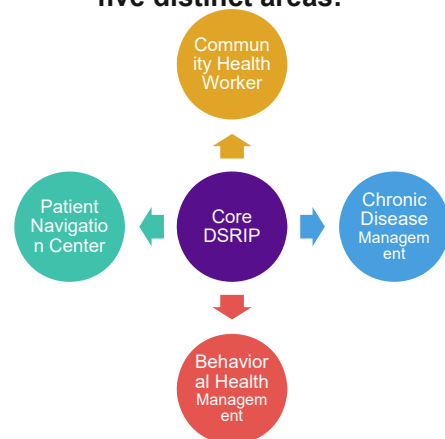- Exploring apprenticeships

NYP PPS Workforce Development & Training

- Launched Workforce Development and Training Webpage and Learning Management System (LMS) Training Platform

- Granted access to Center to Advance Palliative Care (CAPC) web-based training for all PPS members

- Co-hosted Motivational Interviewing (in-person) Training with two PPS mental health providers

- Co-hosted Pay-for-Performance Data-Driven Quality Improvement Training with FQHC collaborator

- Collaborating/Co-Sponsoring VBP training for DY3 with NYP/Queens

- Working to make NYP Center for Community Health Navigation Community Health Worker/Patient Navigator curriculum available through PPS Training Center for Health Home and PPS Care Coordination staff

- Piloting new effort following in-person trainings: Longitudinal (60/90-day) Post-Training Evaluation via Qualitative Interviews
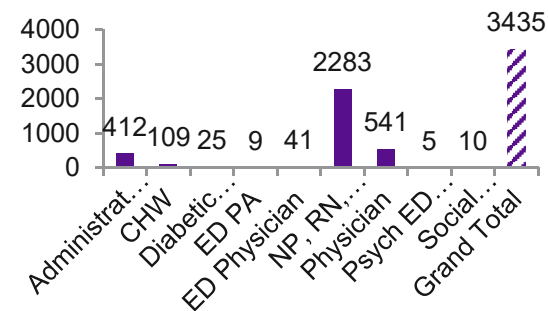
NewYork-Presbyterian
Performing Provider System

NYU Langone Brooklyn PPS – Workforce Training Strategy

- Launched 50+ electronic learning courses on September 12, 2017
- Courses leverage Salesforce and NYU Langone Learning Management System (LMS) to allow learners to access training modules, and for tracking and reporting purposes

Courses offer specific on the job training and workforce skillset enhancement, focused on five distinct areas:

- Community Health Worker
- Patient Navigation Center
- Core DSRIP
- Chronic Disease Management
- Behavioral Health Management

Courses Completed by Role as of 11/13/17*

Chart values by role:
- Administrat...: 412
- CHW: 109
- Diabetic...: 25
- ED PA: 9
- ED Physician: 41
- NP, RN,...: 2283
- Physician: 541
- Psych ED...: 5
- Social...: 10
- Grand Total: 3435

*Transferring NYU LMS to FOCUS, updated data not available until 12/8/17

NYU Langone Health

OneCity Health's Workforce and Training Successes over the Past 4-6 Months

- **Designed Robust Learning Management System**
  - Kicked-off contract with vendor HWApps
  - Designing system components and integration processes with NYC H+H ELM
  - Preparing to roll out to all partners and their employees in Spring 2018

- **Rolled Out Clinical and Non-Clinical Trainings**
  - Trained over 30,000 workers since July 2016
  - Trained hundreds of providers on PACE, care management, legal rights in the healthcare context, and value-based payment between June 2017 and December 2017
  - Provided 58 CMEs and CNEs since June 2017

- **Created Internal Standard Operating Procedures for Requesting and Reporting Trainings**

- **Saw Significant Response Rate Increase to Staffing Impact Actuals Survey**

- **Hired 15 Behavioral Health Peer Workers for H+H as part of Career Pipelines**

Career Pathways

Staten Island Performing Provider System, LLC

- The Peer Recovery Coach/Advocate position offers staff and patients in addiction recovery an option to learn and implement new skills– a potential new career pathway for healthcare workers from varying entry points:
  - *Individuals in recovery*
  - *Hospital workers*
  - *Clinic workers*
  - *CBO workers*

**SI PPS plans to offer the following career pathway opportunity for
Peer Recovery Coaches / Advocates**

Peer Recovery Coach/Advocate

CASAC

Health Coach (Baccalaureate level)

Health Coach (Baccalaureate level)

MSW

LCSW
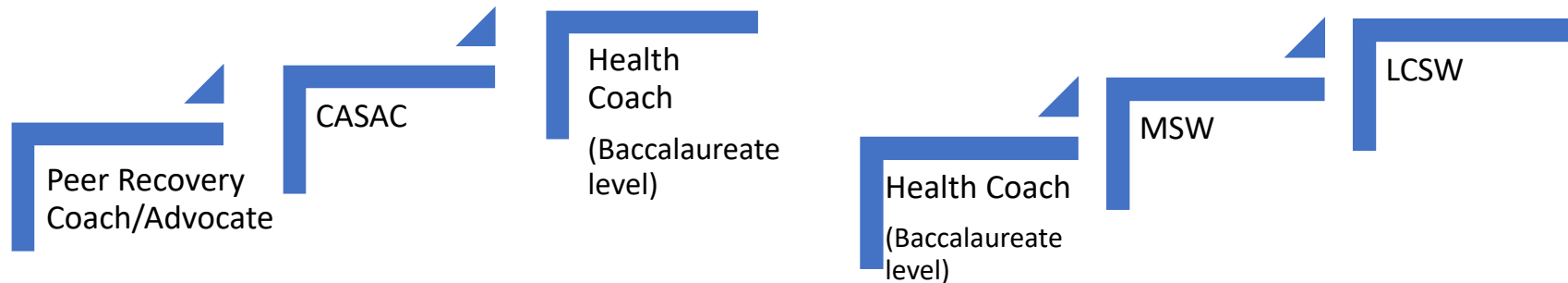
1st WMCHealth PPS Workforce Highlight:
Care Coordination Training for Front Line Workers

In collaboration with the Training and Education Fund of 1199SEIU.

Duration and Modality: The course is designed to be delivered as a series of 1 classroom training and 7 e-courses. The training is approximately 12 hours in total. The training sequence is as follows:

> Part I: Health Coaching & Care Coordination Kick off training in person 1 full day

> Part II: PPS online learning series of webinars/e-courses

Start : June 19th , 2017
End   : December 8th, 2017
- **167 people from 52 organizations:**

Primary Audience: PCPs/Primary Care teams, Behavioral Health Care Teams, Community Based Providers and FQHCs care teams (open to relevant hospital staff). Roles: Personnel who provide care coordination functions in multiple settings and roles across the PPS network. This includes a broad audience of titles and roles including but not limited to front line team members such as non-licensed Care Coordinators/Care Navigators, Community Health Workers, Peer Support Workers, and Health educators.

Update on the Regulatory Modernization Initiative (RMI)

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Regulatory Modernization Initiative (RMI)

- Under the Regulatory Modernization Initiative (RMI), the Department of Health (DOH) convened a series of policy workshops with other state agencies and external stakeholders

- These workshops focused on identifying changes to health care statutes, regulations and policies in certain key areas for the purpose of achieving better alignment with changes in the health care system

- Information for each of the workshops is available on the DOH website at https://www.health.ny.gov/regulations/regulatory_modernization_initiative

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Subcommittee # 1 Report: Barriers to Effective Care Coordination

Subcommittee # 1 Membership

- Finger Lakes Health System Agency (Common Ground Health) – Wade Norwood (Chair)
- New York State Education Department - Doug Lentivech (Co-Chair)
- 1199 SEIU United Healthcare Workers East - Helen Schaub
- City University of New York - Bill Ebenstein
- Community Health Workers Association of New York - Sergio Matos
- Cornell University - John August
- Greater New York Hospital Association - Tim Johnson
- Iroquois Healthcare Alliance - Gary Fitzgerald
- Healthcare Association of New York State - Robin Frank, Kathryn Gordon
- Maimonides Medical Center - Karen Nelson
- Monroe Community College - Anne Kress
- New York State Department of Health - Judith Mazza
- New York State Office of Mental Health - Nicole Haggerty, Melissa Harshbarger, Lloyd Sederer, M.D.

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Summary of Charge and Objectives

Workgroup Subcommittee # 1 was charged with:

- Identifying core competencies and care coordination functions carried out by licensed and non-licensed workers as well as non-licensed family and friends

- Identifying barriers that, if addressed, would support the achievement of DSRIP and SHIP goals and advance the progress of these transformative activities by:

- Promoting patient-centered and team-based care

  - Maximizing practice efficiencies and enabling health care professionals to work at the top of their licenses

  - Helping increase and expand access to high quality health care, especially in underserved areas

- Identifying ways to address such barriers

Activities

- Subcommittee # 1 found that the scope of practice for licensed professionals generally does not preclude them from carrying out tasks related to care coordination

- However, the subcommittee noted that there are some barriers which may prevent providers from fully realizing the potential of patient-centered, team-based care

- The subcommittee began identifying and prioritizing these barriers with potential recommendations for statutory, regulatory or administrative action to address them

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Approach for Potential Recommendations

The subcommittee identified several potential areas for recommendation, which can be grouped into three buckets:

- Bucket A: Areas for which the Workforce Workgroup's approval was sought, at the August meeting, to advance to the Health Innovation Council

    - Collaborative Drug Therapy Management

    - Standing Orders

- Bucket B: Areas for further exploration

- Bucket C: Areas for more in-depth discussion

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Bucket A: Standing Orders

- The subcommittee recommended exploring the expanded use of practice protocols, or "standing orders," by nurses in specified situations

- Education Law §§ 6909 and 6527 would need to be amended to include additional "standing orders" for specified regimens

- The subcommittee identified this area as a way of expanding the ability of providers to enhance patient-centered, team-based care and have initiated discussions of potential statutory changes

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Bucket A: Collaborative Drug Therapy

- Education Law § 6801 authorizes pharmacists to participate in Collaborative Drug Therapy Management (CDTM)

- Potential changes include making CDTM permanent, permitting pharmacists to collaborate with nurse practitioners as well as physicians, and expanding the settings where drug therapy management can be performed to include other health care facilities

- The subcommittee identified this as a way to expand patient-centered, team-based care and have initiated discussions of proposed statutory changes

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Bucket B: Areas for Further Exploration

▪ Integration of Primary Care and Behavioral Health

  ▪ Subcommittee #1 will collaborate with Subcommittee #5 (Behavioral Health and Primary Care Integration), which is focused on growing the behavioral health workforce and promoting the integration of behavioral health and primary care

▪ Telehealth

  ▪ The Workgroup has noted that telehealth has the potential to improve access to physical health and behavioral health services, particularly in areas that are medically underserved, and to promote patient-centered care

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Bucket C: Areas for more in-depth discussion

- LPN Scope of Practice

  - Education Law § 6902, which sets forth the scope of practice for Licensed Practical Nurses (LPNs), potentially may not permit enough flexibility to allow LPNs to perform certain care coordination functions

- Community Health Workers

  - Promoting the use of community health workers would increase knowledge about their services and greater utilization among health care providers and agencies

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Next Steps

- Bucket A: Further discussion with subcommittee members and other stakeholders on CDTM and standing orders

- Bucket B: Review the RMI proceedings and further explore workforce issues related to integration and telehealth

- Bucket C: Conduct more in-depth discussion related to the LPN scope of practice and community health workers

- Review recommendations of Subcommittee # 5 (Behavioral Health and Primary Care Integration) and incorporate into the work of other subcommittees as appropriate

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Subcommittee # 2 Report: Care Coordination Curriculum

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Subcommittee # 2 Membership

- Adelphi University - Dr. Patrick Coonan (Chair)
- New York State Department of Health - Thomas Burke (Interim Chair)
- Albany College of Pharmacy & Health Sciences - Greg Dewey*
- American College of Physicians - Lisa Noel
- City University of New York - Dr. William Ebenstein
- Medical Society of the State of New York - Lisa Harring
- Monroe Community College - Dr. Andrea Wade*
- New York State Department of Health - Angella Timothy*
- New York State Society of Physician Assistants - Daniel Forsberg
- Northwell Health - Deirdre Duke*
- University of Rochester School of Medicine - Dr. Mark Taubman
- A Subcommittee was convened to work on developing the core concepts

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Summary of Charge and Objectives

- Subcommittee # 2 was charged with identifying core care coordination competencies that can be recommended for inclusion in the educational curricula for licensed professionals

- The subcommittee also explored the idea of making care coordination competencies available to non-licensed individuals who serve as members of the health care team

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Recommended Competencies

- The subcommittee identified the following core care coordination competencies:

  - Competency I: Values and Ethics

  - Competency II: Roles and Responsibilities

  - Competency III: Effective Team-Based Communication

  - Competency IV: Teams and Teamwork

  - Competency V: Fundamental Knowledge of Healthcare

- The competencies incorporated some of the work which was completed by Subcommittee # 3 (Care Coordination Guidelines)

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Learning Goals and Objectives

- For each of the five competencies, the subcommittee identified one learning goal – a statement describing what the competency is intended to accomplish

- For each goal, the subcommittee identified at least one learning objective – a statement describing what students are expected to know and/or do upon completion of the identified competencies

- For each learning objective, the subcommittee identified at least one recommended topic that can be covered as part of the course work

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Next Steps

- Subcommittee # 2 prepared a summary of recommended competencies, goals, objectives, and learning topics, which includes a preamble explaining how the competencies were developed and validated

- The subcommittee seeks the Workgroup's approval of the document so that the subcommittee can develop a plan for dissemination to interested parties

- Subcommittee # 2 recommends that the competencies, goals, objectives, and learning topics be updated as necessary in the future to reflect new delivery models or other changes in health care

- This will include updating the document to include recommendations from Subcommittee # 5 (Behavioral Health and Primary Care Integration) and incorporate changes suggested by Subcommittee # 3 (Care Coordination Guidelines) as appropriate

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Subcommittee # 3 Report: Care Coordination Guidelines

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Subcommittee # 3 Membership

- Center for Health Workforce Studies - Jean Moore (Chair)
- Center for Health Workforce Studies - Bridget Baker
- New York State Office of Mental Health - Johney Barnes
- Home Care Association of New York State - Alexandra Blais
- City University of New York (JFK, Jr. Institute for Worker Education) – William Ebenstein, Carrie Shockley
- State University of New York, Office of Academic Health and Hospital Affairs - Heather Eichin
- 1199 SEIU/League Training & Upgrading Fund - Becky Hall, Selena Pitt, Sandi Vito
- Fort Drum Regional Health Planning Organization - Tracy Leonard
- Paraprofessional Healthcare Institute - Carol Rodat
- New York Alliance for Careers in Healthcare - Shawna Trager

Care Coordination Curriculum Guidelines

- The Workgroup recognized the need to identify consistent training guidelines for workers who carry out care coordination functions

- Subcommittee # 3 developed core curriculum guidelines for training workers who provide care coordination

- These guidelines are available at https://www.health.ny.gov/technology/ innovation_plan_initiative/docs/core_curriculum_train_ccw.pdf

- The guidelines, which have been widely distributed, will be updated as needed

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Subcommittee # 4 Report: Health Care Data

Subcommittee # 4 Membership

- Center for Health Workforce Studies, School of Public Health, University at Albany, State University of New York - Jean Moore (Chair)
- City University of New York - William Ebenstein
- Greater New York Hospital Association - Carla Nelson, Tim Johnson
- Healthcare Association of New York State - Kathryn Gordon
- Iroquois Healthcare Alliance - Greg DeWitt and Gary Fitzgerald
- New York Health Plan Association - Kathleen Preston
- New York State Department of Health - Tom Burke, Cherlyn Fay, Susan Mitnick, Angella Timothy, Lisa Ullman
- New York State Society of Physician Assistants - Dan Forsberg
- Schuyler Center for Analysis & Advocacy - Kate Breslin

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Addressing Gaps in Health Care Workforce Data

- The Workgroup recommended that statutory changes be pursued to allow collection of more robust information about the health care workforce, particularly with respect to the distribution of practitioners

- The Department of Health (DOH) proposed legislation to incorporate additional information into the Physician Profile

- DOH also proposed legislation to require the provision of data by other health care practitioners upon registration and re-registration with the State Education Department (SED)

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Physician Profile Bill

DOH's proposed legislation would:

- Improve reporting to the Profile by linking it to the licensure/registration process

- Allow physicians to authorize designees to maintain and update their profiles

- Require additional information to be reported and included in the Profile (e.g., hours of operation, whether new patients are being accepted, and availability of assistive technology)

- Require DOH to include in each physician's Profile a list of health plan networks in which each physician participates

- Require reporting of additional information for the purpose of workforce research and planning to improve tracking of workforce trends and inform policy decisions

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Practitioner Data Bill

- Currently, DOH collects data on a small number of professions through voluntary surveys administered as part of professional license renewal, but rates of responses vary, and information is not sought from all health care practitioners

- DOH's proposed bill would require health care practitioners, other than physicians, to report information, such as the settings where they practice, to SED as part of their registration and re-registration

- SED would collect this information through a survey, which would be based on Minimum Data Set federal guidelines and would be similar to the nurse practitioner model

- SED would provide this information to DOH and other state agencies as appropriate and DOH would make de-identified, aggregate information available to the public on its website

- Information collected would be used for research and to inform policies and programs related to the health and behavioral health care workforce

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Subcommittee # 5 Report: Behavioral Health and Primary Care Integration

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Subcommittee # 5 Membership

- New York State Office of Mental Health - Amy Jones-Renaud (Chair)
- New York State Department of Health - Associated Medical Schools of New York - Jo Wiederhorn
- City University of New York - William Ebenstein
- Cornell University - John August
- Fort Drum Regional Health Planning Organization - Tracey Leonard
- Healthcare Association of New York State - Victoria Aufiero
- MVP Health Care - Margaret Leonard
- New York City Department of Health and Mental Hygiene - Myla Harrison
- New York State Association of Alcohol and Substance Abuse Providers - John Coppola
- New York State Department of Health - Margaret Adeigbo, Priti Irani, Angella Timothy, Lisa Ullman, Eric Zasada
- New York State Office of Alcoholism and Substance Abuse Services - Julia Fesko -
- New York State Office of Mental Health - Johney Barnes, Danielle Chapman, Crystal Scalesci, Lloyd Sederer, M.D.
- New York State Office for People With Developmental Disabilities - Virginia Scott-Adams, Dianne W. Henk
- St. Joseph's Treatment and Recovery Center - Katie Kirkpatrick
- United Hospital Fund - Greg Burke

Summary of Charge and Objectives

- Subcommittee # 5 focused on identifying barriers to the integration of physical and behavioral health services related to scope of practice, regulatory, or reimbursement limitations

- The subcommittee also sought to identify needs for the continuing education of the existing workforce to enable it to provide integrated care

- In addition, Subcommittee # 5 focused on identifying core competencies and developing recommendations for training the behavioral health care workforce

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Activities and Next Steps

- Subcommittee # 5 developed a grid outlining roles and tasks pertaining to providing behavioral health in integrated settings

- The subcommittee will continue its work analyzing the grid to identify potential barriers for further exploration, in collaboration with Subcommittee # 1 (Barriers to Effective Care Coordination)

- The subcommittee also will identify core competencies for behavioral health integration, in collaboration with Subcommittee # 2 (Care Coordination Curriculum), and develop recommendations to incorporate integrated care concepts into training for various professionals and unlicensed individuals

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Questions

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Update: DOH Workforce Programs

NEW YORK
STATE OF
OPPORTUNITY. | **Department of Health**

DOH Workforce Programs - Updates

- Loan Repayment Programs
  - Doctors Across New York (DANY) Physician Loan Repayment/Practice Support Programs
  - DANY Psychiatrist Loan Repayment Program for OMH Facilities
  - Primary Care Services Corps
- Training Programs
  - Empire Clinical Research Investigator Program (ECRIP)
  - Health Workforce Retraining Initiative (HWRI)
  - DANY Ambulatory Care Training Program
  - Rural Residency Program
- Pipeline Support Programs
  - Area Health Education Centers (AHEC) Program
  - Diversity in Medicine Program
  - Diversity in Medicine Scholarship Program
  - Take-a-Look Tour
- J-1 Visa Waiver Programs

NEW YORK STATE OF OPPORTUNITY. | Department of Health

DANY Ambulatory Care Training Awardees

- Albany Medical College
- New York Medical College
- NYU School of Medicine
- Northwell Health
- SUNY Upstate Medical University
- St. Barnabas Hospital
- St. Luke's - Roosevelt Hospital Center
- University at Buffalo

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Rural Residency Program Grantees

- Arnot Ogden Medical Center
- Cayuga Medical Center
- Champlain Valley Physicians Hospital
- Mary Imogene Bassett Hospital
- Samaritan Medical Center

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Questions

Discussion on Potential Statutory Changes

- As proposed by the Workgroup, based on the work of Subcommittee #1 (Barriers to Effective Care Coordination) and Subcommittee #4 (Health Care Data), DOH has invited stakeholders to participate in a discussion on several proposals:

  - DOH's departmental bill on the Physician Profile, which has been introduced in the Legislature as S.5344-A/A.8319

  - DOH's proposal to collect data from practitioners in all health and behavioral health care disciplines

  - The potential expansion and extension of the Collaborative Drug Therapy Management statute (Education Law § 6801)

  - Possible additions to the existing list of non-patient-specific standing orders in Education Law §§ 6527 and 6909

NEW YORK STATE OF OPPORTUNITY. | **Department of Health**

Discussion

Adjournment