



BRONX PARTNERS FOR
HEALTHY COMMUNITIES

Workforce Training Strategy

9/30/2016



Table of Contents

- Introduction 3
- BPHC Gap Analysis for development of the Training Strategy 3
- Program Delivery 4
- DSRIP Orientation Programs 5
- BPHC DSRIP Compliance Training 6
- Project-Specific Training 7
 - ED Care Triage and Care Transitions Trainings: 7
 - Primary Care and Behavioral Health Integration Trainings: 10
 - Diabetes Trainings:..... 12
 - Asthma Trainings: 13
 - HIV Retention to Care Project Trainings: 14
- Cross-Project Training 15
 - Care Management Trainings:..... 15
 - Patient Centered Medical Home (PCMH) Trainings: 17
 - Continuous Quality Improvement (CQI) Trainings: 18
 - Centralized Patient Registries and Bronx RHIO Trainings: 18
- Community Behavioral Health Trainings: 19
- Practitioner Engagement Trainings..... 20
- Cultural Competency Trainings..... 22
- CBO Training Series 22
- Training Evaluation 23
- Training Application 24
- Workforce Development Programs 25
- Appendix 26
 - 1. Practitioner Engagement Training Summary 26
 - 2. Cultural Competency Training Strategy 32

Introduction

Bronx Partners for Healthy Communities created this Workforce Training Strategy in collaboration with members of the Workforce Subcommittee, the Quality and Care Innovation Subcommittee, clinical leads and various members of partner and member organizations. As the shift takes place in DSRIP from project implementation to performance improvement, this strategy will continue to evolve while the overall goal will remain providing staff the competencies and concepts to deliver more effective, coordinated, patient centered care in a cost effective manner.

Pillars of the Strategy:

- Empower the workforce to break down the siloes that form barriers to good care coordination and care transitions.
- Concentrate efforts at those involved in patient care in outpatient settings, particularly in primary care, care management and behavioral health due to the major changes.
- Provide programs to create awareness of DSRIP, value based payments, population health, cultural competency, health literacy and the social determinants of health.
- Introduce continuous quality improvement and data as the driver of performance whenever applicable in training program.
- Leverage existing training in BPHC organizations when possible.
- Consider how the learning will be sustained in all cases, including supervisory and management training and briefings.
- Consider findings of the workforce gap analysis and the targets set out in the workforce transition roadmap when assessing training needs.
- Support new technology and technological platforms introduced by the PPS.
- Provide multi-disciplinary team based training whenever appropriate and possible.
- Build training implementation plans based on PPS priorities, most immediate needs and BPHC timelines.

BPHC Gap Analysis for development of the Training Strategy

The gap analysis developed by the Bronx Partners for Healthy Communities leverages findings from the PPS's current workforce state and target workforce state to identify existing workforce gaps that may be further impacted as a result of the DSRIP program, or new gaps in required job titles, skill sets, and training that may be created through DSRIP implementation. Findings from the PPS's gap analysis were used to inform the development of both the Workforce Transition Roadmap, which has assisted the PPS with planning to reach its target workforce state, and this Training Strategy. Key projections related to training, redeployment and hiring that have been considered in the BPHC Training Strategy include:

1. Overall DSRIP project workforce impacts are projected to be the most significant for emerging title positions in the area of Care Management. There will be an increased demand for Care

Managers and Coordinators, as well as Community Health Workers. BPHC has prioritized such positions with startup funding within the primary care practices of the PPS network. Given the anticipated increase in utilization of patient navigation services and the overall increase in demand for care management services throughout NYS, these factors are likely to further expand the existing gap and potentially raise difficulties in recruitment for such positions.

2. Following a five year implementation of the DSRIP program, due to the combined impact of the program as well as non-DSRIP related impacts, the PPS's workforce is projected to experience impacts in demand for nursing positions, Clinical Support, and Administrative Support positions.
3. Given ongoing changes within the Bronx's market, BPHC does not anticipate a decline in nursing positions but rather an increase in demand, particularly as some positions are redeployed to the outpatient setting or used to fill the current nursing vacancy rate in the PPS of over 10%.
4. Within primary care and outpatient settings, the PPS's workforce gap will expand due to the anticipated increase in demand for PCPs as patients are redirected to seek care outside of the Emergency Department (ED) through the combined impacts of the ED Care Triage project and increased referrals from the co-location of primary care and behavioral health services. Based on the PPS's reported current workforce state data, a vacancy rate of approximately 8% exists for PCPs across the PPS's network, which is above a rate that might be attributed to normal turnover. Further, the growth in overall demand for physicians in NYS is forecasted to outpace growth in the current supply of physicians. Given this workforce supply factor combined with the anticipated increase in demand for PCPs as well as current reported vacancy rates, the PCP gap in the PPS's workforce is likely to be further impacted over time as project goals are realized.
5. As a result of anticipated project impacts for the co-location of primary care and behavioral health services, an increase in demand for Behavioral Health positions, specifically Licensed Clinical Social Workers, is projected. Additionally, based on the current workforce state data reported, there are significant vacancy rates for Behavioral Health positions currently within the PPS's network. As a result, gaps in the PPS's Behavioral Health workforce exist and are likely to be further increased as a result of project impacts.

Program Delivery

The programs that are included in the BPHC Training Strategy are being delivered in person, online, by webinar or conferences using frameworks from evidence based or best practices. Train the trainer capabilities are being considered, particularly regarding sustaining, repeating and reinforcing the learning, including the managerial capabilities needed for support on the job. Programs will be presented both to individuals and multi-disciplinary teams as appropriate.

In person training will take place at provider sites, at meetings and convocations, academic institutions and the 1199SEIU TEF Bronx Training site, conveniently located for partner organizations and accessible by public transportation and car.

Trainers have been identified from academic institutions in the Bronx, and from dissemination of Letters of Intention (LOI) and Request for Proposals (RFPs) to assure the highest quality programming. Decisions about vendor selection are made by various teams and work groups in conjunction with the Workforce Subcommittee. The majority of programs are being developed or modified to meet the specific needs of Bronx Partners for Healthy Communities.

The 1199SEIU Training and Employment funds staff contracted to help develop and support this strategy, has worked seamlessly with CSO workforce staff to administer the registration and administration of programs contained in this strategy.

DSRIP Orientation Programs

The PPS, through its Workforce Subcommittee and Executive Committee, has identified several fundamental topics for various partner employee types who should receive an orientation to DSRIP. Some programs are targeted for all staff, and others are meant for identified roles and titles.

Introduction to DSRIP

DSRIP Introductory Video

This six minute video is designed for the workforce by 1199TEF and has been distributed to all partners within Bronx Partners for Healthy Communities through partner workforce contacts, for dissemination to all staff.

It includes a primer on the reasons for the development of DSRIP in NY State and what staff should be doing to prepare themselves for the changes DSRIP implementation will bring.

This video is also available on the Bronx Partners for Healthy Communities website, www.Bronxphc.org.

DSRIP 101

This interactive, 30 minute e-learning course, DSRIP 101, is appropriate for both frontline workers and managerial staff.

Designed for those with limited familiarity with DSRIP, the course provides a basic understanding of the initiative and the rationale behind why DSRIP is being instituted in the State of New York. The course focuses on the triple aim: better care, better health and lower costs, and how, through DSRIP, changes and reforms will create a system in which well and preventative care becomes the standard for New York State. The course is organized into sections covering the topics below:

- The Medicaid Redesign Team

- Preventative Care and Care Coordination
- Impacting Health
- A Performing Provider System
- A Sample DSRIP Project
- Payment Reform

Value Based Payments

Value Based Payment Bootcamps

The Value Based Payment Bootcamps, regional learning series, were created by the State Department of Health to equip future VBP contractors with the knowledge needed to implement NYS Payment Reform. The series has been recorded by BPHC and divided into six sessions for viewing as a web series.

This series was initially presented to all members of the BPHC Central Services Organization (CSO) and the DSRIP Program Directors (DPDs) for partner organizations. Subsequently, it was provided to all members of the PPS through distribution in the BPHC weekly E-Bulletin.

Value Based Payments Project Advisory Committee (PAC) Learning Session

This program will address the seventy-five members of the Executive Committee, the Workforce Subcommittee, the Finance and Sustainability Subcommittee, the IT Subcommittee and the Quality and Care Innovation Subcommittee that make up the BPHC governance structure, or PAC.

The program will include an address by Marc Berg, MD, PhD, Principal at KPMG and National Lead of Governance Healthcare Transformation, member of KPMG and National Lead of Government Healthcare Transformation, member of KPMG Global Health Center of Excellence, leading Value Based Contracting, Outcome Measurements and Payment Reform. Dr. Berg will address on “Vision and Strategy of NYS Value Based Payment Program” during the evening PAC meeting in October, 2016.

In addition, Todd Gorlewski, EVP and Chief Financial Officer at SBH Health System, David Menashy, AVP of Finance at Montefiore Medical Center and Joseph Ray, Managing Director, Manatt Health will present, “Planning, Experience and Preparation Updates on Value Based Purchasing at Bronx Partners for Healthy Communities”.

Introduction to VBP in NY State

BPHC, with several NYS PPSs and in conjunction with GNYHA, is developing a curriculum that will be made available to all members of BPHC and participating PPSs.

BPHC DSRIP Compliance Training

The BPHC DSRIP Compliance training program covers compliance issues, expectations of the PPS members and their workforce in creating an environment of compliance, and the operation of the program as it relates to DSRIP. The topics identified for compliance are: 1) DSRIP Compliance and 2)

HIPAA and Data Privacy and Security. Thus far, BPHC has developed a compliance training deck based on a template developed through a GNYHA compliance training workgroup. Compliance training has been rolled out in different phases tied to the risks at the different stages of DSRIP.

First, BPHC has developed a compliance training deck on a template developed through a GNYHA compliance training workgroup that it currently offers to SBH and Union Community Health Center staff and will make available to any member who requests it.

Second, BPHC will rely on its Partner organizations (i.e., those BPHC Members with whom there is a Master Services Agreement and that BPHC anticipates will receive funding) to identify “affected employees and persons associated” with the Partners and ensure that this cohort receives DSRIP compliance training when they engage in DSRIP related activity. BPHC will confirm that its partners have conducted this training through an attestation that will be updated annually.

Finally, BPHC will explore ways to support its other member organizations (i.e., those who do not have an MSA and are not receiving funding, but are engaged in DSRIP) with compliance training.

Project-Specific Training

ED Care Triage and Care Transitions Trainings:

The targeted audience for the ED Care Triage and Care Transitions trainings includes all BPHC PPS Providers associated with the ED Care Triage and Care Transitions DSRIP projects including: ED Navigators, ED Social Workers, Care Transitions Care Coordinators, Post Discharge Care Coordinators and Clerks.

The topics to be covered throughout these trainings include, but are not limited to:

- DSRIP Model of Care – DSRIP 101
 - SBH DSRIP ED Care Triage/CTP Welcome and Introductions
 - BPHC DSRIP Video [“DSRIP Workforce 101”]
- Transitional Care Overview – Evidence base for DSRIP Care Transitions programs
- DSRIP Care Transitions Program Overview
 - BPHC DSRIP Care Transitions Program Overview PowerPoint
 - Staffing Model
 - Workflow
 - Org Chart; Roles and Responsibilities
 - Metrics/Reporting
 - Work-list Process
 - Work-list Sample
 - Detailed Review of Discharges leading to readmissions within 30 days
- DSRIP ED Care Triage Program Overview
 - Staffing Model
 - Workflow

- Roles and Responsibilities
- Work-list Process/Sample
- Metrics/Reporting
- DSRIP Initial and Post-Discharge Assessments and Care Plan Overview
 - Initial Assessment:
 - Initial Assessment
 - Readmission
 - Pre-Discharge
 - Post Discharge Assessments:
 - Medication Reconciliation
 - ED/Inpatient/PDCC Transitional Care Plan
 - ED/Inpatient/PDCC Information Sharing
- Medication Reconciliation
- Patient Education/Teach-back
- Referrals:
 - PCP/Specialist
 - PCMH
 - HH
 - CBO
 - Closing the Loop
 - Scheduling Appointments
 - PCPs
 - Specialists
 - Case Management Programs
 - Health Home Referral Process
 - Critical Time Intervention
 - overview of program
 - parallel to medical program on psych units
 - concurrently enrolled patients
 - Referral Forms
- Information Sharing Procedures
 - Review of HIPAA training by HR
 - Warm Hand-off and Sharing with PCP
 - Warm Hand-off and Sharing with Health Home Care Navigator
- Unable to Reach Process
 - UTR Process Document
- Red Flags Health Education
- Case Study/Skills Practice
 - ED Discharge
 - Inpatient Discharge
 - Post-Discharge

- Bronx Regional Health Information Organization (BxRHIO) – VHR Training
- Allscripts and other systems training

ED Care Triage and Care Transitions trainings will be prepared and delivered by Montefiore’s Center for Learning and Innovation.

Critical Time Intervention Trainings:

The targeted audience for the Critical Time Intervention (CTI) trainings includes all BPHC Providers selected to operate the BPHC sponsored CTI program associated with the Care Transitions DSRIP project including CTI case managers, CTI clinical supervisors, Health Home Care Navigators/coordinators and Health Home supervisors.

The topics to be covered throughout these trainings include, but are not limited to:

- Why Develop a Transitional Intervention
- Core Elements of Critical Time Intervention
 - Period of transition
 - Time-limited approach
 - Phased approach
 - Focused approach
 - Decreasing intensity over time
 - Establishing community supports
 - Methods to keep the client in the program for full duration
 - Importance of small caseloads
 - Harm reduction approach
 - Weekly team supervision
 - Regular full caseload review
- Evidence Based Practice
- Understanding Critical Time Intervention
 - Focus Areas
 - Three Phases of Critical Time Intervention
 - Phase 1: Transitions - Provide support & begin to connect client to people and agencies that will assume the primary role of support.
 - Home visits
 - Collaborative assessments
 - Cultivating existing supports
 - Introduce client to new supports
 - Give support and advice to client and caregivers
 - Phase 2: Try-Out - Monitor and strengthen support network and client’s skills.
 - Support network
 - Mediation of conflicts between client and caregivers
 - Modification of network as necessary
 - Client empowerment and self-management

- Phase 3: Transfer of Care – Terminate CTI services with support network safely in place.
 - How to step back to ensure that supports can function independently
 - Long-term goal planning
 - Hold meeting with client and supports to mark final transfer of care
 - Meet with client for last time to review progress made
- CTI Team
- CTI Documentation
- Pre-CTI
- CTI Approach
- Implementation Issues
- Establishing a CTI Culture

CTI trainings will be prepared and delivered by Center for Urban Community Services Institute.

Primary Care and Behavioral Health Integration Trainings:

The targeted audience for Primary Care and Behavioral Health Integration trainings includes all BPHC PPS Primary Care Practitioners (PCPs) and Non- Primary Care Practitioners, including medical office assistants, social workers, consulting psychiatrists, physician assistants and nurse practitioners. Behavioral health staff, including psychologists, psychiatrists, social workers, and substance abuse counselors also have trainings geared towards integrating primary care into behavioral health settings.

The topics to be covered throughout these trainings include, but are not limited to:

- Behavioral Health Activation
 - Behavioral Activation is an evidence-based treatment that addresses symptoms of depression-- such as avoidance, withdrawal and inactivity- and encourages healthy, active lifestyles. Course includes lecture in addition to active roles playing, demonstration of BA session and group work that incorporates tools that can be utilized by patients.
- Billable Practices for Collaborative Care
 - Overview of billing for collaborative care
- Billing Effectively and Accurately for Integrate Behavioral Health Services
 - Understand how to bill, billable services and new billing codes to know, identifying which staff can be reimbursed, training staff to code services appropriately, and, taking advantage of new global payments. Financing and integration experts from primary care centers provide practical ins and outs of billing for behavioral health services to a variety of third-party payers, including Medicare and Medicaid. Clinical Integration
- Depression 101 for Non-Prescribers
 - Increases familiarity in treatment of depression and improved comfort level with medication treatment, as well as an overview of epidemiology of depression, with emphasis in primary care setting.

- Introduction to Collaborative Care
 - This course offers a complete overview of the elements needed to implement collaborative care into a primary care setting. Key elements of this model of care are shared care plans featuring patient goals, population health care, treatment to target, evidence based treatments and accountability of care.
- Motivational Interviewing
 - Method for counseling patients that focuses on facilitating and engaging intrinsic motivation within the client to change behaviors that may be affecting physical and behavioral health.
- PHQ Screenings
 - Training describes effective strategies for using the PHQ, sample script, how to offer assistance to the patient while filling out the PHQ, challenges, answering patient questions.
- Primary Care Curriculum for PC in BH
 - Curriculum used to inform PCP working in BH settings about the unique challenges of providing PC in a BH setting.
- Problem-solving Treatment
 - Problem Solving Treatment is an evidence based treatment proven to be effective in treating patients with depression. PST focuses on the link between poor problem solving skills contributing towards a person's depression. This training will provide participants with an overview of the seven steps of PST and allow for practice of PST techniques.
- Psychiatric Consultation
 - Psychiatric consultants and depression care managers can work effectively to optimize patient outcomes. For instance, it reviewed how care managers can best prepare for consultation and what should be discussed during consultation. Other key points included consultation documentation and communicating information to the Primary Care Provider.
- Psychopharmacology
 - An overview of the importance of depression and the many types; review of the 3CM model and the phases of depression care, followed by a comprehensive overview of types of antidepressants with an intro to a variety of medications for depression treatment. This includes discussion of benefits and risks, changes in medications and when to stop medication.
- SafeTALK
 - SafeTALK is a suicide alertness training centered on teaching participants to recognize a person with thoughts of suicide invitation for help. Through viewing and discussing video clips and practicing role plays, participants are trained to become more aware of words and actions that are invitations for help.
- SBIRT Course
 - Information, motivation, tools and resources that providers will need to conduct SBIRT in a variety of practice.
 - Covers the screening tools for alcohol and substance abuse and best practices for staff to conduct brief interventions and referral to treatment, including closed-loop referrals.

Many of the trainings for Primary Care and Behavioral Health Integration will be prepared and delivered by Institute for Family Health. Not all practices participating in Project 3ai, Primary Care and Behavioral Health Integration, will be required to attend all trainings.

Diabetes Trainings:

The target audience for the diabetes training series includes: Health People Peer Leaders.

The topics to be covered throughout these trainings include, but are not limited to:

- A rigorous 5 week long Stanford training (4 days/week) program.
 - Each participant in the workshop receives a copy of the companion book, Living a Healthy Life with Chronic Conditions, 4th Edition.
 - Diabetes Self-management Program (DSMP) Leader Training Curriculum
 - DSMP Curriculum
 - techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration;
 - appropriate exercise for maintaining and improving strength and endurance;
 - healthy eating
 - appropriate use of medication; and
 - working more effectively with health care providers.
 - Set and report success on their own action plans
 - Facilitator Skills
 - Action-Planning
 - Brainstorming
 - Facilitator Issues and Group Dynamics
 - Providing Feedback
 - Lecturettes and Paraphrasing
 - Problem-Solving
 - Practice teach two activities with a co-leader
 - Practice handling difficult people in groups
 - Licenses
 - Process for becoming certified as a Master trainer
- The training is followed by a 6 month internship. During that time, they are responsible for two or more educational activities per week, including:
 - Teaching workshop courses
 - Conducting prevention outreaches
 - Making referrals to testing and care
 - Community-based outreach and advocacy
- Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.

The peer leaders will be trained by Health People.

Asthma Trainings:

The target audience for the asthma and a.i.r bronx training series includes: Community Health Workers, Outreach Coordinators, a.i.r bronx Program Managers and Senior Managers.

The topics to be covered throughout these trainings include, but are not limited to:

- Understanding the specific characteristics of asthma
- Understanding asthma trends in NYC
- Asthma medications (names, uses, side effects, knowledge of common barriers to adherence)
- Asthma triggers and trigger reduction
- Spacer usage
- Managing asthma in routine and emergency situations
- Two-day ALA training
- Training with an a.i.r. nyc Certified Asthma Educator (AE-C)
- EPR3 and GINA Guidelines
- Integrated Pest Management
- Making legal and other referrals
- HIPAA and Security Training
- Motivational Interviewing
- Managing the Caseload and Care Coordination
- MAFs and AAPs
- Home-Visiting Protocols
- Setting Patient Goals for Asthma Self-Management
- Understanding the specific characteristics of asthma
- Understanding asthma trends in NYC
- Asthma medications (names, uses, side effects, knowledge of common barriers to adherence)
- Two-day ALA training
- Training with an a.i.r. nyc Certified Asthma Educator (AE-C)
- EPR3 and GINA Guidelines
- HIPAA and Security Training
- Motivational Interviewing
- Managing the Caseload and Care Coordination
- Understanding the specific characteristics of asthma
- Understanding asthma trends in NYC
- HIPAA & Security Training
- Motivational Interviewing
- Managing the Caseload and Care Coordination
- Data analysis and usage
- Performing routine, interactive supervision
- Understanding the specific characteristics of asthma
- Understanding asthma trends in NYC'

- HIPAA & Security Training
- Motivational Interviewing
- Managing the Caseload and Care Coordination
- Data analysis and usage
- Performing routine, interactive supervision

The above asthma trainings will be prepared and delivered by a.i.r. bronx.

HIV Retention to Care Project Trainings:

The targeted audience for HIV Retention to Care Project trainings includes peers recommended by HIV Providers in the BPHC network, and existing staff working in Primary Care settings that provide HIV care, likely Care Coordinators and Care Managers. Staff selected for trainings will be given the opportunity to gain credentials in Alcohol and Substance Abuse Counseling. It has been noted that the HIV+ population struggles with social factors, such as housing, that inhibit their ability to get health and that peers can assist with identifying and navigating helpful resources. Additionally, the population is at increased risk for substance abuse, making the availability of specially-trained clinical staff available to address substance abuse critical to achieving viral load suppression.

The topics to be covered throughout these trainings include, but are not limited to:

- Peer Training Program
 - Training that will provide HIV+ peers to become certified peer workers and placed back into the organizations they were referred from to support existing patients with achieving viral load suppression. This can be accomplished through outreach to those who are lost to care and not virally suppressed, and also through support such as systems and service navigation.
- Credentialed Alcohol and Substance Abuse Counseling (CASAC) training
 - Provides credentials to existing staff with a minimum of a high school diploma
 - Training focuses on counseling methodologies and techniques for the substance abusing populations, understanding physical dependence, and implementing substance abuse counseling into various settings.

The peer worker and CASAC training programs are part of a strategy to increase access to vital resources that are shown to facilitate retention to care and viral load suppression. Peers and staff to be trained will be selected through a competitive process.

Cross-Project Training

Care Management Trainings:

The target audience for the care management training series includes all staff working in care management roles such as Medical Office Assistants (and equivalent titles), Care Coordinators (and equivalent titles), Depression Care Managers, and all Nurse Managers (and equivalent titles) supervising Care Coordinators. Training is also provided for non-care management staff that work with Care Coordinators (e.g. Health educators, Pharmacists, Pharmacy Techs, Registered Dieticians, Population Health Managers, LPNs, and Community Health Workers).

The following topics are included in the Care Management Training Series:

- **Medical Office Assistant Refresher and Certification Program**
 - This is a nine-day review course that includes discussion and instruction around the current US healthcare trends and New Models of Care. Students will also review and perform venipuncture and capillary puncture, EKG and vital signs while utilizing proper safety procedures. Upon successful completion of the program, participants are eligible to take the Certified Clinical Medical Assistant (CCMA) exam through the National Health Career Association (NHA). Topics include:
 - The Medical Assistant and the Healthcare Team; Professionalism
 - Communications: Medical Records and Documentation; Cultural Competence
 - Infection Control and Medical Asepsis; Medical History, Patient Screening, and Exams; New Models of Care
 - Cardiovascular System, Review of EKG and Phlebotomy skills; PCMH
 - Respiratory System; Pharmacology and Medication Administration; Muscular and Skeletal System
 - Introduction to Care Coordination; Endocrine System, Digestive System
 - Nervous and Sensory Systems; Integumentary System
 - NHA review for examination; Patient Centered Care and Patient Engagement
- **Care Coordinator Training Program**
 - This nine-day program delivers comprehensive training on the core skills and competencies that are critical for the care coordinator role in today's new models of care. By going beyond the traditional lecture-based learning, this program strengthens students' critical thinking skills by engaging them in rich discussion, individual exercises and group activities. Upon completion of this program, participants will be prepared to be strong, productive members of healthcare teams that provide coordinated, patient-centered care. Topics include:
 - Intro to New Models of Care and Person-Centered Care; Care Coordination and the Social Determinants of Health; Values and Bias
 - Health Literacy, Communication, and Education; Cultural Competence and Cultural Humility
 - Motivational Interviewing
 - Chronic Conditions
 - Best Practices for Conducting Assessments and Care Planning

- Integrating the Care Manager Role into Current Practices; Interdisciplinary Teams and Care Management
- Transitions of Care and Closed Loop Referrals; Medication Management; Working with Pharmacists
- Working with Patients with Behavioral Health conditions
- Community Resources

- **Nurse Care Management Supervisor Training**
 - The Nurse Care Management Supervisor Training focuses on the role of supervision in a changing health care world, providing supervisors with an opportunity to advance their own knowledge of their role through didactic presentations and individual and group experiential learning. This one-day training is designed to assist the new or experienced supervisor to clarify their role, identify practices they want to improve, and learn strategies to support the staff they oversee. Topics include:
 - Qualities of good supervision
 - Transformational change
 - Personal mission/vision for your work as a supervisor
 - The five key functions of supervision
 - Areas of focus for supervision that supports a whole health/wellness approach to care
 - Strategies for ensuring the inclusion of care coordinators in the overall team

- **Essentials of Care Coordination**
 - This two-day program provides basic training for non-care management staff that work with care coordinators. Participants will learn about the purpose of care coordination and the care coordinator role. They will explore how values and bias can affect our work. They will also learn about team based care, assessment and care planning, and ethics and professional boundaries. Topics include:
 - Intro to New Models of Care and Person-Centered Care
 - Care Coordination and the Social Determinants of Health
 - Values and Bias
 - Interdisciplinary Teams and Care Management: Integrating Care Management into Current Workflows
 - Care Coordination Tasks: Assessments
 - Ethics and Professional Boundaries

Today's emerging healthcare models, such as Patient Centered-Medical Homes, Health Homes and Accountable Care Organizations, depend on a skilled workforce that has the training and support required to be able to coordinate care for complex, high-risk patients with multiple social service needs. BPHC has proudly partnered with reputable, knowledgeable vendors and subject matter experts (CUNY Hostos Community College, The Primary Care Development Corporation, The National Council for Behavioral Health, and The New York Association of Psychiatric Rehabilitation Services, Inc.) to create training programs tailored to the specific needs of our workforce and the community we serve.

Patient Centered Medical Home (PCMH) Trainings:

The targeted audience for PCMH trainings includes BPHC PCPs, the administrators of primary care settings, and primary care support staff:

The topics to be covered throughout these trainings include, but are not limited to:

- Pre-visit planning
- Post-visit care
- Enhance Access and continuity
 - Patient-Centered Appointment Access
 - 24/7 Access to Clinical Advice
 - Electronic Access
- Team Based Care/Care Team Roles
 - Continuity
 - Medical Home Responsibilities
 - Culturally and Linguistically Appropriate (CLAS)
 - The Practice Team
- Population Health Management
 - Patient Information
 - Clinical Data
 - Comprehensive Health Assessment
 - Use Data for Population Management
 - Implement Evidence Based Decision Support
- Plan and Manage Care
 - Identify Patients for Care Management
 - Care Planning and Self Care Support
 - Medication Management
 - Use Electronic Prescribing
 - Support Self-Care and Shared Decision Making
- Track and Coordinate Care
 - Test Tracking and Follow Up
 - Referral Tracking and Follow Up
 - Coordinate Care Transitions
- Measure and Improve Performance
 - Measure Clinical Quality Performance
 - Measure Resource Use and Care Coordination
 - Measure Patient/Family Experience
 - Implement Continuous Quality Improvement
 - Demonstrate Continuous Quality Improvement
 - The PDSA (Plan Do Study Act) Cycle
 - Data and Dashboard use
 - Process vs. Outcome Measures

- Maintenance of Certification (MOC) Performance Improvement Module (PIM)
 - Continuous Quality Improvement (CQI)
 - Report Performance
 - Use Certified EHR Technology
- Value Based Payments (VBP) and Financial Sustainability
- PCMH sustainability: after the application is done

These trainings are provided by PCMH Technical Assistants, who were matched with a primary care organization based on their organizational profile. Standardized gap assessment tools were created by BPHC and are used by the TAs to assess PCMH readiness at primary care practice locations. The TAs work with the sites to address the identified gaps and provide coaching on the appropriate topics listed above.

Continuous Quality Improvement (CQI) Trainings:

Continuous Quality Improvement is an essential endeavor in healthcare for assisting teams to improve the quality of care being provided to their patients and the services involved. As focus shifts to value based payment models, our ability to continuously improve the quality of care we deliver will be more vital than ever. The initial targeted audiences of the CQI trainings were BPHC's CSO staff, DSRIP Program Directors (DPDs), and Site Specific Implementation Teams (SSITs) from BPHC's large partnering organizations. These organizations account for 97% of the patients attributed to BPHC based on primary care. Future trainings will be aimed at further spreading the CQI work we are doing.

The topics to be covered throughout these trainings include, but are not limited to:

- CQI in Healthcare and developing focused AIM Statements.
- Conducting PDSAs in a team setting with the right stakeholders.
- Developing awareness of using rules to analyze run charts.
- Using data over time to understand the intricacies of improvement.
- Developing Plan-Do-Study-Act Cycles.
- Developing team-coaching skills for improvement.
- Skill strengthening in CQI measures
- Facilitating and deploying actual improvement projects.

The trainings were conducted in partnership with Joslyn Levy & Associates, a quality improvement consulting firm that moves health and social service organizations from ideas to action, in a train-the-trainer model.

Centralized Patient Registries and Bronx RHIO Trainings:

Population Health Management (PHM) requires an aggregation of patient data from multiple sources (clinical, financial, and operational) with the aim of improving clinical outcomes, and lowering costs. The development of centralized patient registries, which cross PPS partner data sources, may aid BPHC in

providing and enhancing a PHM program. The targeted audience of the centralized patient registries trainings include: BPHC's CSO staff, DSRIP Program Directors (DPDs), and partnering organizations' PHM staff. Future trainings will target additional PHM staff as required

The topics to be covered throughout these trainings include, but are not limited to:

- Pay-For-Performance (P4P) measures development in Spectrum for real-time actionable patient tracking via registries.
- Development of registries using Microsoft Excel before making them standardized and electronic in Spectrum.
- Use cases for registries.
- Demonstrations of current Spectrum centralized metric and registry content
- Future central registry options, including development and refining the same.

The trainings were conducted by the Bronx RHIO, one of the qualified entities in NYS involved in Health Information Exchange. Future trainings will be required as the RHIO migrates away from Spectrum to a new platform, and will cover similar topics for the same target audiences.

Community Behavioral Health Trainings:

Bronx Partners for Healthy Communities (BPHC) recently launched two workgroups, Mental Health and Substance Abuse (MHSA) Screening, Referrals and Attention Deficit and Hyperactivity Disorders (ADHD) in Children and Schizophrenia and Diabetes. The MHSA Screening workgroup will focus on mental health providers conducting substance misuse screenings and substance abuse providers conducting mental health screenings. The ADHD in Children workgroup will focus on medication management. As the work plans are developed by each workgroup they will identify and provide trainings to key staff who will be implementing the work. Mental health providers and staff will be trained on conducting screenings for substance misuse, while substance abuse providers will be trained on conducting screening for mental health issues, focusing mainly on depression and anxiety. Engaged providers will also receive training on properly identifying ADHD in children, referring a family to counseling, and workflows for referrals to primary care. The final workgroup will focus on ensuring that patients with schizophrenia or bipolar disorder who are taking antipsychotic medications are screened for diabetes annually and that patients with the dual diagnoses are monitored annually.

The topics to be covered throughout these trainings include, but are not limited to:

- Screenings and how to conduct them correctly:
 - Patient Health Questionnaire - 2 (PHQ-2)
 - A two-item screening tool to assess the presence of depression.
 - Patient Health Questionnaire - 9 (PHQ-9)
 - A nine-item depression scale used to diagnose depression and determine severity of illness, after patients screen positive on the PHQ-2.
 - Also used by providers to monitor effectiveness of depression treatment.

- Generalized Anxiety Disorder - 7 (GAD-7)
 - A seven-item screening tool used to identify whether a complete assessment for anxiety is indicated.
 - Also used by providers to monitor effectiveness of anxiety treatment.
- CAGE-AID
 - A five-item screening tool for drug and alcohol use, to help determine if a more comprehensive substance use assessment is needed.
- Alcohol Use Disorders Identification Test (AUDIT)
 - A ten-item screening tool that assesses for alcohol consumption, drinking behaviors, and alcohol-related problems.
 - Helps to identify patients who are engaging in hazardous drinking, harmful drinking, and/or have alcohol dependence.
- Drug Abuse Screening Test (DAST-10)
 - A ten-item self-report instrument that is designed to provide a brief, self-report instrument for population screening, clinical case finding, and treatment evaluation research.
- CRAFFT
 - A series of six questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously.
 - Used with children under the age of 21.
- HgbA1C test for screening and monitoring for diabetes
- Workflow development (for screenings, evaluations, monitoring, medication management)
 - Who will do the screening at each organization?
 - How are screenings documented?
 - What is the process for referring a patient?
- Closed-loop order and referral tracking
 - What does the warm hand-off look like between organizations?
 - How is the referral documented?
 - What are the communications between the providers?

Practitioner Engagement Trainings

The targeted audience for practitioner engagement trainings includes all BPHC PPS Providers including Primary Care Practitioners (PCPs), Non- Primary Care Practitioners, those in hospital settings, clinics, private practices, behavioral health settings, substance use disorder settings, skilled nursing facilities and nursing homes, hospice, and other.

The topics to be covered throughout these trainings include, but are not limited to:

- Bronx Regional Health Information Organization (BxRHIO)
 - Data exchange

- Use and Utility
- Consent Procedures and Penetration
- Care Coordination
 - How to work with care coordinators/navigators
 - How to track patients receiving Care Coordination
 - Which patients are appropriate for Care Coordination and from what source
 - Health Homes
- Care Coordination Management Systems (CCMS)
 - How to Integrate Care Planning and Care Planning Systems into patient workflows
 - Closed Loop Order and Referral Tracking
- Clinical Integration
 - Evidence Based Guidelines and Protocols: Adoption, Implementation and Integration
 - IT-facing Clinical Integration Solutions
- Coding, Billing and Quality Assurance Reporting Requirements
- Social Determinants
 - Social Epidemiology
 - Social determinants of Health Care
 - Social Determinants of Mental Health
- Cultural Competency / Health Literacy
- Compliance
- DSRIP 101 (included in DSRIP Launch presentations)
- Evidence-Based Guidelines
- Panel Integrity/ Provider Continuity
- Panel Management
- Patient Centered Medical Home (PCMH)
 - Pre-visit planning
 - Post-visit care
 - PCMH sustainability: after the application is done
 - Referral Tracking (Closed Loop Order and Referral Tracking)
 - Care Plans
 - Team-Based Care/Care Team Roles
- Performance Improvement
 - The PDSA (Plan Do Study Act) Cycle
 - Data and Dashboard use
 - Process vs. Outcome Measures
 - Maintenance of Certification (MOC) Performance Improvement Module (PIM)
 - Continuous Quality Improvement (CQI)
- Performance Reporting and Continuous Quality Improvement
- Population Health Management and Registry Use
- Project-specific Launches
- Value Based Payments (VBP) and Financial Sustainability

Whenever possible, CME/CE credits will be available to PPS Practitioners at no cost to the practitioner. Refer to Appendix Exhibit 1.

Cultural Competency Trainings

Cultural Competency Training programs target all levels of staff from frontline to leadership. The overarching goal of the BPHC Cultural Competency Training Strategy is to develop a workforce capable of delivering the highest quality care to every patient regardless of race, ethnicity, culture, language proficiency or socio-cultural diversities. The eight Cultural Competency Training programs, developed specifically for the needs of BPHC, include:

1. BPHC Cultural Competency for Leadership
2. Cultural Competency in the Bronx for Frontline Staff in the BPHC network
3. Cultural Competency and the Social Determinants of Health for Practitioners
4. Community Health Literacy Program for community members, via CBOs
5. Working with People with Behavioral Health Conditions for frontline staff in the BPHC network
6. Patient-Centered Care for Immigrant Seniors in the Bronx
7. Cultural Competency for Home Care, for home health workers
8. Poverty Simulation

Additional details about the Cultural Competency Training Strategy programs are available in the Appendix, Exhibit 2.

CBO Training Series

Staff in Community Based Organizations that are members of Bronx Partners for Healthy Communities may be eligible to participate in various BPHC sponsored training programs. In addition, based on discussions in the BPHC CBO Engagement Group, it was decided that BPHC will present a yearly special training series of programs targeted at staff that are members of BPHC CBOs. Beginning in DY2, and to be continued annually through DY5, CBO focus groups are being held to determine common training needs for the year.

For DY2, those programs/topics identified and being offered to all CBOs includes:

DSRIP 101

- The Medicaid Redesign Team
- Preventative Care and Care Coordination
- Impacting Health
- A Performing Provider System
- A Sample DSRIP Project.

- Payment Reform

Cultural Competency in the Bronx

- Bronx demographics
- Impact of culturally inappropriate health care
- Personal participant experience
- Healthcare disparities
- Culturally competent actions and practices
- Caring for LGBT community
- Caring for the elderly immigrant population

Motivational Interviewing

- Engaging clients/patients
- Readiness for change
- Motivational Interviewing (MI) spirit
- Focusing
- Open-ended inquiry
- Affirmations
- Reflections
- Summarizing
- Evoking change talk
- Advice
- Readiness tools
- Planning
- Goal setting
- Fidelity & sustainability

Training Evaluation

Whenever possible and practical, Bronx Partners for Healthy Communities will employ the four levels of Donald Kirkpatrick's Training Evaluation Model, including evaluating reaction, learning, behavior and results. In all cases, learner reaction will be measured at the end of the program, and used to understand how well the training was received by the participants. This includes the value of the experience, topics, instructor, material and its presentation.

The second level of evaluation measures is determining how much the training participants' knowledge, skills or attitudes have increased as a result of the training. The training objectives are being used to develop these measures. BPHC trainers and vendors will use pre and post testing, observation and for some of the PPS's programs, certification exams. The third level, application of learning gets at behavior change. An example that the PPS will be using is post training supervisory evaluation of care

coordinators applied learning. This evaluation will be done in conjunction with supervisors' briefing on the training, which together creates the most favorable conditions for sustaining the training results.

Level four evaluations are about results, and most challenging to tie directly to training. An example being employed by BPHC is the Cultural Competence Self-Assessment Questionnaire (CCSAQ) by the Portland Research and Training Center at Portland State University. The instrument will be utilized across the PPS post training to assess organizational cross-cultural strengths and weaknesses that promote greater competence across cultures. It is a tool with high reliability and validity and measures results that are tied to the success of the PPS.

Training Application

The HWapps platform was designed to support the PPSs that have partnered with 1199 TEF as training vendors. In the dynamic world of technology, and in response to changing BPHC needs, HWapps will continue to evolve to fit the needs of the PPS during the course of DSRIP.

HWapps contains a Learning Management Systems (LMS). The primary components of this LMS are courses, lessons, quizzes, and certificates. Training administration and management services in the LMS will track online courses as well as attendance at all live courses presented by the Bronx Partners for Healthy Communities.

A unique feature of this platform is the ability of the application to host trainings and report on training outcomes. All trainings are hosted within the Training Center of the Bronx Partners for Healthy Communities (BPHC) section, which is accessed from the BPHC website (www.bronxphc.org). Features of this application include:

- a. **Courses:** online or in-person training classes that are displayed on the Training Center (such as DSRIP 101)
- b. **Lessons:** Within a course, the lesson is the actual content. Content can range from documents, PDFs, Videos, e-courses, or other multimedia that serves as the actual informational or instructional entity within a course.
- c. **Quizzes:** An optional feature that allows for an online quiz to follow the lesson; quizzes can have any number of questions and there is great flexibility in the style of questions (i.e. true/false, multiple-choice, etc.)
- d. **Certificates:** Another feature of the application is its ability to provide a user who has successfully completed a Training Center course, lesson, and quiz, with an e-certificate that is automatically generated to state their name, the course, and the course date.

Course reports from HWapps provide the training and re-training data that is specifically required for DSRIP reporting, including facility type and job category. The application can create reports with options in both format and content. The system also contains demographic information including facility type, partner organization, participant's name and attendance records. The application will generate and export reports in Microsoft Excel. The reporting application is a tool for tracking program outcomes, creating reports for individual partners and informing the staff impact analysis.

Workforce Development Programs

As a result of the current state assessment, performed for Bronx Partners by the Center for Health Workforce Studies in conjunction with BDO, over 3,000 current vacancies were identified within the PPS. The turnover rate of 15% is a contributing factor. Combined with the needs identified in the Workforce Gap Analysis and the Workforce Transition Roadmap, and considering the BPHC Bronx-centric workforce strategy, the need to identify and support workforce pipelines and talent pools has become clear. Several potential and new programs have been identified to bring new staff to the PPS of trained staff throughout the PPS.

Programs to mitigate workforce shortages

- Career Network: Healthcare Program with Phipps Neighborhood
- Front desk training and advancement program: providing paid internships within our PPS for Bronx residents with New York Alliance for Careers In Healthcare (NYACH)
- Participation in Healthcare Careers Pathways (HCP) Initiative with Montefiore in Bronx, Westchester, and Hudson Valley to increase competency-based career pathways to support entry into and career advancement in the healthcare industry with Montefiore
- WF1 Healthcare Career Center: works with job seekers across NYC to help match qualified talent for both clinical and administrative positions.
- Transition to Practice programs for Nurses and Social Workers with CUNY.
- Frontline worker training programs with CUNY, including peer workers, community health workers, and other in-demand titles.
- TEF Employment Center Services will be available to PPS partners to assist with recruitment and sourcing of candidates.

Appendix

Exhibit 1. Practitioner Engagement Training Summary

Training Session Topic	Objectives	Audience	Training frequency
Transforming Clinical Practice Initiative Support and Alignment Network	This course provides training in Collaborative Care Consultation Psychiatry, focusing on the knowledge, skills and attitudes necessary to help psychiatrists provide high quality care for larger populations.	Psychiatrists participating in collaborative care	2-part webinar, open access
Patient Centered Medical Home (PCMH)	Pre-visit planning, Post-visit care, PCMH sustainability after the application is done, Referral Tracking (Closed Loop Order and Referral Tracking), Care Plans, Team-Based Care/Care Team Roles.	Clinical and non-clinical staff	As needed, customized to organizational needs
DSRIP 101	DSRIP Basics and Beyond, BPHC and implementation overview	Clinical and non-clinical staff	1 session
Health Home at Risk Project Specific Launch	The Health Home At-risk launch convened BPHC partners to provide an introduction to the program, share the care management model, discuss project deliverables, and begin to develop a Community of Practice.	Clinical and non-clinical staff	1 session
CVD/DM Project Specific Launch	Convene partners to introduce the CVD/Diabetes projects, review project requirements, measures and reporting, clinical operations, and deliverables.	Clinical and non-clinical staff	
Introduction to Collaborative Care	This course offers a complete overview of the elements needed to implement collaborative care into a primary care setting. Key elements of this model of care are shared care plans featuring patient goals, population health care, treatment to target, evidence based treatments and accountability of care.	All clinical and non-clinical staff participating in integrated care	1 session or webinar
Creating a Culture of Wellness: A 360 Degree View	Achieving health and wellness calls for a focus on integrated care, but is your organization truly incorporating health and wellness into everything you do? Join this webinar to learn how to use a self-assessment tool to increase your organization's awareness of the key components of a wellness-focused culture. Learn how to engage in a reflective process to identify what you should keep doing, stop doing, and start doing to truly have a culture of wellness, and hear from a SAMHSA Primary and Behavioral Health Care Integration (PBHCI) grantee who has used this tool to assess and implement wellness across their agency.	PC and BH providers	1 session, offered multiple times

Training Session Topic	Objectives	Audience	Training frequency
Asthma Home Based Project Specific Launch	This launch provided an overview of the DSRIP Asthma project, introduced the collaboration with a.i.r. Bronx, presented the workflows and registry requirements, and outlined the project requirements and deliverables.	Clinical and non-clinical staff	1 session
PHQ Screening	Training describes effective strategies for using the PHQ, sample script, how to offer assistance to the patient while filling out the PHQ, challenges, answering patient questions.	Patient Care Advocates, Nurses, front-desk staff	1 session, offered multiple times
Care Coordination (Health Home At-risk)	How to work with care coordinators/navigators, How to track patients receiving Care Coordination, Which patients are appropriate for Care Coordination and from what source, Health Homes.	Clinical and non-clinical staff	Webinar and in-person
Psychiatric Consultation	Psychiatric consultants and depression care managers can work effectively to optimize patient outcomes. For instance, it reviewed how care managers can best prepare for consultation and what should be discussed during consultation. Other key points included consultation documentation and communicating information to the Primary Care Provider.	Psychiatrist, PCP, and LCSW (Behavioral Health Specialists)	1 session, offered multiple times
Problem Solving Treatment	Problem Solving Treatment is an evidence based treatment proven to be effective in treating patients with depression. PST focuses on the link between poor problem solving skills contributing towards a person's depression. This training will provide participants with an overview of the seven steps of PST and allow for practice of PST techniques.	Staff providing evidence-based psychotherapy (i.e. LMSWs, psychologists)	1 session, offered multiple times
Depression 101 for Non-Prescribers	Increases familiarity in treatment of depression and improved comfort level with medication treatment, as well as an overview of epidemiology of depression, with emphasis in primary care setting.	Care Managers, Primary Care Providers or NP Champion, Psychiatric Consultant, MA's	1 webinar
Billing Effectively (and Accurately) for Integrated Behavioral Health Services	When adding behavioral health services, practices will need to understand how to bill, this includes services you can bill for, learning a web of new codes and numbers, identifying which staff can be reimbursed, training staff to code services appropriately, and, taking advantage of new global payments. Financing and integration experts from primary care centers provide practical ins and outs of billing for behavioral health services to a variety of third-party payers, including Medicare and Medicaid. Be ready to discuss the menu of billing options available that can match needs.	PC and BH providers	1 session, offered multiple times

Training Session Topic	Objectives	Audience	Training frequency
Behavioral Activation	Behavioral Activation is an evidence-based treatment that addresses symptoms of depression--such as avoidance, withdrawal and inactivity--and encourages healthy, active lifestyles. Course includes lecture in addition to active roles playing, demonstration of BA session and group work that incorporates tools that can be utilized by patients.	Staff providing evidence-based psychotherapy (i.e. LMSWs, psychologists)	1 session, offered multiple times
Care Coordinator Training	Provide the fundamentals of care coordination for new and existing care coordinators and their supervisors (also to incorporate HH Care Managers). 63 hours of core care coordination modules, prepared by PCDC (Intro to new models of care; interdisciplinary teams; person-centeredness, communication and health literacy; chronic disease and social determinants of health; assessment, care management care planning, SMART goals, health coaching, self-management; transitions of care and closed loop referrals; cultural competence; ethics and professional boundaries; quality improvement; community orientation; HIT, documentation and confidentiality). Followed by a module on Motivational Interviewing from the National Council on Behavioral Health (NCBH) and a module on interacting with BH populations (training developer TBD). Supervisors will receive additional modules on supervising Care Coordinators, delivered by NCBH. Trainings to be held one day every other week over the course of 3-4 months. Cohorts of 15-20 people. The courses will be staggered to accommodate hiring schedules.	Care Management Staff, Nurse Care Management Supervisors, Depression Care Managers	Biweekly Wednesdays, 7 hours x 9 days
Essentials of Care Coordination	Care Coordination training required for all DSRIP funded/supported staff (except IT.)	LCSW, PharmD, other clinical and nonclinical staff	TBD
Behavioral Health Workgroup	Review of confidential notes, PSAC (Patient Security Access Control), and scanned documents	Clinical providers	1 webinar
Motivational Interviewing	Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.	Staff providing evidence-based psychotherapy (i.e. LMSWs, psychologists)	1 session, offered multiple times

Training Session Topic	Objectives	Audience	Training frequency
Psychopharmacology	Part 1: An overview of the importance of depression and the many types; review of the 3CM model and the phases of depression care. Part 2: A review of treatment non-medication treatment options (support, self-management, psychotherapies) followed by a comprehensive overview of types of anti-depressants with an intro to a variety of medications for depression treatment. This includes discussion of benefits and risks, changes in medications and when to stop medication.	Primary Care providers, other prescribers in the model	2 Sessions, offered multiple times
ED Navigator and Care Transitions (inpatient and 30-day post-discharge period) Training	Train new hires at SBH (nurses, social workers and non-RN care navigators) to deliver ED Navigator and inpatient/post-discharge interventions	Social Workers, Nurses (RNs and LPNs), non-nurse Navigators	3 Sessions
Performance Improvement/Performance Reporting	The PDSA (Plan Do Study Act) Cycle, Data and Dashboard use, Process vs Outcome Measures, Maintenance of Certification (MOC) Performance Improvement Module (PMI), Continuous Quality Improvement.	Clinical Leaders, front-line clinicians and non-clinical staff	3 Sessions
Bronx Regional Health Information Organization (BxRHIO)	Data Exchange, Use and Utility, Consent Procedures and Penetration. Training will include guidance on how to utilize the Spectrum platform. The training will focus on strategies for improving consent penetration at the organizational level, methods for obtaining consent with individuals, and utilizing the RHIO for PHM	Practitioners and data managers	TBD
Panel Integrity/Provider Continuity and Panel Management (PCMH)	How to prioritize continuity while maintaining access; how to perform team-based care and team-based/panel based population health management	Clinical and non-clinical staff	TBD
Clinical Integration for clinical leadership	Evidence Based Guidelines and Protocols: Adoption, Implementation and Integration. IT-facing Clinical Integration Solutions.	Clinical Leadership from 7 largest partners	1 hour, offered twice
Billable practices	Overview of billing for collaborative care	PC and BH providers	1 session, offered multiple times
Care Coordination Management Systems (CCMS)	How to integrate Care Planning and Care Planning Systems into patient workflows, Closed Loop Order and Referral Tracking.	Clinical and non-clinical staff	TBD

Training Session Topic	Objectives	Audience	Training frequency
Coding, Billing, and Quality Assurance Reporting Requirements	Help improve PCPs ability to code to maximize reimbursement and assure credit for QARR and HEDIS measures in a VBP system.	PCPs, Billers, Coders, QA staff	TBD
Compliance	BPHC will provide compliance training and education for its workforce members regarding all compliance issues related to DSRIP, including, but not limited to, information regarding how to file complaints about any compliance related issue (including anonymously) and BPHC's protection for whistleblowers	Clinical and non-clinical staff	1 session, offered multiple times
Cultural Competency for practitioners w/ a focus on the social determinants of health	To equip clinical providers with self-awareness about their own cultural and linguistic idiosyncrasies and the skills to elicit and address the needs of each unique patient, recognizing that each patient represents a distinct individual with their own cultural and linguistic needs.	Practitioners	2 90-minute sessions, offered multiple times
Care Transitions Course	Train new pharmacy staff to deliver inpatient/post-discharge interventions	Pharmacists	2 Sessions, offered multiple times
Leveraging Care Coordination - for Providers (Health Home / Health Home At-risk)	How to work with care coordinators/navigators, How to track patients receiving Care Coordination, Which patients are appropriate for Care Coordination and from what source, Health Homes.	All practitioners	TBD
Motivational Interviewing	In this full-day interactive workshop, participants will explore the four fundamental processes of Motivational Interviewing: engaging, focusing, evoking and planning. Further, they will explore how to effectively elicit change talk by observing and practicing basic Motivational Interviewing strategies with hands on activities and demonstrations. Participants will also develop strategies for integrating Motivational Interviewing into practice. Course content will focus on engaging readiness for change and human behavior through the spirit of Motivational Interviewing.	TBD	TBD
Registry Training	TBD	All staff	TBD

Training Session Topic	Objectives	Audience	Training frequency
SBIRT Course	Multiple options will be available, Center for Practice Innovations offers a 4-hour, self-paced, interactive and user-friendly online course will give healthcare professionals the information, motivation, tools and resources that they need to conduct SBIRT in a variety of practice settings. It consists of two modules focusing on the SBIRT practice and two modules focusing on the essential skill of motivational interviewing.	Clinical and non-clinical staff	TBD
Working with Seriously Mentally Ill and Substance Abusing Populations	TBD	Clinical and non-clinical staff	TBD
Documentation	Billable notes and other selected topics include chronic care management codes	LMSW and LCSW, other clinical and nonclinical staff	1 session
IT Systems (as they go online)	TBD	All clinical and non-clinical staff	TBD

CULTURAL COMPETENCY TRAINING STRATEGY



BRONX PARTNERS FOR
HEALTHY COMMUNITIES

www.bronxphc.org

CONTENTS

- INTRODUCTION 34
- DEVELOPING A CULTURAL COMPETENCY TRAINING STRATEGY 34
- CULTURAL COMPETENCY AND HEALTH LITERACY WORK GROUP 35
- TRAINING PROGRAMS 36
 - Cultural Competency in the Bronx for Frontline Staff 41
 - Patient Centered Care for Immigrant Seniors in the Bronx..... 42
 - Cultural Competency for Home Care 43
 - BPHC Cultural Competency for Leadership 44
 - Poverty Simulation 45
 - Cultural Competency and the Social Determinants of Health for Practitioners..... 46
 - Working with People with Behavioral Health Conditions..... 47
 - Community Health Literacy Program..... 48
- EVALUATION AND MONITORING PROCESS 49

INTRODUCTION

BRONX PARTNERS FOR HEALTHY COMMUNITIES

Bronx Partners for Healthy Communities (BPHC) aims to transform healthcare delivery in the Bronx to improve patient access, experience and health outcomes, while enhancing efficiency and reducing costs. Cultural competency is the key to this transformation. Prevailing fragmentation within the healthcare system has hindered providers' best efforts to meet the needs of the Bronx population, particularly in preventing and managing chronic diseases. If the significant challenges faced by the borough are to be overcome, the important healthcare interventions already taking place in hospitals, primary care practices, specialist practices, community-based social service organizations and other provider settings cannot continue to operate in silos.

BPHC is in the process of creating an integrated delivery system offering high quality primary care and care coordination services, with increased attention to the social determinants of health. Participants focus on underserved communities facing significant socio-economic disadvantages and cultural barriers in their access to health resources. These imperatives have driven the development of BPHC's Cultural Competency and Health Literacy (CC/HL) Training Strategy.

In order to ensure a systematic and sustainable implementation of cultural competency for the BPHC workforce, the BPHC Cultural Responsiveness Work Group, along with the help of various subject matter experts and participation in multiple programs across the New York City, has developed a set of eight core training programs to be deployed across the PPS.

DEVELOPING A CULTURAL COMPETENCY TRAINING STRATEGY

The overarching goal of the BPHC Cultural Competency (CC) Training Strategy is to plan a training strategy that will develop a workforce capable of delivering the highest quality care to every patient regardless of race, ethnicity, culture, language proficiency or socio-cultural diversities. To support this goal, core objectives for the strategy have been developed:

1. Incorporate CC training and retraining programs specific to participating providers, worker types and disciplines
2. Include CC aspects in all training programs sponsored by BPHC, including inter-disciplinary training
3. Implement a strong leadership program for CC to build the capacity of all PPS partners, foster buy in and create the call to change for others
4. Utilize BPHC's community-based organization (CBOs) partners to deliver training in specialty areas through a letter of intent (LOI) and/or a request for proposal (RFP) process
5. Offer training both on an organizational level and for special groups
6. Develop the ability over the next four years to continue to assess needs, particularly using the training program evaluation tools

This Training Strategy supports the implementation of the overall BPHC CC/HL Strategy; both seek to improve the responsiveness and quality of health services provision, address cultural barriers in access to care, and build the motivation of the workforce to strengthen their cultural competency capacities. The four dimensions that will be addressed in the programs are:

1. Build awareness of culture

2. Advance sensitivity to consumers
3. Broaden knowledge of multi- cultural backgrounds
4. Establish comfort with socio-cultural diversities beyond ethnic and socio-economic background (e.g., LGBTQ population/sensitivity)

In addition, both cognitive and experiential approaches to attitudes will be fostered by the use of training methods that promote attitude changes, inform credible relationships with multicultural clients, and minimize prejudice, discrimination and ethnocentrism.

BPHC has made the decision to offer multiple CC trainings provided by various vendors, each of which uses evidence based research for development of training programs. An LOI for CBOs and an RFP for vendors were utilized to select vendors known for using evidence based platforms and models. The trainings cover the populations being served, the care setting and the role of the training participants in providing care. In all cases, training will be focused on the motivation, skills and knowledge of the practitioners and staff. A total of eight (8) different programs will be offered by BPHC.

CULTURAL COMPETENCY AND HEALTH LITERACY WORK GROUP

BPHC established a CC/HL Work Group under its Quality and Care Innovation Subcommittee (QCIS). For the purposes of developing the Training Strategy, this group has been expanded to include additional participants including members of our largest partners and representation from the Workforce Subcommittee, also part of the BPHC governance structure along with the QCIS. Members include:

Name	Affiliation
Teresa Pica	SBH Health System / Workforce Sub Committee
Nicole Hollingsworth	Montefiore
Dana Coleman	VIP Community Services
Charmaine Ruddock	Bronx Health REACH / Institute for Family Health
Lynette Alvarado	SBH Health System
Twiggy Rodriguez	Acacia
Albert Alvarez	BPHC
J. Robin Moon	BPHC
Rosa Mejias	1199 TEF
Mary Morris	BPHC, Cultural Competency & Workforce Lead
Kevin Gahagan	Institute for Family Health
Ralph Belloise	HIV Center, SBH Health System
Jaymie Kahn-Rapp	BOOM! Health
Alida Quinones-Reyes	MHHC
Joann Concepcion	UCHC
Barbara Hart	Bronx Health Link
Venus Goulbourne	BPHC
Ronnie Hector	1199 TEF

The Work Group gathered input and information systematically through regular meetings and attendance at trainings both in New York City and Newburgh. A consensus-based decision making process was utilized for all recommendations.

TRAINING PROGRAMS

Eight training programs have been selected for development to support the BPHC CC/HL Training Strategy. The vendors chosen are all believed to have the experience, capacity and potential to deliver the proposed training programs to success. The selection process included workgroup meetings, requests for proposals, and several collaborative efforts with BPHC partners and members. In this way, BPHC included the community in building the CC/HL Training Strategy, built on their existing competencies, and addressed all sectors of the workforce.

Phases

The eight CC/HL training programs will be implemented in three phases, beginning with foundational programs to provide basic knowledge to various segments of BPHC workforce. These programs will begin in DY2Q4. First phase programs include:

1. BPHC Cultural Competency for Leadership
2. Cultural Competency in the Bronx for Frontline Staff in the BPHC network
3. Cultural Competency and the Social Determinants of Health for Practitioners

The second phase, while not foundational, includes two programs that based on the PPS's strategic needs, are also necessary to present by the end of DY2.

4. Community Health Literacy Program for community members, via CBOs
5. Working with People with Behavioral Health Conditions for frontline staff in the BPHC network

The third phase programs, which are more specialized in terms of the target trainees as well as the depth of the subject, will be implemented beginning in DY3.

6. Patient-Centered Care for Immigrant Seniors in the Bronx
7. Cultural Competency for Home Care, for home health workers
8. Poverty Simulation, for frontline staff

Selection Processes for Training Programs included in Cultural Competency Strategy

Because BPHC has 183 CBOs with a range of different assets, an LOI was sent to all CBOs to determine the types of programs offered in support of the BPHC CC/HL Strategy. Of the organizations that responded, four were selected to develop three of the eight programs included in the Training Strategy – **BPHC Cultural Competency for Leadership** (The Jewish Board), **Cultural Competency for Home Care** (Selfhelp Community Services, Inc. and People Care), and **Patient-Centered Care for Immigrant Seniors in the Bronx** (Regional Aid for Interim Needs, Inc., or RAIN).

Another program selection method used was for members of the Cultural Responsiveness Work Group to attend trainings recommended by work group members, and evaluate the efficacy of these programs to support our strategy. After attending a Greater New York Hospital Association (GNYHA) Cultural Competency training for frontline healthcare workers, the Work Group decided to include a similar program for the PPS frontline staff, with a specific focus on the Bronx. There were initial discussions with GNYHA to develop this program; however, due to conflicts with timing GNYHA was unable to commit to producing this program. Consequently, BPHC issued an RFP to three organizations identified as having the experience and capacity to provide this training. All three organizations responded and The Jewish Board's proposal for **Cultural Competency in the Bronx** for frontline staff was selected.

The **Poverty Simulation** was also selected to be included in the Training Strategy after members of the Cultural Responsiveness Work Group attended a Poverty Simulation training course along with other key PPS members in the Hudson Valley. It was sponsored by Health Link NY in Newburgh, NY.

An RFP for **Community Health Literacy** was sent to several CBOs that are members of BPHC. This group was identified through an LOI sent to all of BPHC CBOs. Seven organizations were selected to participate in this initiative that will provide outreach and training to community members. Beginning in November 2016, the participating CBOs will attend four Train-the-Trainer sessions conducted by the Office of Citywide Health Insurance Access (OCHIA) of NYC Human Resource Administration (HRA) to learn about obtaining health insurance. Additionally, they will participate in another Train-the-Trainer event conducted by Immigrant Health and Cancer Disparities Services to learn about accessing appropriate healthcare services and other topics to help inform the community about available healthcare services.

Immigrant Health and Cancer Disparities Services at Memorial Sloan Kettering was selected as the vendor for the **Cultural Competency and the Social Determinants of Health for Practitioners** program. This program is also included in the BPHC Practitioner Communications and Engagement Plan and in the Practitioner Engagement and Training Plan. The vendor was initially suggested based on their extensive evidence-based work instructing practitioners in cultural competence. The BPHC Chief Medical Officer is taking the lead on this program and working extensively with the BPHC Clinical Leadership to develop the program including the logistical requirements for implementation.

The New York Association of Psychiatric Rehabilitation Services, Inc. will conduct the **Working with People with Behavioral Health Conditions** program. This vendor was recommended by the BPHC Community Behavioral Health Engagement Workgroup. As of DY2Q2, this program is included as part of the Care Coordinator Training series. It will also be offered to other members of the primary care teams as related to the Integration of Primary Care Services and Behavioral Health project.

More details about the eight Cultural Competency Training Strategy Programs are provided in the table below, and the one-page descriptions that follow.

Training Name	Training Description	Target Audience	Vendor	Implementation Plan
BPHC Cultural Competency for Leadership	This program will bring together leadership from BPHC partners to build mission, strategies, and policies and to promulgate effective patient centered culturally competent care throughout BPHC organizations. Understanding the Medicaid population in the Bronx, including data on disparities and the social determinants of health, is key to progressive DSRIP leadership.	Leadership from BPHC partners	The Jewish Board	Phase 1 3 hour sessions for leadership groups within BPHC beginning in December 2016 and delivered regularly to leadership groups.
Cultural Competency in the Bronx for Frontline Staff	These sessions, focused on the Bronx Community, will be interactive and enable frontline staff to learn and practice cultural competency skills that will benefit their daily work caring for patients. This program addresses issues of race, ethnicity, religion, language, disability, and sexual identity in the context of accessing care, expectations about care, and beliefs that influence adherence to care.	Frontline staff	The Jewish Board	Phase 1 First set of training dates are November 14, 15, 18, 28, 29 and December 1. Programs will then be offered approximately quarterly at partner organizations.
Cultural Competency and the Social Determinants of Health for Practitioners	As part of the BPHC Physician Engagement Strategy, this program will be delivered in two ninety-minute sessions scheduled at practitioners' sites, in most cases at the times of regularly scheduled meetings. The training is based on the Social Ecological Model which promotes behaviors, attitudes and policies that ultimately enable providers and patients to work together in cross-cultural situations. Needs assessments will be conducted at the largest BPHC organizations to customize the curriculum.	Primary Care and Behavioral Health Practitioners	Immigrant Health and Cancer Disparities Services (Memorial Sloan Kettering)	Phase 1 Two 90-minute sessions per practitioner group, offered approximately every six weeks, at partner sites beginning in DY2Q4.

Training Name	Training Description	Target Audience	Vendor	Implementation Plan
Community Health Literacy Program	<p>Through a combination of training programs and client/community engagement strategies, this program aims to harness community-based organizations' cultural competency knowledge of and relationship with the community they serve to help spread basic concepts and strategies for using the transformed care delivery system more effectively. Select community based organizations will be trained to provide information about new healthcare vocabulary and programs, access to health insurance, health literacy topics, healthcare navigation skills, and awareness of community based organizations' critical programs.</p>	<p>CBO staff and community members</p>	<p>NYC HRA & Immigrant Health and Cancer Disparities Services (Memorial Sloan Kettering) to train seven CBOs: -ArchCare -Bronx Community Health Network, Inc -BronxWorks -Health People -RAIN -The Bronx Health Link -Mary Mitchell Family & Youth Center, Inc.</p>	<p>Phase 2</p> <p>Four session Train-the-Trainer orientation and training sessions will begin the week of October 17, 2016 and will continue throughout DY2 and DY3 on a regular basis.</p>
Working with People with Behavioral Health Conditions	<p>For primary care team members and care coordinators throughout BPHC, this program has been developed by the New York State Association of Psychiatric Rehabilitation Services (NYAPRS) Topics include: How culture affects all aspects of mental illness and care, Creating and sustaining recovery-orientated care, how people with high needs present, provision for additional care requirements and obtaining consent.</p>	<p>Primary care teams and care coordinators</p>	<p>New York Association of Psychiatric Rehabilitation Services, Inc.</p>	<p>Phase 2</p> <p>Initial dates are October 19 & October 27. This one day program will be regularly scheduled as part of the curriculum for Care Coordinators and similar positions.</p>
Patient Centered Care for Immigrant Seniors in the Bronx	<p>Presented by Regional Aid for Interim Needs, Inc. (RAIN), the goal of this program is to identify and address healthcare disparities for immigrant seniors in the Bronx. The presenter will be Anderson Torres, Chief Executive Officer of RAIN. This phase 3 program will be available to organizations within the PPS through the BPHC Speaker's Bureau, at no cost to member organizations.</p>	<p>BPHC organizations servicing Seniors</p>	<p>Regional Aid for Interim Needs, Inc. (RAIN)</p>	<p>Phase 3</p> <p>Will be available in DY3 to BPHC member organizations working with seniors.</p>

Training Name	Training Description	Target Audience	Vendor	Implementation Plan
Cultural Competency for Home Care	This program will provide cultural competency training specifically for home care aides and their supervisors, with a focus on elderly LGBT and Immigrant populations. Emphasis will be on recognizing the cultural diversity among Bronx residents and respecting cultural values. Home care aides will be able to incorporate the knowledge gained from this training into everyday interactions with clients.	Home care aides and Nurse Supervisors	Selfhelp Community Services, Inc & People Care	Phase 3 To be delivered in DY3.
Poverty Simulation	BPHC will offer the Poverty Simulation exercise as an integral component of the Cultural Competency Training Strategy to create a broader awareness among healthcare providers and community-based organizations about the everyday challenges of living in poverty faced by many of their patients and clients. During the simulation, participants role-play the lives of different families facing poverty. After the poverty simulation is completed, participants will engage in facilitated planning sessions to identify priority organizational changes to make their organizations more responsive to the needs of patients and clients living in poverty.	Interdisciplinary teams representing BPHC organizations with potential for cross PPS collaboration	Healthlink NY	Phase 3 One session per group, potentially including other Bronx PPS's, to be delivered in DY3.



Cultural Competency in the Bronx for Frontline Staff

Description

Culturally competent care is defined as care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors. These sessions, focused on the Bronx Community, will be interactive and enable frontline staff to learn and practice cultural competency skills that will benefit their daily work caring for patients.

This program addresses issues of race, ethnicity, religion, language, disability, and sexual identity in the context of accessing care, expectations about care, and beliefs that influence adherence to care.

Audience

Frontline staff

Topics

- Overview of Bronx demographics
- Impact of culturally inappropriate health care
- Personal stories
- Health care disparities
- Cognitive components of cultural competence
- Culturally competent actions and practices
- General strategies for the Bronx
- Caring for the elderly immigrants
- Caring for members of the LGBT community
- Case scenarios and vignettes

Registration Contact

workforce@bronxphc.org

Training Dates

Round 1- November
14, 15, 18, 28, 29 &
December 1

Location

Bronx 1199 TEF Bronx Site
2501 Grand Concourse,
Bronx NY

Presented by

The Jewish Board of family
and Children's Services



Patient Centered Care for Immigrant Seniors in the Bronx

Description

The goal of this Program is to identify and address healthcare disparities for immigrant Seniors in the Bronx. The presenter will be Anderson Torres, PhD, LCSW-Chief Executive Officer, R.A.I.N. This program will be available to organizations within BPHC through the Speaker's Bureau, at no cost to member organizations. The program will be two hours in length.

Audience

BPHC organizations servicing Seniors

Topics

- Chronic Care and Diet
- End of Life Care
- Religious Beliefs
- LGBT Senior Community

Registration Contact

workforce@bronxphc.org

Training Dates

Phase 3 program to be delivered in DY3

Location

Various BPHC member organizations

Presented by

Regional Aid for Interim Needs, Inc. (RAIN)



*Cultural Competency for Home Care

Description

This program will provide cultural competency training specifically for home care aides with a focus on elderly LGBT and immigrant populations. Emphasis will be on recognizing the cultural diversity among Bronx residents and respecting their various cultural values. Home care aides will be able to incorporate the knowledge gained from this training into everyday interactions with clients.

Audience

Home Care Paraprofessional Aides, Personal Care Aides, Nurse Supervisors

Topics

Cultural Competency

- Demographics of the Bronx
- Health factors that establish the Bronx as the least healthiest county in NYS
- Obstacles to Care

Understanding Cultural Diversity

- What Is Cultural Diversity and What Does It Mean? Where Does Your Sense of Culture Come From?
- Definitions Pertaining to Culture
- Cultural Health Beliefs
- How is Dementia Viewed by Some Different Cultures
- Cultural Differences
- Working With People From Other Cultures

Caring for LGBT People

- Why LGBT Health? Stigma and Discrimination
- Health Issues Throughout the Life Course
- Older Lesbians; Older Gay Men; Older Transgender
- Behavioral and Psychosocial Health of Older LGBT Adults
- Issues in Long Term Care; Overcoming Barriers
- The Cross-Cultural Interview
- Taking a Sexual History; Communication Tips
- Resources Available

* Program requires payment to Aides for their training participation. 1199 TEF, 1199 SEIU and BPHC to petition the State DOH together for assistance.

Registration Contact

workforce@bronxphc.org

Training Dates

Phase 3 Program to be delivered in DY3

Location

Multiple locations

Presented by

Selfhelp Community Services, Inc & People Care



BPHC Cultural Competency for Leadership

Description

This program will bring together leadership from BPHC partners to create a burning platform, build mission, strategies, and policies to promote effective, patient centered culturally competent care throughout Bronx Partners for Healthy Communities.

Audience

Leadership from BPHC partners

Topics

- Bronx Overview
 - Social determinants of health as related to the Bronx
- Personal connection to cultural competency
 - Awareness of impact on patients/clients
 - Self-Awareness
 - Of role as individual and leader
 - Awareness of one's own racial/cultural identity, beliefs, and biases
- Shared language and understanding
 - Define relevant concepts
- Engaging diverse populations
 - Review of data on engagement trends
 - Strategies for improving engagement
- Implementation
 - Exploring strategies for change at organization/agency
 - Analyzing racial inequity in organization/agency
 - Development of action plan

Registration Contact

workforce@bronxphc.org

Training Dates

Phase 1 Program,
Implementation at Partner
Organizations beginning
12/2016

Location

Partner Sites

Presented by

The Jewish Board for Family
and Children's Services



Poverty Simulation

Description

The Community Action Poverty Simulation (CAPS) was developed by the Community Action Agency of St Louis, as an innovative tool to expose participants to the realities of living in poverty. The simulation enables participants to view poverty from different angles and then to discuss the potential for change within local communities.

BPHC will offer the Poverty Simulation exercise as an integral component of the Cultural Competency Training Strategy to create a broader awareness among healthcare providers and community-based organizations about the everyday challenges of living in poverty faced by many of their patients and clients.

During the simulation, participants role-play the lives of different families facing poverty. The task for each family is to provide for food, shelter and other basic necessities during four 15-minute “weeks,” while navigating the complex world and requirements set by government, healthcare and social service agencies.

After the poverty simulation is completed, participants will engage in facilitated planning sessions to identify priority organizational changes to make their organizations more responsive to the needs of patients and clients living in poverty.

Audience

Interdisciplinary teams representing BPHC organizations with potential for cross PPS collaboration

Topics

- Social determinants of health
- Realities of living in poverty
- Planning for Organizational Changes

Registration Contact

workforce@bronxphc.org

Training Dates

Phase 3 Program to be scheduled in DY3

Location

TBD

Presented by

HealthlinkNY, Health Action
Priorities Network (HAPN)



Cultural Competency and the Social Determinants of Health for Practitioners

Description

As part of the BPHC Physician Engagement Strategy, this program will be delivered in two ninety-minute sessions scheduled at practitioners sites, in most cases at the times of regularly scheduled meetings. The training is based on the Social Ecological Model which promotes behaviors, attitudes and policies that ultimately enable providers and patients to work together in cross-cultural situations. Needs assessments will be conducted at the largest BPHC organizations to customize the curriculum.

Audience

Primary Care and Behavioral Health Practitioners, 30-40 sessions will be scheduled for practitioners at individual sites

Topics

- Self-awareness of personal cultural and linguistic idiosyncrasies
- Skills to elicit and address the needs of each unique patient
- Social determinants of health model to address individual needs and ensure patient centered care
- Evidenced based case studies

Registration Contact

workforce@bronxphc.org

Training Dates

Phase 1 program- Implementation at partner organizations beginning DY2Q4

Location

Partner Organizations

Presented by

Center for Immigrant Health and Cancer Services



BPHC WORKFORCE INNOVATIONS TRAINING PROGRAMS

Working with People with Behavioral Health Conditions

Description

For primary care team members and care coordinators throughout the PPS, led by The New York Association of Psychiatric Rehabilitation Services. This training will support care management and other staff with the knowledge and skills to work successfully with people with Behavioral Health conditions.

Audience

Primary care team members; Care Coordinators (and equivalent titles)

Topics

- How culture affects all aspects of mental illness and care.
- Creating and Sustaining Recovery-Orientated Care
- Engagement and developing recovery based relationships
- Trauma informed care
- How people with high needs present
- Provision for additional care requirements
- Obtaining consent

Registration Contact

workforce@bronxphc.org

Training Dates

Initial dates are October 19 and October 27, 2016. More to be scheduled.

Location

Bronx 1199 TEF Bronx Site
2501 Grand Concourse,
Bronx NY

Presented by

New York State Association
of Psychiatric Rehabilitation
Services
(NYAPRS)



BPHC WORKFORCE INNOVATIONS TRAINING PROGRAMS

Community Health Literacy Program

Description

Through a combination of training programs and client/community engagement strategies, this program aims to harness identified community-based organizations' cultural competency knowledge of and relationship with the community they serve to help spread basic concepts and strategies for using the transformed care delivery system more effectively.

Select Community Based Organizations will be trained to provide information about new healthcare vocabulary and programs, access to health insurance, health literacy topics, healthcare navigation skills, and awareness of community based organizations' critical programs

Audience

CBO staff will be trained to deliver curriculum to targeted community members.

Topics

- Obtaining health insurance
- Primary care and primary care providers
- Using health care services effectively
- Working with care coordinators
- Understanding care plans
- Consent to information sharing
- Enrollment in healthcare programs

Registration Contact

workforce@bronxphc.org

Training Dates

Train the Trainer orientations and training to begin the week of October 17, 2016 and continue throughout DY2 and DY3

Location

Bronx 1199 TEF Bronx Site
2501 Grand Concourse,
Bronx NY

Presented by

Train the Trainer: NYC
Human Resource
Administration, Center for
Immigrant Health and
Cancer Services

EVALUATION AND MONITORING PROCESS

BPHC will formally and comprehensively evaluate its CC training in terms of its overall effectiveness and efficaciousness. After a thorough literature review and an active discussion process, a core committee within the CC/HL work group has determined that assessing the fidelity of the training program would better serve our purposes than evaluating various proxy health outcomes that may be associated with the success of such training program.

We selected the Cultural Competence Self-Assessment Questionnaire (CCSAQ)¹ by the Portland Research and Training Center at Portland State University, which has been well tested. The CCSAQ is based on the Child and Adolescent Service System Program (CASSP) Cultural Competence Model². The 60-question instrument helps assess organizational cross-cultural strengths and weaknesses in order to design specific training activities or interventions that promote greater competence across cultures. It is a tool that has been applied not only in the clinical settings (i.e., by clinicians) but also in other human service settings, and has high reliability and validity. In each of the settings, the measure was utilized to identify the organization's cultural competence training needs in such areas as: (a) improving service delivery to culturally diverse populations; (b) identifying cross-cultural strengths that currently exist within an organization, system, or network of professionals; and (c) focusing on beneficial training topics for providers of services. While this tool is intended to assist service providers who work with groups of color, it will also have applicability to other diverse groups as well.

BPHC will administer both versions of the CCSAQ, one for use with direct care providers and the other for administrative staff. Comparing results from direct service providers with those gathered from administrators can help clarify perspectives between them regarding staff and board composition, agency policy, practice procedures, cultural group characteristics and client demographics, community-based resources and linkages and community involvement. We will utilize the process of self-assessment *before* the CC training, and then *after*.

As third-party external contractors will provide the CC training, we will collect direct experience assessments from each of the contracting organizations post training to assess immediate response to the trainings. This will serve as a real-time assessment of the efficacy of the trainings and provide both the training teams and the training providers a lens to see if the trainings are having their intended impact. Regular assessments will be conducted and iterative and corrective measures will be implemented if the survey data reflect that the training is not having the desired impact.

¹ Mason, J. L. (1995). Cultural Competence Self-Assessment Questionnaire: A manual for users. Portland, OR: Research and Training Center on Family Support and Children's Mental Health, Portland State University.

² Cross, T.L., Bazron, B.J., Dennis, K.W. & Isaacs, M.R. (1989). Towards a culturally competent system of care. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.