



Program Evaluation of the Credited Certificate in Care Coordination and Health Coaching

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Introduction

The John F. Kennedy, Jr. Institute for Worker Education has developed and implemented several credited certificate programs for assistive health personnel/frontline workers/direct care workers in emerging fields such as Disability Studies and Youth Studies. The credited certificate model has become the Institute’s signature approach to providing access to college for workers who might not otherwise have that opportunity.

Consistent with this model, the Institute, in association with Queensborough Community College (QCC), launched a new credited college-level *Certificate in Care Coordination and Health Coaching* in the summer of 2012. The Certificate was developed based on prior research on innovative models of care¹ which emphasized the importance of team-based care and the expanded role of frontline workers.

Overview

Three cohorts were recruited and completed the Certificate in August 2013 and December 2013. Funding from the NYS Department of Health covered all tuition costs. Participants were assistive health personnel with a high school diploma or GED who had little or no previous college experience. They were all incumbent workers, employees of 26 agencies that provide healthcare and/or social services (See Appendix A for List of Employers). All courses were offered at a convenient mid-town location.

The Certificate was comprised of a non-credit bridge course and four existing QCC courses that were customized to create a cohesive program. The program started with a non-credit, 45-hour, introductory “Promoting Wellness” college bridge course offered through the Institute. The bridge course provided intensive support and instruction in basic reading, writing and critical thinking skills within a community health curriculum context.

Students who successfully completed the bridge course enrolled as non-matriculated students at QCC. The interdisciplinary sequence of credited courses included an additional 150 hours of classroom instruction². The full Certificate consisted of the following courses:

JFKJR-101	Promoting Wellness	non-credit, 45 hours
BU-914	Current Issues in Health Care Administration	3 credits, 45 hours
BI-150	Organization and Delivery of Health Care	2 credits, 30 hours
HE-102	Health, Behavior, and Society	2 credits, 30 hours
SS-385	Introduction to Social Work	3 credits, 45 hours
TOTAL		10 credits, 195 hours

¹ For more information on innovative models of care see “*New York State’s Community Health Center Workforce: A Mixed-Methods Analysis*” and “*New York City Emerging Healthcare Workforce: Health Homes Case Study Project.*”

² For more information on the Certificate in Care Coordination and Health Coaching curriculum, see our June 2013 report “*Emerging Career Pathways in the New York City Healthcare Workforce: Credited College-Level Certificates for Assistive Health Personnel.*”

A “certificate of completion” was awarded to 40 participants who successfully finished the credited sequence of courses.

Methodology

Data for this evaluation was collected using a mixed methods approach utilizing the following: participant applications; entrance and exit evaluations; participant surveys, interviews and a focus group; and employer surveys and interviews. These methods were utilized to: develop a demographic participant profile; better understand the student experience as learners and in the workforce; understand the meaning attributed to participation in the Certificate; and understand employer perspectives of employee participation.

Participant applications provided demographic data, including date of birth, ethnicity, job title and description, salary/wage, employer information, and educational background. At the new student orientation, participants completed pre-course evaluations to provide data on their perceived knowledge of care coordination, motivations for enrolling in the Certificate, and education and career plans. Upon completion of the Certificate, participants were again asked to assess their understanding of care coordination, provide feedback on the courses, usefulness of the courses in the workplace, and overall program design. A select few students were interviewed during the Certificate to understand how they were applying their learning and responding to environmental changes in their jobs as they were occurring.

Additional data was collected between June and October 2014 through participant and employer surveys (See Appendices B and C). Representatives from all 26 agency partners, including participants’ direct supervisors or agency directors were sent an email and a SurveyMonkey link to a short survey. Employer surveys were designed to capture: incentives offered to participants; employer tuition benefits; impressions of the Certificate curriculum; and employers’ perceived role of the Certificate in employee changes. Some employers were then contacted by phone and completed the survey with a member of the research team. This also proved to be an effective way to capture data when there was more than one participant from an agency. Nine of the agency partners completed the survey, representing 18 participants.

To further our understanding on employer perceptions the research team conducted a series of interviews with four employers during September 2014 from three human service agencies and one health center (See Appendix E for protocol). The human service agencies supported people with disabilities and those with mental health issues. The health center provided preventative care and chronic illness management for patients.

Student surveys were distributed to all 40 program completers by email with a link to SurveyMonkey. One was returned as an invalid address. In total 21 students completed the survey. Combined with the responses through the employers, data was collected on behalf of 34 of the 40 participants and 17 of the 26 employers.

Lastly, a focus group was conducted with four student participants (See Appendix F for focus group protocol). These participants were selected based on having been promoted upon completion of the Certificate. Data collected in the focus group was to better understand the lived student/worker experience for those who successfully completed the Certificate.

Findings and Analysis

These findings provide a participant profile as well as feedback before, during and after completion of the Certificate from participants and employers. They provided feedback on such topics including the Certificate curriculum, changes experienced as a result of participation, and recommendations. Individuals being served by agencies and these frontline workers are referred to as clients, members, and patients depending on the type of agency where services were provided. We maintained the language being used by students and employers for accuracy and to provide context.

Participant Demographics

There were 40 students who completed the credited sequence in either August or December 2013. These working adult students were 85% female with an average age of 42 years; 65% were Black and 28%, Hispanic. They were experienced individuals employed with their current public or private non-profit agency for an average of eight years. Upon entering the Certificate, 69% earned less than \$36,000 annually. More than 95% worked full-time, and more than 42% were members of unions including SEIU/Local1199, CSEA, DC1707, and Unite HERE. Nearly 25% had prior work experience in sales and customer service outside of the health and social services environment. Most had little or no previous college experience. Nearly half earned a high school diploma/GED, but did not complete any college credits prior to the Certificate. An additional one-fifth completed just 1-12 college credits. The working adults who were enrolled in the Certificate were assistive health personnel, with titles such as care coordinator, health coach, peer educator, outreach worker, medical assistant and community support professional. More than 58% were employed by agencies that have either been designated as a “Health Home” (HH) and/or were partnering as a Community-Based Organization (CBO) in an HH. Nearly 90% of our Certificate participants reported that they provided some type of “care coordination” as part of their work yet only 15% said that they felt confident about their knowledge of “care coordination” prior to beginning the certificate program courses.

Student Feedback on the Certificate

Upon entering the program, participants described exposure to care coordination, goals in participating in the certificate, motivations for participation, and their educational plans upon completion. When exiting, participants were asked about changes in the jobs since participating in the Certificate and if they believed participation correlated with any changes experienced.

When Certificate participants across the three cohorts were asked to rank which courses were most relevant to their jobs, they responded similarly with the Introduction to Social Work course having the most responses. Themes covered in the Social Work course were recalled with specificity: the various roles of the social worker; professional settings for social workers; and the purpose of the social worker.

The Current Issues in Healthcare course had the second highest number of responses for relevance. Themes identified included: the Affordable Care Act; Medicare and Medicaid; chronic and mental illness; medical trends; health homes and models of care. These topics were covered across the courses offered in the Certificate.

Interestingly, respondents also identified Social Work as the topic for which they wanted more time to cover. Other themes that were thought important to their work and needed more focus were to better understand and support people with mental illness and how to work through difficult situations.

In evaluating program features, such as advisement, writing support, and agency engagement, respondents unanimously identified tuition support as the most useful. Nearly all other features were recognized as very useful.

In an open-ended question that asked what motivations there were for participating in the Certificate, the statements provided were grouped into the following themes: self-improvement; learn new skills; serve better; to be better informed (field, changes); opportunity for advancement; and an opportunity to return/transition to school.

Employer Perspectives

Employer representatives who responded to the survey and those who were interviewed overwhelmingly expressed support of education in care coordination for their frontline employees. All indicated they would send more staff if the Certificate were again made available. They spoke of the need for an expanded approach which included staff at other levels, too. In describing their current environment, they spoke of continued change and the desire to more clearly define how care coordination was being provided in their organizations. All described the need for all staff to have exposure to care coordination but for varying purposes and depths. For example, in disability serving agencies Direct Support Professionals need a more general care coordination skill set for daily interactions with individuals with disabilities. These skills would include being able to identify and monitor overall health, assess emergency health needs, and implement care plans. At the same agency, the Medicaid Service Coordinator, as the lead person providing care coordination, develops the care plan, monitors overall health and establishes follow-up care. Similarly, at one health center, Medical Assistants were responsible for general patient education, and Health Coaches were responsible for supporting patients with managing chronic illness, but both are part of the care coordination of a patient. Both settings identify how having an overview of care coordination and the skills needed to provide this type of care, would benefit employers, workers from most levels, and patients/clients receiving services.

Employer Feedback on the Certificate Curriculum

Overall, employers responded positively to the curriculum of the Certificate and the topics chosen. Those who participated in the interviews provided general and specific comments on what they thought valuable to their employees and to their agencies. When employers elaborated, they identified topics like food deserts, the Affordable Care Act, an overview of the healthcare delivery system, and

alternative models of care. One clinical provider noted that staff understood “how their organization as a PCMH³ fits into the overall care system. We want them to learn it but don’t have time to teach.”

Other topics noted as useful included community health and welfare, human services, and a “good exposure to social services and how to move themselves along the professional track.” When asked what could have been included, two employers noted that while staff understood chronic illness in a general sense, they thought more coverage on how to identify and help manage chronic illness would be useful.

Impact of the Certificate on Employee Performance

Employer Perspective

All employer survey respondents expressed belief that the quality of service of staff would improve if they participated in the Certificate. They offered comments like, “Program helps develop a professionally engaged employee.” Another respondent saw the Certificate as a “great introduction to college”, and believed employee participation as a way to encourage other staff to continue their education. Employer interviews provided greater detail for the specific skills they saw developed as a result of their staff participating in the Certificate.

Supervisors who were interviewed noted positive changes in staff including increased confidence, enthusiasm for content learned in the Certificate, as well as a willingness to share. Another employer described the behavior change of a staff member who no longer felt shy. The staff member linked his comfort with public speaking with doing presentations in his classes. His employer found this skill, as well as the use of data, particularly useful in his new role as a Health Coach with responsibility for designing and presenting patient education story boards.

Employee/Learner Perspective – Content and Skills

Program participants who responded to the survey and participated in the focus group identified several ways in which they applied learning from the Certificate. They identified specific content they shared with others including colleagues, how increased understanding led to better patient/client and colleague support, and how skills they acquired benefitted their clients and agencies. Participants cited information on healthy eating and changes in the health care industry as information used in their jobs. One participant specified that she used the content by offering more balanced diets to consumers. Cited examples of how an understanding of the healthcare system has been helpful, included:

- educating staff [on changes in the system] as background for operational changes;
- supporting the care coordinators because of an increased understanding of policy;
- responding to technical questions about health reform; and

³ Patient-Centered Medical Home

- communicating with clients about plan coverage, including Medicare and Medicaid.

Participants also shared how they learned from each other. One participant in discussing the cohort model described how she applied cases shared by classmates' learning experiences as a way to help resolve situations at work.

When describing how they changed, several participants identified increased self-efficacy in communication skills:

- "better skills when interacting with consumers;"
- "better understanding of patients' concerns;"
- "better understanding and communication with those in crisis;"
- "Social Work course helped with being more attentive and adjust how to respond."

As another participant states, "I'm better able to communicate with confidence." These skills were being shared through increased committee participation and administrative responsibilities as well as leadership training. Participants also identified confidence in mastery of language being used in the current healthcare environment. This mastery supported better understanding with co-workers and clients, more engaged participation, and more confident and empowered interactions in patient conferences and in general. With this confidence, participants also expressed being able to advocate for the client and educate and empower them as well.

Participants described improved writing skills which enabled them to provide writing support and improve efficiency. They were using their skills for proofreading, developing policies, and writing better case notes. Two participants from the focus group referred to a document and review covered in the Introduction to Social Work class as a very tangible lesson that changed their practice. With this class, one participant noted that she was writing better "billable case notes," in less time, and without the need for revision. She also talked about learning to write better through the revision process from the College Bridge course. These writing skills supported her in confidence but also saved time and agency resources.

Impact of Certificate on Employee

In addition to increased content knowledge and application of what was learned in the Certificate to their work, participants also described changes experienced personally. These changes included self-awareness and self-care, increased confidence as a student, and a broader understanding of their career possibilities.

Positive changes in self-awareness and an expanded capacity of care were noted in both the exit assessments and participant focus group. One participant wrote, "I have gotten better as a person." As one focus group participant stated, "I recognize that in some of the committees it is easier for me to articulate where we are as an industry and where we are looking to go..." With humor she expressed surprise in her knowing, stating "I wasn't aware that I was aware." In terms of self-care, two focus group participants talked about how they were applying what they learned in class to their personal lives. One

participant, who was a peer specialist, was more conscious of “stress triggers” while another participant changed her diet in an effort to lose weight because of her increased awareness of health risks associated with obesity.

Another change in self-perception was in the realization that attending college was possible. In the exit assessment, several participants wrote comments like, “I didn’t know that I could do this” and “it helped me realize what I want to do and help me further my education.” Other words that echoed this sentiment were “encouraged” and “motivated.”

Through exposure to the curriculum, particularly the Introduction to Social Work course, and each other, participants discussed a new understanding of the social work field despite already working in social services. One focus group participant identified that the Social Work course “helped open my eyes” to the breadth of the field and career possibilities available.

Participant Title and Role Changes

Half of the participants for whom we have data (17 of 34) changed their job titles or responsibilities since completing the Certificate. Most job title changes were due to a promotion and several were as a result of changes within their agency. New job titles included: Health Coach, Care Coordinator, Patient Navigator, Floor Coordinator, Parent Advocate Coordinator, and Wellness & Recovery Lead Specialist. Several participants attributed participation in the Certificate as influential in their readiness for the change. Increased responsibility was directly linked to participation in the Certificate, as one participant was moved to a leadership track with increased participation in committees and another became a “Wellness Ambassador” to share her knowledge and passion. At one agency partner, all three of their participants were promoted and received a salary increase.

Salary Changes for Completers

Participants and employers who responded to the survey were asked if there was a salary change for employees. Sixteen of the 21 student participants indicated that there was an increase and eight provided the range (See Table 1). Some students and employers shared the exact amount of the increase ranging between \$500 and \$19,000. Nearly all received a raise attributed to promotion or job change, both internal to their agency and external when they changed employers.

Table 1: Salary Change Reported

	Salary Ranges		
	\$15,000 - \$35,999	\$36,000 - \$55,999	\$56,000 - \$65,999
Salary range at beginning of certificate	5	3	0
New salary range	1	5	2

Nine participants also received a one-time bonus (between \$250 and \$500) after completion of the Certificate. Three of the 9 also received a salary increase as a result of promotion in addition to the bonus. Several increases were linked to the partnership agreement established when employers first committed to supporting staff enrolled in the Certificate.

Employer Incentives and Recognition

In addition to job title changes, salary increases, and bonuses, employers provided support to participants through incentives and recognition for their staff. Six participants received incentives during the Certificate including release time to attend class and the purchase of textbooks. After completion, 14 participants received formal recognition by their employer for their accomplishment at a breakfast or luncheon in their honor or through coverage in the corporate newsletter.

Participants' Post-Certificate Educational and Professional Goals

Upon completion of the Certificate, participants were asked their educational plans in an exit assessment. Of 34 respondents, 35% indicated plans to pursue an associate degree; 35% planned to enroll in a bachelor's degree; and 29% indicated they were uncertain about next steps.

At the time of the survey, at least six months after the Certificate completion, 3 were enrolled in bachelor's degree programs (Social Work and Pre-Nursing majors, all from the August 2013 cohort); 15 indicated that they hadn't enrolled yet; and 3 had no plans.

In the focus group, participants were asked to discuss educational plans and areas of focus. Two of the four indicated they planned to pursue master's degrees in Social Work; one was undecided about her major but planned to enroll in a bachelor's program for Spring 2015; and the other had no plans, citing family obligations as a priority. One of the students planning to pursue Social Work as a discipline understood that she has "topped out" at her agency, having reached the highest position allowed without a bachelor's degree.

Discussion

This study in the context of an emerging care and reimbursement model highlights the importance of prior experience and education for incumbent workers who will or already have transitioned into care coordination roles. For those employed at Health Home related agencies, all had some related work experience. However, through participating in a credited certificate, participants reported they were able to develop both soft skills (i.e. improved client engagement) and hard skills (i.e. better case notes). The intersection between experience, education and career opportunities should be explored.

Relevant Prior Experience

In evaluating the employment background of the Certificate participants, 9 of 40 had experiences in sales in positions including customer service representative, sales manager, and sales associate in retail and other settings. Grier and Bryant⁴ define social marketing as "the use of marketing to design and implement programs to promote socially beneficial behavior change" (p. 319). Sales experience, as one of the elements of marketing (promotion), has its place in public health where the product being "sold" is improved health. Relevant communication skills used in sales including the capacity to "cold call",

⁴ Grier, S. and Bryant, C. A., Social Marketing in Public Health, *Annu Rev Public Health* 2005. 26:319-39.

engage others, and developing rapport are important in care coordination as well. Interestingly, although sales related responsibilities are not part of their positions as front-line workers, or the basis of their recruitment, participants likely possess the skill set and are applying these skills informally.

Grier and Bryant caution that an effective marketing strategy in social promotion addresses all the elements of the marketing mix, not just a single element such as promotion. Nor are we suggesting that sales be a workforce pipeline for outreach. However, we are noting the overlap between the two fields and appreciate that social marketing may provide a framework for how to approach and develop strategies for outreach, engagement, and ultimately care.

In addition to prior work experiences, a few of the participants self-identified as having related life experiences which supported their work activities. Four of the participants were peer support workers and were trained by a nationally recognized peer training program. As care models focus on those with chronic and/or mental illness, additional peers in the workforce will be an important resource.

In examining workforce training needs in the field of mental health, Hoge et al. noted an increase over the last 15 years in co-occurring illnesses (substance abuse and mental illness) and identified this phenomenon as having created a knowledge gap for workers⁵. More recently, in New York State there is movement to develop a certification for peer specialists who work in systems such as state-operated or Veterans Affairs facilities or contexts such as Medicaid managed care⁶. The knowledge gap identified highlights that mental health providers need a more comprehensive skill set to address these health concerns. And in New York State, how and where peers are educated will become increasingly important. Attention should also be given to supervisory training which includes how to effectively coach and support peers in their roles.

Career Pathways and Education

As noted in the Emerging Career Pathways report, with “enhanced critical thinking skills, content knowledge, and ability to work cross-functionally, assistive health personnel who complete the state-of-the-art, college-level certificate will be able to work more effectively in their current organization.” The credited-certificate is also a means for gaining relevant credit and a “stackable credential.” This Certificate study from the perspective of employers and staff highlights those benefits gained by both. However, this study also highlights how few advancement opportunities exist for those who do not continue their education. As many of these participants are from social service agencies, most identified social work as their career pathway and many recognized that their next academic step was to obtain a bachelor’s degree to be eligible for those higher level positions.

⁵ Hoge, M. A., Leighton H.Y., O’Connell, M. J., Best practices in behavioral health workforce education and training, *Administration and policy in mental health*, vol. 32, no. 2, Nov 2004.

⁶ Swinford, J. (May, 2014) Peer Specialist Certification Process, NYS OMH Office of Consumer Affairs, Webinar Series. Accessed at: http://www.omh.ny.gov/omhweb/consumer_affairs/events/docs/cps-webinar.pdf on March 18, 2015.

Recommendations

These recommendations are made in response to the analysis of the data as well as specific requests from participants and employers for modifications to course content, future offerings of the Certificate, and the development of career pathways for frontline workers.

Recommendation 1

Explore ways in which educational opportunities can be expanded to meet employers' and employees' specific needs.

Employers requested that participants be exposed to chronic disease management at a deeper level to better support their clients/members/patients. However, participants recognized that they also needed more information on how to support those with mental illness and histories of substance abuse as well as co-existing chronic conditions. Instructional depth in chronic disease management as well as mental illness would need to be customized to match the type of agency providing services and staff roles within the agency. Participants also asked for specific content not included in the Certificate:

- the development of practical skills
 - basic computing and keyboarding
 - time management
 - managing increased workload
- resource identification, such as housing
- specific content
 - cultural diversity
 - end of life care

These represent specific issues workers are encountering as a result of the changes in the work setting and directly impact operations. How to best meet these needs should be done collaboratively to maximize training resources.

Recommendation 2

Expand educational opportunities in care coordination; further define roles.

Overwhelmingly, participants and employers suggested the Certificate be offered again. Exploring further collaborative programs with the healthcare industry and related unions to design and implement credited certificate programs to support the education and career advancement of incumbent allied health personnel would help the system continue to move forward with care coordination and health coaching at the center. In addition to recommending that the certificate be offered again, employers recommended a graduate level certificate be offered as well. This request acknowledges that workers at different levels, including frontline workers, require education in care coordination and health coaching

to best support clients/patients. As the roles of care coordination become clearer educational requirements must also align.

Recommendation 3

Explore and develop career pathways for front-line workers in care coordination.

Participants expressed great interest in staying in the field but few opportunities exist without at least a bachelor's degree. Developing career pathways supports employee retention, provides a trajectory that allows employees to build on existing skills and strengths, and creates movement which allows for new staff to enter the workforce pipeline. In addition, creating ways to acknowledge life experience as a meaningful form of learning allows for those who can contribute first hand experiences to also move along a career continuum.

Appendix A – List of Employers

AHRC NYC
ASCNYC
Block Institute
Brooklyn AIDS Task Force
Brooklyn Developmental Center
Brownsville Community Development Corporation
CAMBA, Inc.
Center for Health and Healing
Cerebral Palsy Association of NYS
Community Access/Howie the Harp Advocacy Center
Community Health Center of Richmond
Creedmoor Psychiatric Center
FEGS
Help/PSI
Housing Works
Institute for Community Living
Kingsboro Psychiatric Center
Kovacs Chiropractic Services, P.C.
Mount Sinai Hospital of Queens
NAMI NYC Metro
NYC Health and Hospitals Corporation
PSCH, Inc.
Settlement Health
Sky Light Center
Union Health Center
YAI

Appendix B – Student Survey

Hello,

This survey is part of a program evaluation at the John F. Kennedy, Jr. Institute for Worker Education at CUNY, designed to better understand the student experience from the perspective of participants in the Certificate in Care Coordination and Health Coaching. This survey is confidential, and the data will be deidentified in any reporting. Thank you for taking the time to answer these questions. The survey should take about 5 - 10 minutes.

If you would like to complete the survey by phone, please contact us to schedule a convenient time. Call a researcher at _____.

Thank you!

Please tell us your name and your organization.

1. Please tell us your name.
2. What is the name of your current organization?
3. Is this the same agency as when you started the Certificate in Care Coordination and Health Coaching?

Yes

No (Please respond to Questions 4 and 5)

4. When did you change agencies?

During the Certificate

After I completed the Certificate

5. What was the primary reason for changing employers?

6. Did your job/title change since you started the Certificate in Care Coordination and Health Coaching?

Yes

No

Please Explain:

7. What is your current salary?

\$15,000 - \$35,999

\$36,000 - \$55,999

\$56,000 - \$65,999

\$66,000 +

8. Does this salary represent an increase since you started the Certificate?

Yes

No

Please comment:

9. Upon completion of (or during) the Certificate in Care Coordination and Health Coaching which, if any, incentive(s) did your agency provide to you?

During the Certificate I received the following incentive(s):

Promotion Salary Increase Onetime bonus Employee recognition Other

Upon Completion of the Certificate I received the following incentive(s):

Promotion Salary Increase Onetime bonus Employee recognition Other

Please explain:

10. Would you encourage your peers at work to participate in similar programs if they become available in the future?

Yes

If yes, why?

No

11. How are you applying what you learned in the Certificate? Please tell us something you learned and provide an example of how you are using professionally.

12. What is a present challenge at work that you wished the Certificate (or your on-the-job training) had helped to address?

Tell us about your educational plans and activity.

13. Have you continued your education in a higher ed setting?

Yes

No

Not yet

I have no plans to continue

No I already have a degree

What college are you attending or planning to attend?

Thank you for completing the survey! Please share any other feedback you would like to provide about your participation in the Certificate in Care Coordination and Health Coaching.

14. Do you have any other comments, questions, or concerns?

15. Are you interested in participating in an individual interview or a focus group with other program participants to have a discussion about the certificate and other professional development provided by CUNY?

Yes

No, thanks

If yes, please provide your name and contact info:

Appendix C – Employer Survey

Hello,

This survey is part of a program evaluation at the John F. Kennedy, Jr. Institute for Worker Education at CUNY, designed to better understand the employer experience in supporting workers enrolled in the Certificate in Care Coordination and Health Coaching. This survey is confidential, and the data will be deidentified in any reporting. Thank you for taking the time to answer these questions. The survey should take about 5 minutes.

If you would like to complete the survey by phone, please contact us to schedule a convenient time. Call a researcher at _____.

Thank you!

Please tell us your organization and the name of the employee who participated in the CUNY Certificate in Care Coordination and Health Coaching.

1. Please identify the name of your organization.
2. What is the name of the staff member who participated in the CUNY Care Coordination and Health Coaching Certificate?
3. Are (or were) you this employee's immediate supervisor?

Yes

No

4. Upon completion of (or during) the Certificate in Care Coordination and Health Coaching which, if any, incentive(s) did your agency provide to your employee who participated?

During the Certificate this employee received an incentive

Promotion Salary Increase Onetime bonus Employee recognition Other

Upon Completion of the Certificate this employee received an incentive

Promotion Salary Increase Onetime bonus Employee recognition Other

Please explain

5. Do you believe that offering an incentive helped with the recruitment for the program?

Yes

No

Maybe

Not applicable no incentive was offered during recruitment

6. Based on your impression of the professional development of your employee, would the quality of service to your individuals/ patients/ members improve if more employees participated in the Certificate in Care Coordination and Health Coaching?

Yes

No

Maybe

Please explain:

7. Does your agency provide tuition assistance or reimbursement to staff?

Yes

No

Please explain:

8. Would you encourage your staff to participate in similar programs if they become available in the future?

Yes

No

If yes, why?

Thank you for completing the survey! We appreciate your time and your support of your workers. Please share any other feedback you would like to provide about your employee and the Certificate in Care Coordination and Health Coaching.

9. Do you have any other comments, questions, or concerns?

10. Are you interested in participating in a focus group with other agency representatives to have a discussion about the certificate and other professional development provided by CUNY?

Yes

No, thanks.

If yes, please provide your name and contact info:

Appendix D – Participant Interview Protocol

Background

1. Please tell me about the role that you play within your agency.
2. (If applicable) Could you talk about what your experience was like when you first became a case manager/care coordinator?
 - a. What challenges did you face?
 - b. How did you deal with those challenges?

Skills and Competencies Needed

3. How well did you feel you were prepared for entering the field?
4. What kinds of things do you think you need to know and be able to do in order to be a successful (insert job title)?
5. How did you come to understand what would be needed to be a skilled (insert job title)?
6. What skills do you use to do our job?
7. What kinds of activities do you engage in that you think helps you to develop the skills and abilities you need to perform your job?
8. How do the activities you engage in make a difference in your work and in your interactions with your patients, your peers and team members?
9. In what ways do others support you most in your development as a (insert job title)?
10. What would you say is the most helpful to you in meeting your work objectives?

Career Goals/ Professional Development

11. Could you describe a person who has influenced you most in terms of the work you do?
12. Could you describe a person who has influenced you most in terms of your career?
13. Based on the current structure of your organization, what would be the next “step” for you?
 - a. What would influence you to go for that position?
 - b. What would you need to do in order to advance?
14. What stands in your way that may prevent you from achieving your career goals? What are the challenges you face?
15. What would support your career goals?

Appendix E – Employer Interview Protocol

What skills do you believe your employee has gained through participation in the CCCHC?

What are the professional changes you have observed or been told about in your employee who participated?

What do you think are the benefits to the services provided to your agency clients or patients?

What were the participation challenges for your organization?

What are the organizational benefits you have perceived?

How can CUNY continue to support workers in the health and human services fields?

Appendix F – Participant Focus Group Protocol

Role at Work

How has your role changed?

What content has been useful in your transition? Can you provide an example of when and how it was used?

How did your understanding of care coordination shift as a result of participating in the certificate?

Career Goals

What are your future plans for employment? How has the certificate fit into these plans?

What additional resources would you need to achieve your career and educational goals?

What have been the barriers to achieving your career and educational goals?

Educational Goals

What are your current educational plans? Did your plans change? And if so, why?

What other supports could CUNY provide to help you achieve your career goals? Educational goals?