Workforce

Milestone 5

Workforce Training Strategy

DY2 Q4

OneCity Health Workforce Training Strategy

Meeting the Demands of the PPS's
Evolving Health Care Workforce through
Training and Capacity Building

New York State Delivery System
Reform Incentive Payment Program

MARCH 2017

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EXECUTIVE SUMMARY

The New York State healthcare system is undergoing massive transformation. The Delivery System Reform Incentive Payment (DSRIP) program is bringing together healthcare provider and community organizations, spurring the integration of previously siloed services and redesigning clinical, IT, and population health efforts. As these efforts move full steam ahead, OneCity Health recognizes that preparing the workforce to function effectively in emerging care models is increasingly essential.

OneCity Health is a Performing Provider System (PPS) network of over 250 partner organizations committed to developing the talent needed to achieve healthcare transformation. To succeed, OneCity Health must deliver targeted, personalized learning to employees and partners – giving them the requisite competencies and applied skills they need to perform at the "top of their license" and scope of role and stay engaged with OneCity Health's objectives.

The delivery of robust training and educational programs depends on a cohesive and multifaceted strategy for workforce and training. In collaboration with labor partners and PPS partner organizations, OneCity Health developed a Workforce Training Strategy ("Training Strategy"). This Training Strategy lays out an actionable approach to training and education across the PPS. It details answers to the PPS's most fundamental questions – who will receive trainings, what trainings will be offered, how trainings will be delivered and evaluated, and why training is important to advance DSRIP goals.

To develop the Training Strategy, the PPS sought input from educational and clinical experts, labor partners, and frontline staff. These discussions highlighted the need to develop workforce members across all levels who will be directly impacted by shifts in the locus of care delivery under DSRIP. Across each role, workers must be provided with the skills and knowledge they need to perform effectively *and* apply their skills in team-based care settings.

In other words, meaningful change will require focusing on the skills and experiences most needed by employers. At the same time, the PPS must build the capacity of frontline staff, or the individuals and teams best positioned to carry out transformation efforts, to achieve sustained change and improvement. As part of our sustainability efforts, the PPS will evaluate the effectiveness of training and education programming on an ongoing basis, making adjustments along the way to reflect the evolving nature of DSRIP and partners' needs.

In collaboration with the OneCity Health Workforce Committee, OneCity Health developed 10 Guiding Principles to drive workforce change.

1. Use a data-driven and collaborative approach to drive a training and capacity building program
2. Leverage best practices in training and education across PPS partners
3. Employ evidence-based best practices to ensure workers are receiving vetted, high quality training curricula
4. Adopt a "core curriculum" of key training courses on the principles of care coordination, care management, cultural competency and health literacy, collaborative care, population health management, and patient-centered care
5. Empower PPS partners to help their staff acquire and develop the requisite competencies and applied skills needed to perform at the "top of their license"

6. Offer trainings across a variety of modalities and settings to increase access to and availability of core trainings
7. Utilize adult learning theories to allow people to use their preferred styles to learn and retain information
8. Support partners with effective ways to share ideas, collaborate, and address workforce demands
9. Build evaluation and other continuous quality improvement components to ensure efficacy of training and enhance learners' ability to change behavior
10. Adapt approaches to meet changing needs

DSRIP WORKFORCE OPPORTUNITIES & DEMANDS

Background

New York State's DSRIP program began out of the imperative to curb rising Medicaid costs and reduce avoidable hospitalizations among the Medicaid population. Beginning in 2014 and spanning over five years, the program is designed to be a vehicle for transforming healthcare delivery in ways that better reflect community needs and improve population health. DSRIP moves beyond the healthcare system's historical focus on inpatient hospitals by strongly emphasizing preventive and outpatient care.

DSRIP, like other delivery system reform programs, is focused on creating a healthcare environment in which services are delivered and paid for based on value rather than volume. Holding providers and networks accountable to quality outcomes and incentivizing prevention, coordination, and integration is expected to push New York State from a re-active, provider-focused system to a proactive, community and patient focused system.[1] The goal of this effort is to achieve a high quality, financially sustainable healthcare system.

The OneCity Health Performing Provider System (PPS) was established under DSRIP to include hundreds of community-based healthcare providers, services, and organizations, as well as NYC Health + Hospitals' (NYC H+H) network of acute care hospitals, nursing homes, community clinics, home-care service, and MetroPlus, NYC H+H's managed care organization. OneCity Health is investing in clinical integration, expanded community and care coordination resources, IT infrastructure, and performance metrics to bridge the gap between clinical and community settings.

A major initial focus of DSRIP is implementation of 11 projects, each of which is designed to meet population health needs identified through the OneCity Health Community Needs Assessment. The projects include implementation of evidence based strategies for chronic disease management for adults with cardiovascular conditions and for children with asthma, 30 day transitions support for high-risk patients following hospitalization, improved care transitions from the emergency department setting,

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[1] "A Path Toward Value Based Payment – New York State Roadmap for Medicaid Reform. New York State Department of Health, Medicaid Redesign Team. June 2015. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ny/Partnership-Plan/ny-partnership-plan-vb-purch-road-map-appvl-07222015.pdf

integration of behavioral health and primary care, integration of palliative care supports into primary care settings, strengthening of HIV prevention and management, and engagement of uninsured and non-utilizing patients in the community.

DSRIP Workforce Shifts

The implementation of these focused projects and the creation of a robust infrastructure to support DSRIP's integrated delivery system will necessitate workforce changes. Specifically, OneCity Health expects that there will be a need to hire and train more healthcare professionals and non-clinical care management staff to meet demand, as well as retrain existing staff within the workforce to address areas of greatest need.

To gain a deeper understanding of how DSRIP will likely impact the PPS's workforce, OneCity Health worked with BDO Consulting Inc. to determine the "current workforce state." PPS partner organizations were asked to submit information about the number of employees, vacancy rates, and compensation and benefit figures within their organizations. This information was analyzed and reported at an aggregate level, offering a snapshot of the approximately 119,000 workers within the PPS. Using microsimulation and clinical expert and literature reviews, the PPS also conducted a "future workforce state" analysis that projected how the workforce is expected to shift by the end of the DSRIP program in 2020 as result of new or expanded redesign efforts.

Based on these analyses, OneCity Health anticipates the largest increases by workforce roles will take place among clinical and non-clinical care coordinators, primary care providers, and behavioral health providers in outpatient and community settings. Although service demand is expected to decline in hospital inpatient and emergency department settings, these downward trends are likely to be offset by market factors, such as increased utilization by the aging population and broader insurance coverage from the Affordable Care Act. Combined, DSRIP and non-DSRIP factors are expected to result in approximately 2,190 full time equivalent (FTE) new hires across the PPS.

Figure 1: OneCity Health Current Workforce and Projected Shifts[2]

Job Category	Reported Current Workforce (FTEs)	Reported Vacancy Rates	Projected Workforce Shifts in 2020 based on DSRIP and non-DSRIP factors (FTEs)
Primary and Community-Based Settings			
Primary Care Providers	465	8.6%	(+) 195.5
Psychiatrists/Psychiatric Nurse Practitioners	347	14.7%	(+) 29.5
Psychologists	178	5.8%	(+) 57
Licensed Mental and Substance Abuse Providers (e.g. Clinical Social Workers, Mental Health Counselors)	1,900 (Clinical Social Worker only)	7.5% (Clinical Social Worker only)	(+) 139.5 (All Licensed Mental and Substance Abuse Providers)

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[2] October 25, 2016. OneCity Health Target Workforce Report and OneCity Health Workforce Compensation and benefits Report. August 2, 2016.

Job Category	Reported Current Workforce (FTEs)	Reported Vacancy Rates	Projected Workforce Shifts in 2020 based on DSRIP and non-DSRIP factors (FTEs)
Registered Nurses	3,393	11.5%	(+) 100.5
Licensed Practical Nurses	492	7.5%	(+) 18
Nurse Aides/Assistants	405	8.4%	(+) 17.5
Medical Assistants	998	5.7%	(+) 343
Administrative Support Staff	7,549	4.4%	(+) 357.5
Hospital Emergency Department and Inpatient			
Emergency Physicians	241	8.6%	(-) 27
Nurse Practitioners	152	4.5%	(-) 3
Registered Nurses	7,699	3.8%	(+) 24.5
Licensed Practical Nurses	773	5.2%	(+) 33.5
Care Managers/Coordinators/Navigators/Coaches			
Registered Nurse Care Coordinators and Managers	382	3.8%	(+) 112.5
Non-Registered Nurses Care Coordinators	1,481	6.5%	(+) 625.5
Community Health Workers (Asthma)	-	-	(+) 117
Asthma Educators	8	30%	(+) 23.5

As shown in Figure 1, one of the most significant changes expected from DSRIP's focus on care management processes is the expected increase in demand in non-nursing care coordinators. Over the next four years, approximately 625 full time equivalent (FTE) non-nursing care coordinators will need to be newly hired. These positions include community health workers, educators, and patient navigators. With the expansion of primary care and behavioral health in the community, an additional 358 FTE administrative support staff and 343 FTE medical assistants may be needed to support primary care providers, psychiatrists and other medical and behavioral health specialties.

Examining these workforce trends speaks to *Guiding Principle #1: Use a data-driven and collaborative approach to drive a training and capacity building program*. As DSRIP implementation proceeds and market factors continue to evolve, the PPS must use data to carefully design training and education programs that position workers and PPS partners for long-term success.

DESIGNING A TRAINING STRATEGY TO MEET WORKFORCE NEEDS

Purpose

The OneCity Health Workforce Training Strategy ("Training Strategy") provides a blueprint for training, education, and capacity building approaches across the PPS. The goal is to help PPS partners and their current and prospective employees acquire the requisite skills and competencies to maximize performance and remain engaged with OneCity Health's DSRIP objectives.

Importantly, the Training Strategy also focuses on how OneCity Health will work with partners to make workforce training and development efforts sustainable. Developing and incorporating resources capable of serving our partnership at scale is essential for the PPS's workforce to adapt to the healthcare system's rapidly changing demands. These may include continuous quality improvement and practice coaching initiatives, embedded processes for career ladder development, and implementation of, or access to, a learning institute or other enduring learning and training resources.

Approach

OneCity Health used a multi-faceted approach to develop the Training Strategy.

Drawing on the expertise and experience of clinical and care management executives, labor partners, educational experts, and PPS partners, OneCity Health identified training needs, vetted training topics, drafted targeted career pathway opportunities, and developed the vision and guiding principles.

Importantly, OneCity Health worked closely with the PPS's Workforce Committee, whose membership comprises eight labor organizations and four different partner organizations, to determine the training and skill building efforts needed to ensure DSIRP success. Additionally, through a multi-year contract, 1199 SEIU Training and Employment Funds (TEF) is assisting OneCity Health with general advisory services, including training development and implementation, career ladder development, and related training and workforce development efforts.

The five key steps to developing OneCity Health's Training Strategy include:

1. **Assessing State and PPS Requirements to Determine Baseline Set of Trainings**

In August 2016, OneCity Health conducted an in-depth crosswalk of the PPS's State Implementation Plan to identify prescribed training requirements for each of the clinical projects and operational tasks OneCity Health committed to under DSRIP. The resulting list of required trainings became the basis for OneCity Health's training inventory, and helped define a timeline for training implementation across the PPS.

2. **Engaging External Stakeholders to Determine Needs and Flag Potential Operational Issues**

Beginning in July 2016, in efforts to learn about best practices that could be leveraged and identify opportunities to align approaches across shared partner organizations, OneCity Health conducted interviews with several other PPSs to learn about their training and educational offerings. OneCity Health also participates in multiple citywide consortiums in order to seek stakeholder advice, develop shared benchmarks, and pursue opportunities for alignment. These include the Greater New York Hospital Association Workforce Workgroup and the New York City Department of Health and Mental Hygiene's Behavioral Health Peer Consortium. In addition, OneCity Health works collaboratively with its workforce and training governing body, the OneCity Health Workforce Committee, to gain insights from labor management experts and the field.

3. Consulting Clinical and Care Management Experts

Between July and November 2016, OneCity Health conducted several interviews with clinical and care management experts within the PPS network. These experts helped clarify the steps of implementing each DSRIP project, the components of care management initiatives, and associated training needs.

4. Understanding Partners' Training Needs and Assets:

OneCity Health and its partners are undertaking three initiatives aimed at better understanding the strengths and challenges partners face when implementing trainings and meeting DSRIP workforce demands. These initiatives have clarified the skills gaps and learning needs of PPS employees, and are helping to ensure the PPS's Training Strategy is responsive to the workforce and its strategic priorities.

First, between May and June 2016, OneCity Health's largest partner and fiduciary NYC H+H conducted a Learning Needs Assessment survey with 12,359 staff. The survey found that:

- 50% of NYC H+H employees do not understand DSRIP
- 36% of NYC H+H employees do not understand the concept of Patient-Centered Medical Home (PCMH)
- 45% of NYC H+H employees requested training in cultural competency
- 54% of NYC H+H employees requested training in team-building skills
- 50% of NYC H+H employees identified "blended learning" (i.e., traditional classroom learning with web-based learning) as their preferred learning modality

These findings stress the importance of training workers on the fundamental concepts advocated by DSRIP and how to apply them in the context of their work and care setting. A positive outcome of embedding these concepts in all PPS-wide trainings will be the ability to promote and support a cohesive, team-based workforce who understands the context of the shifting workforce environment and who can be successful in meeting the challenges and opportunities these changes present.

Second, OneCity Health has partnered with CulturaLink to implement the Communication Climate Assessment Tool, or CCAT, with a representative sample of 26 partner organizations (constituting 62 individual sites). Representative organizations were selected based on an analysis of priority zip codes and priority subpopulations of highest health and social need. The CCAT survey will be used to assess whether a partner organization's policies, practices, and culture promote effective, patient-centered communication.

In addition, the CCAT will collect information about particular areas of training expertise, such as whether the organization has staff members who could provide best practice training to the OneCity Health network, whether the organization offers any specialized training, and whether the organization is able to host trainings on site. This information will help minimize potential duplication of training efforts and allow the PPS to leverage best practices, training content, and trainers already employed in partner organizations.

The CCAT also inquiries about the challenges partners expect to encounter when rolling out DSRIP related trainings, including funding limitations and insufficient staff time. Learning about these challenges will help OneCity Health craft an approach that prioritizes top DSRIP training concerns among partners. A list

of the CCAT's training related questions, adapted from the complete CCAT questionnaire, can be found in Appendix B.

Finally, OneCity Health will engage partners about their training needs through ongoing communication with NYC H+H facility-based DSRIP implementation leads as well as community partner sites. Through monthly partner webinars, site visits, and telephonic communications, OneCity Health staff will informally and formally survey partners about their ongoing training needs, training and education assets that can be highlighted, leveraged and expanded network-wide, and challenges they anticipate and experience during training roll out.

These efforts speak to *Guiding Principle #2: Leverage best practices in training and education across PPS partners.*

Of note, this Training Strategy is a "living document." As new information becomes available through the aforementioned partner engagement efforts, the Training Strategy will be updated to reflect the PPS's evolving needs.

5. Aligning with OneCity Health Priorities

To ensure alignment with strategic priorities, OneCity Health staff conducted an in-depth review of the PPS's strategy and implementation documents, including:

- *Practitioner and Community Engagement Strategy:* Plan for engaging practitioners and community members across partner organizations and geographic regions
- *Project Toolkits:* Practical guides to help partners understand the steps required to implement clinical projects
- *Cultural Competency Training Strategy:* Plan for addressing gaps identified by data and geographic hot spotting through culturally sensitive training and education programs
- *Community Needs Assessment*: Comprehensive assessment, including almost 3,000 surveys, interviews and focus groups, to collect information about the resources and gaps within OneCity Health's service area and the health status and needs of the population served

IMPLEMENTATION OF THE TRAINING STRATEGY

Vision

FOCUSING TRAININGS ON THE SKILLS AND EXPERIENCES MOST NEEDED BY EMPLOYERS & BUILDING THE CAPACITY OF INDIVIDUALS AND TEAMS FOR SUSTAINED CHANGE

OneCity Health envisions a workforce-driven approach to training that strengthens the capacity and competencies of employees and creates sustainable change. This vision was developed in collaboration with the Workforce Committee, clinical and care management experts, and labor organization representatives.

While OneCity Health will implement discrete trainings required for DSRIP project implementation, the PPS takes a broader view. By helping people *apply* the learnings from trainings and restructure their work and team relationships accordingly, the PPS plans to achieve better patient outcomes, improved workflows, and high quality, patient-centered care.

Guiding Principles

To make this vision a reality, OneCity Health has adopted ten guiding principles for its Training Strategy. These principles focus on creating diverse, evidence-based training opportunities that meet DSRIP and marketplace demands:

1. Use a data-driven and collaborative approach to drive a training and capacity building program
2. Leverage best practices in training and education across PPS partners
3. Employ evidence-based best practices to ensure workers are receiving vetted, high quality training curricula
4. Adopt a "core curriculum" of key training courses on the principles of care coordination, care management, cultural competency and health literacy, collaborative care, population health management, and patient-centered care
5. Empower PPS partners to help their staff acquire and develop the requisite competencies and applied skills needed to perform at the "top of their license"
6. Offer trainings across a variety of modalities and settings to increase access to and availability of core trainings
7. Utilize adult learning theories to allow people to use their preferred styles to learn and retain information
8. Support partners with effective ways to share ideas, collaborate, and address workforce demands

9. Build evaluation and other continuous quality improvement components to ensure efficacy of training and enhance learners' ability to change behavior
10. Adapt approaches to meet changing needs

Operational Model for Training Delivery

The goal of this section is to lay out OneCity Health's plan for developing and implementing training and capacity building programs at scale across the PPS network. It covers the following areas:

Figure 2: Operating Model for Training Delivery
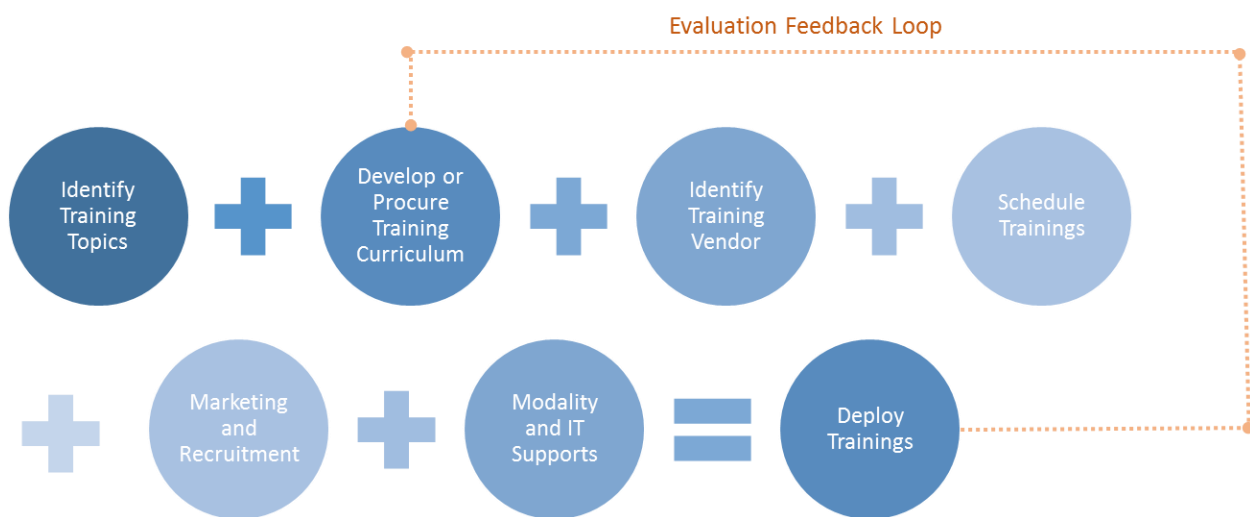
Identifying Training Topics

As previously discussed, an initial set of training topics were collected by:

1. Aggregating the State Implementation Plan's training-related requirements;
2. Asking care management and clinical experts to identify the set of skills and competencies workers need to successfully implement DSRIP projects;
3. Asking stakeholders – such as TEF and the OneCity Health Workforce Committee – to flag current workforce skills gaps and recommended trainings;
4. Surveying partner sites through the aforementioned Learning Needs Assessment and CCAT; and
5. Conducting site visits with PPS partners and other communications with partners.

OneCity Health recognizes that additional training and capacity building needs will continue to arise as project implementation proceeds and workers are hired, redeployed, or retrained. Given this reality, OneCity Health developed an electronic request form for project and operational leads within OneCity Health to submit. The form requests a description of the desired training, the target audience, any known

materials or curricula, and timeline requests. Following submission, OneCity Health's training manager meets with the project or operational lead to review the "OneCity Health Training Pre-Launch Checklist" (See Appendix B). This checklist is a guide intended to foster a collaborative conversation and "deeper dive" around training content and logistics.

Developing and Procuring Curriculum

Training curriculum will be developed in house or procured from external vendors.

- <u>In House Development</u>: Content and curriculum may be developed by training experts within OneCity Health or NYC H+H

- <u>External Procurement</u>: Due to timeliness or other factors, OneCity Health will likely procure appropriate curriculum from TEF or other local and national training organizations

- <u>Other</u>: OneCity Health will also survey partners to determine whether existing training content already exists within the PPS network. Additionally, the PPS may collaborate with other PPSs and educational institutions and/or not-for-profits on discrete training curriculum development

The appropriateness of curricula will be assessed using the following adult learning theories and evidence-based best practices principles recommended by labor management and education experts. Achieving these pedagogical standards is intended to help meet *Guiding Principle #3: Employ evidence-based best practices to ensure workers are receiving vetted, high quality training curricula* as well as *Guiding Principle #7: Utilize adult learning theories to allow people to use their preferred styles to learn and retain information*.

- **Constructive Learning Theory:** This theory contends that people relate the information they learn to their own life experiences and understanding of the world. OneCity Health will encourage constructive learning techniques such as interactive role play within some of its training programs.

- **Collaborative Learning Theory:** This theory acknowledges that people learn within a social environment. It often refers to learning that occurs between two or more people. OneCity Health will apply this construct through curricular techniques such as group based exercises and peer critique. Because DSRIP transformation places a greater emphasis on team-based care, to the extent possible OneCity Health will also encourage teams to be trained together. This will aid learners in applying acquired skills within their real-life workplace team environments.

- **Differentiated Learning Theory:** This theory is based on the premise that instructional approaches should vary to meet learners' diverse needs within a classroom. OneCity Health will review curriculum and training modalities to ensure that various methods for processing information are addressed. This may include use of videos, tactile exercises, and role play.

Of note, OneCity Health understands the importance of "context" in helping learners apply their skills to the workplace setting. In response, OneCity Health is planning to develop a brief introduction to each training that reviews the purpose and goals of the training as well as the DSRIP project and objective for

which the training is being conducted. This will help ensure that despite the variability in training vendor and curriculum, learners will receive standard introductions that help ground their experiences in the reality of their day-to-day professional operations and objectives.

Finally, OneCity Health will work with 1199 TEF and other content and learning experts to ensure that the curriculum is based on evidence based practices. To the extent possible, curriculum content will be peer-reviewed and based on methods that have been applied with success. Nationally renowned models and curricula such as Stanford Model for Chronic Disease Management and PACE for Asthma Educators are examples of best practices that are being applied within the PPS.

Identifying Training Vendors

OneCity Health will identify vendors who can deliver trainings through three mechanisms:

- **Utilize TEF to Vet Expert Trainers**: As part of OneCity Health's robust partnership with 1199 TEF, 1199 TEF will identify "in house" and external trainers with appropriate expertise and experience to deliver training and capacity building programs. For example, OneCity Health is leveraging 1199 TEF's in-house trainers with significant clinical and training expertise to deliver an 8-day care management curriculum that prepares non-RN care managers for the Health Home At-Risk project.

- **Deploy a Project Participation Opportunity to Leverage Partners as Trainers**: To ensure that OneCity Health is leveraging the assets of its partner organizations, OneCity Health plans to distribute a "Project Participation Opportunity." This Opportunity will enable PPS partners to flag internal trainers who can deliver trainings across the PPS network.

- **Conduct Research to Identify Local and National Training Experts**: OneCity Health training staff will also consult project leads, conduct web-based research, and engage other stakeholders, including Workforce Committee members and university experts, to identify locally and nationally recognized trainers.

Scheduling Trainings

OneCity Health training staff will work with project and operational leads, as well as partner sites, to determine the most appropriate venue for trainings. Training site selection will depend largely on availability of space as well as technical capabilities, such as audiovisual supports. Trainings will be decentralized, or in locations across the City, to maximize accessibility for all learners in the network. OneCity Health will also rely on training space available through 1199 TEF and partner sites.

Marketing and Recruitment

OneCity Health is planning to post training opportunities on its website, which receives nearly 1,500 users per month and over 7,700 page views per month.[3] OneCity Health will also coordinate with NYC H+H to advertise DSRIP-related trainings on the NYC H+H learning portal – a one stop shop for all NYC H+H employees to access learning information and opportunities system-wide.

Though some trainings will be directly targeted to a particular set of workers or audience, OneCity Health will share information about all open trainings on monthly partner webinars. This may include trainings available PPS-wide, or those selectively targeting workers involved in particular DSRIP projects or partner sites. Trainings developed or procured by OneCity Health will be branded with the OneCity Health logo.

OneCity Health will support partners as they match employees (learners) with trainings appropriate to their role and organization. Learners include individuals who will be directly involved in DSRIP projects, as well as those who will be indirectly involved but need baseline information in order to function effectively in teams and meet DSRIP and other transformation objectives. In the immediate term, OneCity Health will utilize Eventbrite for training registration. In the long term, OneCity Health plans to utilize a Learning Management System for streamlined registration and tracking, as discussed in more detail below.

Training Modality and IT Supports

The most appropriate modality for a given training will depend on the target audience, the training type, and the modality's proven effectiveness in changing behavior. Additional considerations include the ability to leverage existing training venues in a given community and the appropriateness to the setting(s) in which the participants work.

Due to the size and complexity of the PPS, trainings will be offered in a variety of ways. This will achieve *Guiding Principle #6: Offer trainings across a variety of modalities and settings to increase access to and availability of core trainings*. E-learning and web-based courses will be offered to teach basic concepts like DSRIP 101 and fundamentals of population health, though select versions of these courses may be offered in person as well. Refresher courses, including those on care coordination tools to improve documentation, referrals, and other care management processes, will also be offered on e-learning platforms to allow for continuous learning opportunities while minimizing learners' time away from work. The PPS will also offer in-person courses, ongoing coaching, simulation/role play, and train-the-trainer workshops, and will prioritize these modalities as feasible.

To enable the PPS to offer e-learning and web-based resources to PPS partner organizations' employees, OneCity Health is developing a centralized Learning Management System (LMS). The LMS will offer training courses and content as well as host a learning community that promotes dialogue and feedback, such as chat and message boards, comment boxes, ratings system, and announcements of trainings that may occur outside of the LMS. These features will facilitate *Guiding Principle #8: Support partners with effective ways to share ideas, collaborate, and address workforce demands.*

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[3] Based on OneCity Health website statistics aggregated over 2016 [http://onecityhealth.org/]

Deploying Trainings: Prioritization and Roll Out

The PPS's roll out of training courses will initially depend on the timeline of DSRIP project implementation. Efforts to meet project milestones, and the need to bridge current and anticipated gaps from changes in the healthcare delivery system, will also affect how the PPS prioritizes training courses, the timeline for roll out, and the organizations to whom the training will be targeted. Importantly, the PPS will also consider pedagogical frameworks so that learners receive training and education in a sequence that best builds on their skills and competencies and lays the contextual groundwork for successful application in the workplace.

A snapshot of the projected training implementation timeline is below. This timeline highlights several representative training courses from each training category, each of which is discussed in more detail in the following section.

Figure 3: OneCity Health's Projected Timeline for Training Roll Out through DSRIP Year 5
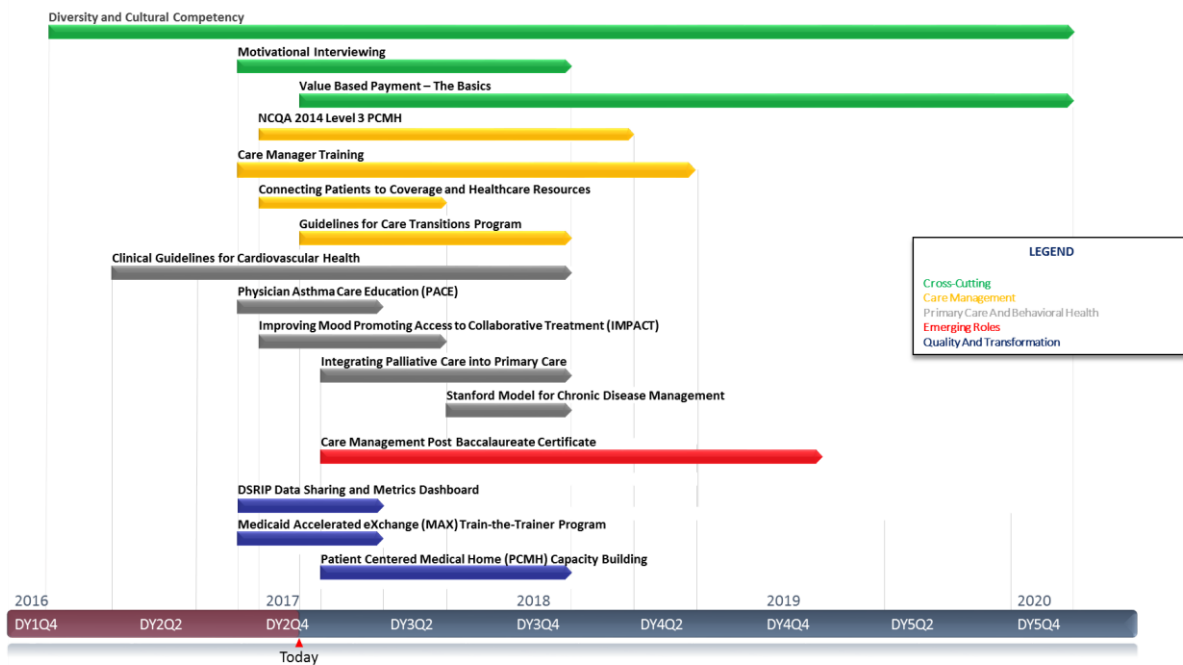
PROJECTED TRAININGS BY CATEGORY AND TOPIC

At the core of this PPS training plan are the following questions: What trainings will the PPS likely provide, and to whom?

Training on such a large scale requires an organizational framework that clearly defines the body of training topics by type, general target audience and overall learning objectives. To achieve this goal, OneCity Health developed the following categories of training topics:

- **Cross-Cutting Trainings:** Focused on programs and courses considered fundamental for all PPS employees
- **Care Management Trainings:** Helps advance the goals of DSRIP's care management projects and transformation efforts
- **Primary Care and Behavioral Health Trainings:** Supports the PPS's primary care and behavioral health clinical improvement and population health projects
- **Emerging Roles Trainings:** Aimed at roles expected to grow, largely in the outpatient arena, as a result of DSRIP and other market factors
- **Quality and Transformation Trainings**: Focused on high performance, continuous improvement, and sustainability through capacity building

Figure 4: Training Categories, Including Sample Training Topic and Target Audience by Topic

What (Sample Training Topics)		Who (Sample Target Audience)
Cross-Cutting	DSRIP 101, Value-based Payment	All partner sites and staff involved in DSRIP
Care Management	PAM, GSI, Motivational Interviewing, Care Management	Staff involved in DSRIP Projects 2.a.iii, 2.b.iii, 2.b.iv, and 2.d.i
Primary Care and Behavioral Health	PACE, IMPACT, PrEP	Staff involved in DSRIP Projects 3.a.i, 3.b.i, 3.d.ii, 3.g.i, 4.a.ii, 4.c.ii
Emerging Jobs	MSW, Peers, CHW	Identified entry points and staff at risk
Quality and Transformation	Leadership Development, PDSA, Coaching	Administrative staff, supervisors and managers, central office staff, staff involved in DSRIP Project 2.a.i

A comprehensive list of projected trainings, organized by training categories, is available in Appendix C. OneCity Health believes that together, these trainings will help the PPS achieve *Guiding Principle #5: Empower PPS partners to help their staff acquire and develop the requisite competencies and applied skills needed to perform at the "top of their license."*

Cross-Cutting Trainings

Cross-cutting trainings are considered necessary for all PPS employees. These trainings help partner organizations understand and put into context the changes occurring under DSRIP, why the changes are happening, and how they can be conscientious actors and agents of change. These efforts will create a strong baseline foundation for PPS employees to address *Guiding Principle #4: Adopt a "core curriculum"*

of key training courses on the principles of care coordination, care management, cultural competency and health literacy, collaborative care, population health management, and patient-centered care.

Cross-cutting trainings will target all staff in PPS partner organizations, with a focus on those who are directly or indirectly involved in DSRIP project implementation. Course examples include DSRIP 101, Population Health Basics, Social Determinants of Health, and Cultural Competency and Health Literacy.

It is anticipated that a large portion of this course work will be provided through a LMS. As such, OneCity Health will work with partner leads to enable early and widespread uptake, supporting partners' efforts to complete the trainings within the first 12 months of launch. However, cross-cutting trainings will not be mandated as prerequisite to all other training courses in light of the time-sensitivity of other training requirements. Cross-cutting trainings will be available and offered throughout the DSRIP lifespan.

Importantly, for the purposes of this Training Strategy, Cultural Competence and Health Literacy training is any employee training or educational offering that:

- Promotes better service delivery to a cultural group (based on any unifying behavioral or physical trait e.g., race, poverty level, homelessness, insurance status), including cross-cultural communication between provider and patient and adaptation and utilization of technologies to better fit cultural and linguistic considerations of patient body
- Increases patient activation and engagement, ability to self-manage, increase health literacy
- Impacts patient conditions that are identified health disparities (e.g., asthma and cardiovascular disease)
- Improves employee professional inter-relationships and workplace, organizational culture towards embracing diversity, cultural humility and principles of social justice and racial equity

While the PPS may decide to have a standalone course on Cultural Competence and Health Literacy, OneCity Health is committed to ensuring that principles of cultural competence and health literacy are integrated in all PPS trainings offered to the extent possible. These principles include:

- Focus on cultural sensitivity and responsiveness
- Language access and linguistically appropriate service provision
- Awareness of 'Social Determinants of Health'
- Motivational interviewing
- Patient engagement

Training in Action: Between July and September 2016, OneCity Health partner NYC Health + Hospitals trained approximately 19,000 employees on LGBTQ best practices and NYC Health + Hospitals policies. These trainings cover definitions and concepts regarding LGBTQ patients and co-workers and strategies to promote equitable and respectful high quality care for all patients and employees.

Additionally, between December 2016 and January 2017, OneCity Health trained 65 providers on Motivational Interviewing. The Motivational Interviewing training describes the basic principles of motivational interviewing (MI), the four skills of MI: open-ended questions, affirmations, reflections and summaries; and identifies the value of motivational interviewing for preventing chronic diseases and self-management of chronic diseases.

Care Management Trainings

Care management trainings will train employees in fundamental and project-specific care management duties and skill enhancements. Their overarching goal is to expand and improve care coordination between providers, support the transition of care from inpatient to outpatient settings, and activate uninsured and underinsured patients.

First, to address the fundamental skills required for the care management workforce, OneCity Health's clinical and care management experts, TEF, and PPS's Care Models Committee identified care management core competencies. Sample competencies include care plan development and goal setting, self-management and health coaching, and navigating community resources. The full core curriculum is shown in Figure 5 below.

Figure 5: Core Curriculum of Care Management Skills by Topic

Skills and Topics
Engaging patients in care management
Standard process and documentation
Care plan development and goal setting
Conducting effective case conferences
Navigating community resources
Health advocacy
Transitions in care
Self-management and health coaching
Medication list comparison
Overview of chronic medical conditions
Overview of serious mental illness
Managing patients with behavioral health and substance use issues
Advocacy for the homeless
Documentation in GSI Health software
Ethics, cultural competency, and health disparities

To put this core competency curriculum into action, OneCity Health is leveraging 1199 TEF's 80-hour care management training series. The series contains discrete modules, or topics, that cover each core competency, with the exception of GSI. The modules within the series can be taught separately and are customizable.

Second, to address the skills, knowledge, and competencies required to successfully implement DSRIP's care management projects, the PPS has identified "project-specific" care management trainings. These include:

Trainings to Advance Project 2.a.iii – Health Home At-Risk Intervention Program: Through this project, OneCity Health and its partners will work to extend care management services to individuals who have one chronic disease and are at risk of worsening health, and who are likely to benefit from care management due to characteristics such as social risk factors. In addition to providing care management services, Health Home At-Risk (HHAR) partner organizations will be asked to help primary care services integrate social services into their practice. Trainings for this project will target licensed clinical social workers, care coordinators, and primary care teams, and will cover topics such as:

- Methods to coordinate and navigate medical, behavioral health and social and family support services
- Identifying patients for referral to community-based care management
- Communicating with primary care staff on acceptance and screening of referrals
- Care coordination protocols
- Appropriate utilization of GSI to document referral, outreach, and enrollment data for the OneCity Health HHAR program

OneCity Health has already begun training for this project. For example, during DSRIP Year 2, Quarter 2, the PPS conducted a webinar to educate care management agency staff on Health Home At-Risk project implementation planning and roll out, including anticipated resource scale-up, payment models, reporting requirements, and resources provided by OneCity Health.

Trainings to Advance Project 2.b.iv – Care Transitions to Reduce 30 Day Readmissions: The Care Transitions project focuses on reducing hospital readmissions by providing a 30-day supported transition period post hospitalization to high-risk patients. The PPS is developing Transition Management Teams (TMTs) – comprised of a social worker, nurse, and community liaison – to achieve the project goal of creating seamless transitions between the hospital and community settings. TMTs will work closely with hospital staff and substance abuse peers to create a care plan for at risk patients prior to discharge. Post discharge, they will coordinate services with primary care to link patients to PCMH sites, home care, Health Homes, community based partners, physician practices, and more. Training for this project will target TMT members and cover topics such as:

- Care plan development
- Motivational interviewing
- Overview of chronic disease conditions and serious mental illness
- Health advocacy
- Working in interdisciplinary teams
- Communicating with primary care staff on acceptance and screening of referrals

OneCity Health has already begun training for this project. For example, during DSRIP Year 2, Quarter 2, OneCity Health trained care transitions staff, primarily nurses, social workers and non-RN care managers, about processes for appropriately documenting and reporting care transitions project steps in GSI.

Trainings to Advance Project 2.b.iii – ED Care Triage for At-Risk Populations: The ED Triage project focuses on linkages to primary care for patients who utilize the emergency room for non-urgent issues. Through this project, care teams will discuss self-management of chronic illnesses and linkages to care management services. Training for this project will target ED transitions teams (including registered nurses, licensed social workers, and non-clinical worker) and existing clinical ED staff (including physicians and registered nurses), and will cover topics such as:

- Care planning and goal setting
- Patient self-management
- Overview of chronic disease conditions and serious mental illness
- Navigating community resources
- Improving linkages to primary care appointments after ED discharge

Of note, ED Care Triage kick off meetings have taken place at Harlem Hospital, Woodhull Hospital, and North Central Bronx during DSRIP Year 2, Quarter 1. These meetings were conducted to educate key clinical and administrative staff on primary care linkages.

Trainings to Advance Project 2.d.i – Patient Activation: The Patient Activation project focuses on engaging uninsured and underinsured Medicaid beneficiaries who are not utilizing or underutilizing the health care system. Through enhancement of outreach and patient engagement and enrollment in healthcare coverage, the PPS aims to improve outcomes, maximize patient activation and education, and provide linkages to care for this high need population. Training for this project will target non-clinical care coordinators and cover topics such as:

- Outreach and engagement
- Utilization of the Insignia Patient Activation Measure 10-question survey (PAM)

OneCity Health has already begun training for this project. Since program inception, for example, 841 total individuals from New York City Health + Hospitals facilities and other community partners were trained in utilization of the PAM. This training is conducted across facilities and partner sites to (1) introduce activation and the PAM; (2) discuss strategies for effectively administering a PAM survey and inputting data into Flourish (a software system for tracking patient engagement); and (3) discuss effective means of creating linkages to insurance and primary care. Through September of 2016, all 46 community partners participating in Project 11 have been trained.

Primary Care and Behavioral Health Trainings

Primary care and behavioral health trainings will train employees in project-specific duties and skill enhancements. These trainings are aimed at strengthening the capacity of primary care and behavioral health workers in primarily ambulatory and outpatient services.

Clinicians and staff operating in primary and behavioral health settings, including primary care practices, patient centered medical homes, and behavioral health centers, will learn evidence-based practices in preventive care, early diagnosis and intervention. Training will also provide knowledge and skills to help

communicate effectively, teach patients how to self-manage chronic conditions and influence healthy choices.

The PPS's project-specific trainings for primary care and behavioral health include:

Trainings to Advance Project 3.b.i: Cardiovascular Disease Management for Adults: This project applies evidenced-based strategies to assist patients managing heart conditions. It additionally supports primary care teams in the implementation of best practices for cardiovascular disease management. Training for this project will target primary care teams and cover topics such as:

- Overview of clinical guidelines for hypertension, smoking cessation, aspirin use and cholesterol management
- Blood Pressure measurement techniques
- Documentation of self- management plans
- Registry management

Trainings to Advance Project 3.g.i Integration of Palliative Care: The goal of this project is to integrate palliative care skills and services into the primary care treatment model, and to develop improved quality of life for both patients and their families. Training for this project will target primary care teams and cover topics such as:

- Communication and coordination practices such as identifying patients with serious advanced illness
- Administration of health care proxies
- Pain management
- Management of chronic symptoms
- Identifying social, functional, and systems-based barriers to care
- Spiritual and cultural aspects of serious illness and
- Referral to specialty palliative care and/or hospice

OneCity Health has already begun training for this project. For example, during DSRIP Year 2, Quarter 2, the PPS conducted "Train the Trainer" sessions to instruct primary care team members on conducting simple advance planning and administering the health care proxy form. In DSRIP Year 2, OneCity Health is planning to conduct training on integrating palliative care into primary care settings, as well as extending

Training in Action: In order to achieve the goals of Project 3.g.i, OneCity Health must successfully integrate palliative care into primary care. This level of integration will help address patients' needs in trusted settings where they receive the majority of their care.

OneCity Health is considering providing a series of two 3-hour train-the-trainer sessions with PCMH teams to increase knowledge and skills related to three areas of primary palliative care:
- Conducting goals of care conversations,
- Managing pain in primary care, and
- Administering a Medical Orders for Life Sustaining Treatment (MOLST)

interactive, case based curriculum and other resources from the Center to Advance Palliative Care.

Trainings to Advance Project 3.d.ii Asthma Home-Based Self-Management: The goal of this project is to develop a home-based asthma self-management program that addresses asthma exacerbation factors. The self-management program includes home environmental trigger reduction, self-monitoring, medication use, and medical follow-up to reduce avoidable ED and hospital care. Training for this project will target primary care teams, community health workers, and home remediation specialists, and cover topics such as:

- Physician Asthma Care Education (PACE)
- Administering and interpreting spirometry
- Asthma education
- Root cause analysis
- GSI for documentation
- Integrated pest management, home repair, and home assessment skills for home remediation specialists

OneCity Health has already begun training for this project. For example, during DSRIP Year 2, Quarter 2, OneCity Health conducted a GSI training to educate primary care nurses about nursing obligations, workflows, and processes for appropriately documenting asthma project steps and communicating with community health workers in GSI.

Training in Action: OneCity Health trained 138 providers in PACE between July 1, 2016 and January 15, 2017. Below is a photo from a PACE training at NYC Health + Hospital's East New York campus. This training was taught by Dr. Randall Brown, a nationally renowned asthma expert and developer of the PACE curriculum.

Trainings to Advance Project 3.a.i Integration of Primary Care and Behavioral Health Services: The objective of this project is to integrate mental health and substance abuse services with primary care to ensure optimal care coordination for patients who require behavioral health services. OneCity Health will implement all three integrated care models for Project 3.a.i: 1) increasing the physical co-location of behavioral health providers into primary care sites, 2) co-locating primary care services at behavioral health sites and 3) implementing and improving mood-providing access to collaborative treatment (IMPACT) model for depression across the PPS service area. Training for this project will target primary care and behavioral health teams, including PCPs, depression care managers, and social workers, and will cover topics such as:

- IMPACT: Improving Mood and Promoting Access to Collaborative Treatment
- SBRIT: Screening, Brief Intervention, and Referral to Treatment
- Onboarding protocols for co-located primary care at behavioral health sites
- Medication management
- Psychiatric consulting in primary care

OneCity Health has engaged a vendor with expertise in behavioral health/primary care integration to provide support to participating primary care and behavioral health sites (Article 28, Article 31, and Article 32). This vendor is developing individual implementation plans for 10 sites that can inform training needs, including standard elements of primary care and behavioral health in co-located settings, and staffing configurations that will support co-located services. In addition, OneCity Health is working closely with NYC H+H partners to learn from and disseminate to partners best practices arising from population health-focused care collaboration efforts.

Trainings to Advance Project 4.a.iii Strengthen Mental Health and Substance Abuse Infrastructure: The objective of this project is to strengthen mental health and substance abuse infrastructure across systems through health promotion and prevention activities addressing mental, emotional and behavioral disorders. Training for this project will target school employees and community partners, and will cover topics such as:

- Screening children in middle schools for behavioral health issues
- Understanding mental health and substance use and effective prevention strategies
- Skills for reducing high risk behaviors and to lower the stigma of mental health treatment
- Establishing and making community referrals and linkages for students in need of treatment by providing clear and easy to use "warm hand offs" to mental health and substance use treatment
- Effective crisis response and de-escalation of crises
- Early identification of behavioral health issues

OneCity Health has contracted with The Jewish Board of Family & Children's Services, a PPS partner in collaboration with four New York City DSRIP Performing Provider Systems (PPSs) - Bronx Health Access, Bronx Partners for Healthy Communities, Community Care of Brooklyn and OneCity Health, to support this effort.

Trainings to Advance Project 4.c.ii Increasing Early Access to HIV Care: The goal of this project is to improve HIV prevention and treatment. Training for this project will target clinical providers and non-clinical providers who have patient contact, and will cover topics such as:

- Identifying and referring or treating patients who may benefit from pre-exposure prophylaxis
- Improving access and utilization of services to ensure that key issues, such as conducting effective and respectful sexual histories, are addressed
- Patient efficacy and self-management

Emerging Roles Trainings

As DSRIP implementation facilitates the expansion of outpatient and community-based services, so too will it require the hiring and retraining of staff to fill resulting demand. For example, DSRIP is expected to increase the need for care managers, care coordinators, and health coaches by over 900 FTEs in outpatient settings. OneCity Health will focus training efforts on these fast-growing titles, thereby helping to develop a workforce that has the competencies and skills needed to fill existing gaps and the flexibility to be deployed across settings.

The emerging roles that will need to be filled by new or incumbent workers are primarily based in the primary and community-based settings. Figure 6 displays the titles and vacancy rates of some of these "emerging roles" within the PPS. These include RN care coordinators, non-RN care coordinators, community health workers, health educators, medical assistants, and administrative support staff. OneCity Health is keenly focused on peer health workers, including peer specialists and recovery peers, as well as social workers' expanding roles in care management. It is important to note that OneCity Health expects this area to evolve substantially as DSRIP implementation progresses and the PPS continues to learn from partners and labor management organizations.

While some of these workers will be newly hired, OneCity Health plans to leverage the talent of incumbent staff by retraining or redeploying them to fill the vacancies associated with emerging positions. In collaboration with its labor partners DC37, NYSNA, 1199SEIU, and the Doctor's Council, OneCity Health will develop and execute plans to retain its labor force, capitalize on their talent and experience, and enhance internal leadership capacity.

Figure 6: PPS "Emerging Roles," Or Job Titles Most likely to Grow by 2020 – By Number of Current FTEs and Vacancy Rates Reported in PPS, as Well as Projected Growth/Impact

DOH Job Title	Reported FTEs	Vacancy Rates	Total Expected FTE Growth by 2020
PRIMARY AND COMMUNITY-BASED SETTINGS			
Primary Care Providers	465	8.6%	195.5
Licensed Mental and Substance Abuse Providers	1,900	7.5%	139.5
Registered Nurses	3,393	11.5%	100.5
Medical Assistants	998	5.7%	343
Administrative Support Staff	7,549	4.4%	357.5
CARE MANAGERS/COORDINATORS/NAVIGATORS/COACHES			
RN Care Coordinators/ Managers	382/ 88	3.8%/ 61%	112
Non-RN Care Coordinators	1,481	6.5%	625.5
Community Health Worker (Asthma)	--	--	117
Asthma Educator	8	30%	23.5
Cardiovascular Disease Educator	--	--	23.5

Importantly, the majority of the emerging roles require only zero to two years of experience. This suggests that educational programs that train and certify these individuals could be a significant resource for providing employees to fill vacant positions. Training in this area is likely to include:

- Introduction to the community health worker role
- Communicating effectively with others
- Advocating for patients
- Best practices for customer service in healthcare environments
- Working effectively on interdisciplinary teams
- Introduction to care management services
- Roles and responsibilities of clinical case managers
- Developing care plans
- Overview of peer support workers – roles and responsibilities

While these training and capacity building efforts will help address short-term vacancies, the PPS requires a strategy to alleviate shortages in the long-term. As will be discussed in the section *Building a Pathway for Sustainability*, OneCity Health is planning to leverage and invest in scholarships, apprenticeships, internships, and other opportunities that build a workforce pipeline for the future.

Quality and Transformation Trainings

Training for quality and transformation weaves together the network of Cross-cutting, Care Management, Primary Care and Behavioral Health, and Emerging Roles trainings. The purpose of quality and transformation training is to provide the best clinical and healthcare service quality to New York City and

build in-house capacity to sustain change well beyond DSRIP. It assures that leadership and organizational priorities are aligned with the trained workforce and support innovative and effective ways to deliver care.

Baseline trainings in this area will aid staff and clinicians in implementing and utilizing the technology and infrastructure required for system wide change. To achieve an integrated delivery system, the PPS must invest and train employees in health information and care management platforms such as GSI and EPIC to maximize their impact across settings.

Supplemental offerings will provide training to assist PPS partners in achieving quality and performance improvement goals. This type of training will focus on changing workflow and in many cases, behavior, to improve processes and eventually outcomes in care. Trainings will primarily target front line clinicians and middle managers. Training may also vary across partner types; for example, smaller, community based primary care settings will likely require more baseline knowledge about various topics than larger primary care settings and hospital-based providers.

In addition, OneCity Health plans to train the PPS Central Services Organization staff on leadership development and change management skills and processes, particularly as they relate to the evolving healthcare landscape. Trainings will be focused on providing staff with the education and tools needed to effectively support internal and external operations in a value-based payment (VBP) environment. Trainings are likely to include:
- Fundamentals of VBP financial management
- Applied analytics for operational and information management
- Leadership development
- Strategy development and execution, including creating and managing effective work flows for deliverables and goals

With this in mind, the quality and performance improvement training strategy will to incorporate the following basic curriculum topics and elements:

- **The Landscape of Value Based Payment:** Many clinicians and their care teams on the front lines of providing care do not understand the basics of value based payment or how it impacts them and their patients. This training will offer clinicians and staff rudimentary education about value based payment and learn what health care organizations need to be aware of to successfully function in a value based payment environment. Practical examples of using performance data and incorporating performance reporting into workflow will be provided.

- **Engaging Interdisciplinary Teams in Health Care Quality and Performance Improvement:** One of the critical elements to achieving performance improvement is for clinicians and staff to work on effective clinical teams, as opposed to in silos of care. This curriculum topic will describe approaches to forming effective interdisciplinary teams, how to engage physicians within teams, and how to address barriers that surface as clinicians and staff engage in interdisciplinary teamwork. The objective of this topic will be to illustrate effective team dynamics when engaging in quality and performance improvement,

as well as to provide participants with practical considerations associated with various disciplines and administrative staff working together to achieve quality goals.

- **Practical Approaches to Using Performance Improvement Methodologies:** Foundational to transformation efforts is the need to track, assess, and demonstrate improvement in care processes and the associated outcomes through the health care delivery system. Continuous Quality Improvement (CQI) is a method used to consistently address systematic issues and to standardize processes to improve performance. While many performance improvement methodologies exist, NYC Health + Hospitals and SUNY Downstate have utilized the Lean methodology to achieve performance improvement successes. The System will be encouraged to leverage its existing resources for Lean. OneCity Health will also plan to use the Model for Improvement,[4] which is a less intensive framework for engaging in improvement efforts using a rapid cycle improvement approach. The objective of this segment of training will be for clinicians and staff to learn the fundamentals of using the model for improvement, how to develop achievable and realistic aim statements and goals, and how to use small amounts of data or information to monitor the improvement effort. Participants will be given practical examples on the best ways to engage with clinical teams in using the model for improvement to support transformation. OneCity Health will leverage existing project implementation toolkits to assist with this, by using real-life examples of how some facilities have used the model for improvement to achieve successes in various improvement efforts.

- **Using and Socializing Data for Performance Improvement and to Measure Progress:** Measurement is critical to monitoring improvement efforts, yet it can be challenging to identify appropriate data to collect and monitor, in part due to the fragmentation in existing data sources. The objective of this portion of the curriculum will be to offer strategies to engage providers with limited and imperfect data, and to initiate change by way of collecting very small amounts of data. Additionally, various ways to display data will be included as part of this segment. Participants will also hear about strategies on how to leverage existing sources of data to obtain information, and they will learn how they can use appropriate data from sources outside of their existing facilities (e.g., through managed care organizations) to meet their improvement goals.

- **Bringing it All Together: Practical Applications of the Curriculum:** While learning about quality and performance improvement may be theoretically interesting, actually applying it in the clinical setting is what is most critical to improve patient care. Clinicians and staff will be asked to identify a topic of importance in the value based payment environment, work with an interdisciplinary team to refine and scope the topic, and develop a cohesive measurement strategy. During this segment, participants will be guided on how to scope the focus, and they will be given a menu of options for improvement topics related to the DSRIP clinical projects. They will learn tactics for keeping the efforts manageable and to avoid scope creep, and they will be given specific tools to develop their action plans, many of which will be taken from existing DSRIP project toolkits.

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[4] Institute for Healthcare Improvement. Accessed December 30, 2016. Available from: www.ihi.org

BUILDING A PATHWAY FOR SUSTAINABILITY

The ultimate goal of the PPS's training and capacity building program is to improve patient outcomes. Instead of focusing on short-term and ad hoc approaches to training, the PPS will concentrate on the building blocks of long term transformation: (1) Career ladders that prepare licensed and non-licensed professionals for promotion to higher skill and higher wage positions and (2) quality improvement, capacity building, and evaluation initiatives that lead to sustained and continuous change.

Career Ladders

An effective career pathways program will consist of incremental but stackable education that meets competencies for entry and mid-level jobs, as well as work-based experiential learning such as apprenticeships, internships and supervision. To support learners who are also full-time workers, a comprehensive program will provide case management, manageable schedules and locations or sites that are easily accessible. Of note, this Training Strategy uses the term 'career ladders' colloquially. It does not refer to career ladders as they are typically used in formal labor relations negotiations.

Benefits of building a career pathways program are:[5]

- Maintaining a competitive advantage in retaining trained and experienced workers;
- Providing channels for leveling the inpatient to outpatient shifts in the workforce;
- Maximizing labor supply, educational partnerships, training and other resources available;
- Filling forecasted vacancies in emerging and hard to fill jobs;
- Offering employee opportunities to facilitate salary increases;
- Providing entry-level community employment, alleviating poverty;
- Having a diverse workforce with cultural and linguistic proficiency; and
- Fostering a culture of lifelong learning, staff engagement and satisfaction.

By engaging PPS partners and utilizing data gleaned from the PPS's workforce analyses, the PPS will develop and select programs aligned to the needs of partner organizations and the transforming integrated healthcare system.

The PPS will actively participate in building a systemic workforce pathways program by (1) investing in training for entry-level programs; (2) creating entry points for career advancement through career mapping and utilizing stackable education credits, when possible; and (3) facilitating meaningful internships for preparing students to move into hard-to-fill clinical and professional job categories. These targeted strategies are elaborated below.

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[5] New York City Office of the Mayor, "Career Pathways: One City Working Together" http://www1.nyc.gov/assets/careerpathways/downloads/pdf/career-pathways-full-report.pdf; Wagner, Stacey. "Retention: finders, keepers." Training & Development 54.8 (2000): 64-64. Wilkes, Robert C., and Sharon J. Bartley. "A model for career planning in healthcare: Investing in a career development program will retain workers for growth." Online Journal for Workforce Education and Development 2.3 (2010): 3.

1) **Investing in training for entry-level programs**

Central to this Training Strategy is a focus on emerging titles that are in high demand and have readily available and less intensive curricular and credentialing requirements. These include peer support workers and community health workers.

The PPS will build on the evidence-based reality that peer workers offer a critical link to patient engagement based on shared experience. Peers have been shown to reduce disparities in access to care, lower readmission rates, and increase primary care utilization rates.[6,7] OneCity Health sees the peer role as one that can provide an entry point for untapped workforce resources from the community. Once peers are trained to engage patients and assist them in navigating resources within the healthcare system, they can continue to develop into supervisory/management roles. They may move as far as running their own organizations from the point of view of an informed consumer with lived experience.

Through participation on the New York City Department of Health and Mental Hygiene's (DOHMH) City Peer Consortium Steering Committee as well as conversations with labor management and public education resources for adults, OneCity Health is identifying best approaches to support peer workers and their continued development and successfully deploy them in the areas of greatest need. For example, OneCity Health is currently investigating the potential of leveraging the trainings, internships, and career coaches offered by Howie the Harp, a premiere training academy located in Harlem, New York.[8] In addition, OneCity Health is considering leveraging the Certified Recovery Peer Advocate training program, which is supported by DOHMH, Office of Alcoholism and Substance Abuse Services, the City University of New York, and Queensborough Community College. This 70-hour training course provides coaching, support, information guidance and motivation to those seeking or sustaining recovery from a substance use disorder. These are examples of current efforts.

The PPS is also actively focused on supporting the development of a robust community health worker workforce. Community health workers are particularly helpful in bridging the gaps between the community, social services, and primary care teams. Their roles include outreach, patient engagement, community education, and coaching. The PPS may utilize the Community Health Worker (CHW) Apprenticeship Program developed by TEF, Bronx Lebanon Hospital Center (BLHC), the LaGuardia Community College and the New York Alliance for Careers in Healthcare, which blends classroom and work-based learning. Completing the program in six months, apprentices are credentialed by the US Department of Labor Office of Apprenticeships and become eligible for promotion and hiring as full-fledged CHWs. OneCity Health is working with our partners and collaborators to identify the best publicly available models that can be leveraged and employed.

2) **Creating entry points for career advancement**

Recognizing that steps for career progression are beneficial for retaining a trained and experienced workforce, OneCity Health must have a clear understanding of the baseline skill levels and competencies of its partners' existing employees. As one example underway, NYC H+H is launching a dual-phased skills

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[6] ThriveNYC: A Mental Health Roadmap for All. City of New York. November 2015.

[7] Chinman et all. A Cluster randomized trial of adding peer specialists to intensive case management teams in the Veterans Health Administration. *Journal of Behavioral Health Services & Research.* 2013 1-12.

[8] Community Access, Inc. Howie the Harp. 2016. http://www.communityaccess.org/our-work/educationajobreadiness/howie-the-harp

inventory initiative that will collect self-reported information about employees' educational experiences, language skills, and relevant credentials. This information will be linked to an online competency assessment that measures employees' strengths and gaps across a range of foundational and soft skills. Together, this information will help position NYC H+H to strategically target workforce development and training programs that support employee and organizational success.

Information gleaned from skills assessments may also be used to identify entry points for advanced credentials and career ladders. For example, workers may be encouraged to enroll in the Care Management Post Baccalaureate Program offered by Alfred University in collaboration with TEF. This advanced certificate program is approved by the NYS Department of Education. It prepares learners to sit for the National Certification obtainable through the National Academy of Certified Care Managers. While learners are trained as Care Managers, they simultaneously earn credits for a Master's Degree in Mental Health.

3) **Facilitating meaningful internships for job titles requiring extensive education and credentialing**

OneCity Health will support career ladders for job titles that require extensive educational and credentialing requirements by strengthening working agreements between partners and community colleges and by facilitating input from labor management organizations. Utilizing existing affiliations, undergraduate nursing program internships will be enhanced. This may include creating a structure to support nursing student internships in best practice settings such as interdisciplinary care teams in the outpatient setting. To ensure success, the PPS may also fund the supervision of interns across the PPS for a reasonable period of time. If successful, this supplies a pipeline for filling RN vacancies. Where current vacancy rates are already high, this will augment hiring and redeployment for future RN jobs.

In addition, in partnerships with CUNY and SUNY, the PPS will look into creating a structured environment to support Masters in Social Work (MSW) graduates in obtaining licensure. Currently, requirements for licensure involve 12 semester hours of clinical coursework, at least three years of post MSW supervised experience and clinical examination. While schools continue to produce MSW graduates, it is unclear how many actually attain licensure once they have entered the labor force.

OneCity Health believes that a viable workforce strategy necessitates a career pathways program. Given the scale of DSRIP impact and high vacancy rates for targeted positions, shortages may be felt throughout the region and by other systems. If the forecast holds, retraining and hiring alone are unsustainable. To build even stronger bridges, OneCity Health will actively engage other PPSs and regional stakeholders to develop holistic, systemic career pathways for sustainability.

Quality Improvement, Capacity Building, and Evaluation

One of the challenges in a PPS with so many partners with varying degrees of resources and experience is that OneCity Health cannot provide a "one size fits all" approach to its quality and performance improvement training efforts. For this reason, OneCity Health will consider developing tiered levels of continuous training in an ongoing fashion, providing more hands on follow-up to facilities with less experience in quality and performance improvement.

Strategies OneCity Health has identified promote sustainability include:

1. **Identifying Key Factors for Partners to Engage in Quality and Performance Improvement Training**

To promote future sustainability, at the onset, OneCity Health plans to identify a minimum set of criteria needed for PPS partners to engage in PPS-sponsored quality and performance improvement activities, potentially with a vendor.

Some questions to consider asking include: Does the partner have an electronic health record? Will the partner be able to access certain data important to exist in a value based payment environment? Is there a certain number of staff and/or clinicians who will be able to participate actively in this type of curriculum?

2. **Engaging in a Structured "Learning Network" Among Multiple Partners**

As part of the support for PCMH certification, OneCity Health will be contracting with a coordinating vendor to oversee the technical assistance provided to individual sites. This vendor will also assist in designing and implementing a learning network for interested partners within the PPS through a series of events. The focus of this learning network will include the curriculum components listed in the *Quality and Transformation Trainings* section and will foster a positive, supportive culture of peer-to-peer information sharing and exchange of best practices and lessons learned. The three main components of this learning network will include:

- In-person learning sessions (most likely in the form of dinner meetings to accommodate scheduling issues for providers) to introduce curriculum topics;
- Webinars, inviting appropriate partners on clinical topics building upon the in-person learning sessions; and
- Telephonic meetings to identify partner progress.

3. **Developing an Ongoing Coaching Strategy to Encourage Sustainability:**

Training in and of itself will not promote sustainability. Once training is offered, skill-building typically will not occur. For this reason, we plan to define in detail and implement a coaching strategy, in which performance improvement "coaches" will follow-up with teams to support their improvement efforts. These coaches will assist participants in scoping their projects, ensuring they have the wherewithal to engage in the improvement topic, and providing them with structure in order for them to stay on track. Coaches will engage teams on-site within their facilities and/or practices, instruct them on how best to use data, and act as an extension to their teams.

4. **Developing a Comprehensive Evaluation Process to Measure Success and Challenges:**

Over the **short-term**, OneCity Health will develop an overall evaluation process for participants to rate the training that they received, as well as the practical application of it. OneCity Health will consider using the NYC H+H Continuing Medical Education (CME) and Continuing Nursing Education (CNE) evaluation forms

as a guide. Select aspects of these forms are available in Appendix E. OneCity Health may also consider applying for both CME and CNE credit to attract participation from physicians and nurses to participate in this training.

A **long-term** evaluation strategy will incorporate the following:

1. **Track progress in quality and performance improvements**: Depending on the topic or area of focus, OneCity Health will consider quantifying some of the process and eventually outcome changes based on what is applied in the clinical setting over the course of the program being implemented. OneCity Health anticipates these improvements will be linked to the DSRIP projects.

2. **Identify and quantify program successes and areas for improvement:** OneCity Health will consider creating an evaluation tool to be administered to participants to assess their overall perceptions of the quality and performance improvement training. This tool will include questions to evaluate the successes of the training program, the gaps and areas to improve within the program, and overall suggestions for topics to include in future iterations of this type of training.

3. **Analyze impact of training on career advancement related to quality and performance improvement:** OneCity Health will consider creating a database with clinicians and staff who attended the quality improvement trainings. Part of the strategy may involve having long-term follow-up with the participants in order for them to share their successes, best practices achieved, sustainability plans, and challenges encountered by engaging in this work. This database can be used to communicate with learners over the long-term and identify various types of career changes or promotional opportunities based on the training they received through this effort.

These evaluation strategies help OneCity Health achieve *Guiding Principle #9: Build evaluation and other continuous quality improvement components to ensure efficacy of training and enhance learners' ability to change behavior* as well as *Guiding Principle #10: Adapt approaches to meet changing needs.*

OneCity Health Learning Institute

One of the most powerful ways to ensure that DSRIP continues beyond the lifespan of the program is to develop, or enhance access to, a learning institute that provides linkages to educational opportunities, training curriculum, and workforce development programs within and outside of the OneCity Health network.

OneCity Health intends to develop a learning institute that does just that. First, through the PPS's Learning Management System (LMS), OneCity Health will maintain an electronic resource of learning materials, including curriculum and evaluations, which can be easily downloaded and shared by PPS partners. Second, OneCity will aggregate information about resources outside of the PPS network that address competencies the PPS acknowledges are crucial but cannot directly provide due to budgetary and scope constraints. These include English for Speakers of Other Languages (ESOL) courses that aim to improve English proficiency for the workplace and other activities of daily life, as well as adult basic education courses that work to improve reading and writing for native English speakers. OneCity Health will also link to remedial math courses, a critical skill gap identified by the PPS's Workforce Committee.

In an effort to increase cross-PPS alignment, the learning institute will also seek opportunities to partner with other PPSs on training activities, resources, and best practices. This may include partnering on specific training initiatives, such as PACE for physicians participating in the asthma home management project, or workforce development programs, such as community health worker apprenticeships. To the extent permissible by other PPSs, OneCity Health will also advertise training offerings held by other PPSs and are applicable to OneCity Health.

Long term, OneCity Health hopes the learning institute will become a center of excellence, offering and producing best practice research, professional articles, and nationally-recognized recourses for successful workforce development and healthcare transformation.

Conclusion

As OneCity Health charts the course to an integrated delivery system, it will leverage the power of training and capacity building. These efforts will help enable the PPS workforce to achieve high performance goals for preventative, patient-centered, population-based, value-based care.

With the scale and size of the OneCity Health PPS, it is critical that we view training as more than a short-term strategy to meet DSRIP milestones, but rather as a tool for transformational change carried forward by our frontline staff. Through a multi-faceted approach, covering foundational competencies, project-specific skills, quality and performance improvement and a targeted focus on emerging roles and frontline staff development, OneCity Health is positioned to provide new and incumbent employees with the tools they need to be successful in the emerging delivery system.

APPENDICIES

A. CCAT Training Questions from Complete Questionnaire

The Communication Climate Assessment Tool, or CCAT, is being conducted with a representative sample of 26 partner organizations (constituting 62 individual sites) to assess whether a partner organization's policies, practices, and culture promote effective, patient-centered communication. In addition, the CCAT will collect information about partners' particular areas of training expertise and challenges they anticipate encountering when rolling out DSRIP related trainings.

CCAT Training Questions [Adapted from Complete CCAT Questionnaire]

1. **Has this organization developed any trainings or clinical practices that, in your opinion, reflect your organization's particular areas of expertise and/or best practices?**
    - i. If yes, please provide details:
    - ii. Would this organization be willing to share these materials with the OneCity Health network?
        1. If yes, who can we contact at your organization to follow up? _____
    - iii. Are there staff members on site that could provide these trainings to the OneCity Health network?
        1. If yes, who can we contact at your organization to follow up? _____

2. **Other than regulatory and other mandated trainings, are the following types of trainings offered at this organization <u>on a regular basis</u>, please select all that apply**
    - i. Care management trainings
    - ii. Conflict management
    - iii. DSRIP 101
    - iv. General/All Staff (e.g. population health, cultural competency)
    - v. Job-specific trainings (e.g CHWs)
    - vi. Mentorship, internship
    - vii. Primary and behavioral health
    - viii. Quality Improvement and Transformation
    - ix. Teambuilding skills
    - x. Time management

3. **Has this organization contracted with a vendor(s) to provide specialized training in the following areas:**
    - i. Human Capital / Staff Development – If yes, name of vendor(s):
    - ii. Cultural Competence – If yes, name of vendor(s):
    - iii. Health Literacy – If yes, name of vendor(s):
    - iv. Integrated Care Management – If yes, name of vendor(s):
    - v. Population Health Training – If yes, name of vendor(s):
    - vi. Care Management Training – If yes, name of vendor(s):
    - vii. Quality Improvement – If yes, name of vendor(s):
    - viii. Motivational Interviewing – If yes, name of vendor(s):
    - ix. Coaching Employees – If yes, name of vendor(s):
    - x. Health Coaching – If yes, name of vendor(s):
    - xi. Chronic Disease Self-Management – If yes, name of vendor(s):
    - xii. Other (please specify)_____

4. **Is this organization able to host trainings on site at your organization?**
    - i. If yes, what is the current capacity (i.e. room size(s), maximum number of people)?

5. **Please list the challenges this organization anticipates it may encounter when it comes to rolling out DSRIP-related trainings, as required by OneCity Health PPS. (Items below should be provided in a check box)**
    - i. Funding limitations
    - ii. Insufficient staff time
    - iii. Space limitations
    - iv. "Out of the box" trainings are not adequately customized to organizations needs
    - v. Internal resources are not sufficient to customize trainings to organizations needs
    - vi. Other (Please list): _____

6. **Anything else we should know related to trainings at this organization?**

B. OneCity Health Training Pre-Launch Check List

This pre-launch check list is currently being used in the Central Services Organization to ensure alignment between OneCity Health training and workforce staff and project leads and drill down on logistics related to training implementation. A version of this check list may be used with PPS partners who request trainings in the future.

OneCity Health Training Pre-Launch Check List

THE BASICS

☐ OneCity Health lead contact person for training: _____

☐ Training name: _____

☐ Training purpose (please be as descriptive as possible):

_____
_____
_____
_____

THE TIMELINE

☐ When do you want this training to be rolled out? _____

☐ Is this training ongoing? If no, by when should this training be completed? _____

☐ How does this training align with the relevant SIP requirements?

    ☐ If this training is specific to one of the 11 projects, has there been a project kick off meeting?
        a. If yes, when did it occur? _____
        b. If no, when will the kickoff meeting take place? _____

    ☐ What project implementation steps, if any, are necessary for this training to occur? Please provide details (e.g. To what extent have these steps happened?)

_____
_____
_____

THE CONTENT & MODALITY

☐ Have you identified a curriculum that you would like to use? _____

☐ If yes,
   a. Does the curriculum need to be customized? _____
   b. Can you provide the curriculum? _____

☐ If no, is your project team developing its own content? Please describe.
   _____
   (If no, no worries! We will help you find a vendor that supplies a curriculum that meets your needs)

☐ What are the learning objectives for this training? Please list at least three.
   _____
   _____
   _____
   _____
   _____

☐ Are there any other resources we should consider sharing with the trainers and/or persons trained? If so, please describe.
   _____
   _____

☐ How do you want the trainings delivered?
   ☐ Instructor led in person
   ☐ Coaching and/or mentoring
   ☐ Online (including webinar)
   ☐ Blended (if yes, please describe) _____

THE DELIVERY

☐ Is there a list of Partners who will receive this training? If yes, please list:
   _____
   _____
   _____

☐ If no, please create a list of Partner organizations who will receive this training.
   _____
   _____
   _____

☐ Who is the audience? In other words, what types of workers should receive this training (e.g. social workers, RNs, Nurse Practitioners)? _____
   _____
   _____

THE DELIVERY CONT'D

☐ Do you want to phase training implementation for the targeted Partners? If yes, how? _____
_____
_____

☐ About how many people should receive training? _____

☐ Are you interested in applying for CMEs through NYC H+H? _____

☐ Are you aware of any evaluations that accompany this training? _____
      a.   If yes, do you want to use any of the evaluations? Please provide.

☐ This training must be communicated and marketed to partners. Which of the below options do you prefer? You can choose more than one.

    ☐ Training Team develops outreach communications; sends to Partners (in partnership with project team/hub team)

    ☐ Training Team develops outreach communications; sends to project team/hub team to send to Partners

    ☐ Posted on monthly webinar

    ☐ Posted on OCH website

    ☐ Broadcast in newsletter

THE LAST ITEMS

☐ Anything else we should know?
_____
_____
_____
_____

C. OneCity Health's Projected Training Inventory Throughout DSRIP

This inventory describes the diverse training and capacity building efforts OneCIty Health may employ throughout the DSRIP program. It is organized by training category (Cross Cutting, Care Management, Primary Care and Behavioral Health, Emerging Roles, and Quality and Transformation) and specifies the anticipated targeted role(s), timeline for implementation, and modality for delivery.

Training Inventory can be found in accompanying PDF file entitled OneCity Health Workforce Training Strategy, Appendix C.

D. NYC Health + Hospitals CME Evaluation Form (To be Adapted for OneCity Health)

This evaluation form may be adapted by OneCity Health to implement standard evaluations following training and capacity building programs.

NYC HEALTH + HOSPITALS

NYC HEALTH + HOSPITALS
CONTINUING PROFESSIONAL EDUCATION

ACTIVITY EVALUATION SUMMARY

Title of Activity:						Activity Code:	

Date:	Location:						

Total # of Participants: _____	MD/DO: _____	RN/NP: _____	SW: _____	Other: _____

Summarize participants rating of each statement	Poor	Fair	Good	Excellent
1. Did the instructor relate the course objectives to the overall goal & purpose of this learning activity?	%	%	%	%
2. To what extent were the following objectives of this learning activity achieved?				
a)	%	%	%	%
b)	%	%	%	%
c)	%	%	%	%
3. Was the program relevant to your practice/discipline?	%	%	%	%
4. Were the training materials presented clearly, accurately and helpful toward the learners understanding of the course?	%	%	%	%
5. Were the teaching strategies and tools appropriate?	%	%	%	%
6. The degree of confidence I have that I will use the knowledge from this training?	%	%	%	%

7. Summarize participants rating of each presenter	Knowledge of Subject				Presentation orderly and understandable				Debriefing discussion engaging/organized				Small groups, role playing & assignments			
(**1** = Poor, **2** = Fair, **3** = Good, **4** = Excellent)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
a.	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
b.	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
c.	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

8. Instructor(s) establish/maintain appropriate teaching strategies?	%	%	%	%
9. Overall assessment of this educational activity?	%	%	%	%
10. Was this program fair, balanced, and free of commercial bias?	Yes	%	No	%
11. The provider of the activity has disclosed in writing or verbally the conflict of interest or lack thereof declared by the planners and presenters/content specialists?	Yes	%	No	%

The strengths of the program were:

What changes will you make in your clinical practice based on this learning activity?:

How will you know in your work environment if this training was effective?:

In 3 months' time, what difference do you anticipate seeing in your work environment because of this training?:

Additional Comments:

NYC HEALTH+HOSPITALS | ONECITY HEALTH

OneCity Health Workforce Training Strategy

Appendix C: OneCity Health's Projected Training Inventory Throughout DSRIP

March 2017

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Cross-Cutting Trainings	Diversity and Cultural Competency at NYC Health + Hospitals	Cultural Competency and Health Literacy	This web-based training provides all employees with an introductory overview of key definitions and concepts related to diversity, language access and cultural competency in health care delivery. It includes facility-specific demographics and resources for employees.	All Roles	All Facility Types	Web-based	Jan - Mar 2016	DY2, Q4	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Language Access In-Person Training	Cultural Competency and Health Literacy	This in-person training provides all employees with facility-specific instructions on when and how to access language assistance services using the range of modalities in place. It also describes guidelines, policies and best practices in ensuring effective communication with limited English proficient (LEP) patients.	All Roles	All Facility Types	Instructor-led	Jan - Mar 2016	DY2, Q4	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Introduction to your LGBTQ Patients Training	Cultural Competency and Health Literacy	This web-based training provides employees with information on LGBTQ best practices and NYC Health + Hospitals policies. The training provides an overview of definitions and concepts regarding LGBTQ patients and discusses strategies to promote equitable and respectful high quality care for all patients. The course discusses policies and laws prohibiting discrimination in accommodations, including bathrooms.	All Roles	All Facility Types	Web-based	Jan - Mar 2016	DY2, Q4	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Introduction to your LGBTQ Coworkers Training	Cultural Competency and Health Literacy	This web-based training provides employees with a review of LGBTQ issues and an overview of policies, and further describes the concerns of LGBTQ co-workers. The training describes how staff can create and participate in a welcoming and inclusive workplace that is comfortable for all.	All Roles	All Facility Types	Web-based	Jan - Mar 2016	DY2, Q4	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Cultural Competency Health Literacy	Cultural Competency and Health Literacy	This 4 or 8-hour training focuses on how culture impacts care, and teaches healthcare personnel to be culturally responsive on the job. The training covers specific cultural considerations, including strategies for overcoming barriers, cultural and linguistic competence skill, and provides information about the social determinants of health and health disparities.	All roles	All Facility Types	Web-based	Oct-17	DY3, Q3	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Disabilities & Mental Health Sensitivity Training	Cultural Competency and Health Literacy	This training teaches participants to utilize inclusive language. The learning objectives include 1) identifying stereotypes, myths, and beliefs that shape personal perceptions and 2) demonstrating appropriate language and terminology for discussing disabilities and resources.	All roles	All Facility Types	Web-based	Oct-17	DY3, Q3	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	DSRIP 101	2.a.i - IDS	DSRIP 101 is designed for those who are unfamiliar with DSRIP. The course will give participants, including non-clinical and clinical staff, a basic understanding of the initiative to contextualize clinical and operational changes in the evolving healthcare landscape.	All roles	All Facility Types	Web-based	Apr - June 2017	DY3, Q1	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Population Health	2.a.i - IDS	This training is designed to define population health, differentiate "population health" from "public health" and "community health," describe the Triple Aim and why it is important to broader health care initiatives and describe social determinants of health.	All roles	All Facility Types	Instructor-Led Course	Apr - June 2017	DY3, Q1	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Value Based Payment - The Basics	2.a.i - IDS	Training to support Value Based Payment (VBP) education and training for partners and CSO staff.	Administrators, Managers and Supervisors, MD, PA, NP, RN, CSO Staff	All Facility Types	Instructor-Led Course; Web-based Course	Jan - Mar 2017	DY 2, Q4	Jan - Mar 2020	DY4, Q4
Cross-Cutting Trainings	Health Informatics For Innovation, Value & Enrichment (Hi FIVE)	2.a.i - IDS	This training covers five main topic areas: Population health, care coordination and interoperability, value-based care, healthcare data analytics, and patient-centered care.	All Roles	All Facility Types	Web-based	Jan - Mar 2017	DY 2, Q4	Jan - Mar 2020	DY4, Q4

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Cross-Cutting Trainings	Social Determinants of Health	2.a.i - IDS	This two-hour course teaches participants about health disparities, social determinants of health, and cultural barriers to health. It also examines the role healthcare workers play in addressing health disparities, and the approaches they can use to help patients make choices that are beneficial to their health and wellbeing.	All roles	All Facility Types	Instructor Led Course	Oct-17	DY 3, Q3	Jan - Mar 2018	DY3, Q4
Cross-Cutting Trainings	Closed Loop Referral System	2.a.i - IDS	This training will help providers, including clinical and non-clinical staff, learn how to utilize a closed-loop referral system platform to enhance referrals to social and community based organizations.	All roles	All Facility Types	Instructor Led Course	Oct-17	DY 3, Q3	Jan - Mar 2018	DY3, Q4
Cross-Cutting Trainings	NYACH Legal Assistance and Social Determinants of Health	2.a.i - IDS	TBD	TBD	TBD	Instructor Led Course	Jan - Mar 2017	DY 2, Q4	Apr - June 2018	DY4, Q1
Cross-Cutting Trainings	Math Skills Course	2.a.i - IDS	This training provides basic math skills that help clinical and non-clinical providers administer health care services.	Community Health Workers, Non-RN Care Managers, RN Care Managers, Care Coordinators, RNs	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Cross-Cutting Trainings	Customer Service for Healthcare Workers	2.a.i - IDS	This training improves customer service, patient satisfaction and experience.	All roles	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Cross-Cutting Trainings	Motivational Interviewing	Cross-Cutting	Motivational interviewing describes how motivational interviewing can assist with the prevention and self-management of chronic diseases. Key objectives include defining and explaining the basic principles of motivational interviewing and explaining how motivational interviewing can improve population health.	Community Health Workers, Non-RN Care Managers, RN Care Managers, Care Coordinators, RNs, SW, Pharmacist, Dietician, Community Liaison, Supervisors	All Facility Types	Instructor Led Course	Dec-16	DY 2, Q3	Jan - Mar 2018	DY3, Q4
Emerging Roles Trainings	Medical Assistant to Health Coach Training	2.a.i - IDS	This credit bearing course teaches existing Medical Assistants or newly hired health Coaches how to function as a Health Coach in a medical practice/patient centered medical home. Participants learn about new models of care, patient engagement and health coaching techniques, chronic disease, wellness and prevention. Additionally, there is a practicum component as supervisors visit the classroom setting and observe and critique a role play activity. Upon completion of the training, participants will be able to provide health coaching to patients in a primary care setting.	MA, Health Coaches	Article 28, Hospital Article 28	Instructor Led Course	Apr - June 2018	DY4, Q1	Jan - Mar 2020	DY4, Q4
Emerging Roles Trainings	Health Coach Training	2.b.iv - Care Transitions for 30 Day Readmissions	This training is designed to build patient engagement and behavior change skills and discuss the role of a health coach in supporting patient care.	CHW, Health Educators	Health Home, CBO, Primary Care	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Patient Navigator Training	2.a.i - IDS	This training addresses communication, customer service, ethics, culture, health disparities and self care strategies for patient navigators	Patient Navigators, CHW, Health Educators	ED/Inpatient	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Care Management Post Baccalaureate Certificate	2.a.iii - Health Home at Risk; 2.b.iv - 30 Day Care Transitions; 2.b.iii - ED Care Triage	The learning objectives of this certificate program from Alfred University includes an in depth understanding of patient centered care delivery system, preventive care, population health and healthcare reform.	RN Care Managers, Non-RN Care Managers, Care Coordinators, CHW, Health Coach, RN	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Care Management Post Baccalaureate Certificate	2.a.iii - Health Home at Risk; 2.b.iv - 30 Day Care Transitions; 2.b.iii - ED Care Triage	The learning objectives of this certificate program from Boston University are to understand the core functions and responsibilities of care management/ care coordination and care transitions.	RN Care Managers, Non-RN Care Managers, Care Coordinators, BA - CHW, BA - Health Coach, RN	All Facility Types	E- Learning Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Masters in Mental Health Counseling with Advanced Certificate in MHC	3.a.i - PC BH Integration and 4.a.iii - MHSA	This 60 credit certificate program in MHC from Alfred University program is designed to be completed in 24 months. This innovative program was created to provide expertise in behavioral health in response to DSRIP programs.	Health Coach, Health Educators, BA - CHW, BSW, BA - Care Coordinator	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Emerging Roles Trainings	Counselor to Credentialed Alcoholism and Substance Abuse Counselor (CASAC) Trainee	3.a.i - PC BH Integration and 4.a.iii - MHSA	This training unit ensures the development of appropriate and substantive coursework that enhances the knowledge, skills and abilities of provider staff, helping them to qualify for the Credentialed Alcoholism and Substance Abuse Counselor (CASAC). OASAS is the only level of certification in New York for substance abuse counselors.	Peer Support Worker, CHW, Substance Abuse/Behavioral Health Counselor, BSW, MSW	Article 28, Hospital Article 28, Article 31, Community Based Organization	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	CASAC Trainee to CASAC	3.a.i - PC BH Integration and 4.a.iii - MHSA	This training involves 350 hours of CASAC training. In order to become a CASAC in New York State, you must: (1) meet specific competency and ethical conduct requirements; (2) meet specific work experience requirements; (3) meet minimum education and training requirements; and (4) pass the International Certification and Reciprocity Consortium (IC&RC) examination for Alcohol and Drug Counselors. OASAS is the only level of certification in New York for substance abuse counselors.	CASAC-T, Peer Support, CHW, Substance Abuse/Behavioral Health Counselor, BSW, MSW	Behavioral Health	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Medical Assistant Certificate	Cross-Cutting	This program, provided by CUNY, provides 530 hours of instruction that covers clinical basics, procedural coding and office management.	Certified H.H.A., P.C.A., C.N.A., Housekeeper, Dietary Aides, Transports, Social Service Assistants, Office Clerks	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	LPN to RN	Cross-Cutting	This program, hosted by LaGuardia Community College, includes medical, surgical and psychiatric nursing concepts, The nursing process and informed decision making are strongly emphasized. Students develop appropriate plans of care and emphasis is placed on formulating expected outcomes.	LPN	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	RN to NP	Cross-Cutting	Students learn how to become clinical nurse specialists with a nurse practitioner specialization. Strong emphasis on care coordination.	BSN	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	B.S.W. to MSW	Cross-Cutting	This program provided by Fordham University focuses on clinical, leadership, macro practice, and research. Students learn a practice framework that integrates a human rights perspective promoting the dignity, respect, and well-being of all persons.	BSW, * ANY BA/BS interested in Behavioral Health and Care Management field	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Community Health Worker	Cross-Cutting	This course is offered by Community Health Worker Network of New York City in 35 hour and 70 hour versions. The 35 hour version includes information about the history of CHWs, CHW roles, skills and tasks, adult learning theory and practice, CBT, communication and behavior change theories.	CHW	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Emerging Roles Trainings	Certified Recovery Peer Advocate	Cross-Cutting	This training, offered by NYACH and Queensborough Community College, helps prepare individuals to become Certified Recovery Peer Advocates, which is the credential approved by NYS OASES for reimbursable peer services for those undergoing treatment and recovery from a substance use disorder.	Peer Support Worker, CHW	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Emerging Roles Trainings	Howie the HARP	Cross-Cutting	This training includes 20 weeks (450 hours) of classroom training, 12 weeks of internship placement, and career coaching. The curriculum includes self-directed recovery tools (e.g. stress reduction); cultural competence; navigation of public systems; and work readiness preparation.	Peer Support Worker, CHW	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Emerging Roles Trainings	CUNY CareerPATH Community Health Worker Certificate Program - Hostos	Cross-Cutting	This training consists of 120 hours centered on community health worker core competencies, and contemporary health issues such as asthma, diabetes, heart disease and chronic disease self-management. An additional 60 hours are devoted to helping participants develop their academic skills in reading, writing and math. Following the classroom training, participants spend a minimum of 30 hours shadowing experienced community health workers as part of their practicum	Peer Support Worker, CHW	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Emerging Roles Trainings	Community Health Worker Apprenticeship Program	Cross-Cutting	This program, offered through a partnership of TEF/CUNY, consists of 156 hours of total training. The learning objectives include: (1) Introduction to the Community Health Worker Role; (2) A Look Into Care Coordination and Healthcare Trends; (3) Communicating Effectively with Others; (4) Demonstrating Cultural Competence and Respect for Patient's Diversity; Health and Safety; (5) CHW Ethical and Professional Responsibilities; (6) Introduction to Chronic Disease; (7) Working with Patients with Asthma; (8) Working with Patients with Diabetes; (9) Helping Patients Living with Additional Chronic Diseases; (10) Advocating for Patients; Quality Improvement; (11) Administrative Duties of the (12) Community Health Worker; (13) Working Effectively on Interdisciplinary Teams.	Certified H.H.A., P.C.A., Peer Support Worker, C.N.A., Medical Assistants, Patient Navigators, Care Navigators, Clerical staff	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Emerging Roles Trainings	Community Health Worker Program - Asthma	3.d.ii - Asthma Home Based Self Management Program	This program, offered by the Association of Asthma Educators, prepares entry-level community health workers to effectively provide basic asthma management education.	Certified H.H.A., P.C.A., Peer Support Worker, C.N.A., Medical Assistants, Patient Navigators, Care Navigators, clerical staff	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Emerging Roles Trainings	Certified Asthma Educator	3.d.ii - Asthma Home Based Self Management Program	This half-day course is designed to teach participants to holistically approach the education of patients and families with asthma. Note: DOH requires that Asthma Educators be currently licensed or credentialed Physician (MD, DO), Physician Assistant (PA-C), Nurse (RN, LPN, NP), Respiratory Therapist (RRT, CRT), Pulmonology Function Technologists (CPFT, RPFT), Pharmacist (RPh), Social Worker (CSW), Health Educator (CHES), Physical Therapist (PT), or Occupational Therapist (OT) or must have provided a minimum of 1000 hours of direct patient asthma education, counseling, or coordinating services. Must also pass exam by the National Asthma Educator Certification Board, Inc.	Health Coach, MD, DO, RN, LPN, PA-C, SW, PT, OT, RT, MA	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Emerging Roles Trainings	Tobacco Cessation Specialist	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Rutgers University Prerequisite B.A./B.S. The 5 day program prepares health care professionals to become tobacco dependence treatment specialists.	RN, Respiratory Therapists, S.W., MD, PA, B.A./B.S. Asthma Educators	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	HIV Peer Mentorship	4.c.ii - HIV	This training, offered by DOH/AIDS Institute, focuses on peer-delivered interventions to improve health outcomes for patients living with complex chronic health or behavioral health conditions.	Peer Support Workers	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	HIV Peer Mentorship	4.c.ii - HIV	This training, offered by Inquisithealth, offers a 1-on-1 peer mentoring program for individuals living with HIV helping patients make healthy, sustainable lifestyle changes. It has a particular focus on improving medication adherence.	Peer Support Workers	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Clinical Nurse Case Manager Certification	2.a.iii - Health Home at Risk; 2.b.iv - 30 Day Care Transitions; 2.b.iii - ED Care Triage	The Clinical Nurse Case Manager Certification promotes the delivery of safe and effective care to advance the quality of care management services in long-term care. It provides requisite knowledge for certification.	Clinical Nurse Case Manager	All Facility Types	E- Learning Course	N/A	N/A	N/A	N/A
Emerging Roles Trainings	Certified Case Manager Certification	2.a.iii - Health Home at Risk; 2.b.iv - 30 Day Care Transitions; 2.b.iii - ED Care Triage	This certificate incorporates team-based models for health care delivery, like the patient-centered medical home and advanced primary care. Upon completion, professional case managers are qualified to work collaboratively to advocate, communicate and manage resource for higher quality, cost-effective care.	Clinical a Care Managers and Coordinators	All Facility Types	E- Learning Course	N/A	N/A	N/A	N/A
Care Management Trainings	E.H.R.	2.a.i - IDS	Training related to electronic health records, data sharing and connectivity. Includes training for partners pursing electronic health record transition.	TBD	Article 28, Hospital Article 28, ED, Inpatient	TBD on customization	Apr - June 2016	DY2, Q1	TBD	TBD

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Care Management Trainings	Guidelines for Health Home at Risk Program	2.a.iii - Health Home At Risk Intervention Program	Training on guidelines for Health Home at Risk program.	MD, PA, NP, RN, SW, Non RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison, Supervisors	Article 28, Hospital Article 28, Article 31, Community Based Organization, Home Care Agency	Instructor Led Course	Jan-Mar 2017	DY2 Q4	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Partner Resources	2.a.iii - Health Home At Risk Intervention Program	Education for primary care provider partners on network resources needed for social services. May take form of sortable listing of network services; periodically refresh listing as network develops.	All roles	Article 28, Hospital Article 28, Article 31, Community Based Organization	Web-based	Jan-Mar 2017	DY2 Q4	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Evidence Based Guidelines to Address Risk Factor Reduction and Ensure Appropriate Management of Chronic Disease	2.a.iii - Health Home At Risk Intervention Program	Training on evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic disease.	Partners participating in HH at Risk Program	Article 28, Hospital Article 28, Article 31, Community Based Organization, Home Care Agency	Instructor Led Course	Jan-Mar 2017	DY2 Q4	Jan-Mar 2017	DY2, Q4
Care Management Trainings	NCQA 2014 Level 3 PCMH and/or APCM Standards	2.b.iii - ED Care Triage Program for At Risk Populations	Training to assist providers with achieving NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards.	MD, PA, NP, RN, SW, Non RN Care Coordinator	Article 28, Hospital Article 28, Article 31, Community Based Organization	Instructor Led Course and Web-based	Jan-Mar 2017	DY2 Q4	Apr - June 2018	DY4, Q1
Care Management Trainings	Guidelines for ED Care Triage Program	2.b.iii - ED Care Triage Program for At Risk Populations	Training on guidelines for ED Care Triage for At Risk Populations program.	MD, PA, NP, RN, SW, Non RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison, Supervisors	ED/Inpatient	Instructor Led Course	Jun - Oct 2017	DY3 Q2	TBD	TBD
Care Management Trainings	Partnerships with Community Primary Care Providers for EDs	2.b.iii - ED Care Triage Program for At Risk Populations	Training on process and procedures to establish connectivity between the emergency department and community primary care providers.	MD, PA, NP, RN, Non RN Care Coordinator, RN Care Coordinator, SW, Health Coach, CHW	ED/Inpatient, Article 28, Hospital Article 28, Article 31, CBOs	Instructor Led Course	Jun - Oct 2017	DY3 Q2	Apr - June 2018	DY4, Q1
Care Management Trainings	Connecting Patients to Non-Emergency PCP and Community Supports	2.b.iii - ED Care Triage Program for At Risk Populations	Training for providers treating patients presenting with minor illnesses who do not have a primary care provider, to: (1) Assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need; (2) Assist the patient with identifying and accessing needed community support resources; (3) Assist the patient in receiving a timely appointment with that provider's office (for patients with a primary care provider).	MD, PA, NP, RN, Non RN Care Coordinator, RN Care Coordinator, SW	ED/Inpatient, Article 28, Hospital Article 28, Article 31, CBOs	Instructor Led Course	Jan-Mar 2017	DY2, Q4	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Protocols Care Transitions Intervention Model	2.b.iv - Care Transitions for 30 Day Readmissions	Training on standardized protocols for the care transitions intervention model. Standardized protocols should help manage overall population health and perform as an integrated clinical team.	Administrators, Supervisors, MD, NP, RN, Non RN Care Coordinator, RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison	Inpatient, ED, Home Care Agencies, CBOs	Instructor Led Course	Jan-Mar 2017	DY2, Q4	Jan-Mar 2017	DY3, Q5

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Care Management Trainings	Guidelines for Care Transitions Program	2.b.iv - Care Transitions for 30 Day Readmissions	Training on guidelines for Care Transitions program for 30 Day Intervention program.	Administrators, Supervisors, MD, NP, RN, Non RN Care Coordinator, RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison	Inpatient, ED, Home Care Agencies, CBOs	Instructor Led Course	Jan-Mar 2017	DY2, Q4	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Care Protocols for MCOs and HHs	2.b.iv - Care Transitions for 30 Day Readmissions	Training and education for Medicaid Managed Care Organizations and Health Homes to ensure coordination of care strategies focused on care transition are in place.	Administrators, Supervisors, MD, NP, RN, Non RN Care Coordinator, RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison	MCOs, HHs	TBD	Oct - Dec 2017	DY3, Q3	Jan-Mar 2018	DY3, Q4
Care Management Trainings	Protocols for Early Notification of Planned Discharges	2.b.iv - Care Transitions for 30 Day Readmissions	Training on protocols for early notification of planned discharges and transition care manager visits to patient in hospital.	MD, NP, RN, Non RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison	Inpatient	TBD	TBD	TBD	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Ensuring Medical Record is Updated	2.b.iv - Care Transitions for 30 Day Readmissions	Training related to including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record, and ensuring PCP access to care transition plans.	MD, NP, RN, Non RN Care Coordinator, SW, Pharmacist, Dietician, Community Liaison	Inpatient	TBD	TBD	TBD	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Patient Activation Measure	2.d.i - Project 11	This training introduces activation and the Patient Activation Measure (PAM); discusses strategies for effectively administering a PAM survey and inputting data into Flourish; and discusses effective means of creating linkages to insurance and primary care.	CBOs	CBOs	Instructor Led Course, Web-based	TBD	TBD	TBD	TBD
Care Management Trainings	Patient Activation	2.d.i - Project 11	Training for providers on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	CBOs	CBOs	Instructor Led Course	Jan-Mar 2017	DY2, Q4	July - Sept 2017	DY3, Q2
Care Management Trainings	Connecting Patients to Coverage and Healthcare Resources	2.d.i - Project 11	Trainings for connecting patients to healthcare coverage and educating patients about community healthcare resources.	CBOs	CBOs	Instructor Led Course	Jan-Mar 2017	DY2, Q4	July - Sept 2017	DY3, Q2
Care Management Trainings	Receiving and Responding to Community Navigator Requests	2.d.i - Project 11	Training to ensure that intake staff who receive navigator calls and requests help establish primary and preventative services for community members.	Intake Staff?	Inpatient	Instructor Led Course	Jan-Mar 2017	DY2, Q4	Jan-Mar 2017	DY2, Q4
Care Management Trainings	Community Navigator Training	2.d.i - Project 11	Training for community navigators on patient education and community navigator role. Training should include information about insurance options and healthcare resources available to UI, NU, and LU populations. Training may also include care coordination topics, including PCMH models, the basics of common chronic diseases, health coaching, and professional roles/conduct in care teams.	Care Navigators, CHW, Care Coordinators, Non-RN Care Managers	All Facility Types	Instructor Led Course	Jan-Mar 2017	DY2, Q4	July - Sept 2017	DY3, Q2
Care Management Trainings	Care Manager Training	2.b.iv - Care Transitions for 30 Day Readmissions, 2.a.iii - Health Home at Risk, 2.b.iii - ED Care Triage Program for At Risk Populations	This training program is specifically designed for those who work as care managers, offering person-centered, culturally responsive, community-based care coordination. It introduces topics pertinent to the work of the care manager such as care planning and working collaboratively in integrated care teams. Depending on the targeted audience, the curriculum may include chronic disease managemnet and SMI, health advocacy, PCMH overview, cultural competency and teambuilding.	Community Health Workers, Non-RN Care Managers, RN Care Managers, Care Coordinators, RNs, SW, Pharmacist, Dietician, Community Liaison, Supervisors	Care Management Agencies, Inpatient, Home Care Agencies, Community Based Organizations	Instructor Led Course	Dec-16	DY2, Q3	July - Sept 2018	DY4, Q2

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Quality, Performance Reporting, and Transformation Trainings	Engaging Interdisciplinary Teams in Health Care Quality Improvement	2.a.i - IDS	This training will help participants describe how to develop and form effective teams. The learning objectives include understanding the practical issues in aligning administration, physicians, nursing professionals, and administrative staff working together in teams. This training will also illustrate effective team dynamics when engaging in quality and performance improvement, as well as to provide participants with practical considerations associated with various disciplines and administrative staff working together to achieve quality goals.	Administrators, Managers and Supervisors	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	Medicaid Accelerated eXchange (MAX) Train-the-Trainer Program Series	2.a.i - IDS	This train-the-trainer series focuses on process improvements for team-based settings, including facilitation, lean practices, and quality improvement.	MD, RN, Administrators	Inpatient	Instructor Led Course	Dec-16	DY2, Q3	Apr - June 2017	DY3, Q1
Quality, Performance Reporting, and Transformation Trainings	Practical Approaches to Using Performance Improvement Methodologies	2.a.i - IDS	This training will leverage the "The Model for Improvement," which is a framework for engaging in improvement efforts using a rapid cycle improvement approach. Through this training, clinicians and staff will learn the fundamentals of using the model for improvement, how to develop achievable and realistic aim statements and goals, and how to use small amounts of data or information to monitor the improvement effort. Participants will be given practical examples on the best ways to engage with clinical teams in using the model for improvement to support transformation	MD, RN, Administrators	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	DSRIP Data Sharing and Metrics Dashboard	2.a.i - IDS	This training was conducted to provide facility leads, clinical and non-clinical staff on new data sharing processes being developed by OneCity Health.	MD, RN, Administrators	All Facility Types	Instructor Led Course	Dec-16	DY2, Q3	Apr - June 2017	DY3, Q1
Quality, Performance Reporting, and Transformation Trainings	Quality Improvement 101: Overview on How to Effectively Use the Model for Improvement	2.a.i - IDS	This training focuses on: (1) Developing realistic AIM statements; (2) Engaging in small tests of change to identify quick wins; Incorporating the use of some QI tools to engage teams (e.g., brainstorming, process mapping, etc.); (3) Identifying barriers to undertaking quality improvement and how to work with teams to develop solutions to overcome barriers; (4) Articulating how to practically use the elements of the model for improvement (described above).	Administrators, Managers and Supervisors	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	The Power and Burden of Tracking Change: How to Use and "Socialize" Information for Quality Improvement Purposes	2.a.i - IDS	This training will describe how to display and use information to "tell the story." Attendees will work with teams to identify useful ways to capture small amounts of data to make change and understand what the right size of data is to initiate improvement. offer strategies to engage providers with limited and imperfect data, and to initiate change by way of collecting very small amounts of data. Participants will also hear about strategies on how to leverage existing sources of data to obtain information, and they will learn how they can use appropriate data from sources outside of their existing facilities (e.g., through managed care organizations) to meet their improvement goals.	TBD	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	Using and Socializing Data for Performance Improvement and to Measure Progress	2.a.i - IDS	This training will offer strategies to engage providers with limited Andi imperfect data, and to initiate change by way of collecting very small amounts of data.	TBD	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	Bringing it All Together: Practical Applications of the Curriculum	2.a.i - IDS	This training encourages clinicians to apply their quality and performance improvement skills by working with an interdisciplinary team to refine and scope a topic and develop a cohesive measurement strategy.	TBD	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	The Landscape of Value Based Payment (VBP)	2.a.i - IDS	This training offers clinicians and staff rudimentary education about value based payment and learn what health care organizations need to be aware of to successfully function in a value based payment environment. Practical examples of using performance data and incorporating performance reporting into workflow will be provided.	Administrators, Managers and Supervisors, MD, PA, NP, RN, CSO Staff	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Quality, Performance Reporting, and Transformation Trainings	Plan Do Study Act	2.a.i - IDS	This training uses the plan-do-study-act (PDSA) problem-solving model to help practitioners learn steps and actions needed to test and carry out change in their organization.	Administrators, Managers and Supervisors, MD, PA, NP, RN, CSO Staff	All Facility Types	Instructor Led Course	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	PCMH Capacity Building	2.a.i - IDS	Training to leverage best practices in operational and process improvement to support practices in improving access levels.	Administrators, Managers and Supervisors, MD, PA, NP, RN	Article 28, Hospital Article 28, Article 31, Community Based Organization	Instructor Led Course; In Person Coaching; Web Based	Apr - June 2017	DY3, Q1	Jan - Mar 2018	DY3, Q4
Quality, Performance Reporting, and Transformation Trainings	English as Second Language ESL	Cultural Competency and Health Literacy	This course is designed for adult ESL learners who need to improve their listening, speaking, reading, and writing skills. The contextualized theme-based approach is utilized to incorporate health care topics into classroom teaching.	Certified H.H.A., P.C.A., Peer Support Worker, C.N.A., Medical Assistants, Transport, Dietary Aides, Janitorial Staff *Staff who have a first language other than English	All Facility Types	Instructor Led Course	N/A	N/A	N/A	N/A
Quality, Performance Reporting, and Transformation Trainings	Remedial Math	2.a.i - IDS	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Quality, Performance Reporting, and Transformation Trainings	Customer Service 101	2.a.i - IDS	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	PCMH Training	2.a.i - IDS	This training provides participants with specific care models, components and care coordination delivery and workflows. Training may be related to the identification of cost effective options to support partners in reaching MU, evaluating and mapping clinical workflows, and other processes that support meeting PCMH 2014 Level 3 recognition	All roles	Article 28, Hospital Article 28, Article 31, Community Based Organization	Instructor Led Course and Web-based	TBD	TBD	Oct - Dec 2016	DY2, Q3
Primary Care and Behavioral Health Trainings	IMPACT: Improving Mood Promoting Access to Collaborative Treatment	3.a.i - Primary Care and Behavioral Health Integration	Training related to the IMPACT model of care, including collaborative care standards and improvement methodologies. This training is designed to help clinicians and organizations implement a model for depression care for older adults in a variety of settings. The program works to improve quality of life, physical and social functioning, and decrease pain among the elderly.	MD, Depression Care Manager, RN, SW	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	Jan-Mar 2017	DY2, Q4	July - Sept 2017	DY3, Q2
Primary Care and Behavioral Health Trainings	Depression Care Manager	3.a.i - Primary Care and Behavioral Health Integration	Training on for depression care manager to implement requirements of IMPACT model.	Depression Care Manager	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	TBD	TBD	Jan-Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	IMPACT Model Outcome Measures Training	3.a.i - Primary Care and Behavioral Health Integration	Training related to processes to measure outcomes, including process to complete and document preventive care screening in established project sites, as well as improvement methodologies for sites already implementing IMPACT.	MD, Depression Care Manager, RN, SW	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	TBD	TBD	Jan - Mar 2019	DY4, Q4
Primary Care and Behavioral Health Trainings	Preventative Care Screening and Warm Handoff in Co-Located Sites	3.a.i - Primary Care and Behavioral Health Integration	Training on process to complete and document preventive care screening, including behavioral health screening (PHQ-2 or 9 and SBRIT) and warm handoff in co-located sites. Training needs may include provider (re)training, supervision, and skills training (e.g., motivational interviewing, behavioral activation).	MD, Depression Care Manager, RN, SW	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	TBD	TBD	Jan - Mar 2019	DY4, Q4

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Primary Care and Behavioral Health Trainings	Guidelines for Co-Locating PC into BH settings	3.a.i - Primary Care and Behavioral Health Integration	Training and onboarding needs on protocols for co-located primary care services at behavioral health practice sites.	All roles	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	TBD	TBD	Jan - Mar 2019	DY4, Q4
Primary Care and Behavioral Health Trainings	Regulatory Options for the Integration of Primary Care and Behavioral Health	3.a.i - Primary Care and Behavioral Health Integration	Describes the range of regulatory options for structuring an integrated practice.	All roles	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	Dec-16	DY2, Q3	TBD	TBD
Primary Care and Behavioral Health Trainings	Medication Management	3.a.i - Primary Care and Behavioral Health Integration	Training on evidence-based standards of care including medication management and care engagement processes.	PCP, PA, NP, RN, Pharmacists	Article 28 and 31 Facilities, Hospital based Article 28	Instructor Led Course	Jan - Mar 2017		Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Clinical Guidelines for Cardiovascular Health	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	This training will help providers understand and apply comprehensive evidence-based guidelines addressing the known risk factors for CVD. This will assist all care providers in both the promotion of cardiovascular health and the identification and management of specific risk factors. It will include training related to standardized treatment protocols for hypertension and elevated cholesterol.	MD, PA, NP, RN	Article 28 and 31 Facilities	Instructor Led Course	Apr - June 2016	DY2, Q1	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Use of Electronic Health Record to Promote Tobacco Control	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training on utilizing the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	TBD	Article 28 Facilities	Instructor Led Course	Jan - Mar 2017	DY2, Q4	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	BP Measurement and Monitoring	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training to ensure that staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	MAs, PCT's, LPN, RN, PCPs	Article 28 Facilities	Instructor Led Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Identifying Patients with Hypertension	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training aimed at helping staff identify who has repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	PCPs, RNs, LPN	Article 28 Facilities	Instructor Led Course	Jan - Mar 2017	DY2, Q4	July - Sept 2017	DY3, Q2
Primary Care and Behavioral Health Trainings	Addressing Factors that Impact Self Management and Efficacy in CVD Patients	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	PCP, PA, NP, RN, Care Coordinators, CHWs, Non-RN Care Coordinators, Health Educators	Article 28 Facilities	Instructor Led Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Blood Pressure Checks without Copayment or Advanced Appointments	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training for PCPs to provide follow-up blood pressure checks without copayment or advanced appointments.	PCPs, RNs	Article 28 Facilities	Instructor Led Course	TBD	TBD	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Documentation of Self Management Goals in Medical Records	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training to assist with documentation of patients' self-management goals in medical record for review at each visit.	PCPs, RNs	Article 28 Facilities	Instructor Led Course	TBD	TBD	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Following Up with Referrals to Document Participation and Behavioral and Health Status of Patients	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training related to making warm referrals with follow up support related to home blood pressure monitoring.	PCPs, RNs, Care Coordinators, Non-RN Care Coordinators	Article 28 and 31 Facilities, Inpatient, Hospital Article 28, Community Based Organizations	Instructor Led Course and Web-based	Apr - June 2017	DY3, Q1	Jan - Mar 2018	DY3, Q4

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Primary Care and Behavioral Health Trainings	Following Up with Referrals to Document Participation and Behavioral and Health Status of Patients - Home Blood Pressure Monitoring	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training on making warm referrals with follow up support related to home blood pressure monitoring.	RNs, Care Coordinators, Non-RN Care Coordinators	Home Health Agencies, CBOs	Instructor Led Course	Apr - June 2016	DY2, Q1	TBD	TBD
Primary Care and Behavioral Health Trainings	Facilitating Referrals to NYS Smokers' Quit Line	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Training to facilitate referrals to NYS Smoker's Quit line.	PCPs, RNs, Care Coordinators, Non-RN Care Coordinators	Article 28 Facilities, Inpatient, Hospital Article 28, Community Based Organizations	Web-based	TBD	TBD	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Million Hearts: Self-Measured Blood Pressure Monitoring Clinician Guidelines	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	This training will equip clinicians with support tools including regular one-on-one counseling, web-based or telephonic support tools, and educational classes. The objectives are to improve access to care and quality of care for individuals with hypertension while making blood pressure control more convenient and accessible across the population.	MD, PA, NP, RN	Article 28 Facilities, Inpatient, Hospital Article 28, Community Based Organizations	Instructor Led Course	TBD	TBD	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Treat-to-Target	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	Searched online for description. Unable to find. Reached out to Katherine Bornschlegel (H+H Office of Population Health) for more information.	MD, PA, NP, RN, Non RN Care Coordinator, RN Care Coordinator	Article 28 Facilities, Inpatient, Hospital Article 28, Community Based Organizations	Instructor Led Course	Oct - Dec 2017	DY3, Q3	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Stanford Model for Chronic Disease Management	3.b.i. - Evidence-based Strategies for Disease Management in High Risk/Affected Populations	This training is a community based intervention emphasizing social supports and personal empowerment. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) decision making, and, 7) how to evaluate new treatments.	MD, PA, NP, RN, Non RN Care Coordinator, RN Care Coordinator, SW, Health Coach, CHW	Article 28 Facilities, Inpatient, Hospital Article 28, Community Based Organizations	Instructor Led Course	Oct - Dec 2017	DY3, Q3	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Asthma Home-based Self Management Program Protocols	3.d.ii - Asthma Home Based Self Management Program	This training educates clinical and non-clinical providers on protocols related to patient self-management in the asthma program.	Asthma educators, CHWs, MD, RN	Hospital-based Article 28, Community Based Organization, Article 28	Multimodal: combination of E-Learning Course and Instructor - led Course	Oct - Dec 2016	DY2, Q3	Apr - June 2017	DY3, Q1
Primary Care and Behavioral Health Trainings	Indoor Trigger Reduction Protocols	3.d.ii - Asthma Home Based Self Management Program	Training and education on intervention protocols to reduce indoor triggers, such as pests, mold, and second hand smoke.	Asthma educators, CHWs, MD, RN	Hospital-based Article 28, Community Based Organization, Article 28	Instructor Led Course	Apr - Jun 2016	DY2, Q1	TBD	TBD
Primary Care and Behavioral Health Trainings	American Lung Association Asthma Educator Institute	3.d.ii - Asthma Home Based Self Management Program	Prepares physicians, nurses, nurse practitioners and respiratory therapists to provide effective and appropriate asthma care, help identify various roles of the asthma educator, and prepare for the NAECB exam.	MD, PA, RN, NP, RT	All Facility Types	Instructor Led Course	Jul-16	DY2, Q2	TBD	TBD
Primary Care and Behavioral Health Trainings	Environmental Management of Pediatric Asthma	3.d.ii - Asthma Home Based Self Management Program	Describes ways healthcare providers can assess asthma, identify potential environmental triggers and learn interventions to mitigate asthma aggravation.	TBD	All Facility Types	TBD	July - Sept 2016	DY2, Q2	TBD	TBD

Training Strategy Category	Training Name	Project or Organizational Category	Training Description and Objectives	Job Titles to be Trained	Facility Type	Modality	Recommended Start Date	DSRIP Start Quarter	Recommended Completion Date	DSRIP Completion Quarter
Primary Care and Behavioral Health Trainings	Physician Asthma Care Education (PACE)	3.d.ii - Asthma Home Based Self Management Program	This training is related to asthma self- management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Asthma educators, CHWs, MD, RN	Hospital-based Article 28, Community Based Organization, Article 28	Instructor Led Course	Oct - Dec 2016	DY2, Q3	Apr - June 2017	DY3, Q1
Primary Care and Behavioral Health Trainings	Coordinated Care of Asthma Patients	3.d.ii - Asthma Home Based Self Management Program	Training for care teams in coordinated care of asthma patients and use of CCMS and related registries.	Asthma educators, CHWs, MD, RN, Non-RN Care Coordinators	Hospital-based Article 28, Community Based Organization, Article 28	Instructor Led Course	Apr - Jun 2016	DY2, Q1	Jan - March 2016	DY1, Q4
Primary Care and Behavioral Health Trainings	Asthma Basics	3.d.ii - Asthma Home Based Self Management Program	This training is for non clinical health professionals who care for patients with asthma. The training will be focused on asthma facts, asthma triggers, and non clinical management.	Asthma educators, CHWs, MA	Hospital-based Article 28, Community Based Organization, Article 28	Instructor Led Course or Web-based Course	TBD	TBD	Jan - March 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Asthma Root Cause Analysis	3.d.ii - Asthma Home Based Self Management Program	This training will help train workers in the ED to provide patients with root cause analysis of what happened and how to avoid future events.	MD, PA, NP, RN, CHWs, Asthma educators, CHW supervisors	ED	Instructor Led Course	Jan - Mar 2017	DY2, Q4	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Asthma Healthy Homes	3.d.ii - Asthma Home Based Self Management Program	This training is for non clinicians who work with asthma patients. The training objectives include instruction on how to obtain patient information, the connections between health and housing, specific hazards and prevention approaches, and the importance of a coordinated approach to addressing multiple public health and housing issues.	CHW, Asthma educators, CHW supervisors	Hospital-based Article 28, Community Based Organization, Article 28	TBD	Jan - Mar 2017	DY2, Q4	Apr - June 2017	DY3, Q1
Primary Care and Behavioral Health Trainings	Administering and Interpreting Spirometry	3.d.ii - Asthma Home Based Self Management Program	This is a evidence-based online training program that allows clinical interpreters to master and interpret spirometry in about eight hours of training spread over five months.	MD, PA, NP	Hospital-based Article 28, Community Based Organization, Article 28, ED	Web-based	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Palliative Care Integration Implementation	3.g.i - Palliative Care	Training on guidelines for palliative care integration, including services and eligibility.	MD, PA, NP, RN	Hospital-based Article 28, Article 28	Instructor Led Course	Jan-Mar 2017	DY2, Q4	Jan-Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Health Care Proxies	3.g.i - Palliative Care	Instructs primary care team members on conducting simple advance planning and administering the health care proxy form.	MD, PA, NP, RN	Hospital-based Article 28, Article 28	Instructor Led Course	Oct - Dec 2016	DY2, Q3	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Integrating Palliative Care into Primary Care	3.g.i - Palliative Care	This training includes the following topics: 1) Goals discussion and MOLST administration; 2) Using hospice as a benefit; 3) Chronic pain management (focus on best practices for opioid prescribing and using treatment contracts). Providers will be able to define primary palliative care and why it is important, identify patients who would be appropriate for a goals of care conversation and describe key elements of goals of care conversations.	MD, PA, NP, RN	Hospital-based Article 28, Article 28	Instructor Led Course, Web-based, Teleconferences	Apr - Jun 2017	DY3, Q1	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Primary Palliative Care Outcome Scale (IPOS)	3.g.i - Palliative Care	This training will train providers on administering the Primary Palliative Care Outcome Scale (IPOS) to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs.	MD, PA, NP, RN	Hospital-based Article 28, Article 28	Instructor Led Course or Web-based Course	Jan-Mar 2017	DY2, Q4	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Center to Advance Palliative Care (CAPC)	3.g.i - Palliative Care	This online curriculum is designed to provide an integrated approach to palliative care skills for all frontline clinicians, both primary clinicians and specialists. Course options include pain management, symptom management, communication, palliative care in the community, and operations.	MD, PA, NP, RN,	Hospital-based Article 28, Article 28	Web-based Course	Jan-Mar 2017	DY2, Q4	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Referrals for Advanced Illness Management	3.g.i - Palliative Care	This training discusses social, functional, and system based barriers to care and equips attendees with tools to help patients find resources for their needs.	MD, PA, NP, RN, SW, Administrative Assistants, CHW	Hospital-based Article 28, Article 28	Instructor Led Course	TBD	TBD	TBD	TBD

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Primary Care and Behavioral Health Trainings	Mental Health Strengthening Activities and Collaborative Care Adaption	4.a.iii - MHSA	Training on programmatic activities for MHSA program, including Collaborative Care Adaption.	NP, RN, SW	Hospital-based Article 28, Article 28, Community Based Organizations	Instructor Led Course	Jan-Mar 2017	DY2, Q4	Jan - Mar 2017	DY2, Q4
Primary Care and Behavioral Health Trainings	Young Adult MHSA Program	4.a.iii - MHSA	Training on programmatic activities for MHSA program targeting young adults (ages 21-25 yrs.). Focus on health promotion and prevention resources.	NP, RN, SW	Hospital-based Article 28, Article 28, Community Based Organizations	Instructor Led Course	Oct - Dec 2017	DY3, Q3	Jan - Mar 2018	DY3, Q4
Primary Care and Behavioral Health Trainings	Protocols for HIV Program	4.c.ii - HIV	Training on guidelines for HIV program.	MD, PA, NP	Hospital-based Article 28, Article 28, Article 31, Community Based Organizations	Instructor Led Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Sexual History Taking	4.c.ii - HIV	This training teaches clinicians to evaluate for STDs, contraceptive history, sexual abuse, and sexual dysfunction, administer appropriate diagnostic tests, treatment and prevention counseling.	MD, PA, NP	Hospital-based Article 28, Article 28, Community Based Organizations	Instructor Led Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	PrEP	4.c.ii - HIV	This training teaches the fundamentals of Pre-exposure prophylaxis (PrEP). A key objective of this training is to Identify PrEP eligible patients.	MD, PA, NP, Nursing	Hospital-based Article 28, Article 28, Article 31, Community Based Organizations	E- Learning Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Post Exposure Prophylaxis	4.c.ii - HIV	This training focuses on the use of antiretroviral drugs after a single high-risk event to stop HIV seroconversion. Training objectives include discussing the NYS Guidelines for Post Exposure Prophylaxis, such as follow up care, side effects and counseling.	MD, PA, NP, Nursing	Hospital-based Article 28, Article 28, Article 31, Community Based Organizations	E- Learning Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Peer Recovery Education Program (PREP)	4.c.ii - HIV	This program addresses the complex needs of HIV-positive people in recovery from drug or alcohol use. PREP provides recovering substance users with intensive training and relapse prevention services, including counseling, education, crisis intervention, and risk reduction skills development. An intensive ten-week training course enables PREP participants to perform various educational outreach activities.	HIV Peer Educators, Health Educators, CASAC	Hospital-based Article 28, Article 28, Article 31, Community Based Organizations	Instructor Led Course	TBD	TBD	TBD	TBD
Primary Care and Behavioral Health Trainings	Sexy With A Goal (SWAG)	4.c.ii - HIV	CDC evidence-based intervention called empowerment to reach YMSMs (Young Men who have Sex with Men) between the ages of 19-29.SWAG (Sexy With A Goal) is a program that helps YMSMs to develop coping skills, increase self-esteem and build awareness around HIV prevention in a fun and nurturing environment. SWAG promotes understanding and acceptance, and builds community through support groups, educational outreach, safer sex demonstrations, and social networking strategies.	HIV Peer Educators, Health Educators	Hospital-based Article 28, Article 28, Article 31, Community Based Organizations	Instructor Led Course	TBD	TBD	TBD	TBD

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Primary Care and Behavioral Health Trainings	The Untouchables Project	4.c.ii - HIV	The Untouchables Project is a campaign initiated by Housing Works that aims to assist the HIV+ community in achieving and maintaining viral suppression. Training topics include adherence to medication, stigma, disclosure, substance use, mental health issues. Additionally, participants will learn about support groups, behavioral health assessment and pill boxing. Upon completion of the program, participants will be able to market the program to patients.	HIV Peer Educators, Health Educators	Hospital-based Article 28, Article 28, Article 31 Community Based Organizations	Instructor Led Course	TBD	TBD	TBD	TBD