



Department
of Health

SHIP/DSRIP Workforce Workgroup Meeting

October 30, 2019

Agenda

Timing	Topic	Slide(s)	Speaker(s)
10:30 – 10:40	Welcome and Introductions	3	Wade Norwood & Jean Moore
10:40 – 10:50	Legislative Initiatives and Update on Data Bill	4	Doug Lentivech & Jean Moore
10:50 – 11:00	Barriers Subcommittee Updates	5	Wade Norwood
11:00 – 12:30	Panel: Behavioral Health/Primary Care Moderator: Amy Jones	7-12 13-19 20-39	Dr. Jessica Grant, Mt. Sinai Dr. Sandeep Kapoor, Director SBIRT Northwell Health Julia Fesko, NYS OASAS Dr. Kishor Malavade, Associate Medical Director, Department of Population Health, Community Care of Brooklyn Sarah Nusbaum, Director Initiatives and Investments, NYACH
12:30 – 12:45	Break	40	
12:45 – 1:10	Workforce Compendium	41-44	Melissa Wendland
1:10 – 1:15	Wade-isms	45	Wade Norwood
1:15 – 1:30	Adjournment	46	Wade Norwood, Jean Moore, & Eugene Heslin

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 NYS Patient-Centered Medical Home 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

Legislative Updates and Data Bill

- Pharmacist Technician Bill
- Other Bills
- Data Bill Update

Barriers Subcommittee

- Updates
- Focus for the future

Behavioral Health/Primary Care Panel

PROJECT TEACH: INCORPORATION INTO A MEDICAL PRACTICE

Jessica Grant, MD
New York, NY

The Program

- Three Day Intensive Training
- Six Months of Follow-Up Phone Calls
- Unlimited Access to Hotline for Guidance

My Approach

- Standardized Screening Tool
- Discussion with Patient and Family
- Suggest Therapy
- Introduce Idea of Medication
- Schedule Secondary Appointment
- Frequent Follow-up Initially
- Space Out Appointments Vs. Change Medications
- Refer to Psychiatry if Needed

Impact on Practice

- Improvement in Screening
- Effective Bridge Between Patient and Therapy
- Better Relationship with Patients
- Network of Healthcare Providers
- Reach Larger Patient Population

The Success Stories

- Patient 1 (ADHD)
 - Honor Roll/ College
 - Extra-curricular Activities
 - Happier and More Confident
- Patient 2 (Depression)
 - Save Healthcare Dollars
 - Improve Quality of Life
 - Decrease Self-Medication
 - “Prozac saved my life”

“We are so grateful for you”

Advice to Interested Clinicians

- Think of the Effect on Patients and the Community
- Become an Expert for Your Colleagues
- Acknowledge the Ripple Effect
- Make a Comparison to Other Illnesses

I AM A BETTER DOCTOR FOR HAVING TRAINED WITH PROJECT TEACH



Office of Addiction Services and Supports

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

SBIRT Training

October 30, 2019

DOH Guidelines

■ DOH Guidance Document

Medicaid Expands Coverage for Screening, Brief Intervention, and Referral to Treatment (SBIRT)

This Guidance Supersedes Guidance Published in June 2011

Medicaid currently covers SBIRT services for all Medicaid beneficiaries who are 12 years of age and older in hospital outpatient and emergency departments; free-standing diagnostic and treatment centers (D&TCs), including School-Based Health Centers (SBHCs) and services provided by office-based primary care practitioners. Reimbursement in other clinic settings, including clinics licensed or operated by the Office of Mental Health (OMH) or the Office of Alcoholism and Substance Abuse Services (OASAS) is also available.

What is SBIRT? SBIRT is an evidence-based practice model which has proven to be successful in modifying the consumption/use patterns of at-risk substance users, and in identifying individuals who need more extensive, specialized treatment. SBIRT is a comprehensive, integrated, public health approach that provides opportunities for early intervention before more severe consequences occur. Evidence-based tools that are demonstrated to be valid and reliable in identifying individuals with problem use or at risk for a Substance Use Disorder (SUD) must be used.

Pre-Screening: All patients who are 12 years of age or older should be asked prescreening questions to assess their level of alcohol and substance use. Patients whose alcohol use fall within moderate limits and drug tests screen negative should be encouraged and advised that their abstinence or low level of substance use will help them to maintain good health. Patients who screen positive on the pre-screen should be given the full screen.

Screening: The full screening tools identify substance use/abuse risk and the appropriate level of intervention for indicated individuals. Providers must explain the screening results to the patient face-to-face and, if the patient has screened positive, it is best practice if the provider can deliver or obtain on-site brief intervention services for the patient within the same visit.

OASAS has a list of evidence-based alcohol and substance use screening instruments available online at: <http://www.oasas.ny.gov/AdlMed/sbirt/index.cfm>. Providers may propose to OASAS another evidence-based screening instrument that is not included on the list if 1) the instrument has been imperially validated in peer reviewed research article 2) it has clearly defined cutoffs between positive and negative screens and 3) the instrument is simple enough to be administered by a wide range of health care professionals. Requests for review of alternate screening instruments may be emailed to:

SBIRTNY@oasas.ny.gov



Training Requirements

Table 1: Provider types eligible to bill for office-based SBIRT services

Provider Type	Required OASAS Approved Training/Certification
Physicians (services may be performed by another provider type under the supervision of the physician)	4 hours, unless certified by the American Society of Addiction Medicine (ASAM); the American Board of Ambulatory Medicine (ABAM); the American Academy of Addiction Psychiatry (AAAP) or the American Academy Osteopathic Association (AOA)
Nurse Practitioners	4 hours, unless qualified as a Certified Addictions Registered Nurse (CARN)
Nurse Midwives	4 hours
Psychologists	4 hours



Training Requirements

**Table 2: Provider types eligible to perform SBIRT and bill under a licensed provider
(Includes provider types listed in Table 1).**

Provider Type	Required Training/Certification
Physician Assistants	4 hours
Registered Nurses	4 hours, unless qualified as a CARN
Licensed Practical Nurses	4 hours
Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW)	4 hours



Training Requirements

Provider Type	Required Training/Certification
Licensed Mental Health Counselors	4 hours
Licensed Marriage and Family Therapist	4 hours
Certified School Counselor	4 hours
Certified Rehabilitation Counselor	4 hours



Training Requirements

Provider Type	Required Training/Certification
OASAS-credentialed professionals including Credentialed Alcoholism and Substance Abuse Counselors (CASACs), Credentialed Prevention Professionals (CPPs) and Credentialed Problem Gambling Counselors	4 hours
Medical residents, Medical interns and licensed professionals who have graduated but who have not yet taken/passed their licensing exam.	4 hours
Health Educators and unlicensed individuals* (may only provide SBIRT services under the supervision of a licensed health care professional, following consistent protocols)	12 hours

*Health Educators and unlicensed individuals must have at least a high school diploma or GED and knowledge of alcohol and other drug use, which may be demonstrated through the recommended training, to be considered a qualified provider.



Training Requirements

New York State Approved SBIRT Training

[OASAS SBIRT Training Provider Certification SBIRT Training Program](#) (4 hours) - **Free** online, interactive SBIRT training for healthcare professionals offered by Center for Practice Innovations.

[SBIRT Core Training Program](#) (4 hours) - Online SBIRT training *for primary and acute healthcare professionals* offered by [Clinical Tools, Inc.](#) **Please note:** *behavioral health professionals should consider other OASAS approved options for training.*

[Four Hour Certified SBIRT Training Providers](#)

[Twelve Hour Certified SBIRT Training Providers](#)





Building Capacity to Integrate Certified Recovery Peer Advocates into Service Delivery Models

DSRIP/SHIP Workgroup

October 30, 2019



The New York Alliance for Careers in Healthcare (NYACH)

Who are we?

NYACH is an industry partnership that brings together multiple stakeholders of the healthcare industry in order to address the sector's rapidly changing labor force needs.

To do this, NYACH:

1. Engages employers and industry leaders in the identification of workforce needs and solutions
2. Helps education and training organizations adapt their approach to better meet those needs
3. Builds accessible onramps and community pipelines to ensure low-income and unemployed New Yorkers have access to viable career pathways in healthcare



Background

- Peer Service Providers are *non-clinical* workers that provide social and emotional support and assistance with effective management of health, independent living, and participation in practices that support overall well-being
- Peers have a unique combination of lived experience with and specialized training in the illness(es) with which they are assisting individuals
- Peer Service Providers enhance treatment but do not replace clinical services
- 34 states use Medicaid funding to reimburse for peer support services as of 2014



Overview of NYS Peer Certifications

Certification	Certified Peer Specialist	Certified Recovery Peer Advocate	AIDS Institute Certified Peer Worker
Eligibility	<ul style="list-style-type: none"> Self-identify as being actively in recovery from a mental health condition or major life disruption and self-disclose one's mental health recovery journey HS diploma or HSE 	<ul style="list-style-type: none"> Self-identify as a person with lived experience with a substance use diagnoses HS diploma or HSE 	<ul style="list-style-type: none"> Self-identify as a person with lived experience with: <ul style="list-style-type: none"> HIV; Hepatitis-C; Accessing harm reduction services
Training Requirements	<ul style="list-style-type: none"> 45 hours of core online training through the Academy of Peer Services (APS) 15+ hours of APS elective online training 2000 hours of work experience in field Pass 13 core course online exams 3 letters of recommendation 	<ul style="list-style-type: none"> 46 hours of training in 4 domains 500 hours of work experience in field 25 hours of supervision in specific domains Pass IC&RC certification exam 	<ul style="list-style-type: none"> Select at least 1 tracks 90 hours of training: <ul style="list-style-type: none"> 68 hours of core requirements 22 hours of specialization 500 hours of work practicum Pass online exam Satisfactory supervisor evaluation of practicum



Overview of NYS Peer Certifications

Certification	Certified Peer Specialist	Certified Recovery Peer Advocate	AIDS Institute Certified Peer Worker
Length and level of certification	<ul style="list-style-type: none">• Provisional certification available• Renewal required every 3 years	<ul style="list-style-type: none">• Provisional certification available• Renewal required every 3 years	<ul style="list-style-type: none">• No provisional• No renewal required
Continuing education	<ul style="list-style-type: none">• 10 hours per year	<ul style="list-style-type: none">• 24 hours of recovery-specific education and 4 hours of peer ethics every 3 years	<ul style="list-style-type: none">• 10 hours per year
Reimbursement	<ul style="list-style-type: none">• Medicaid reimbursement	<ul style="list-style-type: none">• Medicaid reimbursement for OASAS outpatient treatment programs and HCBS	<ul style="list-style-type: none">• Pending



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Reimbursement	<ul style="list-style-type: none">Medicaid reimbursement	<ul style="list-style-type: none">Medicaid reimbursement for OASAS outpatient treatment programs and HCBS	<ul style="list-style-type: none">Pending



NYACH CRPA Program Model

- NYACH aimed to build training capacity in NYC for CRPAs to meet industry demand and support a career pathway for peers
- As of July 1, 2015, peer services provided by CRPAs are reimbursable at an increased rate
- Training certified peers for the behavioral health field is 1 of 54 initiatives in Mayor de Blasio's mental health roadmap, ThriveNYC
- Partnered with NYS OASAS, NYC DOHMH, employers, and Queensborough Community College to develop industry-informed training
 - Multi-stakeholder input process throughout curriculum and model development
- Launched training in January of 2017



NYACH CRPA Program Model

- Multi-stakeholder input process throughout curriculum and model development from:
 - 12 NYS OASAS licensed providers
 - The certification board
 - Peers through the Recovery Coach Network of New York
 - The NYC Department of Health and Mental Hygiene
 - NYS OASAS
- Launched training in January of 2017



NYACH CRPA Program Model

- 80 hour program which articulates into 3 credits towards a degree
- Aligned to learning objectives in the IC&RC certification exam
- Includes professional skills, computer skills, case management, and academic remediation
- Employer partners include NYC Health + Hospitals and Community Care of Brooklyn and their downstream provider Bridge Back to Life
- Curriculum and model was updated with additional employer feedback after launch
- Grounded in values of the peer movement
- First seamless training program for the CRPA certification in NYS



NYACH CRPA Program Model

- Due to success of first two cohorts:
 - program was scaled to Bronx Community College
 - model was adopted by College of Staten Island in partnership with SIPPS and Westchester Community College with the WMC Health
- NYACH has also worked with DOHMH and OASAS to provide support and resources to providers looking to integrate peers into their service delivery models
 - 2018 conference and subsequent publication on best practices and overcoming challenges highlighted by leaders in the field
- 5 cohorts run by QCC; 1 by BCC; 130 students trained in total

Community Care of Brooklyn Network

- 600,000+ attributed Medicaid beneficiaries
- 4,600+ practitioners, including 1,600+ PCPs
- 1,000+ Participant Organizations:
 - 7 Hospitals
 - 10 FQHCs
 - 3 IPAs
 - Behavioral health providers
 - Social service providers
 - Community-based organizations
 - Health Homes
 - Substance Abuse Providers
 - Advocacy Organizations
 - Home Care
 - Skilled Nursing Facilities and other Long-Term Care Providers
 - Correctional Health Experts
 - Housing Providers and Advocates
 - Managed Care Plans
 - RHIO
 - Unions
 - Job Training Providers
- MMC Central Services Organization (CSO) manages this network

Bridge Back to Life

- Since **1988**, Bridge Back to Life Center, Inc. has provided outpatient treatment to recovering individuals as well as education and support for their families and significant others.
- Bridge Back to Life has longstanding relationships, not just with detox and rehab programs, but with large medical practices, FQHCs, adult homes, and the shelter system.





The Model (Hospitals Without Detox/SUD Services)

- Clinicians, social workers, and case managers can activate CRPAs through in-person requests or by calling a designated phone number for CRPA services.
- BBTL ensures that patients referred meet with the CRPA before discharge.
- CRPAs engage, educate, and advocate for patients and support clinicians in making connections to appropriate SUD services.

The Model (Hospitals With Detox/SUD Services)

- The model is slightly different at Interfaith Medical Center, where SUD services are available.
- At Interfaith, CRPAs work one-on-one with patients and assist in groups in the following areas:
 - Inpatient Polysubstance Withdrawal (Detox) Unit
 - Inpatient Substance Abuse Rehabilitation Unit
 - Chemical Dependency Outpatient Services (CDOS)

Staffing Across Hospitals



20 Certified Recovery Peer Advocates (CRPAS)







4 Credentialed Alcoholism and Substance Abuse Counselors (CASACs)



2 Licensed Clinical Social Workers (LCSW)

Referral Statistics

2350 patients have engaged with a CRPA since August 2017

			
301 patients	212 patients	1027 patients	800 patients



Feedback from Providers

- **“I’m moved to see the dedication of the Bridge Back to Life people coming at all hours of the day and night.”** – Physician, Maimonides Medical Center
- **“In my more than 30 years in this field I have never seen any other use of peers in which they have so much interaction with the family members of those who are dealing with SUD problems. ”** – CASAC supervisor, Bridge Back to Life
- **“Previously, social work and the transitional care team would try to engage and assist those with SUD, but it was overwhelming. It is so much better now, every patient with SUD who presents to the ED (during the hours that BBTL is on-site) and/or is admitted, is referred to BBTL. I now feel that we are doing all we can to assist those with SUD at WHMC.”** – Transitional Care Nurse, Wyckoff Heights Medical Center



Success Story – Interfaith Medical Center

- 38 year-old male, K.J., came to Interfaith with severe alcohol withdrawal symptoms; admitted he needed help, but was not ready to commit to inpatient rehab; CRPA made K.J. an appointment at Interfaith's Chemical Dependence Outpatient Services (CDOS)
- K.J. did not attend appointment, so peer called K.J.'s mother to find he had been hospitalized again
- K.J. shared his wariness about inpatient rehab was out of fear of not being able to afford rent; peer offered to follow up with landlord and K.J.'s mother, to do everything in order for him to not lose his home, and provided K.J. brochures for inpatient clinics
- CRPA called clinics, faxed paperwork, and coordinated K.J.'s discharge to Arms Acres
- Peer in touch with K.J.'s care manager while he is in rehab and he is doing well, intends to continue following up to stress importance of aftercare and ensure K.J. is able to be a better role model for his 3 year-old son.



Future Plans and Evaluation

- For clients receiving a peer-led intervention, Maimonides is evaluating emergency department and inpatient utilization across all New York State hospitals pre-and post-peer intervention using aggregate claims data from Salient Interactive Miner (SIM).
- We have incorporated peers on our Critical Time Intervention (CTI) team, and will study the impact of peers for individuals graduating from CTI engagement.
- We have begun connecting recovery peers to primary care, as part of overall efforts to increase Buprenorphine access in primary care and address substance misuse in that setting.



Thank you!

Break

Workforce Compendium

Workforce Transformation Compendium

- Website is live at www.health.ny.gov/professionals/compendium/
- Call for submissions going out tomorrow. Targeting January 2020 for first release of entries.
- Questions or submissions can be sent to WorkforceCompendium@health.ny.gov

Compendium Website

Department of Health

[Individuals/Families](#)
[Providers/Professionals](#)
[Health Facilities](#)
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Professionals & Patients

[You are Here: Home Page > Health Care Professionals & Patient Safety > Workforce Transformation Compendium and Resource Guide](#)

Workforce Transformation Compendium and Resource Guide

The New York State Workforce Transformation Compendium is a repository of information about Innovative Practices that have been shown to be effective in addressing health care workforce challenges in New York State. The compendium was created as part of the Workforce Workgroup under the New York State Innovation Model (SIM) grant from [CMMIE](#). If you would like to receive email notifications as new Innovative Practices are added, please contact WorkforceCompendium@health.ny.gov to be added to the distribution list.

The goal of the compendium is to serve as a resource guide for future workforce initiatives. The intention is to share innovative approaches with those seeking to enhance and implement health care workforce practices and apply these practices to the new initiative. To assist with this process, the Innovative Practices are organized by topic areas. Each Innovative Practice will contain information to assist in the development and integration. Additionally, we are providing a contact should you have questions.

Each Innovative Practice includes a short description of the project, the process for implementation and links to useful resources that were submitted by the organization where the practice was implemented. Submissions for consideration can be sent to WorkforceCompendium@health.ny.gov using [this template](#). More information on submission is provided below.

When considering submission, please keep in mind that an Innovative Practice should be:

- Responsive to an identified workforce need, consistent with one of the following focus areas: recruitment, retention, training, transition management, quality improvement, or productivity.
- Aligned with ongoing transformation in health
- Flexible and capable of evolution with system changes
- Evidenced based, to the extent appropriate
- Capable of evaluation
- Sustainable for as long as necessary and designed to sunset when obsolete
- Replicable, so others can use or customize the model
- Scalable, so other can adapt the model to the scope of their need

Submission Template

Please note, you may need to download the PDF to utilize the features of the fillable form.

- [Submission Template and Instructions \(PDF\)](#)

Table of Contents

Recent Additions

- Recent submissions will be added here to highlight them

Open All Close All

- Care Coordination
- Change/Transition Management
- Emerging Health Workers (Community Health Workers, Peer Workers, Etc.)
- Entry-Level Worker Enhancement Benefits

Submission Template

New York State Workforce Competencies

Introduction
The New York State Workforce Transformation Competencies is a repository of information about innovative practices that have been shown to be effective in addressing health care workforce challenges in New York State. The competencies are created as part of the Innovative Workforce Center's New York State Innovation Model (NYIM) grant from OAH. The goal of the competencies is to surface successful practices for future workforces in health care. The information is shared in a readable approach with those seeking to enhance and implement health care workforce practices and easily from practice to the new practice.

When preparing a submission, please keep in mind that an Innovative Practice should be:

- Responsive to a well-identified workforce need, consistent with one of the following focus areas: recruitment, retention, training, transition management, quality improvement, or productivity.
- Aligned with ongoing transformation in health care.
- Flexible and capable of evolution over time.
- Evidence-based, to the extent appropriate.
- Capable of evaluation.
- Sustainable for as long as necessary.
- Replicable, so others can use or adapt it.
- Scalable, so others can adapt the model.

Timeline for Review
Each submission will undergo a thorough review process. Several weeks before your submission is due, the Competency Review Committee will update to the review process. You may have questions or seek clarification on your submission website, you will receive a site visit.

Instructions for Completion
Please keep all answers as succinct as possible. Keep in mind that the review committee is intended to be actionable by those reading your submission. The review committee will implement into steps or modules.

Date of Knowledge: Understandability if the practice was adopted or an outcome of how to be achieved over expectations for implementation.

Contact Information: If it is required that organization, if this is the case, please submit contact information for the contact person. If you have any questions, please contact: WorkforceCompendium@health.ny.gov.

or email address to help identify. This information is requested should there be future questions from those viewing the competencies. When choosing a contact, please choose a person or mailbox that will be active for the foreseeable future.

Innovative Practice Categories: Please select all of the categories that apply to your Innovative Practice. Examples of each category are given below:

- Care Coordination – improving the delivery of services by organizing activities among participants
- Change/Transition Management – systematic rollout of new office procedures
- Emerging Health Workers – Community Health Workers, Peer Instructors
- Entry-level Worker Knowledge – career planning seminar for entry-level staff
- Information Technology – learning a learning management system for employees
- Practice Transformation – LEAN initiatives to increase productivity
- Quality Improvement – providing incentives to health professionals for positive patient experience
- Recruitment/Retention/Reliability – improved retention recruitment
- Training/Competencies – in-house or external removal or new courses

Questions: (5-6) These questions are intended to capture the narrative and what have aspects of practice. Question 6 is a long question that may be a question to you. If you have any questions, please contact: WorkforceCompendium@health.ny.gov.

Appendix: When completing your submission, if you reference an associated resource, please list it in the Appendix section. Please include each resource with a name and URL. If these resources are not available online, please include them as attachments to your submission email and list them under the Appendix.

7. What was the biggest challenge when implementing this initiative?

8. What resources do you feel were critical for success (staff, time, etc.)?

9. What is your contact information?

New York State Workforce Competencies Submission Template

Title of Innovative Practice:

Please enter the beginning and end dates and/or an estimated number of months it took to implement your innovative practice (for ongoing initiatives, please enter an estimated date of completion, or if there is none, write none).

Begin/End Date _____
Estimated Total Time _____

Is this Innovative Practice still in use at your organization? Yes No

Organization's Contact Information

Organization's Name _____
Organization's Website _____
Your Name _____
Your Email Address _____
Your Phone Number _____

Contact Information for follow-up questions regarding your Innovative Practice.

Name _____
Title _____
Email _____
Phone _____

Select the Areas of Practice that Apply to Your Initiative:

- Care Coordination
- Change/Transition Management
- Emerging Health Workers
- Entry-level Worker Knowledge Enhancement Benefits
- Information Technology

Please provide a brief summary of your ongoing health transformation.

2. What were you trying to achieve with this program? Was it worth the effort?

3. Describe or illustrate via flow chart the process used to implement your program, approach, resources created, etc.

4. If applicable, describe or show via flow chart the process a successful experience.

5. How did your program succeed? What was the outcome & impact?

6. Do you have data or plan to collect data to evaluate outcomes? If so, please describe the source, collection method(s), and any visualizations.

7. What was the biggest challenge when implementing this initiative?

8. What resources do you feel were critical for success (staff, time, etc.)?

9. What is your contact information?

Appendix: Links to both resources (attach documents if not posted online)

Please submit your completed template or any questions to WorkforceCompendium@health.ny.gov.

[Clear/Reset Template](#)

Page 2 of 4

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Page 1 of 4



Wade-isms

Adjournment



Department
of Health