

## **NewYork-Presbyterian/Queens PPS** DSRIP Workforce Target State

### **PLAN OVERVIEW**

<b>Organization:</b>	NewYork-Presbyterian/Queens PPS
<b>Name of Analysis:</b>	DSRIP Workforce Target State v 2.0
<b>Approval Required:</b>	NYP/Q PPS Executive Committee
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## BACKGROUND AND PURPOSE

### NewYork-Presbyterian/Queens PPS

The NYP/Q PPS is one of 25 PPS’s participating in the New York State Delivery System Incentive Payment (DSRIP) Program. The PPS is located in Queens Borough and covers 33 zip codes, approximately 60% the population in the borough. The PPS is led by NewYork-Presbyterian/Queens (NYP/Q) hospital, which is the only hospital in the PPS network; NYP/Q is subspecialties. The PPS network includes partners from over 100 organizations.

The PPS consists of 1,200 partners, and includes practitioners, clinics, skilled nursing facilities, hospices, community based organizations, and a hospital. Over the course of the 5-year DSRIP program, the NYP/Q PPS aims to reduce potentially avoidable inpatient and emergency department visits by 25% (triple aim) for Medicaid beneficiaries and uninsured patients. The PPS will work toward this goal through the implementation of 9 projects aimed at reducing the health disparities found in the PPS service area. Through the implementation of the DSRIP projects and the achievement of the triple aim, the PPS’s intention is to create a sustainable system centered on value-based care.

Provider Type	Count in PPS Network <sup>1</sup>
Practitioner - PC	244
Practitioner - Non-PC	491
Hospital	2
Clinic	14
Case Management	9
Mental Health	127
Substance Abuse	17
Nursing Home	31
Pharmacy	3
Hospice	7
All Other	466
<b>Grand Total</b>	<b>1411</b>

### Purpose & Overview

The goal of the DSRIP workforce target state is to outline the future of the workforce within the PPS network. The target workforce state utilizes the current state assessment, compensation & benefit analysis, DSRIP application for the PPS, and forecasted impact of the projects to create the future state of the workforce. The target state will enable the PPS to collaborate with partner organizations to create a transition roadmap to ensure a successful shift to value-based care from volume based care.

## WORKFORCE CURRENT STATE

The NYP/Q PPS engaged BDO to complete the DY1 compensation and benefit analysis for the PPS to meet the milestone. In alignment with the process for collecting information on

<sup>1</sup> Count in PPS Network is based on data provided by DOH in November 2015. The count includes a combination of practitioners and organizations as well as instances of duplicate counts. The duplicates are a result of some partners being counted in multiple provider types, i.e. a mental health provider may also be a substance abuse provider.

compensation & benefit, the PPS also collected data on the current state of the workforce at the partner organizations. The entire PPS network was surveyed and the PPS received 56 responses from a variety of partner organizations. The survey responses included 12,932 employees (headcount) and 10,228 FTEs. Additionally, the survey collected FTE counts by job titles which align with the DOH job classifications for DSRIP.

Facility Type	# of Survey Responses
Nursing Home/SNF	15
Other	11
Non-licensed CBO	8
Outpatient Behavioral Health (Article 31 & Article 32)	7
Home Care Agency	6
Article 28 Diagnostic & Treatment Centers (FQHC)	5
Private Provider Practice	3
Inpatient	1
<b>Grand Total</b>	<b>56</b>

The inventory of job titles and FTE counts is listed in Appendix A.

### **Labor**

The PPS network includes workforce who are represented by collective bargaining agreements. The largest union representation is from 1199SEIU and includes several divisions of employees.

- Local 30 Operating Engineers
- Local 1199SEIU
- Local 1199SEIU Registered Nurse Division

The PPS is committed to a partnership with labor to ensure a successful transition of the workforce through DSRIP. The PPS has included a representative from 1199SEIU on the workforce committee and the PAC committee to ensure seamless communication and input into the development of the DSRIP program and execution of the workforce deliverables.

### **Practitioner Shortages**

In addition to the survey data compiled by BDO, the PPS looked to the community needs assessment, completed in 2014, for historical data on practitioner shortages in the service area. Based on the data, available in Appendix B, the PPS has a shortage of safety net providers, specifically primary care / family care practitioners, dentists, and specialty providers including behavioral health. This information has a direct impact on the PPS target state and transition roadmap to ensure that Medicaid beneficiaries have access to care within the service area.

### **Recruitment Challenges**

The PPS identified numerous areas of challenge when recruiting both staff and practitioners for partner organizations. The themes of recruitment challenges included:

- Bilingual and diverse staff
- RNs with sufficient experience for the role
- Behavioral health providers

- Competitive salary & benefits for staff

## WORKFORCE TARGET STATE

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### Recruitment and Redeployment

Based on the CNA data, the NYP/Q PPS service area has a lower inpatient bed ratio than NYS. Therefore, the PPS does not anticipate DSRIP resulting in a bed reduction for the PPS. Based on this, the target workforce state will be similar to the current workforce state as there will be minimal redeployments and likely no reductions. The PPS forecasted needing 68 new hires in various job categories based on the DSRIP program.<sup>2</sup>

Position	Approximate # of New Hires
Administrative	4
Physician	3
Mental Health Providers / Case Managers	10
Social Workers	1
IT Staff	2
Nurse Practitioners	10
Other	38

The new hires outlined above will include both filling vacancies that currently exist and the recruitment of new emerging job titles. The PPS DY1 Compensation and Benefit Analysis<sup>3</sup> includes a detailed list of requirements by job title including experience required, licensure requirements, and skills needed. The PPS has identified the following as emerging job titles across the PPS network and the PPS PMO:

- Director, PMO
- Medical Director
- Population Health Manager
- Sr. Data Analyst
- Data Analyst
- Registered Nurse (RN)
  - Population Health
  - Rapid Cycle
  - Chronic Disease Model
  - INTERACT/SNF (Educator, Quality, Rapid Cycle)
- Care Manager/Coordinator
- Patient or Care Navigator

<sup>2</sup> The forecasted new hires was provided by the PPS in the 2014 DSRIP application, section 5.4

<sup>3</sup> The Compensation & Benefit Analysis is available to the IA through the DY2, Q1 MAPP submission or you can email the PMO at [nypqpps@nyp.org](mailto:nypqpps@nyp.org)

- Community Health Worker
- Peer Support Worker

In the PPS DSRIP application, the PPS estimated that there would be a shift of 200 RNs from the inpatient to the outpatient setting due to DSRIP and that redeployment, when identified, would be mandatory. As the PPS has evolved and better learned the network partners, the PPS no longer anticipates a large redeployment of RNs but instead there will be a need for new behavioral health practitioners, primary care practitioners, and staff in various care coordination / navigation roles.

### **Project Specific Staffing Needs**

The NYP/Q PPS continues to work with partners to determine project specific staffing needs and the tracking and reporting of staff impact. Based on initial analysis with partners, the PPS has outlined the job titles that are anticipated to be required based on the requirements of the projects. These jobs titles are a mix of jobs/staffing which already exist at partner sites, new hires that are needed, redeployment of staff, and/or reallocation of job responsibilities.

- Project 2.a.ii – PCMH
  - Primary Care Physicians
  - Care Coordinators
  - Nurses/Nurse Practitioners
  - PCMH Champion
- Project 2.b.v – Care Transitions
  - Care Coordinators
  - Case Managers
- Project 2.b.vii – INTERACT
  - INTERACT Champions
- Project 2.b.viii – Hospital-Home Care Collaboration
  - Home Care Nurses
  - Care Coordinators
- Project 3.a.i – Integration of Primary Care and Behavioral Health
  - Primary Care Physicians
  - Behavioral Health Physicians
  - Case Managers
  - Care Coordinators
  - Nurses/Nurse Practitioners
- Project 3.b.i – Cardiovascular
  - Primary Care Physicians
  - Care Coordinators
  - Nurses/Nurse Practitioners
  - Million Hearts Campaign Champion

- Project 3.d.ii – Asthma
  - Pediatric Pulmonologist
  - Primary Care Physicians/Pediatricians
  - Care Coordinators
  - Asthma Educators
  - Nurses/Nurse Practitioners
- Project 3.g.ii – Palliative Care
  - Palliative Care Practitioners
- Project 4.c.ii – HIV
  - Primary Care Physicians
  - Nurse/Nurse Practitioners
  - Care Coordinators

As the PPS collects and reports on staff impact of the workforce in future quarters, the information on future staffing needs will continue to be refined for projects and partner organizations.

### **Training and Retraining**

The PPS has completed a robust training plan for the workforce based on project specific participation and the organizational requirements for a successful transformation. The training plan<sup>4</sup> details the needs and requirements for both meeting the DSRIP deliverables and ensuring that the workforce is competent in providing care through the transformation process. The training plan includes information on vendors and platforms that will be utilized by the PPS to accomplish training across the network as well as learning objectives and measuring competencies for the various training programs.<sup>5</sup> The PPS will update the plan annually based on feedback from the training sessions, needs identified by the workforce and/or project committees, and any changes to the DSRIP program.

Additionally, the PPS will be partnering with 1199TEF as the approved workforce vendor. The partnership will include assistance with completing the workforce milestones but also identifying and vetting training vendors for the PPS. As the collaboration between the PPS and 1199TEF is formalized, the PPS will provide additional information and update the appropriate plans.

### **Reduction**

The PPS does not anticipate any workforce reductions due to the DSRIP healthcare transformation. The PPS will support the partner network to fill vacancies and new positions with new hires and/or redeployed personnel as needed.

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<sup>4</sup> The PPS Workforce Communication and Training plan was completed and submitted with the DY2, Q1. The training plan is available on the PPS website.

<sup>5</sup> The training plan index is available in Appendix B

## CONCLUSION

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The PPS completed a robust survey process of the entire partner network to determine the current workforce state and the baseline for the compensation and benefit analysis. Based on this information, the PPS does not anticipate major shifts in the workforce from the current state. The PPS plans to fill current vacancies and emerging job titles with new hires and redeployed personnel as needed to ensure the success of the integrated system.

### **Workforce Next Steps**

The NYP/Q PPS will utilize the information from the compensation and benefit analysis, current state, and target state to create a gap analysis and transition roadmap for the PPS workforce. Through the development of these workforce deliverables, the PPS will continue to update the workforce-training plan and begun planning for the DY3 compensation and benefit analysis of the network. With guidance from the NYS DOH and engagement from the partners, the NYP/Q PPS will aide in supporting a well-trained and prepared workforce as healthcare in NYS moves from an inpatient and fee for service, to an outpatient value based system.



## APPENDIX

### A. FTE Count by Job Title

The 56 survey responses included information on FTE counts by job titles. The total inventory for the PPS is listed below and includes the number of organizations that reported having FTEs in that job title.

Job Title	Reported Employees (FTE)	Number of Organizations*
<b>Administrative Staff</b>		
Executive Staff	154	41
Financial	125	30
Human Resources	64	26
Other	369	28
<b>Administrative Support</b>		
Coders/Billers	165	24
Dietary/Food Service	340	18
Financial Service Representatives	59	6
Housekeeping	353	16
Medical Interpreters	1	1
Office Clerks	376	30
Other	352	19
Patient Service Representatives	12	5
Secretaries and Administrative Assistants	322	43
Transportation	86	6
<b>Allied Health</b>		
Nutritionists/Dieticians	102	19
Occupational Therapists	74	14
Occupational Therapy Assistants/Aides	54	9
Other	326	11
Pharmacists	57	4
Pharmacy Technicians	30	4
Physical Therapists	149	17
Physical Therapy Assistants/Aides	65	12
Respiratory Therapists	92	5
Speech Language Pathologists	37	12
<b>Behavioral Health</b>		
Licensed Clinical Social Workers	106	12
Other	159	10
Other Mental Health/Substance Abuse Titles Requiring Certification	69	9
Psychiatric Aides/Techs	0	0
Psychiatric Nurse Practitioners	6	6
Psychiatrists	19	12
Psychologists	9	6

Social and Human Service Assistants	16	3
Substance Abuse and Behavioral Disorder Counselors	24	9
<b>Clinical Support</b>		
Clinical Laboratory Technologists	152	1
Medical Assistants	78	5
Nurse Aides/Assistants	1,711	16
Other	205	5
Patient Care Techs	32	5
<b>Emerging Titles</b>		
Care Manager/Coordinator	257	14
Community Health Worker	15	3
Patient or Care Navigator	71	6
Peer Support Worker	13	4
<b>Health Information Technology</b>		
Hardware maintenance	11	4
Health Information Technology Managers	20	16
Other	17	7
Software Programmers	37	7
Technical Support	13	11
<b>Home Health Care</b>		
Certified Home Health Aides	180	1
Other	24	2
Personal Care Aides	30	1
<b>Janitors and cleaners</b>		
Janitors and cleaners	88	16
<b>Midwifery</b>		
Midwives	2	2
<b>Nurse Practitioners</b>		
Other Specialties (Except Psychiatric NPs)	6	4
Primary Care	47	8
<b>Nursing</b>		
LPNs	439	23
Nurse Managers/Supervisors	253	26
Other	283	8
Other Registered Nurses (Utilization Review, Staff Development, etc.)	58	14
Staff Registered Nurses	1,441	31
<b>Nursing Care Managers/Coordinators/Navigators/Coaches</b>		
LPN Care Coordinators/Case Managers	2	2
RN Care Coordinators/Case Managers/Care Transitions	120	15
<b>Patient Education</b>		
Certified Asthma Educators	1	1
Certified Diabetes Educators	0	0

Health Coach	0	0
Health Educators	15	7
Other	28	7
<b>Physician Assistants</b>		
Other Specialties	19	5
Primary Care	85	5
<b>Physicians</b>		
Other Specialties (Except Psychiatrists)	23	10
Primary Care Physician	76	16
<b>Social Worker Case Management/Care Management</b>		
Bachelor's Social Workers	45	10
Licensed Masters Social Workers	117	26
Other	33	12
Social Worker Care Coordinators/Case Managers/Care Transitions	15	9

## B. Community Needs Assessment Data

The PPS completed a community needs assessment (CNA) in 2014 as part of the DSRIP application process. In addition to providing essential information about the population in the service area, the CNA also included data on physician shortages by specialty for Medicaid beneficiaries and inpatient bed ratios. The CNA is available on the PPS website:

[www.nyp.org/queens/dsrppps](http://www.nyp.org/queens/dsrppps)

**Physician Shortage Data** -- In aggregate, the service area has a shortage of approximately 327 safety net providers. The data shows adequate primary care, however, the PCP data is inflated as internal medicine subspecialties are included in primary care. In reality, there is a significant shortage of primary care, and a less severe specialty shortage than is shown.

Provider Type	Supply 5 County Area	Supply NYHQ Area	Demand Ratio per 100,000	Demand 5 County Area	Demand NYHQ Area	Surplus (Shortage) 5 County Area	Surplus (Shortage) NYHQ Area
<b>Primary Care</b>	<b>3992</b>	<b>558</b>	<b>78.6</b>	<b>2820</b>	<b>544</b>	<b>1172</b>	<b>12</b>
Family Practice	477	76	35.3	1268	245	(791)	(169)
Internal Medicine	2374	300	27.8	999	193	1375	107
Pediatrics	1141	180	15.4	553	107	588	73
<b>Dentist</b>	<b>808</b>	<b>158</b>	<b>50.0</b>	<b>1794</b>	<b>348</b>	<b>(986)</b>	<b>(188)</b>
<b>Specialty Care</b>	<b>2905</b>	<b>393</b>	<b>78.6</b>	<b>2820</b>	<b>544</b>	<b>85</b>	<b>(151)</b>
General Surgery	196	18	11.7	418	81	(222)	(63)
Orthopedic Surgery	102	10	5.8	208	40	(106)	(30)
Physical Medicine	70	21	1.1	39	8	31	13
Psychiatry & Neurology	474	65	15.3	547	106	(73)	(41)
All Other	2063	279	44.8	1607	310	456	(31)
<b>Total</b>	<b>7703</b>	<b>1107</b>	<b>207.2</b>	<b>7435</b>	<b>1434</b>	<b>268</b>	<b>(327)</b>

**Inpatient Bed Ratio** -- 2,369 service area beds is equal to 1.49 beds per 1000 persons. This is lower than the state average of 3.0 beds per 1000 and lower than the national average of 2.6 beds per 1000.

Beds & Designations	New York Hospital Medical Center of Queens	Elmhurst Hospital Center	Flushing Hospital Medical Center	Forest Hills Hospital	Queens Hospital Center	Jamaica Hospital Medical Center	Total Service Area
AIDS Beds	20	-	-	-	-	-	20
Chemical Dependence Beds	-	-	30	-	-	-	30
Coma Recovery Beds	-	-	-	-	-	4	4
Coronary Care Beds	13	9	6	-	-	4	32
Intensive Care Beds	29	20	12	28	16	8	113
Maternity Beds	30	44	24	20	20	40	178
Medical / Surgical Beds	393	225	169	251	115	228	1,361
Neonatal Continuing Care Beds	5	12	3	9	-	4	33
Neonatal Intensive Care Beds	3	9	6	-	11	5	34
Neonatal Intermediate Care Beds	6	9	5	1	4	10	35
Pediatric Beds	20	22	20	3	-	30	95
Physical Medicine-Rehabilitation Beds	-	18	-	-	10	25	53
Psychiatric Beds	-	177	18	-	71	50	316
Transitional Care Beds	16	-	6	-	-	7	29
Traumatic Brain Injury Beds	-	-	-	-	-	16	16
<b>Total Certified Beds</b>	<b>535</b>	<b>543</b>	<b>299</b>	<b>312</b>	<b>247</b>	<b>431</b>	<b>2,369</b>
AIDS Center	X	X			X		3
Level 3 Perinatal Center	X	X	X		X	X	5
Regional Trauma Center	X	X				X	3
SAFE Center of Excellence		X			X		2
Stroke Center	X	X	X	X		X	5

### C. Training Index

The below is an index of tools and trainings that will be required for the PPS workforce based on organizational section and/or project. This inventory is detailed in the PPS Workforce Training and Communication Plan. This plan will be updated annually based on identified needs from the clinical projects and the requirements for DSRIP.

Org. / Project	Name	Training Name	PPS / Vendor?	Frequency
<b>Cultural Competency &amp; Health Literacy</b>	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Cultural Competency Background & Benefits Providing Culturally Competent Care	HealthStream	Annual
		Cultural Competency	GNYHA	Bi-Monthly
		Health Literacy	PPS Partner & HealthStream	Annual
		PPS Resource Center	NYP PPS	As Needed
<b>IT Systems &amp; Processes</b>	Milestone #2 Develop an IT Change Management Strategy	IT Solutions: <ul style="list-style-type: none"> <li>▪ ACD</li> <li>▪ Cureatur</li> <li>▪ Performance Logic</li> <li>▪ RHIO</li> <li>▪ eMOLST</li> </ul>	PPS & Vendors	Once
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network			
	Milestone #5 Develop a data security and confidentiality plan	Compliance Training	PPS via HealthStream	Annual
<b>Clinical Integration</b>	Milestone #2 Develop a Clinical Integration strategy	Project Specific Trainings	PPS & Vendor	Ongoing
		IT Solutions: <ul style="list-style-type: none"> <li>▪ ACD</li> <li>▪ Cureatur</li> <li>▪ Performance Logic</li> <li>▪ RHIO</li> </ul>	PPS & Vendors	Once

Org. / Project	Name	Training Name	PPS / Vendor?	Frequency
		<ul style="list-style-type: none"> <li>eMOLST</li> </ul>		
<b>Performance Reporting</b>	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting	Metrics & Quality Improvement	PPS	Ongoing
		Performance Logic	Performance Logic	As Needed
<b>2.a.ii – PCMH</b>	Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Physician Champion <a href="https://hanys.adobeconnect.com/twy87da.psev5f/">https://hanys.adobeconnect.com/twy87da.psev5f/</a>	HANYS Solutions	Once *Recorded for future use
		Care Coordination	GNYHA	Once
		PCMH Training Curriculum	HANYS Solutions	3 Waves
<b>2.b.vii – INTERACT</b>	Milestone #4 Educate all staff on care pathways and INTERACT principles.	INTERACT Champion Training	INTERACT Certified Vendor	Once
	Milestone #6 Create coaching program to facilitate and support implementation.			
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Partner Engagement of Patient/Family/Caregiver	PPS & PPS Partner	Ongoing
<b>2.b.viii – Home Care</b>	Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	INTERACT-like Tool Champion Training	INTERACT Certified Vendor	Once
	Milestone #4 Educate all staff on care pathways and INTERACT-like principles.			
	Milestone #6 Create coaching program to facilitate and support			

Org. / Project	Name	Training Name	PPS / Vendor?	Frequency
	implementation.			
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Partner Engagement of Patient/Family/Caregiver	PPS & PPS Partner	Ongoing
	Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Root Cause Analysis	PPS	Quarterly
<b>3.a.i – PC/BH Integration</b>	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Best Practice Training	PPS	Ongoing
<b>3.b.i – Cardio</b>	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of DY 3.	Physician Champion <a href="https://hanys.adobeconnect.com/twy87da.psev5f/">https://hanys.adobeconnect.com/twy87da.psev5f/</a>	HANYS Solutions	Once *Recorded for future use
		Care Coordination	GNYHA	Once
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	BP Competency	PPS & Partner Organization	Annual
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Million Hearts Campaign	PPS	As Needed
<b>3.d.ii – Asthma</b>	Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Asthma Education Program	PPS & CBO Partner	Ongoing

<b>Org. / Project</b>	<b>Name</b>	<b>Training Name</b>	<b>PPS / Vendor?</b>	<b>Frequency</b>
<b>3.g.ii – Palliative Care</b>	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Education in Palliative and End-of-Life Care (EPEC)	PPS	Bi-Monthly
<b>4.c.ii – HIV</b>	Milestone #2 Increase peer-led interventions around HIV care navigation, testing, and other services.	NYC HIV Collaborative Education	NYC HIV Collaborative	As Needed
	Milestone #3 Launch educational campaigns to improve health literacy and patient participation in healthcare, especially among high-need populations, including: Hispanics, lesbian, gay, bisexual, and transgender (LGBT) groups.	Cultural Competency Background & Benefits Providing Culturally Competent Care	HealthStream	Annual
		Cultural Competency	GNYHA	Bi-Monthly
		Health Literacy	PPS Partner & Healthstream	Annual
		PPS Resource Center	NYP PPS	As Needed
	Milestone #6 Empower people living with HIV/AIDS to help themselves and others around issues related to prevention and care.	NYC HIV Collaborative Education	NYC HIV Collaborative	As Needed
Milestone #7 Promote delivery of HIV/STD Partner Services to at risk individuals and their partners.	NYC HIV Collaborative Education	NYC HIV Collaborative	As Needed	