SHIP/DSRIP Workforce Workgroup Meeting

October 30, 2019
<table>
<thead>
<tr>
<th>Timing</th>
<th>Topic</th>
<th>Slide(s)</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 10:40</td>
<td>Welcome and Introductions</td>
<td>3</td>
<td>Wade Norwood &amp; Jean Moore</td>
</tr>
<tr>
<td>10:40 – 10:50</td>
<td>Legislative Initiatives and Update on Data Bill</td>
<td>4</td>
<td>Doug Lentivech &amp; Jean Moore</td>
</tr>
<tr>
<td>10:50 – 11:00</td>
<td>Barriers Subcommittee Updates</td>
<td>5</td>
<td>Wade Norwood</td>
</tr>
<tr>
<td>11:00 – 12:30</td>
<td>Panel: Behavioral Health/Primary Care</td>
<td>7-12</td>
<td>Dr. Jessica Grant, Mt. Sinai</td>
</tr>
<tr>
<td></td>
<td>Moderator: Amy Jones</td>
<td>13-19</td>
<td>Dr. Sandeep Kapoor, Director SBIRT Northwell Health</td>
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<td></td>
<td></td>
<td></td>
<td>Julia Fesko, NYS OASAS</td>
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<td>Dr. Kishor Malavade, Associate Medical Director, Department of Population</td>
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<td></td>
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<td>Health, Community Care of Brooklyn</td>
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<td></td>
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<td>Sarah Nusbaum, Director Initiatives and Investments, NYACH</td>
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<tr>
<td>12:30 – 12:45</td>
<td>Break</td>
<td>40</td>
<td></td>
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<tr>
<td>12:45 – 1:10</td>
<td>Workforce Compendium</td>
<td>41-44</td>
<td>Melissa Wendland</td>
</tr>
<tr>
<td>1:10 – 1:15</td>
<td>Wade-isms</td>
<td>45</td>
<td>Wade Norwood</td>
</tr>
<tr>
<td>1:15 – 1:30</td>
<td>Adjournment</td>
<td>46</td>
<td>Wade Norwood, Jean Moore, &amp; Eugene Heslin</td>
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</tbody>
</table>
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 TRAINEED WITH PROJECT TEACH
SBIRT Training
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&T Cs), 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/AdMed/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: SBIRTY@oasas.ny.gov.
# Training Requirements

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

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Required OASAS Approved Training/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians (services may be performed by another provider type under the supervision of the physician)</td>
<td>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)</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>4 hours, unless qualified as a Certified Addictions Registered Nurse (CARN)</td>
</tr>
<tr>
<td>Nurse Midwives</td>
<td>4 hours</td>
</tr>
<tr>
<td>Psychologists</td>
<td>4 hours</td>
</tr>
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</table>
## Training Requirements

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

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<thead>
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<th>Provider Type</th>
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<tr>
<td>Physician Assistants</td>
<td>4 hours</td>
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<tr>
<td>Registered Nurses</td>
<td>4 hours, unless qualified as a CARN</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>4 hours</td>
</tr>
<tr>
<td>Licensed Master Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW)</td>
<td>4 hours</td>
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<tr>
<td>Licensed Mental Health Counselors</td>
<td>4 hours</td>
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<tr>
<td>Licensed Marriage and Family Therapist</td>
<td>4 hours</td>
</tr>
<tr>
<td>Certified School Counselor</td>
<td>4 hours</td>
</tr>
<tr>
<td>Certified Rehabilitation Counselor</td>
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# Training Requirements

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

*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

<table>
<thead>
<tr>
<th>Certification</th>
<th>Certified Peer Specialist</th>
<th>Certified Recovery Peer Advocate</th>
<th>AIDS Institute Certified Peer Worker</th>
</tr>
</thead>
</table>
| **Eligibility**          | • 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                                                                         | • Self-identify as a person with lived experience with a substance use diagnoses  
                          • HS diploma or HSE                                                                             | • Self-identify as a person with lived experience with:  
                          • HIV;  
                          • Hepatitis-C;  
                          • Accessing harm reduction services                                                               |
| **Training Requirements**| • 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                                                                 | • 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                                                               | • Select at least 1 tracks  
                          • 90 hours of training:  
                          • 68 hours of core requirements  
                          • 22 hours of specialization  
                          • 500 hours of work practicum  
                          • Pass online exam  
                          • Satisfactory supervisor evaluation of practicum                                                |
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| **Length and level of certification** | • Provisional certification available  
• Renewal required every 3 years | • Provisional certification available  
• Renewal required every 3 years | • No provisional  
• No renewal required |
| **Continuing education**      | • 10 hours per year       | • 24 hours of recovery-specific education and 4 hours of peer ethics every 3 years | • 10 hours per year |
| **Reimbursement**             | • Medicaid reimbursement   | • Medicaid reimbursement for OASAS outpatient treatment programs and HCBS | • Pending |

The New York Alliance for Careers in Healthcare
Overview of NYS Peer Certifications

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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

<table>
<thead>
<tr>
<th>Interfaith Medical Center</th>
<th>KINGSBROOK</th>
<th>Maimonides Medical Center</th>
<th>Wyckoff Heights Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>301 patients</td>
<td>212 patients</td>
<td>1027 patients</td>
<td>800 patients</td>
</tr>
</tbody>
</table>
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
Submission Template

New York State Workforce Development

Title of Proposal

Please enter the title of your proposal as it will appear on the application form. Be concise, clear, and descriptive of the project.

Project Name

Please enter the name of your project. This will be the title that will appear on the application form.

Project Description

Please enter a brief description of your project. This will be the description that will appear on the application form.

Contact Information

Please enter your contact information. This will be the information that will be used to communicate with you during the application process.

1. What is your project about?

2. What are the goals of your project?

3. What is the expected duration of your project?

4. What is the proposed funding amount?

5. What is the expected impact of your project?

6. What is your project's sustainability strategy?

7. What is your project's potential for replication?

8. What is your project's potential for scaling?

9. What is your project's potential for visibility?

10. What is your project's potential for access and equity?

11. What is your project's potential for innovation?

12. What is your project's potential for economic development?

13. What is your project's potential for community engagement?

14. What is your project's potential for policy and systems change?

15. What is your project's potential for environmental sustainability?

16. What is your project's potential for health and wellness?

17. What is your project's potential for social inclusion?

18. What is your project's potential for cultural and artistic expression?

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20. What is your project's potential for civic engagement?

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