

North Country Care Coordination Certificate Training Program April – June 2016

PROGRAM DESCRIPTION
& APPLICATION



OVERVIEW

The term “care transition” refers to the movement patients make between healthcare practitioners and settings as their condition and care needs change. This program is designed to advance the skills and knowledge of existing care coordination professionals from hospitals, the health home, behavioral health facilities and/or other community-based settings to enhance the continuity of care across care settings, thus helping to deliver services to improve outcomes for patients, providers and payers.

This curriculum will better prepare professionals to work together in interdisciplinary teams with the patient. By sharing important clinical information and expectations about their role in the care plan, these efforts will assist regional and statewide initiatives to reduce potentially preventable hospital admissions.

Thank you for your interest in the non-credit North Country Care Coordination Certificate Training Program to be offered at SUNY Jefferson (JCC) and SUNY Canton in partnership with Fort Drum Regional Health Planning Organization (FDRHPO) and North Country Initiative (NCI). We commend you for taking this opportunity to advance your skills and knowledge in the high demand Care Coordination field.

WHO SHOULD APPLY?

This training program is intended for existing care coordination professionals from hospitals, the health home, behavioral health facilities and/or other community-based settings.

WHAT DOES THE CERTIFICATE PROGRAM INCLUDE?

- 36 total hours of classroom training (12 three hour modules).
- Modules included:
 1. Introduction to Care Coordination
 2. Knowledge of Behavioral Health
 3. Medical Terminology
 4. Cultural Competency, Awareness of Individual Bias, Ethics and Customer Service
 5. Documentation, Privacy and Security, and Electronic Health Records
 6. Engagement and Assessment
 7. Motivational Interviewing, Communication and Health Literacy
 8. Crisis Intervention, Safe Environment and Conflict Management
 9. Self-Care
 10. Networking and Knowledge of Community Resources
 11. Quality, Accountability, Performance and Process Improvement, and Evidence-based Practice
 12. Payment Systems
 13. Make Up Day

**** Learning objectives for each module are outlined at the end of this application.**

- Students must attend all 12 modules and pass (at least 70%) on each module exam to earn a certificate of completion.
 - Only one excused absence will be acceptable and it must be approved by the instructor; **however, the student will be required to make up the session by**

attending the course at the alternative location (JCC or Canton as necessary) OR will attend the one day make-up class at the end of the program. Student will be expected to complete a three page essay and present content of missed module at make-up class.

- Instructors include community thought leaders who are subject matter experts in the identified areas of instruction.
- Accepted Students must obtain approval/signature of employer, thus demonstrating attendance at all 12 modules.
- Tuition for the program will be covered by regional grant funds in partnership with the Fort Drum Regional Health Planning Organization and North Country Initiative.

WHEN AND WHERE ARE CLASSES HELD?

- The certificate program will be offered at both JCC (Tuesday evenings) and Canton (Thursday evenings). Students are asked to indicate their preferred location for classes in the application, however, this does not guarantee acceptance into that location.
 - Course curriculum/content will be similar at both locations.
 - JCC classes will begin on Tuesday, April 5, 2016 and run through Tuesday, June 28, 2016.
 - Canton classes will begin on Thursday, April 7, 2016 and run through June 30, 2016.
 - Class time is 5:00p.m. – 8:00 p.m.
- **Complete schedule is outlined at the end of this application.**

In order for applications for the Care Coordination Certificate Training Program to be considered, applications must be typed or neatly printed, thoroughly completed, and submitted **no later than Monday, March 7, 2016.**

Applicants must apply to this program and a limited number of students will be selected.

- *There are a total of 40 seats available in this program (20 at JCC and 20 at Canton).*
- *A minimum of 20 students is necessary to run the program (10 at JCC and 10 at Canton).*
- *Acceptance letters will be mailed to those selected for the program. Other qualified applicants who cannot be accommodated immediately will be given “alternate” status and will be notified via letter if a student position becomes available.*
- *Priority will be given to North Country Initiative Performing Provider System partners. Should there still be availability, applicants from the Tug Hill Seaway region (Jefferson, St. Lawrence & Lewis Counties) will then be considered. Finally, neighboring counties will be considered.*

Please send completed applications to:

Fort Drum Regional Health Planning Organization
120 Washington Street, Suite 230
Watertown, NY 13601
Attn: Care Transition Program Coordinator
(315) 755-2020 ext. 35

Thank you for your interest in the non-credit North Country Care Coordination Certificate Training Program.

DETAILED COURSE SCHEDULE

MODULE	SUNY CANTON (Thursdays, 5-8 pm)	SUNY JEFFERSON (Tuesdays, 5-8 pm)
Introduction to Care Coordination	4/7	4/5
Knowledge of Behavioral Health	4/14	4/12
Medical Terminology	4/21	4/19
Cultural Competency, Awareness of Individual Bias, Ethics and Customer Service	4/28	4/26
Documentation, Privacy and Security, and Electronic Health Records	5/5	5/3
Engagement and Assessment	5/12	5/10
Motivational Interviewing, Communication and Health Literacy	5/19	5/17
Crisis Intervention, Safe Environment and Conflict Management	5/26	5/24
Self-Care	6/2	5/31
Networking and Knowledge of Community Resources	6/9	6/7
Quality, Accountability, Performance and Process Improvement, and Evidence-based Practice	6/16	6/14
Payment Systems	6/23	6/21
Make-Up Class	6/30	6/28

LEARNING MODULES:
NORTH COUNTRY CARE COORDINATION CERTIFICATE PROGRAM
****Each Module will be 3 hours long****

Module 1: Introduction to Care Coordination

Learning Objectives

- Enhance understanding of care coordination systems to successfully work within population health models
- Expand knowledge related to resources, processes, staffing, training, and patient engagement
- Describe the benefits and challenges of care coordination workflow for patients at high risk
- Increase awareness of key roles and terms related to care coordination
- Understand the various systems related to the transitions of care (DOH, OMH, OASAS, etc.)
- Understand the basics of Patient Centered Medical Home (PCMH) standards, specifically as it relates to care coordination
- Identify the appropriate level of care needed for the individual and/or population being served
- Acquire a basic overview and understanding of behavioral health and chronic disease conditions

Module 2: Knowledge of Behavioral Health

Learning Objectives

- Demonstrate an understanding of mental health as it relates to human service professionals
- Develop an understanding of professional, ethical and culturally competent responsibilities/behaviors as it relates to the mental health field
- Describe safeguards against common privacy and security concerns to protect confidential patient health information
- Understand the value of co-located services for primary and behavioral health care
- Familiarity with categories of behavioral health diagnosis
- Understand the impact of high occurring, comorbid behavioral health and chronic disease conditions
- Increase awareness and understanding of trauma-informed care and adverse childhood experiences (ACES), and the impact they have in a person's adult life

Module 3: Medical Terminology

Learning Objectives

- Define, understand and correctly pronounce medical terms related to chronic diseases, behavioral health conditions and overall patient care
- Define commonly used terms in public health, nursing, behavioral health, health information technology, and clinical vocabularies and terminologies related to care coordination
- Identify the purpose and uses of pertinent health care terminologies related to the care coordination field
- Demonstrate the ability to integrate and use health care terminology in the various care coordination roles

Module 4: Cultural Competency, Awareness of Individual Bias, Ethics, and Customer Service

Learning Objectives

- Develop an awareness of others and acceptance of differing culturally-based values and beliefs
- Understand the opportunities and challenges that arise when differences in culture, values, beliefs and experiences exist between patient and provider(s)
- Enhance utilization of patient-centered communication skills
- Define strategies to effectively bridge communication gaps with patients who speak other languages and/or have differing values or beliefs
- Identify a framework for ethical decision making

Module 5: Documentation, Privacy and Security, and Electronic Health Records

Learning Objectives

- List and describe common privacy and security concerns
- Describe safeguards against common privacy and security concerns to protect confidential patient health information
- Understand the requirements of the federal Health Information Portability and Accountability Act (HIPAA) and HITECH laws, as well as state privacy laws (noting specific requirements/limitations associated with behavioral health)
- Explain how electronic health records affect patient safety, quality care, outcomes, efficiency and productivity, etc.
- Propose strategies to minimize major barriers to the adoption and use of electronic health records
- Explain how principles of data exchange and standards relate to patient care, productivity and data analysis
- Identify and learn proper, secure documentation of minimum data sets necessary for each transition of care

Module 6: Engagement and Assessment

Learning Objectives

- Develop a basic understanding of risk assessment and its role within the care coordination process
- Differentiate between risk assessment and risk management
- Develop a basis understanding of the SBIRT screening for substance abuse and the PHQ 2/9 for depression
- Understand when and how the IMPACT Model is used for psychiatric consults for depression
- Define and demonstrate effective utilization of intervention and assessment tools
- Demonstrate an understanding of motivational interviewing through the use of role play

Module 7: Motivational Interviewing, Communication and Health Literacy

Learning Objectives

- Describe ability to discuss Motivational Interviewing theory, strategies and interventions
- Describe ability to compare and contrast Motivational Interviewing to traditional treatment interventions
- Describe ability to identify the stages of change and correlating strategies
- Practice reflective listening and the teach-back method, learning to avoid the question answer trap
- Learn how levels of health literacy are determined and what the consequences are of low health literacy
- Understand how health literacy competencies and best practices can be used in various settings by a diverse group of health professionals

Module 8: Crisis Intervention, Safe Environment and Conflict Management

Learning Objectives

- Understand the nature and impact of a crisis on individuals and how it effects communication
- Learn tools for managing and communicating information in crisis
- Identify key concepts and elements associated with law enforcement response to individuals in crisis
- Apply crisis intervention principles and techniques and build skills to reach effective solutions
- Articulate a decision-making process to effectively and safely manage conflict or crisis
- Increase awareness of conflict styles, recognizing the best use of each
- Demonstrate basic understanding of spatial awareness and how to safely manage the environment

Module 9: Self-Care

Learning Objectives

- Understand the value of wellness and self-care
- Learning how to identify daily opportunities to strengthen inner resilience
- Formulate an action plan to recognize and address self-care in the human service field
- Identify strategies to develop healthy habits, create clear boundaries, ask for and accept help and manage burn out
- Identify strategies to reduce stress, anxiety or compassion fatigue and find ways to center oneself

Module 10: Networking and Knowledge of Community Resources

Learning Objectives

- Identify key community-based resources to provide support for care coordination services
- Enhance understanding of the various roles within the care coordination process to ensure patients receive the right care, at the right time and in the most cost effective way
- Understand care coordination workflow and key transition points, identifying key roles, responsibilities and resources at each stage of the process
- Demonstrate ability to complete warm handoff at critical transition points
- Increase knowledge of and be able to differentiate health home and home care services

Module 11: Quality, Accountability, Performance and Process Improvement, and Evidence-based Practice

Learning Objectives

- Identify the purpose of periodic, on-going monitoring of process and outcome variables after implementation of new or revised practices
- Explain how collaboration, data and evidence-based practices work to better align incentives and resources
- Discuss the programmatic impact on quality, patient and provider satisfaction, and cost of care
- Identify how data driven strategies can support a higher quality of care, improve overall population health, improve the patient experience, and lower costs

Module 12: Payment Systems

Learning Objectives

- Develop basic understanding of different payment systems for care coordination services (i.e. Medicaid, Medicare, Managed Medicaid, Private Insurance, Sliding Scale Fee, Self-Pay, etc.)
- Understand the importance of precise documentation as it relates to billing and coding
- Define commonly used terms in public health, nursing, behavioral health, health information technology, and clinical vocabularies and terminologies related to care coordination as it relates to care coordination
- Enhance understanding of referral/eligibility processes, policies and procedures related to each transition of care
- Understand the implications of payment reform (volume to value based payment)

Spring 2016 APPLICATION
North Country Care Coordination Certification Training Program

Please type or print clearly and mail to the following address **no later than March 7, 2016:**

Fort Drum Regional Health Planning Organization
120 Washington Street, Suite 230
Watertown, NY 13601
Attn: Care Transition Program Coordinator
(315) 755-2020 ext. 35

First Name: _____ **Last Name:** _____

Street Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone: cell/day number (_____) _____ **Work** (_____) _____

Date of Birth: _____ **SS#:** _____

E-mail: _____

Please check your preferred training location: _____SUNY Jefferson _____SUNY Canton

Employment within last 5 years, starting with most current

(Attach additional page(s) if necessary)

Current Employer: _____

Address: _____

Phone: _____ **Job Title:** _____

Dates of Employment: _____

Daily Responsibilities: _____

Past Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment: _____
Start Date End Date

Daily Responsibilities: _____

Past Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment: _____
Start Date End Date

Daily Responsibilities: _____

Any additional information for the review committee to consider regarding your background and experience in care coordination?

Certificate of Information

I certify, to the best of my knowledge, that the information supplied on this application is complete and accurate. I also agree to participate in a post-evaluation program survey.

Applicant's signature: _____ Date: _____

Supervisor/Employer signature: _____ Date: _____

Supervisor Phone: _____ Email: _____

Supervisors will be notified when student misses class