Current State Assessment Report & Gap Analysis for NYU Lutheran PPS

Delivery System Reform Incentive Payment Program

Workforce Strategy

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BDO

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Executive Summary

The overall goal of the Delivery System Reform Incentive Payment ("DSRIP") program is to reduce avoidable hospitalizations and ED visits by the Medicaid population in New York State ("NYS") by 25% through the transformation and redesign of the existing health care system.

As part of NYU Lutheran Performing Provider System's ("NYU Lutheran PPS" or "the PPS") participation in the DSRIP program and completion of certain Workforce Strategy Milestones, NYU Hospitals Center ("NYUHC") engaged BDO Consulting ("BDO") on behalf of the NYU Lutheran PPS, as its workforce vendor, to assist in the development of a detailed gap analysis between the current workforce state and the projected target workforce state. The gap analysis identifies gaps in workforce resources and informs the projection of workforce impacts as a result of system transformation and project implementation of clinically integrated programs related to the DSRIP program.

NYU Lutheran PPS's gap analysis was developed in collaboration with key PPS stakeholders as well as Workforce Consortium members (OneCity Health PPS, Community Care of Brooklyn PPS, NYU Lutheran PPS, and Bronx Partners for Healthy Communities PPS) to ensure that workforce needs and impacts of the DSRIP projects were being evaluated consistently across the PPSs and were comprehensive of the PPS's specific service area. Collaboration took place through several in person working sessions and conference calls with representation from multiple PPS Leads. NYU Lutheran PPS stakeholders, including DSRIP Project Managers and Clinical Workgroup Members, provided significant input regarding project implementation strategies. PPS stakeholders identified workforce that may be impacted and identified staffing needs for the DSRIP projects to inform the development the PPS's gap analysis.

As detailed within this report, the gap analysis summarizes reported findings from the completed current workforce state assessment and the projected workforce impacts as part of the target workforce state, leveraging these findings to identify possible gaps between the PSS's current and target workforce states.

NYU Lutheran PPS's gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap to assist the PPS in reaching its target workforce state by the end of the five year program. The gap analysis will also assist the PPS in identifying challenges in the achievement and management of DSRIP workforce impacts including redeployment, retraining, and new hire needs to effectively implement the selected DSRIP projects.

Summary Gap Analysis Findings

Overall DSRIP project workforce impacts are projected to be minimal across the PPS. Based on the current workforce state reported by the PPS Partners, the PPS's overall reported workforce vacancy rate of 5.6% is relatively low and likely attributed to normal workforce turnover. In specific instances where high workforce vacancies are reported, the impacts of DSRIP projects can work to either potentially minimize or further impact gaps that currently exist within the PPS's workforce.

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 potential impacts in demand for health care providers including Primary Care Providers ("PCPs"), nursing positions, Clinical Support, and Administrative Support positions.

Within the primary care / outpatient settings, the PPS's greatest projected workforce gap is 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 Triage project, the Patient Navigation Center ("PNC"), 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 8.4% 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, this gap in the PPS's workforce is likely to be further impacted over time as project goals are realized.

Within the ED / inpatient settings, the PPS is projected to experience a decrease in demand for ED Physicians as well as a slight decrease in demand for nursing positions including Nurse Practitioners ("NPs"), Physician Assistants ("PAs"), and Registered Nurses ("RNs") as patients seek care outside of the ED / inpatient settings as a result of the DSRIP program. However, the projected decrease in demand for ED / inpatient workforce is likely to be offset by factors unrelated to the DSRIP program such as population growth. For example, given ongoing changes within the Brooklyn market, the PPS does not anticipate a decline in nursing positions but rather an increase in demand for these positions particularly in the inpatient setting due to the planned closing of Mount Sinai Beth Israel as a number of patients are anticipated to be redirected to NYULMC for care. Further, based on the PPS's reported current workforce state data, a vacancy rate of approximately 12.0% was reported across all nursing positions and a vacancy rate of approximately 21.1% for NPs and 8.2% for RNs was specifically reported across the PPS network. High vacancy rates suggest potential shortages in the workforce or difficulties in recruiting these positions. Further, New York City nursing workforce projections identify a likely increase in demand of approximately 13% by 2020. Due to anticipated workforce impacts unrelated to the DSRIP program, resulting from changing market demands and population demographics, there is likely to be an increase in demand for the number of nursing positions needed to address additional care needs. Given the vacancy

rates reported both across the PPS as well as in the ED / inpatient setting and the anticipated increased demand for nursing positions as a result of the hospital's closure and overall population growth, the projected decline in demand for nursing positions as a result of DSRIP program impacts is likely to be offset by the existing reported gaps within the PPS's workforce.

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 high 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.

Additionally, the NYU Lutheran PPS also anticipates a significant increase in utilization of community-based health care navigation services as a result of the PPS's plans to develop the PNC. As a result, demand for Patient Navigators, Community Health Workers, and Care Managers / Coordinators is projected to increase.[1] Based on the current workforce state data reported, the vacancy rate reported across the PPS's network for Patient or Care Navigators and Community Health Worker positions is approximately 21.1%. Further, an increase in demand for Care Management workforce is also projected to occur throughout NYS. Given the anticipated increase in utilization of patient navigation services, the high vacancy rate reported for these positions, and the overall increase in demand for care management services throughout NYS; these factors are likely to further expand the existing gap identified for Patient Navigators to staff the NYU Lutheran PPS's new PNC.

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[1] The Community Health Worker position that is being leveraged for this and other DSRIP projects including the PNC was developed by NYU Lutheran Family Health Centers in collaboration with 1199SEIU as a pilot project and as the overall model for NYS. Utilizing Medicaid waiver funding, training for the position includes cultural diversity training and will be provided to all Community Health Workers involved in the DSRIP program.

I.   Background & Purpose

A. Overview of the DSRIP Program

The goal of the DSRIP program is to encourage health care system redesign and promote collaboration across providers and community-level partners to reduce avoidable inpatient admissions and emergency room visits by 25% over the next five years for the NYS's Medicaid population. In line with this goal, the transformation of the existing health care system and implementation of the chosen DSRIP projects will have implications on the PPS's workforce needs.

The DSRIP program, with a total of 25 performing provider systems ("PPSs") across NYS, is collaborative in nature as each of the PPSs has developed a robust partnership network comprised of health care providers and community based organizations within the PPS's designated service areas. The purpose of this collaborative program is to create partnerships and integrated care delivery networks to implement the PPS's selected DSRIP projects and ultimately improve delivery and access to health care in more appropriate settings for the Medicaid population. Further, as a component of the program, the NYS Department of Health ("DOH") has positioned stakeholder and community engagement as a primary driver for addressing health issues within the PPSs' service areas through collaboration with community based organizations ("CBOs") and other community based resources. The DSRIP program is designed to leverage CBOs as care access points for the Medicaid and uninsured populations as they have the capabilities, resources, and community relationships in place to address many of the cultural and social impacts that prevent patients from accessing more appropriate care settings.

While the program's overall goal is to reduce avoidable hospital inpatient use and potentially preventable ED visits ("PPVs") by 25%, the individual DSRIP projects will focus on a number of positive health outcomes around systems transformation, clinical improvement, and population health including the creation of integrated delivery systems, the co-location of behavioral health and primary care, and the self-management of chronic conditions such as diabetes and asthma.

As a result of the program and its overall goal, the workforce within the PPS will be impacted as the predominant provision of care shifts from inpatient to outpatient settings with a focus on more effective case management and an increasing role for community based providers. It is anticipated that the workforce will be impacted by emerging DSRIP-related job titles and positions such as Patient Navigators that will create a need for workforce new hires, redeployment, and retraining.

B.   Overview of the Performing Provider System

The NYU Lutheran PPS is comprised of a robust partnership network of health care organizations and CBOs geographically located within the PPS's service area in Brooklyn. The PPS's Lead Entity, NYU Lutheran Medical Center, serves as the overall driver and coordinator of the PPS's DSRIP program and projects.

The NYU Lutheran PPS is comprised of 195 PPS Partners and was formed to produce meaningful results as part of the DSRIP program goals through a collaborative network of providers located in Brooklyn. The PPS Partner network includes the following healthcare providers: one Pharmacy, one Home Health Provider, two hospitals, five Long Term Home Health Care Providers, six Physician-led Organizations, six Assisted Living Facilities, eight Diagnostic and Treatment Centers, nine Federally Qualified Health Centers, 11 Mental Health ("NYS Office of Mental Health") Providers, 14 Certified Home Health Agencies, 20 Developmental Disability Providers ("Office for Persons with Developmental Disabilities"), 23 Substance Abuse Providers ("Office of Alcoholism and Substance Abuse Services"), 32 Skilled Nursing Facilities, and 57 additional Partners identified as being "Other" facility types.

C. Purpose of the Workforce Gap Analysis

The purpose of conducting a workforce gap analysis, as part of the DSRIP Workforce Strategy Milestones, is to identify and understand the gaps that exist within NYU Lutheran PPS's workforce by leveraging findings from the current workforce state and the projected staffing impacts as part of the target workforce state to inform the PPS's overall workforce strategy throughout the five year program.

The NYUHC engaged BDO on behalf of the NYU Lutheran PPS to identify workforce gaps that currently exist as well as identify workforce needs to inform the PPS's workforce strategy for achieving the target workforce state. The PPS's workforce gap analysis was created in collaboration with the PPS's Workforce Governance Body and included input from providers within the PPS's partner network.

As defined within this report, NYU Lutheran PPS's gap analysis summarizes the current workforce state assessment and the projected target workforce state and then identifies gaps between the current and target workforce states. The analysis will be used by the PPS to understand and forecast workforce needs in terms of redeployment, retraining and new hire needs. It takes into consideration the needs of the current state of the workforce as well as the demand for health care services and providers within the PPS's network as a result of the DSRIP program and general population growth over the next five years.

NYU Lutheran PPS's gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap which will be used to assist the PPS in reaching its target workforce state by the end of the program. The gap analysis will also assist

the PPS in projecting workforce impacts including redeployment, retraining, and new hire needs to effectively implement the selected DSRIP projects.

II.   Current Workforce State Overview

A.   Current Workforce State Assessment Approach

In order to assess the current workforce state, NYU Hospitals Center ("NYUHC"), on behalf of the NYU Lutheran PPS, engaged BDO and the Center for Health Workforce Studies ("CHWS") to collect and synthesize information pertaining to the current workforce including staffing, infrastructure, culture, strengths, and challenges. The current state workforce assessment included the development and distribution of a survey to PPS Partners to collect workforce data pertaining to the PPS's network. Additionally, data requests and stakeholder engagement sessions were also held to obtain supplemental data on the PPS's workforce.

The survey was designed in collaboration with key PPS stakeholders as well as Workforce Consortium members (OneCity Health PPS, Community Care of Brooklyn PPS, NYU Lutheran PPS, and Bronx Partners for Health Communities PPS) to evaluate workforce data by facility type as well as by job title (the data reported aligns with DOH designated job titles and includes additional job titles as designated by the PPS). NYU Lutheran PPS stakeholders provided significant input into the survey's design, distribution, and collection.

Within the survey, PPS Partners were requested to provide workforce data by job title pertaining to total headcount, full time equivalents ("FTEs"), number of vacancies, average hourly wages, fringe benefits (%), and collective bargaining agreements as well as data pertaining to temporary and agency staff including total headcount, hours, and FTEs. The survey also included sections for PPS Partners to indicate minimum requirements for certain job titles pertaining to degrees / education and years of experience. The partners surveyed were asked to only provide relevant workforce data for individuals working within the PPS's geographic region and thus serving the attributed Medicaid population. The purpose for collecting this level of workforce data is to establish a baseline or current state of the PPS's workforce and compare these findings to the projected target workforce state to identify workforce gaps between the two. Current state survey data will also help to inform workforce training and general workforce strategy and planning.

PPS partners were asked to complete the survey using workforce data as of December 31, 2015. Organizations were requested to complete one survey per organization, per facility type for the following facilities:

- Inpatient Services for the Mentally Disabled ("Article 31 Inpatient")
- Outpatient Services for the Mentally Disabled ("Article 31 Outpatient")
- Inpatient Services for Substance Abuse ("Article 32 Inpatient")
- Outpatient Services for Substance Abuse ("Article 32 Outpatient")
- Article 28 Diagnostic & Treatment Centers ("Article 28 D&TC")
    - o For the purposes of survey reporting, the NYU Lutheran PPS's Safety Net Federally Qualified Health Centers' ("FQHCs") workforce data was reported within the Article 28 D&TC Facility Type category.

- Article 16 Clinics, Office For People With Developmental Disabilities ("Article 16 Clinic")
- Home Care / Hospice
- Article 28 Hospital Outpatient Clinics ("Article 28 Hospital")
- Hospital Inpatient / Emergency Department ("Hospital / ED")
- Non-licensed Community Based Organization ("Non-licensed CBO")
- Nursing Home / Skilled Nursing Facility ("Nursing Home / SNF")
- Private Provider Practice
- Pharmacies
- Retail Clinics
- Other (includes facilities such as health homes, non-licensed and licensed residential housing, and adult daycare).

The survey along with supporting documentation including survey instructions, frequently asked questions ("FAQs"), DOH job title descriptions, and two live webinars were made available to the PPS Partners to facilitate completion of the current state survey.

Further, in an effort to maximize survey response rates from the PPS Partners, BDO and CHWS provided multiple communication touch points including survey reminder emails and phone calls to engage the designated workforce contact for each of the PPS Partners who had not already submitted a survey.

The survey was made available for completion on February 2, 2016 and submissions from the PPS Partners were accepted through April 1, 2016. A total of 127 surveys were completed and submitted by 86 organizations within the NYU Lutheran PPS, with an overall survey response rate of nearly 50% by the PPS's Partners.

The following exhibit provides detail into the number of survey responses that were received by the various facility types within the NYU Lutheran PPS. The highest respondents to the survey were those organizations that were identified as Home Care / Hospice with 33 responses, followed by Non-licensed CBOs with 28 responses, and "Other" with 17 responses. Organizations that were identified as being "Other" facility types were generally identified as agencies providing residential / housing services or other community services within the PPS's network.

Exhibit 1: Current State Workforce Survey Responses by Facility Type

Facility Type	Number of Survey Reponses
Home Care / Hospice	33
Non-licensed CBO	28
Other	17
Article 28 D&TC	13
Nursing Home / SNF	10
Article 31 Outpatient	8
Article 16 Clinics	7
Article 32 Outpatient	4
Article 31 Inpatient	2
Private Provider Practice	2
Pharmacies	1
Article 28 Hospital	1
Hospital / ED	1
Grand Total	**127**

Following the survey deadline, BDO and CHWS aggregated the workforce data reported by the PPS Partners and reported current workforce state findings on an overall basis as well as by facility type and by job title. All relevant compensation data collected and summarized within this report are in line with anti-trust provisions[2].

B. Current Workforce State Survey Findings

The aggregated workforce data from the current workforce state survey is being leveraged by the NYU Lutheran PPS to gain an understanding of the current workforce across all 195 Partners within the PPS's network. As previously described, the survey's response rate was approximately 50% and thus the current workforce state data presented in the following sections aim to provide an approximate representation of the PPS's current workforce state by detailing reported workforce data across facility types and Job Titles by headcount, FTEs, and FTE vacancies as well as agency and temporary staff by headcount, hours, and FTEs, but does not provide workforce data that is comprehensive of the entire workforce within the PPS. Although the response rate was 50%, the PPS did receive response rates from its largest providers and identified key PPS Partners thus the data received likely represents well over 50% of the PPS workforce.

The following pie charts provide an overall summary of the NYU Lutheran PPS's reported workforce data which includes a total headcount of 46,237 individuals or 27,730 FTEs.

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[2] The aggregated data from the current state survey findings detailed within this report have been compiled in accordance with United States Department of Justice Antitrust Safety Zone Exchanges of Price and Cost Information among Providers. Any wages, salaries, and/or benefits data of health care personnel collected and reported within in this report have been reported in such a way to satisfy anti-trust provisions.

As detailed in *Exhibit 2*, which describes the total reported workforce across all facility types (by headcount), over 50% of the PPS's workforce is represented by staff employed by 34 Home Care / Hospices. The next largest numbers of workforce providing care in the PPS are at reporting the 28 Non-licensed CBOs, 17 "Other" facility types, 10 Nursing Homes / SNFs, and 13 Article 28 D&TCs.

Exhibit 2: Total Reported PPS Workforce by Facility Type (by Headcount)
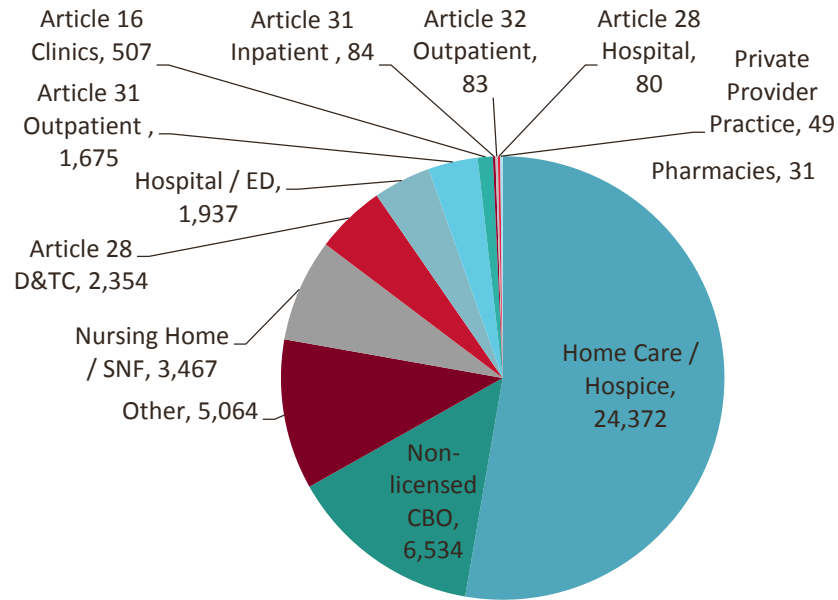
As detailed in *Exhibit 3*, which provides the total reported workforce across all DOH Job Categories (by FTEs), nearly 40% of the PPS's reported FTEs are represented by the Home Health Care DOH Job Category which contains titles such as Certified Home Health Aides, Personal Care Aides (Level I and Level II), and "Other" job titles. In addition to Home Health Care jobs, the aggregated survey data indicated that the PPS is also largely comprised of Nursing (3,398 FTEs), Administrative Support (3,322 FTEs), Administrative Staff (2,295 FTEs), and Behavioral Health staff (2,248 FTEs) jobs.

Exhibit 3: Total Reported PPS Workforce by Job Title (FTEs)
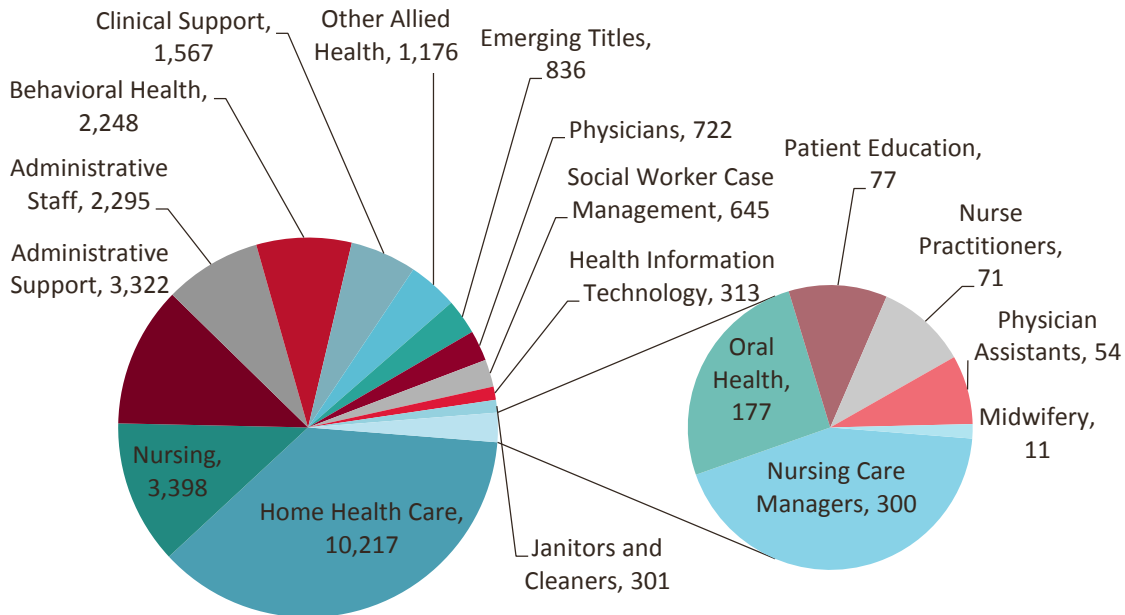
1. Job Titles

The following section details the reported DOH Job Categories by FTEs across facility types. As detailed in the summary above, Home Care / Hospice (14,004 FTEs), Non-licensed CBOs (3,441 FTEs), "Other" facility types (2,416 FTEs), and Nursing Homes / SNFs (2,802 FTEs) largely represented the PPS's reported workforce.

Exhibit 4 through *Exhibit 10* provides aggregated workforce data across several of the PPS's facility types for the corresponding reported DOH Job Categories by FTEs. For a more detailed breakout of the job titles that are included within each of the DOH Job Categories reported by each facility, *Appendix 2* has been included for additional reference.

Workforce data was recorded for all facility types across the PPS with the exception of Article 32 Inpatient facilities and Retail Clinics, no workforce headcount or FTE data was reported for these facility types.

The seven reporting Article 16 Clinics were identified as representing a small portion of the PPS's overall workforce with a reported total of 325 FTEs. Similar to the overall structure of the PPS's reported workforce, Article 16 Clinics are largely comprised of Home Health Care and Administrative Support staff positions as well as employees with Emerging Title positions.

The Article 28 Hospital reported a total of 74 FTEs with Administrative Staff (21 FTEs) and Janitors & Cleaners (13 FTEs) largely representing the total reported workforce for this facility type.

The two reporting Inpatient Article 31 facilities reported Behavioral Health jobs (37 FTEs) as largely representing the overall workforce for this facility type with a total of 61 FTEs reported.

The four reporting Outpatient Article 32 facilities also reported Behavioral Health positions (39 FTEs) as well as Administrative Staff (12 FTEs) as largely representing the facility's total reported workforce of 71 FTEs.

As detailed in *Exhibit 4*, the 13 reporting Article 28 D&TCs, including the PPS's Safety Net FQHCs, represent approximately 7% of the PPS's overall workforce with a total of 2,040 FTEs reported. The workforce for this facility type is largely represented by Physicians (513 FTEs), Administrative Support (439 FTEs), Clinical Support (206 FTEs), and Oral Health Providers (175 FTEs).

Based on the data reported, the Physicians that largely make up the workforce at this facility type are identified as Residents with a total of 412 FTEs reported.

Exhibit 4: Article 28 Diagnostic & Treatment Centers Total Reported Workforce by DOH Job Category (FTEs)	
DOH Job Category	Reported FTEs
Physicians	513
Administrative Support	439
Clinical Support	206
Oral Health	175
Administrative Staff	139
Behavioral Health	132
Nursing	107
Other Allied Health	106
Nurse Practitioners	54
Emerging Titles	38
Health Information Technology	34
Social Worker Case Management / Care Management	27
Patient Education	24
Janitors and Cleaners	18
Physician Assistants	14
Midwifery	11
Nursing Care Managers / Coordinators / Navigators / Coaches	4
Grand Total	**2,040**

As detailed in *Exhibit 5* for the eight reporting Article 31 Outpatient facilities, Social Worker Case Management / Care Management positions (165 FTEs), Emerging Title positions (158 FTEs), and Administrative Staff (133) are reported as mainly representing the overall reported workforce for these facilities.

Of the Social Worker Case Management / Care Management positions reported by this facility type, the workforce that fall within this category include Social Worker Care Coordinators /

Case Managers (74 FTEs), Licensed Master Social Workers (61 FTEs), and Bachelors Social Workers (27 FTEs). This facility type also reported a workforce with a high number of Emerging Titles which predominantly include Care Managers / Coordinators with 147 FTEs reported.

Exhibit 5: Article 31 Outpatient
Total Reported Workforce by DOH Job Category (FTEs)

DOH Job Category	Reported FTEs
Social Worker Case Management / Care Management	165
Emerging Titles	158
Administrative Staff	133
Behavioral Health	91
Other Allied Health	62
Administrative Support	59
Patient Education	27
Janitors and Cleaners	19
Clinical Support	16
Health Information Technology	11
Nursing	9
Grand Total	**752**

As previously described and further detailed in *Exhibit 6*, the 33 reporting Home Care / Hospices' workforce represent over half of the total reported workforce data with a total of 14,003 FTEs reported. Based on the data collected, the DOH Job Categories including Home Health Care, Nursing, and Administrative Support positions largely comprised most of the Home Care / Hospice FTEs reported.

Based on the data reported by this facility type, the workforce comprised within the Home Health Care job category primarily include Certified Home Health Aides with 7,846 FTEs reported, Personal Care Aides (Level I and Level II) with 1,038 and 294 FTEs reported, respectively.

The majority of the job titles that are included within the Nursing category for this facility type were identified as Staff Registered Nurses with 1,081 FTEs reported. Other Nursing job titles include "Other" Registered Nurses, Nurse Managers / Supervisors, Licensed Practical Nurses, Per Diem Staff Registered Nurses, and "Other" nursing job titles. Positions that were included within the Administrative Support category were largely identified as being Patient Service Representatives, "Other", Secretaries and Administrative Assistants, and Office Clerks.

Exhibit 6: Home Care / Hospice
Total Reported Workforce by DOH Job Category (FTEs)

DOH Job Category	Reported FTEs
Home Health Care	9,207
Nursing	1,617
Administrative Support	1,133
Administrative Staff	777
Other Allied Health	438
Behavioral Health	344
Health Information Technology	188
Nursing Care Managers / Coordinators / Navigators / Coaches	170
Emerging Titles	38
Physicians	32
Patient Education	18
Social Worker Case Management / Care Management	15
Clinical Support	14
Janitors and cleaners	9
Nurse Practitioners	3
Grand Total	**14,003**

Reported workforce for the PPS's Hospital / ED represents approximately 6% of the overall workforce reported with Nursing, Administrative Support, and Clinical Support positions largely contributing to the total Hospital / ED reported FTEs, as described in *Exhibit 7.*

The Hospital's Nursing staff largely represented the total reported workforce with Staff Registered Nurses (639 FTEs) and Nurse Managers / Supervisors (28 FTEs) contributing to the total of 676 Nursing FTEs reported. Other job titles that contribute significantly to the Hospital / ED's reported workforce include Patient Service Representatives (107 FTEs) under the Administrative Support category and Nurse Aides/Assistants (225 FTEs) under the Clinical Support category.

Exhibit 7: Hospital / ED
Total Reported Workforce by DOH Job Category (FTEs)

DOH Job Category	Reported FTEs
Nursing	676
Administrative Support	339
Clinical Support	256
Other Allied Health	147
Physicians	144
Administrative Staff	57
Nursing Care Managers / Coordinators / Navigators / Coaches	35
Physician Assistants	33
Social Worker Case Management / Care Management	23
Nurse Practitioners	2
Grand Total	**1,711**

Similar to the overall PPS workforce summary and as represented in *Exhibit 8*, the 17 reporting Non-licensed CBOs represent the second largest facility type for most reported workforce or approximately 12% of the NYU Lutheran PPS's total reported workforce. As represented in Exhibit 9, Non-licensed CBOs workforce is largely comprised of Behavioral Health Positions (1,315 FTEs), Administrative Staff (740 FTEs), Administrative Support (467 FTEs), and Emerging Title positions (426 FTEs).

Of the Behavioral Health positions reported by Non-licensed CBOs, Social and Human Services Assistants largely represent the workforce reported within this category with 1,022 FTEs reported, followed by Licensed Clinical Social Workers (92 FTEs) and Licensed Masters Social Workers (78 FTEs).

Job titles reported within the Emerging Titles category were primarily representative of Care Managers / Coordinators with 271 FTEs reported and "Other" Emerging Title positions with 130 FTEs reported.

Exhibit 8: Non-Licensed CBO Total Reported Workforce by DOH Job Category (FTEs)	
DOH Job Category	**Reported FTEs**
Behavioral Health	1,315
Administrative Staff	740
Administrative Support	467
Emerging Titles	426
Social Worker Case Management / Care Management	179
Nursing	101
Janitors and Cleaners	71
Other Allied Health	63
Health Information Technology	36
Home Health Care	15
Clinical Support	12
Nursing Care Managers / Coordinators / Navigators / Coaches	9
Patient Education	3
Physicians	2
Nurse Practitioners	1
Grand Total	**3,441**

The 10 reporting Nursing Homes / SNFs represent the PPS's third largest facility type for reported workforce and represent over 10% of the NYU Lutheran PPS's total reported workforce. As detailed in *Exhibit 9*, Nursing Home / SNF workforce are largely comprised of Clinical Support (1,022 FTEs), Nursing (702 FTEs), and Administrative Support positions (500 FTEs).

Of the Clinical Support positions reported by this facility type, Nurse Aides / Assistants represented the majority of workforce reported within this category with 1,015 FTEs

reported. Nursing workforce is largely representative of Licensed Practical Nurses and Staff Registered Nurses with 350 FTEs and 265 FTEs reported. Administrative Support was reported as being mainly Dietary / Food Service staff (177 FTEs) and Housekeeping staff (170 FTEs).

Exhibit 9: Nursing Home / SNF Total Reported Workforce by DOH Job Category (FTEs)	
DOH Job Category	Reported FTEs
Clinical Support	1,022
Nursing	702
Administrative Support	500
Other Allied Health	159
Home Health Care	138
Administrative Staff	111
Janitors and Cleaners	63
Social Worker Case Management / Care Management	37
Physicians	22
Behavioral Health	19
Health Information Technology	12
Nursing Care Managers / Coordinators / Navigators / Coaches	7
Physician Assistants	7
Nurse Practitioners	2
Oral Health	1
Grand Total	**2,802**

PPS Partners that do not classify under the facility types previously mentioned also provided workforce data, but identified themselves as being "Other" facility types with a total of 2,416 FTEs reported.

The 17 reporting "Other" facility types, as previously mentioned, are mainly identified as providing residential / housing services or other community services within the PPS. However, these "Other" facility types reported a fairly large workforce that represents nearly 10% of the PPS's total reported workforce data and are identified as being the fourth largest facility type classification within the PPS.

As detailed in *Exhibit 10*, several of the highest reported job categories within this facility type include Home Health Care (678 FTEs), Administrative Support (324 FTEs), Administrative Staff (287 FTEs), and Behavioral Health (256 FTEs) positions which were primarily reported as being "Other" job titles falling within these job categories.

Exhibit 10: "Other" Facility Types
Total Reported Workforce by DOH Job Category (FTEs)

DOH Job Category	Reported FTEs
Home Health Care	678
Administrative Support	324
Administrative Staff	287
Behavioral Health	256
Social Worker Case Management /Care Management	185
Nursing	171
Other Allied Health	149
Emerging Titles	136
Janitors and Cleaners	99
Nursing Care Managers / Coordinators / Navigators / Coaches	70
Clinical Support	32
Health Information Technology	22
Nurse Practitioners	3
Patient Education	2
Physicians	1
Grand Total	**2,416**

2. Reported FTE Vacancies

PPS partners were asked to report on FTE vacancies, defined as the number of budgeted positions that are vacant but are actively being recruited. The pie chart provides an overall summary of the NYU Lutheran PPS's reported workforce FTE vacancies for all corresponding DOH Job Categories. A total of 1,545 FTE vacancies were reported within the NYU Lutheran PPS.

As detailed in *Exhibit 11*, which reports the total FTE vacancies across all facility types, approximately 25% of the FTE Vacancies within the PPS's workforce are represented by nursing positions with 408 FTE vacancies reported. Other DOH Job Categories which reported significant FTE vacancies include Home Health Care (274 FTE vacancies) and Behavioral Health (197 FTE Vacancies) staff.

Exhibit 11: Total FTE Vacancies Reported Across All Facility Types (By Job Title)
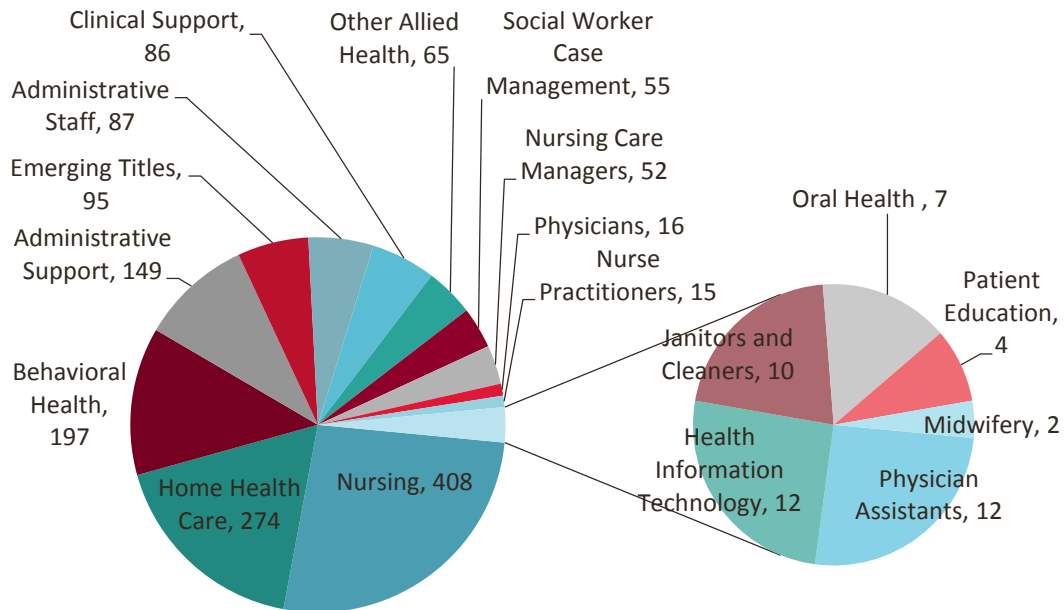
Corresponding to the data provided in *Exhibit 12*, which provides insight into the FTE vacancies reported for the corresponding DOH Job Categories, the following exhibit details the highest reported vacancies by the job titles that fall within each of the DOH Job Categories of Nursing, Home Health Care, and Behavioral Health as these categories represented more than half of the reported vacancies within the PPS. Overall, the highest reported vacancies by job title were identified as being Staff Registered Nurses (181 FTE vacancies) and Per Diem Staff Registered Nurses (145 FTE vacancies) which fall within the Nursing category, Certified Home Health Aides (163 FTE vacancies) which fall within the Home Health Care category, and Social and Human Service Assistants (76 FTE vacancies) which fall within the Behavioral Health category.

Exhibit 12: PPS Job Titles with the Highest Reported FTE Vacancies	
Job Title	Reported FTE Vacancies
Nursing	**408**
Staff Registered Nurses	181
Per Diem Staff Registered Nurses	145
Nurse Managers / Supervisors	25
Other Registered Nurses (Utilization Review, Staff Development, etc.)	24
Licensed Practical Nurses	21
Other	13
Home Health Care	**274**
Certified Home Health Aides	163
Other	68
Personal Care Aides (Level II)	43
Behavioral Health	**197**
Social and Human Service Assistants	76
Other	37
Licensed Masters Social Workers	34
Licensed Clinical Social Workers	32
Psychiatric Nurse Practitioners	5
Other Mental Health / Substance Abuse Titles Requiring Certification	4
Psychiatrists	3
Psychologists	3
Substance Abuse and Behavioral Disorder Counselors	2
Grand Total	**879**

Exhibit 13 through *Exhibit 17* provides details around the reported FTE vacancies for specific facility types. For a more detailed breakout of the reported FTE vacancies by job titles within the DOH Job Categories that are provided in the following exhibits, please reference *Appendix 3*.

Workforce data pertaining to FTE vacancies was reported across all facility types within the PPS with the exception of Article 32 Inpatient facilities and Retail Clinics, as no FTEs / employee headcounts were provided, and Article 32 Outpatient facilities, Pharmacies, and Private Provider Practices, as no FTE vacancies were reported.

The 33 reporting Home Care / Hospices reported the largest number of workforce vacancies, representing approximately 45% of the PPS's total workforce vacancies. Similarly, as mentioned in the FTE vacancy summary, the Nursing, Home Health Care and Behavioral Health positions represent the majority of reported workforce staffing needs.

As detailed in *Exhibit 13*, the Nursing category, which represents the highest number of reported vacancies (286 FTEs), identified Per Diem Staff Registered Nurses (139 FTEs) and Staff Registered Nurses (88 FTEs) as being the highest job vacancies within this category. Staffing needs reported for Home Health Care positions were largely reported as being

Certified Home Health Aides with 163 FTE vacancies reported. Behavioral Health staffing needs were identified as being mainly Licensed Masters Social Workers and Social and Human Service Assistants with 23 FTE vacancies and 17 FTE vacancies respectively reported.

Exhibit 13:Home Care / Hospice
Total Reported Workforce Vacancies by DOH Job Category (FTE Vacancies)

DOH Job Category	Reported FTEs	Reported FTE Vacancies
Nursing	1,617	286
Home Health Care	9,207	166
Behavioral Health	344	58
Administrative Support	1,133	56
Nursing Care Managers / Coordinators / Navigators / Coaches	170	44
Administrative Staff	777	36
Other Allied Health	438	21
Social Worker Case Management / Care Management	15	13
Physicians	32	9
Health Information Technology	188	6
Clinical Support	14	3
Patient Education	18	1
Nurse Practitioners	3	1
Grand Total	**14,003**	**700**

Exhibit 14 describes the reported workforce vacancies for the PPS's Hospital / ED with a total of 148 FTE vacancies reported. Similar to many of the facility types within the PPS, Nursing positions were reported as having the highest number of vacancies (66 FTEs) followed by Clinical Support (27 FTEs). Similar to other facility types, Nursing needs were largely identified as being Staff Registered Nurses with 57 FTE vacancies reported as well as Clinical Support needs being identified entirely as Nurse Aides/Assistants.

Exhibit 14: Hospital / ED
Total Reported Workforce Vacancies by DOH Job Category (FTE Vacancies)

DOH Job Category	Reported FTEs	Reported FTE Vacancies
Nursing	676	66
Clinical Support	256	27
Administrative Support	339	16
Physician Assistants	33	12
Social Worker Case Management / Care Management	23	10
Nurse Practitioners	2	8
Other Allied Health	147	6
Nursing Care Managers / Coordinators / Navigators / Coaches	35	2
Midwifery	0	1
Grand Total	**1,711**	**148**

The 28 reporting Non-Licensed CBOs reported a total of 164 FTE vacancies, as indicated in *Exhibit 15*, with a reported need for primarily Behavioral Health and Emerging Title positions.

Reported Behavioral Health job needs were largely identified as being Licensed Clinical Social Workers (20 FTEs), Social and Human Service Assistants (16 FTEs), and "Other" behavioral health jobs (20 FTEs). Emerging Title position needs were largely identified as being Care Managers / Coordinators with 16 FTE vacancies and "Other" emerging job titles with 15 FTE vacancies reported.

Exhibit 15: Non-Licensed CBOs Total Reported Workforce Vacancies by DOH Job Category (FTE Vacancies)		
DOH Job Category	Reported FTEs	Reported FTE Vacancies
Behavioral Health	1,315	59
Emerging Titles	426	40
Administrative Staff	740	15
Administrative Support	467	14
Social Worker Case Management / Care Management	179	12
Other Allied Health	63	7
Janitors and Cleaners	71	5
Nursing	101	4
Patient Education	3	3
Health Information Technology	36	2
Clinical Support	12	2
Grand Total	3,441	164

Exhibit 16 describes the workforce vacancies reported by the 10 reporting Nursing Homes / SNFs for a total of 103 FTE vacancies. The Nursing Homes / SNFs reported the highest need for Clinical Support, Nursing, and Administrative Support positions.

Clinical Support needs (42 FTEs) were mainly reported as workforce needs for Nursing Aides/ Assistants (CNAs). Nursing needs (21 FTEs) reported by this facility type include Staff Registered Nurses (10 FTE vacancies), Nurse Managers / Supervisors (8 FTE vacancies), and Licensed Practical Nurses (3 FTE vacancies). Administrative Support workforce needs were primarily identified as being Dietary / Food Services, Transportation, and Coding / Billing staff.

Exhibit 16: Nursing Homes / SNFs
Total Reported Workforce Vacancies by DOH Job Category (FTE Vacancies)

DOH Job Category	Reported FTEs	Reported FTE Vacancies
Clinical Support	1,022	42
Nursing	702	21
Administrative Support	500	20
Physicians	22	6
Other Allied Health	159	6
Social Worker Case Management / Care Management	37	3
Oral Health	1	2
Administrative Staff	111	2
Nursing Care Managers / Coordinators / Navigators / Coaches	7	1
Grand Total	**2,802**	**103**

The 17 reporting "Other" facility types also reported a fairly high number of workforce vacancies with 238 FTE vacancies, which represented approximately 15% of the total PPS reported vacancies. Similar to the overall reported PPS workforce needs for Home Health Care and Behavioral Health Staff, the "Other" facility types reported a high number of vacancies for Home Health Care staff (65 FTEs) and Behavioral Health staff (51 FTEs), as detailed in *Exhibit 17*.

Home Health Care staffing needs for "Other" facility types were identified as "Other" home health positions, while Behavioral Health staffing needs include Social and Human Service Assistants, Licensed Clinical Social Workers, Psychologists, and "Other" behavioral health positions.

Exhibit 17: "Other" Facility Types
Total Reported Workforce Vacancies by DOH Job Category (FTE Vacancies)

DOH Job Category	Reported FTEs	Reported FTE Vacancies
Home Health Care	678	65
Behavioral Health	256	51
Emerging Titles	136	24
Administrative Support	324	22
Nursing	171	22
Other Allied Health	149	17
Social Worker Case Management / Care Management	185	12
Administrative Staff	287	10
Nursing Care Managers / Coordinators / Navigators / Coaches	70	5
Janitors and Cleaners	99	5
Clinical Support	32	4
Health Information Technology	22	1
Grand Total	**2,416**	**238**

3. Physician Workforce

The pie chart below provides an overall summary of the NYU Lutheran PPS's reported Physician workforce data with a total of 722 Physician FTEs reported. In order to ensure consistency in the reporting of Physicians across the PPS, Physicians were identified by job titles as being Primary Care Physicians, HIV Specialists, Cardiologist, Emergency Medicine Specialists, Endocrinologists, Obstetricians / Gynecologists, Pediatricians, Other Specialties, Residents, and Fellows. For purposes of completing the workforce survey, Hospitals and SNFs were asked to only report on employed Physicians, meaning those Physicians on payroll and contracted Physicians. Hospitals and SNFs were asked to exclude voluntary or attending Physicians as they would be reported by the organization that provides their compensation. Complete job title definitions and education / training requirements for each Physician job title have been included in *Appendix 1* for additional reference.

As detailed in *Exhibit 18*, which indicates the total reported Physician workforce across all facility types (by FTE), more than 70% of the PPS's Physicians are employed by Article 28 D&TCs, including the PPS's Safety Net FQHCs. The next highest employer of Physicians is the Hospital / ED with 144 FTEs reported, followed by Home Care / Hospice with 32 FTEs and Nursing Homes / SNFs with 22 FTEs.

Exhibit 18: Total Reported Physicians by Facility Type (FTE)
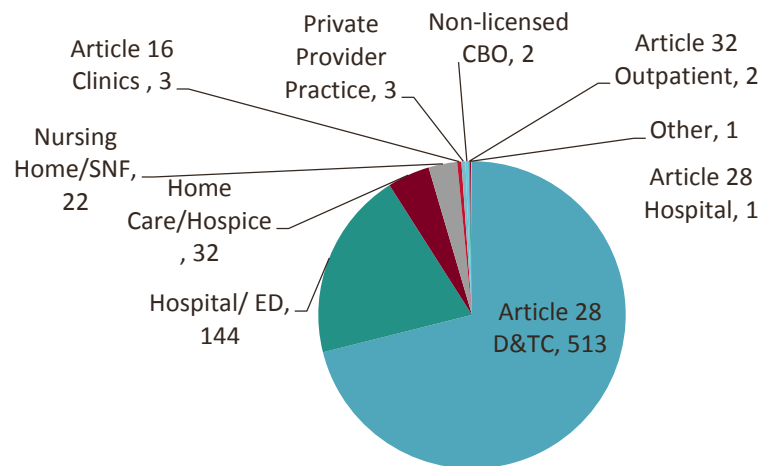
In addition to the number for Physician FTEs reported across each facility type, *Exhibit 19* provides a summary of the various job titles and the numbers of corresponding FTEs reported by the PPS Partners under the DOH Job Category of Physicians. As indicated within the table, which excludes reported Resident FTEs, Primary Care (68 FTEs) and Pediatricians (33 FTEs) are the highest reported Physician job titles. Based on the data reported, the Primary Care Physicians and Pediatricians are mainly reported as working at Article 28 D&TCs including the PPS's Safety Net FQHCs.

Exhibit 19: Total Reported Physicians by Job Title (FTEs)[3]

Physician Job Titles	Reported FTEs
Primary Care	68
Pediatrician (General)	33
Other Specialties (Except Psychiatrists)	26
Obstetricians / Gynecologists	21
Primary Care (HIV)	15
Fellows	8
Cardiologists	1
Grand Total	**172**

As detailed in *Exhibit 20*, a total of 54 Physician Assistants were reported across the PPS's network, with the Hospital / ED reporting the highest workforce of Physicians Assistants with a total of 33 FTEs reported, followed by the Article 28 D&TCs and Nursing Homes / SFNs.

Exhibit 20: Total Reported Physician Assistants by Facility Type (FTEs)

Physician Job Titles	Reported FTEs
Hospital / ED	33
Article 28 D&TC	14
Nursing Home / SNF	7
Grand Total	**54**

4. Nursing Workforce

The following pie chart provides an overall summary of the NYU Lutheran PPS's reported nursing workforce with a total of 3,398 Nursing FTEs reported, representing more than 12% of the PPS's total reported workforce.

As detailed in *Exhibit 21*, which indicates the total reported nursing workforce across all facility types (by FTE), nearly 50% of the PPS's Nurses are employed by Home Care / Hospices with 1,617 FTEs reported. The next highest employers of the PPS's nursing workforce are by Nursing Homes with 702 FTEs and the Hospital/ED with 676 FTEs.

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[3] For the purposes of this analysis, the 550 reported Resident FTEs have been removed from this table in order to report solely on the PPS's Physician workforce by job title. Please note the 550 Resident FTEs were primarily reported by Article 28 D&TC facilities which include the PPS's Safety Net FQHCs.

Exhibit 21: Total Reported Nurses by Facility Type (FTEs)
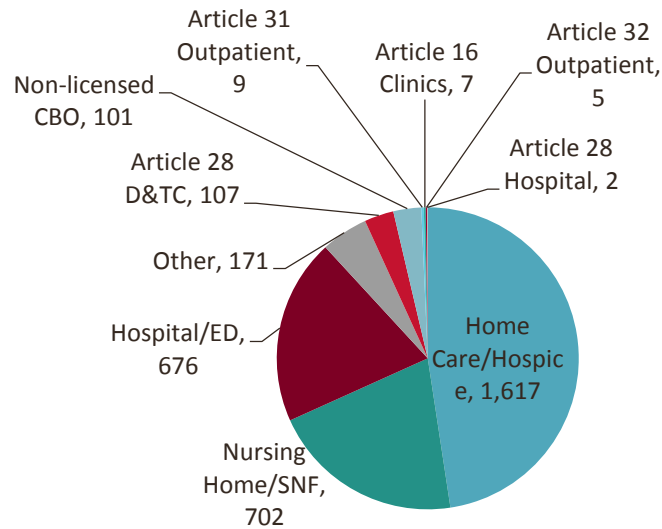
In addition to the number of nursing FTEs reported for each facility type within the PPS, *Exhibit 22* provides an overall summary of the various nursing job titles and corresponding FTEs reported by the PPS Partners under the DOH Job Category of Nursing. As the exhibit indicates, the majority of the nursing FTEs are identified as being Staff Registered Nurses (2,210 FTEs) and are largely employed by Home Care / Hospices. Licensed Practical Nurses are the next highest reported nursing job titles with 538 FTEs and are largely employed by Nursing Homes / SNFs.

Exhibit 22: Total Reported Nurses by Job Title (FTEs)

Nursing Job Titles	Reported FTEs
Staff Registered Nurses	2,210
Licensed Practical Nurses	538
Nurse Managers / Supervisors	279
Other Registered Nurses (Utilization Review, Staff Development, etc.)	204
Other	114
Per Diem Staff Registered Nurses	53
Grand Total	**3,398**

As detailed within *Exhibit 23*, a total of 71 NP FTEs were reported across the NYU Lutheran PPS's workforce with Article 28 D&TCs which include the PPS's Safety Net FQHCs reporting the highest number of NPs with 54 FTEs, followed by Article 28 Hospitals, "Other" facility types and Home Care / Hospices.

Exhibit 23: Total Reported Nurse Practitioners by Job Title (FTEs)

Nursing Job Titles	Reported FTEs
Diagnostic & Treatment Center (Article 28)	54
Hospital Outpatient Clinic (Article 28)	4
Other	3
Home Care / Hospice	3
Hospital / ED	2
Nursing Home / SNF	2
Clinics (Article 16)	2
Non-licensed CBO	1
Grand Total	**71**

5. Clinical Support Workforce

The following pie chart provides an overall summary of the NYU Lutheran PPS's reported Clinical Support Staff with a total of 1,567 FTEs reported. Clinical Support staff includes Medical Assistants, Nurse Aides / Assistants, Patient Care Technicians, and "Other" Clinical Support job titles and represents approximately 5% of the PPS's total reported workforce.

As detailed in *Exhibit 24*, which indicates the total reported Clinical Support workforce across all facility types (by FTEs), approximately 65% of the PPS's Clinical Support staff is employed by Nursing Homes / SNFs with 1,022 FTEs reported. The next highest employers of Clinical Support staff are reported by the Hospital / ED and Article 28 D&TCs including the PPS's Safety Net FQHCs, with 256 FTEs and 206 FTEs, respectively.

Exhibit 24: Total Reported Clinical Support Staff by Facility Type (FTEs)
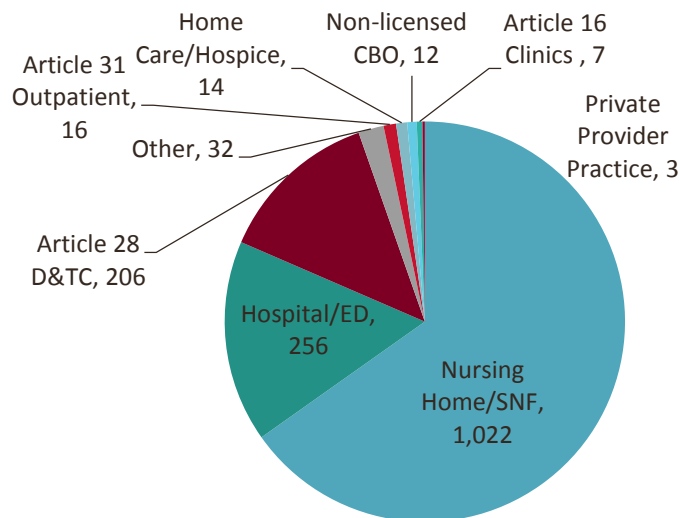
In addition to the number of Clinical Support staff reported by each facility type, *Exhibit 25* provides an overall summary of the various Clinical Support job titles and the corresponding FTEs associated with each job title. As the exhibit indicates, more than 80% of Clinical Support FTEs reported are identified as being Nurse Aides / Assistants or 1,282 FTEs, with most of them being staffed at Nursing Homes / SNFs.

Exhibit 25: Total Reported Clinical Support Staff by Job Title (FTEs)

Clinical Support Job Titles	Reported FTEs
Nurse Aides / Assistants (CNAs)	1,282
Medical Assistants	210
Other	38
Patient Care Techs (Associates)	36
Grand Total	**1,567**

Further details around reported years of experience and minimum degree requirements for Clinical Support Staff are described in *Exhibit 33* and *Exhibit 34*.

6. Behavioral Health Workforce

The following pie chart provides an overall summary of the NYU Lutheran PPS's reported Behavioral Health workforce with a total of 2,248 FTEs reported. The Behavioral Health reported workforce represents approximately 8% of the PPS's total reported workforce.

As detailed in *Exhibit 26*, which indicates the total reported Behavioral Health workforce across all Facility Types, nearly 60% of the PPS's reported Behavioral Health workforce is employed by Non-licensed CBOs with 1,315 FTEs reported.

Exhibit 26: Total Behavioral Health Workforce by Facility Type (FTEs)
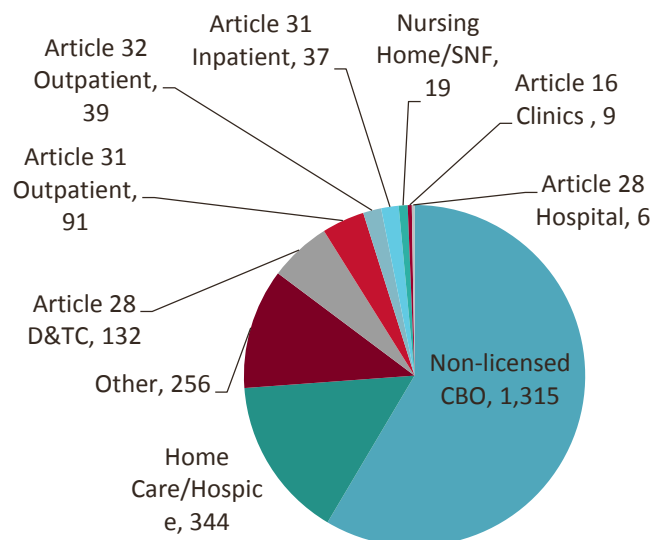
In addition to the number of Behavioral Health FTEs reported across each facility type, *Exhibit 27* provides an overall summary of the various Behavioral Health job titles and the corresponding FTEs reported by the PPS Partners under the DOH Job Category of Behavioral Health. As the exhibit indicates 60% of the Behavioral Health FTEs are identified as being Social and Human Services Assistants (1,358 FTEs) and are primarily reported as working for Non-licensed CBOs.

Exhibit 27: Total Reported Behavioral Health Workforce by Job Title (FTEs)

Behavioral Health Job Titles	Reported FTEs
Social and Human Service Assistants	1,358
Licensed Masters Social Workers	329
Other	162
Licensed Clinical Social Workers	154
Other Mental Health / Substance Abuse Titles Requiring Certification	67
Psychiatrists	66
Psychologists	60
Substance Abuse and Behavioral Disorder Counselors	38
Psychiatric Nurse Practitioners	15
Grand Total	**2,248**

7. Care Management Workforce

The following bar chart provides an overall summary of the NYU Lutheran PPS's reported Care Management workforce which is inclusive of reported Emerging Title positions, Nursing Care Managers, and Social Worker Case Management positions for a total of 1,781 FTEs reported or approximately 6% of the PPS's total reported workforce by FTE.

As detailed in *Exhibit 28*, which indicates the total reported Care Management workforce across all facility types (by FTE), Emerging Title positions represent nearly 50% of the total Care Management Workforce with 836 FTEs reported.

Exhibit 28: Total Care Management Workforce (by DOH Job Category) (FTE)
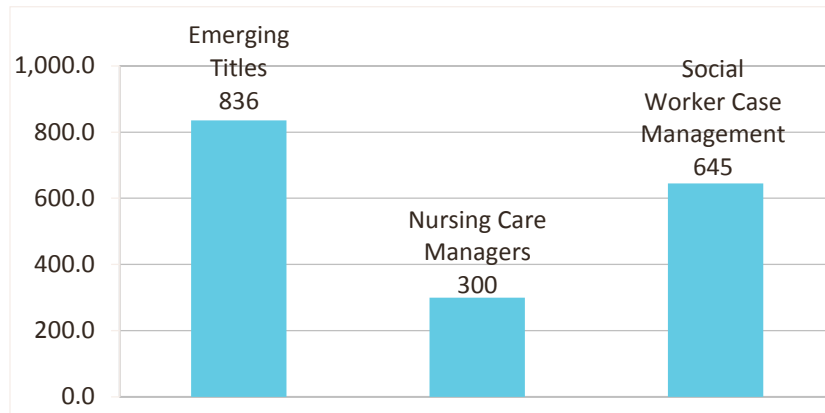
Exhibit 29 provides job titles and reported FTEs for those positions that are included under the DOH Job Category for Emerging Titles which are mainly represented by Care Managers / Coordinators (569 FTEs) and are reported to provide services mainly at Non-licensed CBOs and Article 31 Outpatient Clinics.

Exhibit 29: Total Reported Emerging Titles by Job Title (FTEs)

Emerging Job Titles	Reported FTEs
Care Manager / Coordinator	569
Other	166
Patient or Care Navigator	47
Community Health Worker	29
Peer Support Worker	25
Grand Total	**836**

Exhibit 30 provides job titles and reported FTEs for those positions that are included under the DOH Job Category for Nursing Care Managers which are mainly represented by RN Care Coordinators / Case Managers / Care Transitions staff (251 FTEs) and are mainly reported to provide services at Home Care / Hospice settings.

Exhibit 30: Total Reported Nursing Care Managers by Job Title (FTEs)

Nursing Care Manager Job Titles	Reported FTEs
RN Care Coordinators / Case Managers / Care Transitions	251
Other	28
LPN Care Coordinators / Case Managers	21
Grand Total	**300**

Exhibit 31 provides job titles and reported FTEs for those positions that are included under the DOH Job Category for Social Worker Case Management which are mainly represented by Licensed Masters Social Workers (223 FTEs) and are reported to provide services at Non-licensed CBOs and in Home Care / Hospice settings.

Exhibit 31: Total Reported Social Workers by Job Title (FTEs)

| Social Worker Job Titles	Reported FTEs
Licensed Masters Social Workers	223
Social Worker Care Coordinators / Case Managers / Care Transition	168
Bachelors Social Workers	142
Licensed Clinical Social Workers	63
Other	50
Grand Total	**645**

Further details around reported years of experience and minimum degree requirements for Care Management Staff are described in *Exhibit 33* and *Exhibit 34.*

8. Non-licensed CBOs

The following pie chart provides an overall summary of the NYU Lutheran PPS's reported Non-licensed CBO workforce across DOH Job Categories with a total of 3,441 FTEs reported and making up approximately 12% of the PPS's total reported workforce. As indicated in *Exhibit 32*, Behavioral Health workforce makes up nearly 40% of the PPS's Non-licensed CBO workforce with 1,315 FTEs reported, followed by Administrative Staff (740 FTEs), Administrative Support (467 FTEs) and Emerging Titles Staff (426 FTEs).

Additionally and similar to Section II.6 which describes the PPS's reported current state for Behavioral Health workforce across all facility types, the Non-licensed CBOs also report being the largest employers of the PPS's Behavioral Health workforce across all facility types.

Exhibit 32: Total Reported Non-licensed CBO Workforce by Job title (FTE)
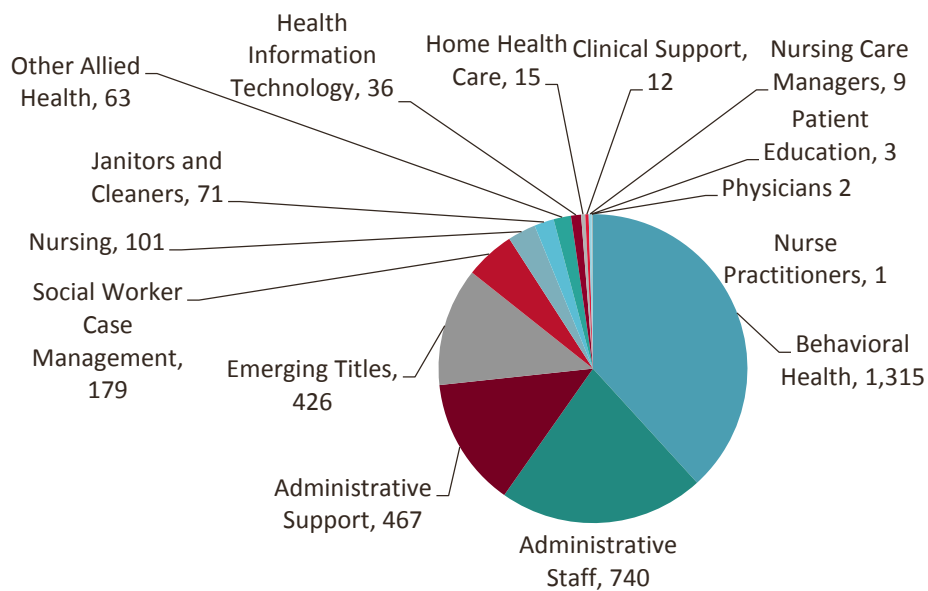
9. Agency & Temporary Staff by Job Title

In addition to reporting on the employed workforce, PPS Partners were asked to provide details around Agency / Temporary Staff in the form of total headcount, total hours, or total FTEs in order to provide an approximate understanding of the PPS's current workforce state pertaining to Agency / Temporary Staff. *Exhibit 35*, below, provides a summary of the aggregated Agency / Temporary Staff reported across all facilities with the exception of Article 16 Clinics, Article 31 Inpatient, Article 32 Inpatient and Outpatient, Pharmacies, Private Provider Practices, and Retail Clinics as no Agency / Temporary Staff data was reported by these facilities.

The Agency and Temporary Staff data is categorized by the DOH provided Job Categories, and most job categories employ at least some level of Agency / Temporary Staff with the exception of Emerging Title Positions and Midwives, which were not reported.

Based on review of the data, Home Health Care job titles have the highest reported Agency / Temporary Staff based on total reported headcount while Other Allied Health job titles had the highest total reported hours accrued by Agency / Temporary Staff.

However, it should be noted that PPS Partners individually reported Agency / Temporary Staff data based on how this data is reported by each of the PPS Partners' human resource systems and thus one Partner may have only reported this data by total hours while another Partner may have only reported this data by Headcount or FTE.

Exhibit 33: PPS Reported Agency / Temporary Employee Data by Job Title (Headcount, Total Hours or FTEs)

Job Title	Headcount	+	Total Hours	+	FTEs
Administrative Staff	11	+	1,820	+	1
Administrative Support	18	+	3,927	+	6
Behavioral Health	414	+	2,081	+	77
Clinical Support	134	+	71	+	-
Health Information Technology	28	+	2,207	+	19
Home Health Care	2,488	+	225	+	51
Janitors and Cleaners	16	+	2,116	+	4
Nurse Practitioners	6	+	38	+	2
Nursing	150	+	2,191	+	3
Nursing Care Managers / Coordinators / Navigators / Coaches	1	+	35	+	1
Oral Health	4	+	2,080	+	1
Other Allied Health	146	+	47,876	+	66
Patient Education	2	+	31	+	1
Physician Assistants	2	+	30	+	-
Physicians	39	+	81	+	-
Social Worker Case Management / Care Management	7	+	39	+	1

C. Current Workforce State Survey Summary

The data reported throughout Section II provides an overview of the NYU Lutheran PPS's current workforce state as reported by PPS partners that participated in the survey and will be leveraged by the PPS to facilitate workforce planning throughout the DSRIP program. As previously described, the PPS's total reported workforce state includes a headcount of 46,237 individuals or approximately 27,730 FTEs. Based on the data reported over 50% of the PPS's workforce is represented by staff employed by Home Care / Hospices. Other major workforce employers include Non-licensed CBOs, "Other" facility types, and Nursing Homes / SNFs. Of the data reported, the hospital / ED workforce comprises approximately 6% of the PPS's total workforce.

While Home Care / Hospices represent the largest workforce employers in the PPS, based on the data reported, the Home Health Care job titles are also the most represented jobs within the PPS with over 10,200 FTEs reported followed by Nursing, Administrative Support, Administrative Staff, and Behavioral Health jobs.

The PPS Partners also reported on FTE vacancies occurring within the PPS's workforce. Based on the data provided, approximately 25% of FTE vacancies are represented within the PPS's Nursing Staff with 408 FTE vacancies reported, followed by Home Health Care and Behavioral Health staffing vacancies. Further, based on the data provided, while Home Care / Hospices are the reported largest employers by facility types within the PPS, they also report the highest workforce vacancies across the PPS's various facility types with approximately 45% of the FTE vacancies reported.

The PPS also collected additional workforce data including minimum job requirements related to minimum years of experience and minimum degree requirements, CBA status, and Agency/ Temporary Staff for specific job titles to further inform the PPS's workforce planning efforts throughout the DSRIP program.

D. Other Factors Impacting the NYU Lutheran PPS Workforce

This section of the current workforce state report aims to provide further insights around the PPS's infrastructure including identified weaknesses and strength in terms of staffing, labor relations, and cultural competency and health literacy that may impact as well as inform workforce planning throughout the five year DSRIP program.

1. Staffing

As part of initial planning for the DSRIP program, the NYU Lutheran PPS conducted a community needs assessment ("CNA") which identified existing workforce shortages within the PPS's Partner network that can potentially impact project implementation if not addressed. Primarily, the shortage and lack of accessibility to Primary Care Providers ("PCPs") throughout the borough were identified. Additionally, not only were PCPs identified as being

difficult to access due to inconvenient locations and a lack of available office hours, but the CNA also found that primary care sites throughout the borough lacked providers with culturally and linguistically appropriate training for their patients. The CNA also found a shortage of behavioral health and substance abuse providers and that patients observed a shortage of mental health and substance abuse workforce in the borough which has led to unmet care needs of Brooklyn residents. As part of the PPS's plan to increase primary care and Patient Centered Medical Home ("PCMH") capacity as well as implementation of the co-location of primary care and behavioral health service, these workforce shortages as well as convenient access to appropriate care providers will need to be addressed.

In addition, during the initial planning phases, the PPS also conducted a cultural competency and health literacy assessment to survey the workforce's current state regarding cultural competency and health literacy capabilities. While 77.4% of PPS Partners reported that their organization's recruitment is prioritized around the needs of the patient/client community being served, a number of respondents to the CNA reported that the borough needed to improve upon language and cultural competency capabilities across providers and support resources to address certain patients' health and social service needs more appropriately.

However, despite the workforce shortages identified, the PPS has also identified existing staffing resources and training programs within its network that can be leveraged to support workforce training and development needs. As the designated lead for the PPS, the NYU Lutheran Medical Center and NYU Langone Medical Center have significant expansive infrastructure and staffing resources that can be leveraged to support identified workforce shortages as well as project implementation needs and thus the PPS does not anticipate a significant increase in new hires or retrained/redeployed staff to support DSRIP project infrastructure. Existing resources, include, for example, the NYU Lutheran Family Health Center's ("LFHC") Community Case Management Program's network of community resource partnerships including the New York State Office of Alcoholism and Substance Abuse Services ("OASAS") and New York State Office of Mental Health ("OMH") can be leveraged to provide appropriate workforce training to the PPS's workforce in population health management and care coordination. The PPS also has access to the Center for Health Innovation and Delivery Science's rapid cycle evaluation unit, as part of NYU Langone's Department of Population Health, to ensure continuous quality improvement including addressing workforce training and development needs. Further, as part of existing relationships with the unions, the PPS leverages ongoing workforce training and education programs at PPS Partner sites to train the PPS's workforce in new models of care including emerging titles as well as allied health job titles and physicians.

2. Labor Relations / Collective Bargaining Agreements

The PPS's workforce is comprised of unionized workers including members of 1199SEIU, New York State Nurses Association, and United Federation of Teachers. As a result of broad union representation, the current state survey collected data around the reported CBA coverage (based on percentage reported) of job titles within each facility type. When completing the

current state survey, PPS Partners were instructed to indicate "Yes" if a certain job title was covered by a CBA. Those PPS Partners who indicated job titles as having CBAs were calculated based on a percentage of the total job titles reported for a certain facility type. Thus if a job title indicates a CBA status of 100% then all PPS workforce with that job title are reported as being covered by CBAs at a particular facility type. However, if for example, a job title indicates a CBA status of 50%, then half of the reported workforce with that job title is covered by CBAs at the particular facility type.

Most facility types reported a varying range of CBA coverage for job titles with the exception of Article 28 Hospitals and the Hospital / ED which reported 100% CBA coverage for all reported workforce employed at these two facility types.

However, with regard to nursing positions across the facility types, there was greater variation in terms of CBA status reporting. For example, across all facility types reporting Nursing staff, no CBA coverage was reported for Nurse Managers / Supervisors, while Licensed Practical Nurses were reported as having 100% CBA coverage at Article 31 and Article 32 Outpatient facilities, in addition to Article 28 Hospitals and the Hospital / ED. Licensed Practical Nurses also reported varying ranges of CBA coverage at Article 28 D&TCs, Home Care/ Hospice, Non-licensed CBOs, Nursing Homes / SNFs, and "Other" facility types. Further details pertaining to facility types' reported CBA coverage for specific job titles are detailed in *Appendix 4*.

The Appendix provides CBA statuses based on reported percentages for most facility types with the exception of Article 16 Clinics, Article 31 Inpatient, Article 32 Inpatient, Pharmacies, Private Provider Practices, and Retail Clinics which did not report CBA status for any job titles.

3. Cultural Competency and Health Literacy

Other factors that may impact the NYU Lutheran PPS in terms of workforce planning are the implementation of cultural competency and health literacy programs to provide relevant training to the PPS's workforce. As previously described and independent of the current workforce state results reported within this document, the NYU Lutheran PPS's cultural competency and health literacy assessment found that approximately 81% of PPS Partners reported offering specific training to staff to serve diverse cultural and ethnic groups as well as capabilities to provide care to patients' in their preferred language. Further, 43% of PPS Partners reported offering training / testing to workforce who indicated wanting to communicate with patients in languages other than English while 60% of PPS Partners reported a desire to receive more cultural competency and health literacy training programs.

The NYU Lutheran PPS, including the hospital and many of the PPS Partners, have developed a longstanding presence for providing culturally competent services within the Brooklyn community. For example, several of the PPS's Federally Qualified Health Centers ("FQHCs") offer services and have trained staff specifically to address the care needs of the Latino, Chinese, and Caribbean communities. Additionally, the PPS network contains culturally and

ethnically sensitive CBOs including the Caribbean Women's Health Association, the Brooklyn Perinatal Network, and the Ridgewood-Bushwick Senior Citizen's Council.

Further, NYU Lutheran Medical Center's infrastructure contains a chapel, mosque, Bikor Cholim room, and Sabbath elevators, as well as specific units in the inpatient facility and nursing home that are staffed with care givers that can speak Chinese. In addition, the hospital along with the Vice President of Cultural Competency has developed and implemented best practices to ensure cultural sensitivity including recruitment and training of workforce from the local community, new hire and refresher courses on cultural competency, brief trainings as part of morning "huddles" and monthly discussion groups, bilingual-bicultural patient advocates, and a medical translation program supported by unified standards and policies. Also, all of the hospital's multilingual staff are required to pass oral fluency tests to ensure language competency. These identified resources and programs can be leveraged as part of the PPS's workforce planning to address cultural competency and health literacy training needs.

III.   Target Workforce State Assessment Overview

A.   Target Workforce State Assessment Approach

The Target Workforce State developed for the NYU Lutheran PPS identifies the PPS's projected workforce needs by the end of the DSRIP program in 2020. Findings and project impacts from the report are summarized within this section on an individual DSRIP project basis and any existing workforce gaps between the current and future workforce state are detailed in the Gap Analysis Report.

Similar to the current workforce state assessment, as detailed above, the NYU Lutheran PPS's target workforce state was conducted in collaboration with key PPS stakeholders as well as Workforce Consortium members (OneCity Health PPS, Community Care of Brooklyn PPS, NYU Lutheran PPS, and Bronx Partners for Healthy Communities PPS) to ensure that workforce needs and impacts of the DSRIP projects were being evaluated consistently across the PPSs in order to develop a comprehensive analysis of each PPS's target workforce state in its corresponding service area. NYU Lutheran PPS stakeholders, including DSRIP Project Managers and Clinical Workgroup Members, provided significant input into the DSRIP project impacts and assumptions made to inform the projection of the PPS's target workforce state. Further, data from external databases including local, state and national surveys; medical claims databases; published literature; and the Health Care Demand Microsimulation Model ("HDMM") were leveraged to inform the target workforce state projections.

In order to model and project the estimated workforce impacts of the DSRIP projects on the PPS's current workforce, the following primary research questions were considered:

1. How many patients will be affected by this intervention?
2. What are the current health care utilization patterns of affected patients, and how will this initiative change care utilization patterns?
3. What mix of providers will be used to implement the intervention and meet future patient demand for services?
4. Will the project, as designed, materially impact the region's healthcare delivery workforce?

Target Workforce State Summary Findings

As the DSRIP program progresses over five years, the demand for health care workforce within the NYU Lutheran PPS's network will continue to evolve as DSRIP projects are implemented, impacts of those projects are realized, and as external factors, such as demographic changes, outside of the DSRIP program evolve. It is worth noting that although this analysis was conducted using best efforts and project implementation assumptions to model workforce impacts over the DSRIP program, the target workforce state described within this report is a

projection of the target workforce state to inform the PPS's workforce planning, and workforce needs will be continually reevaluated as project impacts are realized overtime.

As summarized in *Exhibit 34,* the PPS's estimated target workforce state staffing impacts by 2020 taking into account the anticipated results of the DSRIP program as well as anticipated demographic and health care coverage changes independent of DSRIP across the PPS's care settings and key job categories. The following summarizes the projected impacts to the PPS's workforce based on projected modeling outputs.

By 2020, due to the combined impacts of a growing and aging population, expanded medical insurance coverage under Affordable Care Act ("ACA"), and DSRIP-related impacts, the PPS's workforce may potentially realize a decreased demand for health care providers for certain job titles.

It is estimated that overall workforce demands, independent of the DSRIP program, are projected to grow by approximately 103 FTEs overall, the projected impact of DSRIP implementation alone is estimated to increases the demand for health providers in the PPS's network by approximately 208 FTEs. Resulting in a net increases of approximately 311 FTEs overall.

The greatest projected workforce impacts, taking into account both DSRIP and non-DSRIP related impacts, are estimated to take place among the Non-Nursing Care Navigators workforce Registered Nurse's in the hospital inpatient setting and among Primary Care Providers ("PCPs") and Support Staff in both outpatient and community-based settings.

Registered Nurses

While the impact in demand for RNs as a result of the DSRIP program may result in an estimated decline in demand of approximately 14.5 FTEs, the demand for RNs as a result of non-DSRIP related impacts (market changes and overall population growth) may offset this projected decline with an increase in demand for workforce. Taking both DSRIP and non-DSRIP impacts into account, the total estimated demand for RNs is projected to increases by approximately 20.5 FTEs. In addition, an ongoing change occurring throughout DY2 that will have an impact to the PPS's overall care utilization patterns in the ED and inpatient setting is due to the planned closing of Mount Sinai Beth Israel.

As a result of the hospital's closure, NYULMC is anticipating that providers including PPS Partner ODA Primary Health Care Network will begin to redirect patients including obstetrics patients to NYULMC for inpatient care. By redirecting these patients, NYULMC anticipates an increase in inpatient utilization thus only further increasing the demand for inpatient staff including nurses. Further, as described in the Current Workforce State, PPS Partners have reported a high number of FTE vacancies across nursing positions in the PPS's network suggesting that shortages may already exist for RNs.

Primary Care Providers

Workforce impacts independent of the DSRIP program, such as increased healthcare service utilization as a result of the ACA, are estimated to drive an increase in demand for Physicians in Brooklyn by approximately 4% from 2015 to 2020. Taking into account NYU Lutheran PPS's estimated market share in Brooklyn, the increase in demand for Physician FTEs is projected to be approximately 20 FTEs, of which 11 FTEs are estimated to be PCPs. Additionally, due to anticipated population growth and an aging population, a projected increase in demand for mid-level PCPs is approximately 2-3 FTEs. Also, as a result of DSRIP program impacts, an increase in demand for 10 additional PCPs is estimated, resulting in an overall projected increase of 21 PCP FTEs due to both DSRIP and non-DSRIP impacts by 2020. Based on the described projections, any DSRIP-related impacts in terms of workforce demand should be understood in the context of broader health care utilization trends affecting the demand for health care services and providers.

Further, an estimated increase in demand for approximately 38 FTEs for Administrative Support and approximately 36.5 FTEs for Medical Assistants is also projected to potentially staff primary care and other outpatient settings to address DSRIP-related needs, population growth, an aging population, and expanded medical insurance coverage as a result of the ACA.

Care Coordinators and Patient Navigators

An increase in demand related to DSRIP program impacts for Care Coordinators / Patient Navigators is projected to increase by approximately 166 FTEs. This workforce impact is largely anticipated due to the estimated staffing needs associated with the PPS's implementation of a Patient Navigation Center ("PNC") as a result of planned implementation of Project 2.c.i to develop community-based health navigation services.

As a result of the PNC's overall project implementation goals, the PPS anticipates that implementation of Project 2.c.i is likely to provide the greatest workforce staffing impact. The calculated impact of this project on the utilization of health care services and workforce demands is estimated to be larger than the calculated impacts of any other DSRIP project being implemented by the PPS, primarily due to the high patient engagement target associated with this project (2,715 actively engaged lives in 2017 to 27,150 actively engaged lives by 2020) as well as the anticipated need to staff the PNC as it is being implemented.

Care Managers and Health Educators

The projected increase in the demand for Care Managers and Licensed Health Educators, as well as Care Coordinators / Navigators reflects the enhanced roles of these professions under the DSRIP program. As a result, there may potentially be opportunities to redeploy staff from inpatient settings where service demand is projected to decline to assume these new roles.

Please note, for comparison purposes of the projected target workforce staffing impacts, *Exhibit 34* and *Exhibit 35* have been provided. *Exhibit 34* details the projected workforce

impacts of the PPS's future state in 2020, while *Exhibit 35* summarizes the reported current workforce state by reported FTEs and vacancy rates for the job titles. As detailed within *Exhibit 35*, the current state workforce findings were aggregated across various reported job titles and facility types to align with the care settings and job categories indicated within *Exhibit 34* and throughout the projected workforce findings for each DSRIP project[4].

However, the numbers being reported do not include the PPS's total reported workforce for all job titles. For reference, the PPS's Current Workforce State provides details around the reported current workforce with a reported workforce of 46,237 (by headcount) or 27,730 FTEs.

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[4] Care Settings Reported:
The Primary Care and Community-based Setting section includes current workforce state findings for Article 31 Outpatient, Article 32 Outpatient, Article 28 D&TCs, Home Care / Hospice, Article 28 Hospital, Non-licensed CBOs, Private Provider Practices, Pharmacies, Retail Clinics, and "Other" Facility Types.
The Emergency Department ("ED") and Hospital Inpatient sections of the table are inclusive of reported current workforce state findings for Article 31 Inpatient, Article 32 Inpatient, and Hospital Inpatient / ED facility types.
The Nursing Home / SNF section is inclusive of reported current workforce for the PPS's Nursing Homes and SNFs.
The Care Managers / Coordinators / Navigators / Coaches section of the table are inclusive of all facility types.

Job Titles Reported:
Certain job categories in the table include aggregates of similar job titles:
The Psychiatrists / Psych Nurses category includes reported FTEs for Psychiatrists, Psychiatric Nurse Practitioners, and Psychiatric Tech Aides.
The Clinical Social Workers job category is inclusive of reported FTEs for Licensed Clinical Social Workers, Bachelors Social Workers, Licensed Masters Social Workers, Licensed Clinical Social Workers, and Social Worker Care Coordination / Case Managers / Care Transition job titles.
The Registered Nurses job category includes Nurse Managers / Supervisors, Staff Registered Nurses, Other Registered Nurses, and Per Diem Staff Registered Nurses.
The Administrative Support Staff category includes Office Clerks, Secretaries and Administrative Assistants, Coders / Billers, Dietary / Food Services, Financial Service Representatives, Housekeeping, Medical Interpreters, Patient Service Representatives, and Transportation positions.
The Specialist category includes Cardiologists, Endocrinologists, Obstetricians / Gynecologists, and Pediatricians.
The Nurse Coordinator Leaders job category includes LPN Care Coordinators / Case Managers and "Other" related job titles.

Exhibit 34: NYU Lutheran PPS Total Projected DSRIP Staffing Impacts

Setting and Job Category	Non-DSRIP Impacts	DSRIP-related Impacts	Total Impacts
Primary and Community-Based Settings			
Primary Care Providers	11	10	21
Cardiologists	2	-	2
Endocrinologists	0.5	0.5	1
Psychiatrists / Psychiatric Nurses	1.5	1	2.5
Psychologists	4.5	-	4.5
Clinical Social Workers	-	9.5	9.5
Registered Nurses	6	5.5	11.5
Medical Assistants	19.5	17	36.5
Administrative Support Staff	18.5	19.5	38
ED			
Emergency Physicians	-	-3	-3
NPs & PAs	-	-0.5	-0.5
Registered Nurses	1.5	-11	-9.5
Hospital Inpatient			
Hospitalists	0.5	-0.5	-
Registered Nurses	27.5	-9	18.5
Licensed Practical Nurses	3.5	-0.5	-3
Nurse Aides / Assistants	6.5	-2.5	4
Care Managers / Coordinators / Navigators / Coaches			
Nurse Coordinator Leaders	-	15	15
Non-Nursing (CHWs)	-	151	151
Diabetes Educators	-	1.5	1.5
Asthma Educators	-	4.5	4.5
Total FTEs	**103**	**208**	**311**

Exhibit 35: NYU Lutheran PPS Current State Reported Workforce

Job Category	Reported Workforce(FTEs)	Reported FTE Vacancy Rate
Primary and Community-Based Settings		
Primary Care Providers	61.1	1.6%
Cardiologists	1.1	-
Endocrinologists	0.2	-
Psychiatrists / Psychiatric Nurses	70.5	11.2%
Psychologists	36.3	1.1%
Clinical Social Workers	784.6	10.7%
Registered Nurses	1,595.3	17.2%
Medical Assistants	209.5	3.3%
Administrative Support Staff	2,137.4	4.2%
Hospital Inpatient & ED		
Emergency Physicians	-	-
Primary Care Physicians	-	-
Specialists (except Psych)	0.5	-
Residents and Fellows	143.1	-
Physician Assistants	33.3	36.0%
Registered Nurses	675.0	9.6%
Licensed Practical Nurses	1.0	100.0%
Nurse Aides	225.1	12.0%
Nurse Practitioners	2.2	363.6%
Care Managers / Coordinators / Navigators / Coaches		
Nurse Coordinator Leaders	48.9	89.8%
RN Care Coordinators	250.8	3.2%
Care Coordinators (non-RN)	568.9	8.6%
Diabetes Educators	3.0	-
Asthma Educators	3.0	-
Nursing Homes / SNFs		
Primary Care Physicians	20.7	29.0%
Specialists (except Psych)	1.0	-
Physician Assistants	6.6	-
Registered Nurses	346.6	5.2%
Licensed Practical Nurses	350.0	0.9%
Nurse Aides	1,014.7	4.0%
Nurse Practitioners	2.0	-
Total FTEs	**8,592.4**	**9%**

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IV.   Workforce Gap Analysis

A. Workforce Gap Analysis Overview

As described throughout this report, NYU Lutheran PPS's current workforce both as a result of the DSRIP program and general population growth is projected to be impacted over the next five years.

The purpose for conducting a workforce gap analysis, as part of the DSRIP Workforce Strategy Milestones, is to identify and understand the gaps that exist within NYU Lutheran PPS's workforce by leveraging the findings described within this report from the current workforce state as well as projected workforce impacts as described within the PPS's Target Workforce State Report to inform the PPS's overall workforce strategy.

NYU Lutheran PPS's workforce gap analysis identifies gaps between the current and target workforce states and will be leveraged by the PPS to understand and forecast workforce needs in terms of redeployment, retraining, and new hire needs.

Further, the gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap which will be used to assist the PPS with workforce planning to reach its target workforce state by the end of the program.

The following sections detail identified workforce gaps, leveraging projected impacts from the Target Workforce State Report, and describe factors that are responsible for workforce gaps.

B. Non-DSRIP Related Workforce Impacts

In addition to the anticipated workforce impacts as part of the DSRIP program, the demand for health care services and providers within the PPS's network will likely change over time as trends independent of the DSRIP program, such as changing population demographics, evolve.

As part of the approach for projecting the PPS's target workforce state, non-DSRIP related impacts were projected to understand the change in demand for physician specialties and other health occupations in Brooklyn based on projected population characteristics such as increased service utilization as a result of a growing and aging Medicare population and expanded medical insurance coverage under the ACA. These impacts are estimated to drive an increased demand for health providers by approximately 3-6% for Brooklyn's population. Additionally, while the DSRIP program is specifically targeted for Medicaid patients in NYS, many of the PPS Partners will provide services to the Medicare and commercially insured populations and will also likely benefit from the clinical initiatives being implemented as part of the program.

While the impacts of the DSRIP projects are anticipated to drive an increased demand for certain provider types such as PCPs, Behavioral Health providers, and Care Management positions, the program is also anticipated to drive an increase in demand for providers in the inpatient setting. However, given anticipated increases in service utilization as a result of population growth, an aging population, and expended care coverage, the increased demand for PCPs and nursing positions are likely to offset projected workforce impacts as a result of the DSRIP program.

Exhibit 36 summarizes the projected impacts of the PPS's workforce as a result of non-DSRIP related factors. These anticipated impacts, along with the projected DSRIP workforce impacts were combined to understand the overall estimated workforce impacts across the PPS's workforce, as detailed in *Exhibit 36*, to provide an estimation of overall workforce impacts based on the demand for health care services by the PPS's Attributed Medicaid lives at the end of the DSRIP program in 2020.

Exhibit 36: Total Estimated Workforce Impacts for the NYU Lutheran PPS (by FTE)

Cumulative Workforce Impacts across Care Settings & Professions	Non-DSRIP Impacts
Primary Care Providers	11
Specialist Physicians	
Emergency Physicians	-
Hospitalists	0.5
Cardiologists	2.0
Endocrinologists	0.5
Nurse Practitioners and Physician Assistants	
Emergency Department	-
Nursing	
Staff Registered Nurses	35.0
RN Care Coordinators and Managers	-
Hospital Inpatient	27.5
Emergency	1.5
Office / Clinic	6.0
Licensed Practical Nurses (Hospital Inpatient)	3.5
Nurse Aides/Assistants (Hospital Inpatient)	6.5
Clinical Support	
Medical Assistants	19.5
Administrative Support Staff	18.5
Behavioral Health	
Psychiatrist / Psychiatric Nurse	1.5
Psychologists	4.5
Licensed Clinical Social Workers	-
Care Managers / Coordinators / Navigators / Coaches	
RN Coordinator Leaders	-
RN Care Coordinators	-
Care Coordinators (Non-RN)	-
Diabetes Educators	-
Asthma Educators	-

C. Project 2.b.iii: ED Care Triage for At-Risk Populations

As part of the PPS's plans to actively engage a diverse population of Medicaid beneficiaries who access the NYULMC and NYU Langone Cobble Hill EDs for non-emergent care, the PPS will implement the ED Triage Project to provide evidence-based care coordination and transitional care to link patients to a PCP and support patient self-management of health conditions.

The ED Triage project will primarily focus on increasing PCP and PCMH capacity, which will require an increase in hours of operation, on-site service offerings, and convenient access points for patients in lower-cost care settings. The target patient population for this project can be described as patients with one or more ED visits having ambulatory sensitive chronic conditions or at-risk patients requiring more intensive ED care management services post discharge. Implementation goals for this project include identifying ED patients who may be better served by a PCP for the provision of care continuity, linking patients without a primary source of care to a PCP, and educating patients on the appropriate use of ED services. Further, and in line with the statewide goal to reduce avoidable ED use among the Medicaid population by 25% within five years, the NYU Lutheran PPS plans to implement the ED Triage Project to specifically target and reduce potentially preventable visits ("PPVs").

Upon completion of the DSRIP program in 2020, the following projected workforce impact estimates have been calculated based on the PPS's attributed Medicaid lives:

- ED visits may decrease by approximately 6,100 visits.
- Working under the assumption that half of these avoided visits will be redirected to a primary care setting by 2020, an additional increase in 3,000 PCP visits are estimated to occur within the PPS's network.

Examining the projected workforce impacts detailed in *Exhibit 37* by care setting and job title, the following workforce impacts are projected for this project:

- The PPS's workforce in the ED setting may be reduced by approximately 2-3 ED Physician FTEs and 10 RN FTEs. Further, projected staffing impacts on NPs and PAs are anticipated to be minimal.
- PPS workforce in primary care settings may be increased by approximately 1-2 additional PCP FTEs. Further, there may be minimal staffing impacts on the demand for other Office or Administrative Staff.

Exhibit 37: ED Triage Projected Workforce Impacts (by FTE)	
Workforce Impacts by Care Setting and Job Title	Total Workforce Impacts
Primary Care/Outpatient	
Primary Care Providers	1.5
Medical Support	2.5
Administrative Support	1.5
Registered Nurses	0.5
Emergency Department	
Emergency Physicians	-2.5
Nurse Practitioners	-
Physician Assistants	-0.5
Registered Nurses	-10.0

Based on the current projected workforce analysis described, following implementation of the ED Triage Project, the NYU Lutheran PPS may experience an increase in the demand for providers in the primary care / outpatient settings as patients seek care outside of the ED setting, particularly in DY4 as the PPS's number of actively engaged patients nearly doubles to 6,060 actively engaged lives. A projected increase in demand for primary care setting positions may include 2-3 PCP FTEs, 2-3 Direct Medical Support FTEs, and 1-2 Direct Administrative Support FTEs.

Conversely, working under project impact assumptions, the PPS may experience a slight decrease in the number of FTEs required for NPs, PAs, RNs (10 FTEs), and ED Physicians (2-3 FTEs) in the ED setting.

Primary Care Provider Workforce Gaps

While the staffing impacts described are anticipated to be minimal in both the primary care and ED setting, based on the current state workforce data reported, a vacancy rate of approximately 8.4% was reported for PCPs across the PPS, indicating that workforce shortages currently exist for PCPs. The vacancy rate of PCPs within the PPS's current workforce may further increase anticipated impacts of the ED Triage project, particularly in DY4 as approximately 5% of the PPS's attributed lives are engaged in this project resulting in an anticipated increase in the PPS's number of primary care visits.

Additionally, by 2030, an anticipated growth in demand for physicians in NYS will likely outpace the growth in supply for Physicians. Using forecasting models, CHWS found that between 2006 and 2030, the forecasted gap between supply and demand may result in a shortage of approximately 2,500 to 17,000 additional Physicians.[5] This forecasted shortage of Physicians impacting NYS, may further impact the PPS as it works to address increased demands for PCPs as a result of project impacts.

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[5] Center for Health Workforce Studies, New York Physician Supply and Demand Through 2030.
See: http://chws.albany.edu/archive/uploads/2012/07/nyphyss&d2010f.pdf

Nursing Workforce Gaps

The projected decrease in demand for nursing positions including NPs, PAs, and RNs as a result of project impacts are likely to be offset based on market changes as well as the number of reported nursing vacancies reported across the PPS as well as in the PPS's ED. The PPS anticipates that patients potentially being redirected to NYULMC due to Mount Sinai Beth Israel's planned closure during DY2 will likely drive the demand for ED staffing including RNs as a result of increased utilization, likely offsetting projected workforce reductions as a result of the DSRIP project. Further, based on the number of reported nursing position vacancies, as part of the PPS's overall current workforce state data, a vacancy rate of approximately 12.0% was reported for all nursing positions including RNs, LPNs, Nurse Managers / Supervisors, Per Diem Staff RNs, and "Other" nursing job titles. Additionally, a vacancy rate of approximately 21.1% was reported for NPs. Within the PPS's ED, specifically, the vacancy rate reported for RNs was approximately 8.9%. This reduction to the PPS's nursing positions in the ED is likely to most significantly occur in DY4, assuming full project implementation and a significant reduction in the ED's number of potentially preventable visits by approximately 6,100 visits. Additionally, however, due to anticipated workforce impacts unrelated to the DSRIP program as well as an overall anticipated increase in demand for nursing workforce in NYC, there is also likely to be an increase in demand for the number of nursing positions needed to address additional care demands related to population growth.[6] As a result, this city-wide increase in demand for nursing workforce further suggests that the anticipated decline in nursing FTEs as a result of DSRIP projects are likely to be offset by general population demand.

Based on a review of the projected workforce impacts as part of the PPS's target workforce state as well as a review of the reported vacancy rates for specific positions being impacted as part of the ED Triage Project's implementation, the demand for PCPs and nursing positions within the PPS are likely to continue to increase over the course of the five year DSRIP program and in fact, offset the projected decrease in demands for certain positions as a result of this project's anticipated impacts.

D. Project 2.b.ix: Implementation of Hospital Observational Programs

In an effort to reduce the hospital's Preventable Quality Indicator ("PQI") rates, the PPS plans to implement a 10-bed Observational Unit ("OU") adjacent to the NYULMC ED. By locating the OU adjacent to the ED, the PPS anticipates better facilitation of patient transfers for medically appropriate patients from the ED to OU as well as more effective oversight and management by ED Physicians to ensure patient-centric operations and thus ultimately reducing the likelihood of potentially preventable readmissions ("PPR").

Based on the PPS's anticipated actively engaged targets, by Demonstration Year ("DY") 3 and assuming that the OU is fully implemented, 523 or 0.5% of the PPS's Medicaid attributed lives will be utilizing the OU. Due to the small number of Medicaid patients expected to be actively

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[6] Center for Health Workforce Studies, The Health Care Workforce in New York
See: http://chws.albany.edu/archive/uploads/2014/08/nytracking2014.pdf

engaged by this project, the projected workforce impacts are anticipated to be minimal and suggest the following:

- OU staffing impacts are projected to observe by a reduced demand for RNs by approximately 1 FTE, Nurse Aides / Assistants might be reduced by 0.2 FTE.

Due to minor anticipated workforce implications and lack of data to model the OU's impact, the above workforce implications have not been included in the summary workforce impact tables presented within this report.

Nursing Workforce Gaps

As mentioned in the ED Triage Project's gap analysis, the PPS's current workforce state reported need for nursing positions. Overall, the PPS reported a vacancy rate of approximately 8.2% for RNs and the PPS's ED reported a vacancy rate of 8.9% for the position. Additionally, the PPS reported a 5.7% vacancy rate for Nurse Aides / Assistants and the PPS's ED reported a vacancy rate of approximately 12.0% for the position.

In addition, to the reported staffing needs for nursing positions and Nurse Aides / Assistants, the PPS is also likely to experience an increased demand for these positions as a result of an overall increase in projected service utilization as a result of patients being redirected to NYULMC due to Mount Sinai Beth Israel's planned closure, population growth, and an aging population. Thus, outside of DSRIP project impacts, a gap exists for these positions within the PPS's workforce to address the current demand for these positions as well as an anticipated increase in demand due to increased service utilization.

E. Project 2.c.i: Community-Based Health Navigation Service

The NYU Lutheran PPS plans to implement a Patient Navigation Center ("PNC") in order to reduce avoidable ED visits and connect Medicaid patients to appropriate health and social services within the PPS's network. The PPS plans to establish the PNC within the Brooklyn community in order facilitate care coordination and navigation services that are culturally competent and have multilingual capabilities. As part of the PNC's services, Patient Navigators will deliver services telephonically or in-person to facilitate patient activation, patient education, health coaching, and transition planning, as well as PCMH enrollment and linking patients to PCPs.

The projected workforce impacts suggest that on a yearly basis, a Medicaid beneficiary in the PPS receiving health navigation services may have approximately 0.5 additional primary care visits but an estimated 1.1 fewer emergency visits and approximately 1.5 fewer inpatient days per year.

By the end of the DSRIP program, and assuming full implementation of the project, the PPS plans to provide care to approximately 26% of the PPS's attributed Medicaid lives through the PNC. As a result of a projected increase in health care utilization for this project, the PNC

may have a significant impact on the number of FTEs required to support anticipated utilization. By 2020, assuming full implementation, the following workforce impacts are projected and detailed within Exhibit *38*:

- Approximately 151 Community Health Worker or Patient Navigation FTEs may be required to meet the demand of providing navigation services to over 27,000 Medicaid patients.
- Within the primary care setting, approximately 6 additional PCP FTEs may be required to meet the increased demand of an estimated 13,000 additional outpatient visits due to the PNC's provision of patient navigation services.
- Within the ED setting, a projected decrease in demand for 3 Emergency Physicians FTEs and approximately 11 RN FTEs is estimated due to an estimated reduction of 6,500 emergency visits as a result of the PNC's services.
- Within the inpatient setting, a reduction of approximately 9 RN FTEs, approximately 2.5 Nurse Aides / Assistant FTEs, and approximately .5 Licensed Practical Nurse FTEs may occur as a result of an anticipated reduction in hospital inpatient days.

Exhibit 38: Community-based Health Navigation Services Projected Workforce Impacts (by FTE)

Workforce Impacts by Care Setting and Job Title	Total Workforce Impacts
Community Health Workers / Patient Navigators	151
Nurse Coordinator Leaders	15
Primary Care Providers	6.0
Medical Support	17
Admin Support	19.5
Registered Nurses	5.5
Emergency Department	
Emergency Physicians	-3.0
Nurse Practitioners or Physician Assistants	-0.5
Registered Nurses	-11
Inpatient	
Hospitalists	-0.5
Registered Nurses	-9.0
Licensed Practical Nurses	-0.5
Nurse Aides/Assistants	-2.5

The projected impact of the community-based health navigation services project on health care utilization and workforce demand may be higher than the projected impacts of any other DRSIP project being implemented by the NYU Lutheran PPS. This anticipated impact is partly due to the significant number of Medicaid beneficiaries estimated to be actively engaged in this DSRIP project as compared to other DSRIP projects, particularly in DY4 as approximately 21% of the PPS's attributed Medicaid lives are anticipated to be actively engaged in the PNC's services.

Care Management Workforce Gaps

As indicated within *Exhibit 38,* there is a projected increase in the number of Care Management positions specifically Community Health Workers and Patient Navigators that may be required to staff the PNC. The projected increase in this position is estimated to be 151 additional FTEs, this estimation however is estimated and the PPS will likely require less additional FTEs to meet anticipated utilization demands depending on the intensity of the program starting in DY4. Based on the current workforce state data reported, the vacancy rate reported across the PPS for Patient or Care Navigator and Community Health Worker positions is approximately 21.1%. In addition to addressing the current gap in demand for these positions, implementation of the PNC will also enhance this existing gap as Patient Navigators will need to be staffed to support the services being provided by the new unit.

Primary Care / Outpatient Workforce Gaps

In the primary care / outpatient settings, due to the anticipated impacts of the PNC, an increase in the demand for PCPs, Medical Support, and Administrative Support is anticipated to address the estimated rise in the number of outpatient visits within the PPS's network. As previously described, existing workforce gaps have been identified within the outpatient setting with a vacancy rate of approximately 8.4% being reported for PCPs across the network, in addition to the anticipated population growth that is likely to increase additional demand for PCPs. The projected increase in demand for PCPs as a result of PNC impacts is likely to occur within DY2 but will likely increase starting in DY4. Similarly, and as described in the workforce gaps for Project 2.b.iii, throughout the course of the DSRIP program a shortage in Physicians is anticipated across NYS, and as a result it may become increasingly difficult for the PPS to increase the number of PCPs in its network to meet overall DSRIP project impact demand. Additionally, this projected increase in demand may also further increase the already existing gap in terms of PCPs needed to address current care needs. The projected workforce impacts for Medical Support and Administrative Support create minor gaps for the PPS's workforce. Based on the current state data reported vacancy rates for both positions range from 4.5% to 5.5% and are within the range of average industry vacancy rates. Further, this analysis does not consider the potential impact that increased referrals for care coordination services may have on the existing health home population as the DSRIP program is anticipated to potentially expand the number of health home eligible patients connected to these services.

ED / Inpatient Workforce Gaps

Within the ED / inpatient settings, the table indicates a slight decrease in the number of RNs and Nurse Aides / Assistants and a slight decrease in the number of LPNs as a result of project impacts starting in DY2. This anticipated impact is partly due to the much larger proportion of Medicaid beneficiaries anticipated to be actively engaged in this DSRIP project as compared to other DSRIP projects. However and as previously described, due to the planned closure of Mount Sinai Beth Israel during DY2, NYULMC anticipates that PPS Partners including ODA Primary Health Care Network are likely to begin redirecting patients to the hospital's ED and inpatient settings. Thus, while the projected impacts of this project's goals suggest a

decrease in nurse staffing particularly in the inpatient setting, the PPS anticipates that these impacts are likely to be offset as a result of patients being redirected to seek care at NYULMC due to the closure.

Additionally, based on the current state data reported, a vacancy rate of 8.2% for RNs and a vacancy rate of 3.8% for LPNs is reported across the PPS. Specifically in the ED / inpatient setting, high vacancy rates were reported for RNs (9.2%) and LPNs (100.0%). Given the vacancy rates reported both across the PPS and in the ED / inpatient setting as well as the anticipated demand for nursing positions as a result of population growth by DY5, the projected reduction in demand for RNs and LPNs is likely to be offset by the existing reported gaps within the PPS's workforce. Similarly, the projected reduction in demand for Nurse Aides / Assistants by 28 FTEs will likely be offset by the existing vacancy rates (12.0%) reported for these positions in the ED / inpatient setting as well as by non-DSRIP related factors including addressing population growth.

Given the PPS's current workforce reported vacancy rates, gaps pertaining to need for PCPs, RNs, LPNs, and Nurse Aides / Assistants, particularly in the ED / inpatient setting, currently exist and are thus likely to offset many of the larger workforce implications projected for this project.

F. Project 3.a.i: Integration of Primary Care & Behavioral Health Services

To address the identified gaps in care between PCPs and Behavioral Health providers in Brooklyn, the PPS plans to develop and implement two integrated care models to address behavioral health related community needs through the co-location of behavioral health services at PPS Partner primary care sites and, where co-location is not feasible, implement the IMPACT model.

Assuming full project implementation, the following impacts in terms of health care utilization as a result of the integration of primary care and behavioral health services have been projected:

- Behavioral health-related ED visits are projected to decrease by approximately 130 visits on an annual basis.
- Behavioral health-related inpatient days are projected to decrease by 0.14 days per person receiving behavioral health services as a result of project impacts. For every 10 actively engaged patients, the PPS is projected to realize a 1.4 day reduction in inpatient days for an overall total reduction of approximately 210 days on an annual basis.

Based on the PPS's implementation plans, this project will be phased-in over a two year period beginning in DY2 and aims to have 100% of patients actively engaged by DY3 Q4. By 2020, as a result of overall project goals, the following workforce impacts have been projected and are detailed in *Exhibit 39*:

- In the behavioral health setting, workforce impacts may include a projected increase in demand for approximately 9-10 Licensed Clinical Social Worker FTEs and additionally an estimated increase in demand for Administrative Support by 8 FTEs and Psychiatrists or Psychiatric Nurses by 1 FTE.
- Within the ED setting, no project impacts are anticipated to impact the ED workforce including ED Physicians, NPs, PAs, and RNs.
- Workforce impacts in the inpatient setting are projected to be very minimal with a decrease in demand for approximately 1 RN FTE and 1 Nurse Aide / Assistant FTE.

Exhibit 39: Integration of Behavioral Health and Primary Care Projected Workforce Impacts (by FTE)

Workforce Impacts by Care Setting and Job Title	Total Workforce Impacts
Behavioral Health Setting	
Licensed Clinical Social Worker	9.5
Psychiatrists / Psychiatric Nurses	1.0
Primary Care Providers	-
Medical Support	0.5
Admin Support	8.0
Registered Nurses	0.5
Emergency Department	
Emergency Physicians	-
Nurse Practitioners or Physician Assistants	-
Staff Registered Nurses	-
Inpatient	
Hospitalists	-
Registered Nurses	-1.0
Licensed Practical Nurses	-
Nurse Aides/Assistants	-0.5

The goals of this project are to increase access to behavioral health services and as a result, the projected workforce impacts in behavioral health settings are anticipated to address the number of behavioral health providers and associated support staff needed to meet increased care demands as the projected is implemented over the next four years.

Behavioral Health Workforce Gaps

Based on the projected workforce impacts, the PPS is likely to experience an increased demand in Licensed Clinical Social Workers and Administrative Support to facilitate increased patient visits. The increase in demand is projected to increase starting in DY2 with the greatest impacts anticipated during DY4 due to an estimated increase of potentially 4,310 patient encounters with Behavioral Health providers. As previously mentioned, current gaps do not exists within the PPS's Administrative Support workforce but as a result of DSRIP project impacts, there will be an increased demand for these positions. However, based on the current workforce state data reported by Article 31 Outpatient and Article 32 Outpatient facilities, a high vacancy rate across all Behavioral Health positions exists with a 20.9% vacancy rate reported specifically for Licensed Clinical Social Workers at these facilities. Overall, the PPS reported a vacancy rate of approximately 8.8% for Behavioral Health

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positions. In addition to the reported vacancy rates for these positions across the PPS, the supply of Psychiatrists in NYS is forecasted to decline between 11.6% - 17.5%, while state-wide demand is projected to increase between 4.1% - 28.0% by 2030.[7] These external factors both impacting the supply and demand for Psychiatrists are likely to further increase the PPS's workforce gaps and make it even more difficult for the PPS to recruit the necessary workforce to address project impacts. Recruitment difficulties are likely to primarily impact Article 31 Outpatient and Article 32 Outpatient facilities' Behavioral Health workforce during DY4 as a result of the projected workforce impacts for this project.

ED / Inpatient Workforce Gaps

The projected impacts, however, for the ED and inpatient settings suggest minimal impacts to the PPS's workforce with a slight reduction of workforce FTEs overtime. These reductions are primarily due to the modest increase of anticipated project impacts for patients who are referred to and receive behavioral health counseling following screenings and are likely to be offset as a result of an increase in patients being redirected to NYULMC due to the closure of Mount Sinai Beth Israel.

G. Project 3.c.i: Evidence-based Strategies to Improve Management of Diabetes

The PPS has identified that some of the Medicaid communities served by the PPS have the highest combined utilization of diabetic services in Brooklyn. In an effort to address gaps in care to reduce diabetes-related preventable hospitalizations and overuse of diabetic services in Brooklyn, the PPS plans to implement diabetes self-management education and care protocols across its PPS Partners.

As a result of anticipated impacts assuming full project implementation, the following projected health care utilization impacts have been identified:

- There will be an anticipated decrease in approximately 730 ED visits (relative to no change in care utilization patterns), which is calculated to be a reduction in approximately 0.14 ED visits per actively engaged individual. The PPS plans to actively engage 5,075 Medicaid attributed lives by 2020.
- In the inpatient setting, a decrease in approximately 0.25 inpatient days is projected per actively engaged individual by 2020.
- In the primary care setting, an increase in approximately 5,080 additional primary care visits is projected as a result of the PPS's diabetes self-management program.
- Further, an increase in approximately 1,270 additional visits to an Endocrinologist is anticipated following full implementation. Additionally, as a result of project impacts, there may be increases in visits to Cardiologists or other specialists including Nephrologists or Neurologists.

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[7] Center for Health Workforce Studies, The Health Care Workforce in New York
See: http://chws.albany.edu/archive/uploads/2014/08/nytracking2014.pdf

Additionally, assuming full project implementation, the following projected workforce impacts are detailed in *Exhibit 40* and may include the following:

- Certified Diabetes Educators are estimated to increase in demand by approximately 1-2 FTEs.
- Within the primary care setting, a projected increase in demand of approximately 2-3 additional PCP FTEs, 4 Direct Medical Support Staff FTEs, and 3 Administrative Staff FTEs is estimated.
- Within the ED setting, a projected decrease in ED staff is estimated to be minimal.
- Within the inpatient setting, there is a projected decrease in the demand for hospital inpatient staff by approximately 7-8 RN FTEs as well as estimated minimal impacts for other staff in this setting.

Exhibit 40: Diabetes Self-Management Projected Workforce Impacts (by FTE)	
Workforce Impacts by Care Setting and Job Title	Total Workforce Impacts
Primary Care / Outpatient	
Primary Care Providers	2.5
Medical Support	4.0
Admin Support	3.0
Registered Nurses	1.5
Endocrinologist	0.5
Emergency Department	
Emergency Physicians	-0.5
Nurse Practitioners and Physician Assistants	-
Registered Nurses	-1.0
Inpatient	
Hospitalists	-0.5
Registered Nurses	-7.5
Licensed Practical Nurses	-0.5
Nurse Aides / Assistants	-2.0
Certified Diabetes Educators	1.5

Based on the projected workforce implications for this project and as detailed in the table above, the overall impact of the diabetes self-management project on the PPS's workforce is expected to be minimal.

Primary Care / Outpatient Workforce Gaps

At the primary care / outpatient settings, the PPS may experience slight increases from DY2 to DY4 for the demand of PCPs as well as Medical and Administrative Support as a result of project impacts due to an anticipated increase in the number of PCP visits, assuming full project implementation. Workforce gaps, similarly and as described for Project 2.c.i, within the primary care / outpatient setting a need for PCPs currently exists due to a reported vacancy rate of approximately 8.4% reported across the PPS. As a result of project impacts, an increased demand for PCPs and a projected shortage of PCPs in NYS, this gap is likely to further increase throughout the DSRIP program's term. However, given the reported low vacancy rates for Medical Support (5.5%) and Administrative Support (4.5%), minimal gaps

exist for these positions are not likely to be greatly impacted as a result of project implementation.

As a result of project implementation and the provision of increased diabetes self-management services, an increase in the demand for Certified Diabetes Educators is anticipated. This increase in demand may occur initially in DY2 but will increase in DY4 and DY5 as approximately 4% of the PPS's Medicaid attributed lives become actively engaged in diabetes self-management services. Based on the current state data reported, the PPS's network includes approximately 3 Certified Diabetes Educator FTEs with no vacancy rates were reported for this position. Thus, based on the PPS Partners' reported data, workforce gaps for this position do not currently exists but as demand increases throughout the project's implementation, this is likely to change.

ED / Inpatient Workforce Gaps

Within the ED / inpatient settings, workforce impacts are projected to be minimal with the greatest projected impact resulting in a decreased demand for RNs in the inpatient setting primarily during DY4 due to an estimated reduction in approximately 730 ED visits as a result of project impacts. However and as described throughout this report, the PPS expects that inpatient utilization will increase due to the closure of Mount Sinai Beth Israel and patients being redirected to NYULMC. Thus, while this project's goals aim to reduce ED and inpatient utilization through diabetes self-management, an increase in patients as a result of the closure is likely to offset the projected minimal decrease in demand for inpatient staff and rather drive an increase in demand for additional workforce. Further, workforce gaps reported in the ED and inpatient settings specifically and similarly to Project 2.c.i, include high reported vacancy rates for the PPS's nursing workforce with RNs experiencing a vacancy rate of approximately 9.2% and Nurse Aides / Assistants experiencing a vacancy rate of approximately 12.0%. As a result of the high number of reported vacancies, the projected decrease in demand for these positions is likely to be offset by the PPS's identified existing workforce needs.

H. Project 3.d.ii: Expansion of Asthma Home-based Self-management Program

The PPS identified a high number of asthma-related ED visits which can be attributed to high rates of smoking as well as primary care access issues across the borough. In order to mitigate risk and decrease asthma rates, the PPS has plans to implement an asthma self-management program and implement evidence-based best practices to control asthma-related symptoms and educate patients on asthma triggering factors.

Assuming full project implementation, project impacts estimate a reduction of 90 ED visits, approximately 70 less inpatient days, and a reduction in approximately 420 urgent primary care visits across the NYU Lutheran PPS.

As detailed within *Exhibit 41,* projected workforce impacts may include the following:

- An estimated increase in demand for 4-5 Certified Asthma Educator FTEs.
- Within the primary care settings a very minimal change in demand with a slight decrease in the number of FTEs associated with providers in this setting.
- Within the ED setting virtually no change is projected to impact ED staff.
- Within the inpatient setting, a very minimal decline in the demand for PCPs and hospital inpatient staff was estimated.

Exhibit 41: Asthma Self-Management Projected Workforce Impacts (by FTE)	
Workforce Impacts by Care Setting and Job Title	Total Workforce Impacts
Primary Care / Outpatient	
Primary Care Providers	-
Medical Support	-0.5
Admin Support	-0.5
Registered Nurses	-
Emergency Department	
Emergency Physicians	-
Nurse Practitioners & Physician Assistants	-
Registered Nurses	-
Inpatient	
Hospitalists	-
Registered Nurses	-0.5
Licensed Practical Nurses	-
Nurse Aides / Assistants	-
Certified Asthma Educators	1.5

As represented throughout the table, the asthma self-management project is projected to have very minimal impact in the primary care /outpatient settings and ED /inpatient settings. The greatest impacts, however, are projected to occur in terms of an increased demand for Certified Asthma Educators for the provision of asthma-self management services. This increase in demand for Certified Asthma Educators will likely be felt in DY2, assuming initial project implementation impacts, but will primarily increase starting in DY4 through to DY5 as the PPS engages increasingly more Medicaid attributed lives in asthma self-management services. Based on the current workforce state data, the PPS's network includes approximately 3 Certified Asthma Educator FTEs with no vacancy rates reported for this position. Thus, based on data reported, workforce gaps for this position do not currently exist but as demands increase throughout the project's implementation, this may change as patients become actively engaged and asthma self-management service utilization increases.

A. Other DSRIP Projects where Workforce Impacts were Not Projected

a. Project 2.a.i: Creation of an Integrated Delivery System

In an effort to serve Brooklyn's racially, ethically, and linguistically diverse population through cultural sensitive, evidence-based coordinated care, the NYU Lutheran PPS has committed to implementing an Integrated Delivery System ("IDS") and transforming healthcare delivery through an organized and collaborative network of primary, behavioral, specialty, long-term and post-acute care providers as well as through social service and community-based providers.

For purposes of projecting workforce impacts as a result of DSRIP project implementation, it was assumed that implementation of Project 2.a.i and the development of an IDS does not have an independent effect on the PPS's workforce needs (other than the addition of Health Information Technology personnel to implement network integration).

b. Domain 4 Projects – Project 4.b.i and Project 4.c.ii

The PPS has observed high smoking rates as well as high rates of required medical assistance with smoking cessation within many of the Brooklyn communities that it serves and has plans to implement a Tobacco Cessation Program (Project 4.b.i) to promote tobacco use cessation and reduce the risk of smoking-related illness.

Additionally, in collaboration with seven New York City PPSs, the NYU Lutheran PPS has plans to implement a program focused on developing common approaches and resources to address identified gaps in HIV care spanning the New York City boroughs (Project 4.c.ii). The PPSs' HIV Collaborative will seek to address care gaps in terms of promoting wide-spread screening, early intervention measures, patient engagement and education, and culturally competent

Workforce impacts were not projected for the two Domain 4 or population-wide prevention projects. While the workforce impacts of a Tobacco Cessation Program have not been explicitly modeled, the workforce impacts for other transformation projects including diabetes management and asthma management have been projected and the identified workforce gaps are described in the section below and incorporate counseling for smoking cessation among patients (or parents of child patients).

Similarly, the PPS's analysis did not separately model workforce implications of increased access to and retention in HIV care as part of Project 4.c.ii. Although the Domain 4 projects are likely to have some workforce impact, there is not enough information at this time to make informed assumptions about the population-wide projects' potential impacts on the PPS's workforce as a result of implementing this project independent of the impacts of the other projects modeled.

B. Other Identified Workforce Gaps

Within the Current Workforce State section of the report, certain gaps in staff training as well as cultural competency and health literacy needs were identified within the PPS's workforce. A workforce gap that currently exists is the need for the development of training programs for both clinical and non-clinical staff to ensure consistency in terms of identified best practices and clinical protocols for each of the DSRIP projects being implemented across multiple PPS Partners. For example, ED staff will need to be trained on the PPS's new ED discharge procedures and primary care as well as behavioral health providers will need to be trained on the PPS's new primary care and behavioral health integration protocols and procedures.

In line with the PPS's plans to create an integrated delivery system and ensure consistent coordination of care across clinical as well as community-based workforce, training programs are needed to ensure that PPS Partners are not only connected to the PPS's RHIO / SHIN-NY but understand how to appropriately and consistently document patient interactions and records.

Additionally, and as identified within the PPS's CNA and cultural competency and health literacy assessment survey, the PPS's network reported a need for improved language and cultural competency capabilities across providers and social services to address patients' health and social needs more appropriately.

Finally, based on the data reported by the PPS's Partners, current workforce gaps exist within specific DOH job categories. For example, the PPS's highest reported vacancy rates were identified for Physician Assistants (22.2%) and Nurse Practitioners (21.1%). As detailed throughout this report, these positions are likely to experience impacts as a result of DSRIP project implementation as well as overall changes in demand due to population growth.

Other DOH job categories which are also likely to be impacted as a result of DSRIP and non-DSRIP related factors include Nursing Care Mangers / Coordinators, Nursing, Emerging Title, and Behavioral Health positions. Similarly, these positions also reported high vacancy rates of 17.3% to 8.8% across the PPS's network.

Exhibit 42: PPS Reported Workforce Vacancy Rate by DOH Job Categories

DOH Job Categories	Reported FTEs	Reported FTE Vacancies	Reported FTE Vacancy Rate
Physician Assistants	54	12	22.2%
Nurse Practitioners	71	15	21.1%
Midwifery	11	2	18.2%
Nursing Care Managers / Coordinators / Navigators / Coaches	300	52	17.3%
Nursing	3,398	408	12.0%
Emerging Titles	836	95	11.4%
Behavioral Health	2,248	197	8.8%
Social Worker Case Management / Care Management	645	55	8.5%
Clinical Support	1,567	86	5.5%
Other Allied Health	1,176	65	5.5%
Patient Education	77	4	5.2%
Administrative Support	3,322	149	4.5%
Oral Health	177	7	4.0%
Administrative Staff	2,295	87	3.8%
Health Information Technology	313	12	3.8%
Janitors and cleaners	301	10	3.3%
Home Health Care	10,217	274	2.7%
Physicians	722	16	2.2%
Grand Total	**27,730**	**1,545**	**5.6%**

V.   Conclusion

As detailed throughout the gap analysis, overall DSRIP project workforce impacts are projected to be minimal accept for growth in the area of Care Management staff. However, in specific instances where high workforce vacancies are reported that already impact the PPS's provider community, the impacts of DSRIP projects can work to either minimize or increase gaps that currently exist within the PPS's workforce. Assuming successful implementation of the DSRIP projects and actively engaged goals are met; the NYU Lutheran PPS is likely to experience the greatest workforce impacts during DY4.

Following 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 a potential increase in demand for health care providers including PCPs, nursing positions, Clinical Support, and Administrative Support positions.

Within the primary care / outpatient settings, the PPS's workforce is anticipated to experience an increase in demand for PCPs as patients are redirected to seek care from providers outside of the ED setting due to combined impacts of the ED Triage project, the PNC, and increased referrals through the co-location of primary care and behavioral health services. In addition to increasing the demand for PCPs, project impacts are estimated to result in the increase in demand for Clinical and Administrative Support positions to support the projected increase in utilization of primary care and outpatient services.

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. As a result of the existing identified Behavioral Health workforce gaps within the PPS, the projected impacts of this project are likely to further enhance these identified gaps.

Within the ED / inpatient settings, the PPS's workforce is anticipated to experience a decrease in demand for ED Physicians as well as a slight decrease in demand for nursing positions including NPs, PAs, and RNs as DSRIP project impacts are potentially realized as patients seek care outside of the ED and inpatient settings. However, in certain instances given the vacancy rates reported both across the PPS as well as in the ED / inpatient setting, the projected reduction in demand for nursing positions is likely to be offset by the existing reported gaps within the PPS's workforce. This reduction is also anticipated to be further offset as patients are redirected to NYULMC for ED and inpatient services as a result Mount Sinai Beth Israel's planned hospital closure. Utilization of ED / inpatient services is anticipated to further increase and drive demand for additional workforce including nursing position to provide services to the redirected patients.

Additionally, the NYU Lutheran PPS also anticipates a significant increased utilization of community-based health care navigation services as a result of the PPS's plans to develop the PNC. As a result, workforce demand for Patient Navigators, Community Health Workers, and Care Managers / Coordinators is projected to increase. This anticipated impact is partly due

to the significant number of Medicaid beneficiaries anticipated to be actively engaged in this DSRIP project as compared to other DSRIP projects. Given the anticipated increase in utilization of patient navigation services and the high vacancy rate reported for these positions, the existing gap for Patient Navigators is likely to increase as the NYU Lutheran PPS begin to staff the PNC following its implementation.

VI.   Appendix

1. DOH Job Categories by Job Title, Definition and Educational/Training Requirements

DSRIP WORKFORCE CATEGORIES			
Job Titles	Definitions	Educational/Training Requirements	Additional Information
Physicians			
Primary Care	Physicians who diagnose, treat, and help prevent diseases and injuries that commonly occur in the general population. May refer patients to specialists when needed for further diagnosis or treatment.	4 years of undergraduate school, 4 years of medical school, and, depending on specialty, 3-to-8 years in internship and residency programs. State physicians licensure is required; board specialty is optional.	Primary care is considered family practice, general practice, and general internal medicine. Physicians include M.D.s and D.O.s. May be certified by the American Board of Family Medicine, American Board of General Practice, or American Board of Internal Medicine.
Primary Care (HIV)	To be considered a primary care (HIV) physician, at least half of the visits to said physician must come from HIV-positive patients.		May be certified by the American Board of Internal Medicine with a subspecialty in Infectious Disease.
Cardiologists	Physicians who specialize in diagnosing and treating diseases/conditions of the heart and blood vessels.		Cardiologists include Physicians specializing in: Pediatric Cardiology, Cardiovascular Disease, Interventional Cardiology, and Clinical Cardiac Electrophysiology. May be certified by the American Board of Internal Medicine with a subspecialty in Cardiovascular Disease Management.
Emergency Medicine	Physicians who specialize in the prevention, diagnosis, and management of acute and urgent aspects of illness and injury.		May be certified by American Board of Emergency Medicine.
Endocrinologists	Physicians who specialize in diagnosing diseases that affect glands of the endocrine system, and treating frequently complex conditions involving several systems within the human body.		May be certified by American Board of Internal Medicine, with a subspecialty certificate in Endocrinology, Diabetes, and Metabolism.
Obstetricians/Gynecologists	Physicians who specialize in providing care related to pregnancy, childbirth, and the female reproductive system. This includes preventive care, prenatal care, detection of sexually transmitted diseases, pap screening, family planning, and diagnosis and treatment of the female reproductive system.		Can serve as a primary care physician and/or serve as consultants to other physicians. May specialize in behavioral problems, infertility, urinary tract infections, operative gynecology, etc. May be certified by the American Board of Obstetrics and Gynecology.
Pediatrician (General)	Physicians who diagnose, treat, and help prevent children's and adolescent's diseases and injuries.		May be certified by American Board of Pediatrics.
Other Specialties (Except Psychiatrists)	Treat injuries or illnesses. Physicians examine patients; take medical histories; prescribe medications; and order, perform, and interpret diagnostic tests. They counsel patients on diet, hygiene, and preventive healthcare. Surgeons operate on patients to treat injuries, such as broken bones; diseases, such as cancerous tumors; and deformities, such as cleft palates.		
Residents	A resident physician is a medical school graduate participating in a GME program and training in a specialized area of medicine. Acts as both a student and a health care provider, working in concert with other members of the health care team to provide direct medical care to patients.	All Residents must have a final medical diploma (MD, DO, MBBS, etc.).	
Fellows	A recent residency graduate participating in a fellowship to specialize in one particular field.	Physician residency graduate undergoing continued specialty training, usually ranging from 1-to-3 years.	

Physician Assistants			
Primary Care	Provide healthcare services typically performed by a physician, under the supervision of a physician. Conduct complete physicals, provide treatment, and counsel patients. May prescribe medication.	Must complete an accredited educational program. These programs usually lead to a master's degree. All states require physician assistants to be licensed. Must graduate from an accredited educational program for physician assistants.	In many cases, the specialty of the PA is defined by the setting s/he practices in or the specialty of the supervising physician.
Other Specialties			
Nurse Practitioners			
Primary Care	Diagnose/treat acute, episodic, or chronic illness, independently or as part of a healthcare team. May focus on health promotion and disease prevention. May order, perform, or interpret diagnostic tests such as lab work and x-rays. May prescribe medication.	At least a master's degree in one of the APRN roles. Must also be licensed in their state and pass a national certification exam. NPs must be a licensed RN and certified in at least 1 of 15 specialties in NYS.	In many cases, the specialty of the NP is defined by the setting s/he practices in or the specialty of the collaborating physician.
Other Specialties (Except Psychiatric NPs)			
Midwifery			
Midwives	Diagnose/coordinate all aspects of the birthing process, either independently or as part of a healthcare team. May provide well-woman gynecological care.	Master's degree in one of the APRN roles. Must also be licensed in their state and pass a national certification exam. Must have specialized, graduate nursing education.	
Nursing			
Nurse Managers/Supervisors	Manages the functions of the nursing floor. Responsible for the nurse activity on the floor and they oversee unit policies. They may or may not perform direct patient care. Administers an assigned nursing program or organizational unit with responsibility for planning, selecting and/or devising the methods and policies/procedures to be used and for directing nursing supervisors and/or other personnel in the accomplishment of designated goals. Negotiates interdepartmental resources, and communicates and plans with managers of staff in other departments to ensure effective level of service to the unit/program.	One of three education paths: a bachelor's degree in nursing, an associate's degree in nursing, or a diploma from an approved nursing program. Registered nurses must also be licensed.	May have an additional degree in management, business, or another field.
Staff Registered Nurses	Registered nurses (RNs) provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members.		
Other Registered Nurses (Utilization Review, Staff Development, etc.)	RN with responsibility outside of direct care that may involve reviewing charts or developing educational programs.		Additional experience or training may be required, such as in education.
Licensed Practical Nurses	Care for ill, injured, or convalescing patients or persons with disabilities in hospitals, nursing homes, clinics, private homes, group homes, and similar institutions. May work under the supervision of a registered nurse. Licensing required.	Licensed practical and licensed vocational nurses must complete a state-approved educational program, which typically takes about 1 year to complete. They must also be licensed.	
Clinical Support			
Medical Assistants	Perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, and preparing patients for examination as directed by physician.	Postsecondary education such as a certificate. Others enter the occupation with a high school diploma and learn through on-the-job training.	
Nurse Aides/Assistants (CNAs)	Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants.	In New York State, nurse aides do not need certification to work in hospitals, though many hospitals prefer at least a high school diploma or additional certification in skills such as phlebotomy. In nursing homes, CNAs must complete a state-approved education program and must pass their state's competency exam to become certified.	

Patient Care Techs (Associates)	Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants.	Many times PCTs/PCAs receive classroom and hands-on training through the hospital or facility that will employ them. Training and education requirements for PCTs/PCAs who work in hospitals or physician offices vary by institution. In some instances, employers may require a high school diploma or an associate degree and will provide on-the-job training. Others may require prior nursing aide experience as an LPN or CNA certificate.	
Oral Health			
Dentists	Provide basic diagnoses and treatment of the teeth, gums, and mouth-related issues. Clinical duties include providing advice and instruction to patients on proper care of the teeth and gums.	Licensed practice, required through the state.	
Dental Hygienists	A licensed dental professional working under the supervision of a dentist to meet the oral health needs of patients. Often provides patient care through clinical service and dental health counseling.	Dental hygienists need to be licensed in NYS, which includes either an associate or bachelor's degree.	
Dental Assistants	A licensed certified dental professional working under the supervision of a dentist to meet the oral health needs of patients. Duties often include taking impressions, selecting and prefitting orthodontic pieces, and removing stitches. Unlicensed dental assistants act as an extra pair of hands for the dentist, providing supportive services with a dentist who is personally performing the service or procedure.	To become a licensed certified dental assistant, must possess a high school diploma (or equivalent), complete a program in dental assisting registered by the NYS Education Dept., and pass the CDA licensing exam.	In NYS, dental assistant licensure is preferred but not required.
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)			
Psychiatrists	Physicians who diagnose, treat, and help prevent disorders of the mind.	4 years of undergraduate school, 4 years of medical school, and, depending on their specialty, 3 to 8 years in internship and residency programs.	
Psychologists	Diagnose and treat mental disorders; learning disabilities; and cognitive, behavioral, and emotional problems, using individual, child, family, and group therapies. May design and implement behavior modification programs.	Need a doctoral degree or specialist degree in psychology, a master's degree is sufficient for some positions. Practicing psychologists also need a license or certification.	
Psychiatric Nurse Practitioners	Diagnose/treat acute, episodic, or chronic illness, independently or as part of a healthcare team. May focus on health promotion and disease prevention. May order, perform, or interpret diagnostic tests such as lab work and x-rays. May prescribe medication.	At least a master's degree in one of the APRN roles. Must also be licensed in their state and pass a national certification exam. NPs must be a licensed RN and certified in at least 1 of 15 specialties in NYS. For this role, NPs usually have their certificate in behavioral health.	
Licensed Masters Social Workers	Assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education.	Clinical social workers must have a master's degree and two years of post-master experience in a supervised clinical setting. Clinical social workers must also be licensed in the state in which they practice.	
Licensed Clinical Social Workers			
Substance Abuse and Behavioral Disorder Counselors	Counsel and advise individuals with alcohol, tobacco, drug, or other problems, such as gambling and eating disorders. May counsel individuals, families, or groups or engage in prevention programs. Excludes social workers, psychologists, and mental health counselors providing these services.	High school diploma to a master's degree, depending on the setting, type of work, state regulations, and level of responsibility. Workers with a high school diploma typically go through a period of on-the-job training.	
Other Mental Health/Substance Abuse Titles Requiring Certification	Any mental health provided not defined above that required a license or certification such as a marriage and family therapist or certified behavior analyst.	Level of education will vary depending on the title and the state's licensure and certification requirements.	

Social and Human Service Assistants	Social and human service assistants provide client services, including support for families, in a wide variety of fields, such as psychology, rehabilitation, and social work. They assist other workers, such as social workers, and they help clients find benefits or community services.	Requirements for social and human service assistants vary, although they typically have at least a high school diploma and must complete a brief period of on-the-job training. Some employers prefer to hire workers who have additional education such as an associate degree or experience.	
Psychiatric Aides/Techs	Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients. Includes psychiatric orderlies.	Psychiatric technicians typically need postsecondary education, and aides need at least a high school diploma. Both technicians and aides get on-the-job training.	
Nursing Care Managers/ Coordinators/Navigators/Coaches			
RN Care Coordinators/Case Managers/Care Transitions	While there is no standard definition for care/case managers/ coordinators, care coordinator/managers will coordinate the needs of assigned patients across multiple providers; develop comprehensive plans to manage care delivery across a continuum of care. Assist in utilization of resources, clinical care, and promote clear communication among care team including treating physicians by ensuring awareness regarding patient care plans. Facilitate patient health education and support patient self-management of disease and behavior modification interventions. Manage high-risk patient care including management of patients with multiple co-morbidities or those at high risk of hospital readmission. Facilitate patient treatment adherence based on protocol and providers' orders. Participate as part of team for health outcomes reporting, programmatic evaluation, data collection and clinical audits.		Some agencies/facilities may require an RN degree to fill this role.
LPN Care Coordinators/Case Managers			Some agencies/facilities may require an LPN to fill this role.
Social Worker Case Management/ Care Management			
Bachelors Social Workers	Interviews patients and relatives to obtain social history relevant to medical problems and planning. Assists patients with environmental difficulties that interfere with obtaining maximum benefits from medical care. Serves as liaison between medical and nursing staffs, patients, relatives and appropriate outside agencies. Interprets and assists in resolving social problems that relate to medical condition and/or hospitalization. Requires a Bachelor's degree in Social Work or equivalent.	Bachelor's degree in social work.	
Licensed Masters Social Workers	Supervises or performs a variety of services, such as advising on social problems, arranging for discharge or postoperative care at home or in institutions, placement of children in foster homes or adults in nursing homes, financial assistance to patients or families during illnesses and alleviation of anxieties or fears concerning permanent disabilities, disfiguring illnesses or uncertainty about the future.	Social workers are licensed in NYS as either Licensed Clinical Social Workers or Licensed Masters Social Workers. Clinical social workers must have a master's degree and three years of post-master's experience in a supervised clinical setting. Only Licensed Clinical Social Workers can bill for psychotherapy services. Licensed Masters Social Workers do not need post-master's experience to practice.	
Licensed Clinical Social Workers			

Social Worker Care Coordinators/Case Managers/Care Transition	While there is no standard definition for care/case managers/ coordinators, care coordinator/managers will coordinate the needs of assigned patients across multiple providers; develop comprehensive plans to manage care delivery across a continuum of care. Assist in utilization of resources, clinical care, and promote clear communication among care team including treating physicians by ensuring awareness regarding patient care plans. Facilitate patient health education and support patient self-management of disease and behavior modification interventions. Manage high-risk patient care including management of patients with multiple co-morbidities or those at high risk of hospital readmission. Facilitate patient treatment adherence based on protocol and providers' orders. Participate as part of team for health outcomes reporting, programmatic evaluation, data collection and clinical audits.		Some agencies/facilities may require a social worker to fill this role.
Emerging Titles: Non-licensed Care Coordination / Case M anagement/Care Management / Patient Navigators / Community Health Workers (Except RNs, LPNs, and Social Workers)			
Care Manager/Coordinator	While there is no standard definition for care/case managers/ coordinators, care coordinator/managers will coordinate the needs of assigned patients across multiple providers; develop comprehensive plans to manage care delivery across a continuum of care. Assist in utilization of resources, clinical care, and promote clear communication among care team including treating physicians by ensuring awareness regarding patient care plans. Facilitate patient health education and support patient self-management of disease and behavior modification interventions. Manage high-risk patient care including management of patients with multiple co-morbidities or those at high risk of hospital readmission. Facilitate patient treatment adherence based on protocol and providers' orders. Participate as part of team for health outcomes reporting, programmatic evaluation, data collection and clinical audits.	Unless the organization requires a specific degree such as social worker, RN, and LPN, current training and education requirements vary greatly, though typically a high school is required.	
Patient or Care Navigator	Coordinates the care needs of assigned patients and develops comprehensive plans to manage care delivery across the patient care continuum. Partners with patients and their primary physicians to develop customized care plans based on their individual needs and preferences. Collaborates with physicians, nurses, allied health professionals, social work, and others to ensure appropriate tests and treatments are delivered in a timely fashion. Advocates for the patient. Balances care needs and financial considerations to ensure efficient and effective treatments are achieved.	Unless the organization requires a specific degree such as social worker, RN, and LPN, current training and education requirements vary greatly, though typically a high school is required.	
Community Health Worker	Community health workers collect data and discuss health concerns with members of specific populations or communities.	Typically have at least a high school diploma and must complete a brief period of on-the-job training. Some states have certification programs for community health workers.	
Peer Support Worker	Typically, a peer support worker has had a significant life altering experience and works to assist individuals encountering similar hurdles. Also referred to as a Peer Worker, Recovery Support, Recovery Coach, Peer Mentor, or Peer Support Specialist. Job duties include recovery coaching, emotional support, advocacy, mentoring, outreach support, and organizing/attending alcohol-and-drug-free recreational activities.	No educational requirements, but a high school diploma or GED is preferred. Some facilities may require some training in counseling.	

Patient Education			
Certified Asthma Educators	A currently certified health care provider whose primary responsibility is the provision of asthma coordination and counseling services. An asthma educator is an expert in educating individuals with asthma and their families on the knowledge and skills necessary to minimize the impact of asthma on their quality of life.	Must be currently licensed or credentialed Physician (MD, DO), Physician Assistant (PA-C), Nurse (RN, LPN, NP), Respiratory Therapist (RRT, CRT), Pulmonology Function Technologists (CPFT, RPFT), Pharmacist (RPh), Social Worker (CSW), Health Educator (CHES), Physical Therapist (PT), or Occupational Therapist (OT) or must have provided a minimum of 1000 hours of direct patient asthma education, counseling, or coordinating services. Must also pass exam by the National Asthma Educator Certification Board, Inc.	Certification is voluntary and not required by law for employment in the field.
Certified Diabetes Educators	Provide and manage health education programs that help individuals, families, and their communities maximize and maintain healthy lifestyles. Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies, and environments. May serve as resource to assist individuals, other health professionals, or the community, and may administer fiscal resources for health education programs.	A certified diabetes educator is a professional that meets certain licensure requirements, such as an RN, registered dietician, or other health care professional who have national CDE certification.	
Health Coach	Empower patients to make behavior and lifestyle changes through physical fitness and nutrition counseling in order to manage/prevent chronic diseases.	Education/training requirements vary widely by industry. Health Coaches are often Certified Personal Trainers. Most positions/settings will provide on-the- job training, but some prefer employee to have Health Coach Certification.	If a HHA or otherwise also functions as a Health Coach, please only count primary role. May also be called Wellness Coaches.
Health Educators	Health educators teach people about behaviors that promote wellness. They develop and implement strategies to improve the health of individuals and communities. Community health workers collect data and discuss health concerns with members of specific populations or communities.	Bachelor's degree. Many employers require the Certified Health Education Specialist (CHES) credential.	Some positions/settings may require master's degree.
Administrative Staff -- All Titles			
Executive Staff	Devise strategies and policies to ensure that an organization meets its goals. They plan, direct, and coordinate operational activities of companies and organizations.	Education/training requirements vary widely by position and industry, many have at least a bachelor's degree and a considerable amount of work experience.	
Financial	Financial managers are responsible for the financial health of an organization. They produce financial reports, direct investment activities, and develop strategies and plans for the long-term financial goals of their organization.	Bachelor's degree and 5 years or more of experience in another business or financial occupation, such as loan officer, accountant, auditor, securities sales agent, or financial analyst.	
Human Resources	Human resources managers plan, direct, and coordinate the administrative functions of an organization. They oversee the recruiting, interviewing, and hiring of new staff; consult with top executives on strategic planning; and serve as a link between an organization's management and its employees.	Combination of education and several years of related work experience to become a human resources manager. Although a bachelor's degree is sufficient for most positions, some jobs require a master's degree. Candidates should have strong interpersonal skills.	
Administrative Support -- All Titles			
Office Clerks	General office clerks perform a variety of administrative tasks, including answering telephones, typing or word processing, making copies of documents, and maintaining records.	High school diploma or equivalent. Most learn their skills on the job.	
Secretaries and Administrative Assistants	Secretaries and administrative assistants perform routine clerical and administrative duties. They organize files, draft messages, schedule appointments, and support other staff.	High school graduates with basic office and computer skills usually qualify for entry-level positions. Most secretaries learn their job in several weeks, many legal and medical secretaries require several months of training to learn industry-specific terminology. Executive secretaries usually need several years of related work experience.	

Coders/Billers	*Bill and account collectors* , sometimes called *collectors,* try to recover payment on overdue bills. They negotiate repayment plans with debtors and help them find solutions to make paying their overdue bills easier. *Medical coder* , commonly referred to as *health information technicians* , organize and manage health information data. They ensure that the information maintains its quality, accuracy, accessibility, and security in both paper files and electronic systems. They use various classification systems to code and categorize patient information for insurance reimbursement purposes, for databases and registries, and to maintain patients' medical and treatment histories.	High school diploma. A few months of on-the-job training is common. May also include formal education.	
Dietary/Food Service	Daily operation of restaurants and other establishments that prepare and serve food and beverages. They direct staff to ensure that customers are satisfied with their dining experience and the business is profitable.	High school diploma and long-term work experience in the food service industry. However, some receive training at a community college, technical or vocational school, culinary school, or a 4-year college.	
Financial Service Representatives	Securities, commodities, and financial services sales agents connect buyers and sellers in financial markets. They sell securities to individuals, advise companies in search of investors, and conduct trades.	Bachelor's degree may be required for entry-level jobs, and a master's degree in business administration (MBA) is useful for advancement.	
Housekeeping	Maids and housekeeping cleaners perform general cleaning tasks, including making beds and vacuuming halls, in private homes and commercial establishments.	No formal training or education is required. Most workers learn on the job.	
Medical Interpreters	Convert information from one language into another language. Interpreters work in spoken or sign language; translators work in written language.	May require a bachelor's degree, native-level fluency in English and at least one other language. Many complete job-specific training programs. Some organizations may require national certification.	
Patient Service Representatives	Patient service representatives work with patients in different health care settings to assist with complaints or issues or to provide information on the services being offered.	Patient service representatives typically need a high school diploma and are trained on the job. They should be good at communicating with people and have some experience using computers. Some organizations may require additional education or training.	
Transportation	Drive ambulance or assist ambulance driver in transporting sick, injured, or convalescent persons. Assist in lifting patients. Emergency medical technicians (EMTs) and paramedics care for the sick or injured in emergency medical settings. People's lives often depend on their quick reaction and competent care. EMTs and paramedics respond to emergency calls, performing medical services and transporting patients to medical facilities.	High school diploma. All emergency medical technicians (EMTs) and paramedics must complete a postsecondary educational program. All states require EMTs and paramedics to be licensed; requirements vary by state.	
Janitors and cleaners			
Janitors and cleaners	Janitors and building cleaners keep many types of buildings clean, orderly, and in good condition.	Janitors and building cleaners do not need any formal educational credential, though some organizations may require a high school education. However, high school courses in shop can be helpful for jobs involving repair work.	
Health Information Technology			
Health Information Technology Managers	Computer and information systems managers, often called information technology (IT) managers or IT project managers, plan, coordinate, and direct computer-related activities in an organization. They help determine the information technology goals of an organization and are responsible for implementing computer systems to meet those goals.	Bachelor's degree in computer or information science, plus related work experience, is required. Many computer and information systems managers also have a graduate degree.	
Hardware Maintenance	Computer, ATM, and office machine repairers install, fix, and maintain many of the machines that businesses, households, and other consumers use.	Knowledge of electronics is essential. Most workers take some postsecondary classes, although some who can demonstrate knowledge may be hired with a high school diploma. Strong communication and customer-service skills are important because these workers often interact with customers to figure out what needs to be repaired.	

Software Programmers	Software developers are the creative minds behind computer programs. Some develop the applications that allow people to do specific tasks on a computer or other device. Others develop the underlying systems that run the devices or control networks.	Bachelor's degree in computer science and strong computer programming skills.	
Technical Support	Computer support specialists provide help and advice to people and organizations using computer software or equipment. Some, called computer network support specialists, support information technology (IT) employees within their organization. Others, called computer user support specialists, assist non-IT users who are having computer problems.	Bachelor's degree is required for some computer support specialist positions, but an associate's degree or postsecondary classes may be enough for others.	
Home Health Care			
Certified Home Health Aides	Home health aides help people who are disabled, chronically ill, or cognitively impaired. They often help older adults who need assistance. In some states, home health aides may be able to give a client medication or check the client's vital signs under the direction of a nurse or other healthcare practitioner.	No formal education requirements for home health aides, but most aides have a high school diploma. Home health aides working in certified home health or hospice agencies must get formal training and pass a standardized test.	
Personal Care Aides (Level I)	Personal care services are assistance from a personal care aide with nutritional, environmental support, and personal care functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, ordered by the attending physician, and based on an assessment of the patient's needs and of the appropriateness and cost-effectiveness of services. HOUSEKEEPING or "Level 1" - for those who because of disability need assistance with housekeeping, cleaning, and meal preparation, grocery shopping, and laundry, but they do not need help with "personal care" tasks such as bathing or dressing. Services are limited by state law to 8 hours per week. Note: Adults who have Medicare, who would otherwise be required to enroll in a Managed Long Term Care Plan, but who only need Housekeeping services, may NOT enroll in MLTC. They obtain Housekeeping services by applying at the local district/HRA.	Trained on the job. There are no formal education requirements for personal care aides, but most aides have a high school diploma.	
Personal Care Aides (Level II)	Personal care services are assistance from a personal care aide with nutritional, environmental support, and personal care functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, ordered by the attending physician, and based on an assessment of the patient's needs and of the appropriateness and cost-effectiveness of services. PERSONAL CARE or "Level 2" - includes all of the Housekeeping (Level 1) tasks plus assistance with personal needs: bathing, dressing, grooming, toileting, walking, feeding, assisting with administering medications, preparing meals with special diets, and routine skin care. In amendments of December 2015, "turning and positioning" was specifically added as a task, as needed by bedbound individuals who cannot turn themselves, putting them at risk of bedsores.	Trained on the job. There are no formal education requirements for personal care aides, but most aides have a high school diploma.	
Other Allied Health			
Clinical Laboratory Technologists and Technicians	Collect samples and perform tests to analyze body fluids, tissue, and other substances.	Technologists need a bachelor's degree. Technicians usually need an associate's degree or a postsecondary certificate. Clinical laboratory technologists and technicians must be licensed in NYS.	Technologists may also supervise technicians.
Nutritionists/Dieticians	Evaluate the health of their clients and advise clients on which foods to eat and avoid to improve their health.	Bachelor's degree is required. Most have advanced degrees. Nutritionists may earn the Certified Nutrition Specialist (CNS) credential through a Master's or Doctoral degree and an exam. Dieticians may earn the Registered Dietitian Nutritionist (RDN) credential through a Bachelor's degree and an exam.	May choose to specialize as a clinical, community, or management dietician/nutritionist.

Occupational Therapists	Occupational therapists treat injured, ill, or disabled patients through the therapeutic use of everyday activities. They help these patients develop, recover, and improve the skills needed for daily living and working.	Master's degree in occupational therapy. All states require occupational therapists to be licensed or registered.	
Occupational Therapy Assistants/Aides	Help patients develop, recover, and improve the skills needed for daily living and working. Occupational therapy assistants are directly involved in providing therapy to patients, while occupational therapy aides typically perform support activities. Both assistants and aides work under the direction of occupational therapists.	Associate's degree from an accredited occupational therapy assistant program. In most states, occupational therapy assistants must be licensed. Occupational therapy aides typically have a high school diploma or equivalent.	
Optometrists	Healthcare professionals who provide primary vision care, ranging from sight testing and correction to the diagnosis, treatment, and management of vision changes.	Doctor of Optometry (OD), a 4-year program. All states require optometrist to be licensed.	May complete a 1-yr residency program to get advanced clinical training in the area in which they choose to specialize.
Pharmacists	Pharmacists dispense prescription medications to patients and offer expertise in the safe use of prescriptions. They also may provide advice on how to lead a healthy lifestyle, conduct health and wellness screenings, provide immunizations, and oversee the medications given to patients.	Doctor of Pharmacy (Pharm.D.), a 5- or 6-year professional degree. They also must be licensed, which requires passing two exams. Additional education is required in New York to provide immunizations.	
Pharmacy Technicians	Help licensed pharmacists dispense prescription medication to customers or health professionals.	High school diploma or the equivalent. Learn through on-the-job training, or they may complete a postsecondary education program. Most states regulate pharmacy technicians, which is a process that may require passing an exam or completing a formal education or training program.	
Physical Therapists	Help injured or ill people improve their movement and manage their pain. These therapists are often an important part of rehabilitation and treatment of patients with chronic conditions or injuries.	Need a Doctor of Physical Therapy (DPT) degree. All states require physical therapists to be licensed.	
Physical Therapy Assistants/Aides	Physical therapist assistants (sometimes called PTAs) and physical therapist aides work under the direction and supervision of physical therapists. They help patients who are recovering from injuries and illnesses regain movement and manage pain.	Associate's degree from an accredited physical therapist assistant program. Physical therapist aides generally have a high school diploma and receive on- the-job training.	
Respiratory Therapists	Care for patients who have trouble breathing—for example, from a chronic respiratory disease, such as asthma or emphysema. Their patients range from premature infants with undeveloped lungs to elderly patients who have diseased lungs. They also provide emergency care to patients suffering from heart attacks, drowning, or shock.	Typically need an associate's degree, but some have bachelor's degrees. Respiratory therapists are licensed in all states except Alaska; requirements vary by state.	
Speech Language Pathologists	Speech-language pathologists (sometimes called speech therapists) assess, diagnose, treat, and help to prevent communication and swallowing disorders in patients. Speech, language, and swallowing disorders result from a variety of causes, such as a stroke, brain injury, hearing loss, developmental delay, a cleft palate, cerebral palsy, or emotional problems.	Master's degree. They must be licensed in most states; requirements vary by state.	

2. Current Workforce State Data – Total Reported Workforce Data by Facility Type (Headcount and FTEs)

Article 16 Clinics
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**19**	**16**
Executive Staff	12	9
Financial	2	2
Other	5	5
Administrative Support	**37**	**28**
Coders/Billers	5	2
Medical Interpreters	1	0
Office Clerks	7	4
Other	12	10
Patient Service Representatives	2	2
Secretaries and Administrative Assistants	10	10
Behavioral Health	**16**	**9**
Licensed Masters Social Workers	1	1
Other	2	1
Psychiatric Nurse Practitioners	1	1
Psychiatrists	4	2
Psychologists	8	3
Clinical Support	**9**	**7**
Medical Assistants	5	4
Other	4	3
Emerging Titles	**27**	**27**
Care Manager/Coordinator	14	14
Other	1	1
Patient or Care Navigator	12	12
Health Information Technology	**1**	**1**
Health Information Technology Managers	1	1
Home Health Care	**198**	**179**
Personal Care Aides (Level II)	198	179
Janitors and Cleaners	**8**	**7**
Janitors and Cleaners	8	7
Nurse Practitioners	**3**	**2**
Primary Care	3	2
Nursing	**10**	**7**
Licensed Practical Nurses	1	1
Nurse Managers/Supervisors	1	1
Staff Registered Nurses	8	5
Nursing Care Managers/ Coordinators/Navigators/Coaches	**5**	**5**
Other	1	1
RN Care Coordinators/Case Managers/Care Transitions	4	4

Oral Health	**1**	**1**
Dentists	1	1
Other Allied Health	**129**	**229**
Nutritionists/Dieticians	4	0
Occupational Therapists	10	3
Optometrists	2	
Other	89	11
Physical Therapists	11	4
Speech Language Pathologists	13	3
Physicians	**9**	**3**
Other Specialties (Except Psychiatrists)	6	1
Primary Care	3	2
Social Worker Case Management/ Care Management	**35**	**11**
Licensed Clinical Social Workers	22	6
Licensed Masters Social Workers	13	4
Grand Total	**507**	**324**

Article 28 Diagnostic & Treatment Centers
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**161**	**139**
Executive Staff	59	54
Financial	49	40
Human Resources	25	17
Other	28	27
Administrative Support	**447**	**439**
Coders/Billers	38	37
Financial Service Representatives	8	8
Housekeeping	22	22
Office Clerks	41	41
Other	8	7
Patient Service Representatives	261	258
Secretaries and Administrative Assistants	65	62
Transportation	4	4
Behavioral Health	**146**	**132**
Licensed Clinical Social Workers	19	16
Licensed Masters Social Workers	68	69
Other	1	1
Other Mental Health/Substance Abuse Titles Requiring Certification	4	4
Psychiatric Nurse Practitioners	7	7
Psychiatrists	22	14
Psychologists	14	11
Social and Human Service Assistants	7	7
Substance Abuse and Behavioral Disorder Counselors	4	4
Clinical Support	**218**	**206**
Medical Assistants	211	200
Other	1	0
Patient Care Techs (Associates)	6	6
Emerging Titles	**38**	**38**
Care Manager/Coordinator	2	2
Community Health Worker	1	1
Other	21	21
Patient or Care Navigator	14	14
Health Information Technology	**39**	**34**
Hardware Maintenance	10	6
Health Information Technology Managers	9	9
Other	11	11
Software Programmers	2	2
Technical Support	7	6
Janitors and Cleaners	**15**	**18**
Janitors and Cleaners	15	18
Midwifery	**15**	**11**

Midwives	15	11
Nurse Practitioners	**64**	**54**
Other Specialties (Except Psychiatric NPs)	3	3
Primary Care	61	51
Nursing	**115**	**107**
Licensed Practical Nurses	47	45
Nurse Managers/Supervisors	9	9
Per Diem Staff Registered Nurses	4	1
Staff Registered Nurses	55	52
Nursing Care Managers/ Coordinators/Navigators/Coaches	**5**	**4**
Other	1	1
RN Care Coordinators/Case Managers/Care Transitions	4	3
Oral Health	**208**	**175**
Dental Assistants	111	107
Dental Hygienists	21	16
Dentists	75	50
Other	1	1
Other Allied Health	**166**	**106**
Clinical Laboratory Technologists and Technicians	4	3
Nutritionists/Dieticians	2	2
Occupational Therapists	16	13
Optometrists	66	34
Other	27	14
Pharmacists	1	0
Pharmacy Technicians	3	3
Physical Therapists	18	16
Physical Therapy Assistants/Aides	2	2
Speech Language Pathologists	27	19
Patient Education	**25**	**24**
Health Educators	21	20
Certified Diabetes Educators	3	3
Other	1	1
Physician Assistants	**23**	**14**
Other Specialties	3	0
Primary Care	20	14
Physicians	**637**	**513**
Cardiologists	7	1
Emergency Medicine	2	0
Endocrinologists	2	0
Obstetricians/Gynecologists	86	21
Other Specialties (Except Psychiatrists)	46	11
Pediatrician (General)	33	27
Primary Care	33	27
Primary Care (HIV)	16	15

Residents	412	412
Social Worker Case Management/ Care Management	**32**	**27**
Bachelors Social Workers	11	11
Licensed Clinical Social Workers	2	1
Licensed Masters Social Workers	17	13
Social Worker Care Coordinators/Case Managers/Care Transition	2	2
Grand Total	**2,354**	**2,040**

Article 28 Hospital
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**21**	**21**
Executive Staff	3	3
Financial	9	9
Human Resources	3	3
Other	6	6
Administrative Support	**1**	**1**
Secretaries and Administrative Assistants	1	1
Behavioral Health	**7**	**6**
Licensed Clinical Social Workers	2	2
Licensed Masters Social Workers	5	4
Emerging Titles	**12**	**10**
Community Health Worker	3	3
Other	4	4
Peer Support Worker	5	3
Health Information Technology	**7**	**7**
Hardware Maintenance	4	4
Health Information Technology Managers	3	3
Janitors and Cleaners	**12**	**13**
Janitors and Cleaners	12	13
Nurse Practitioners	**4**	**4**
Primary Care	4	4
Nursing	**2**	**2**
Licensed Practical Nurses	1	1
Staff Registered Nurses	1	1
Oral Health	**2**	**1**
Dental Hygienists	1	1
Dentists	1	0
Other Allied Health	**4**	**4**
Clinical Laboratory Technologists and Technicians	2	2
Nutritionists/Dieticians	1	1
Optometrists	1	1
Patient Education	**3**	**3**
Health Educators	3	3
Physicians	**2**	**1**
Obstetricians/Gynecologists	1	0
Primary Care	1	0
Social Worker Case Management/ Care Management	**3**	**3**
Bachelors Social Workers	3	3
Grand Total	**80**	**74**

Article 31 Inpatient
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**2**	**2**
Executive Staff	1	1
Financial	1	1
Administrative Support	**22**	**21**
Coders/Billers	5	5
Office Clerks	2	1
Patient Service Representatives	2	2
Secretaries and Administrative Assistants	13	12
Behavioral Health	**57**	**37**
Licensed Clinical Social Workers	13	11
Licensed Masters Social Workers	22	13
Other Mental Health/Substance Abuse Titles Requiring Certification	7	5
Psychiatric Nurse Practitioners	3	1
Psychiatrists	5	2
Psychologists	2	2
Substance Abuse and Behavioral Disorder Counselors	5	5
Health Information Technology	**1**	**1**
Health Information Technology Managers	1	1
Janitors and Cleaners	**1**	**1**
Janitors and Cleaners	1	1
Nursing	**1**	**0**
Staff Registered Nurses	1	0
Grand Total	**84**	**61**

Article 31 Outpatient
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**538**	**133**
Executive Staff	59	12
Financial	198	37
Human Resources	68	18
Other	213	66
Administrative Support	**286**	**59**
Coders/Billers	54	3
Housekeeping	8	4
Office Clerks	30	8
Other	144	19
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	48	24
Transportation	1	1
Behavioral Health	**180**	**91**
Licensed Clinical Social Workers	24	14
Licensed Masters Social Workers	53	27
Other	11	6
Other Mental Health/Substance Abuse Titles Requiring Certification	7	6
Psychiatric Nurse Practitioners	3	1
Psychiatrists	8	2
Psychologists	10	5
Social and Human Service Assistants	64	29
Clinical Support	**28**	**16**
Medical Assistants	2	2
Other	26	14
Emerging Titles	**169**	**158**
Care Manager/Coordinator	151	147
Community Health Worker	2	2
Patient or Care Navigator	1	1
Peer Support Worker	15	8
Health Information Technology	**116**	**11**
Hardware Maintenance	2	2
Health Information Technology Managers	33	1
Other	62	5
Software Programmers	8	0
Technical Support	11	3
Janitors and Cleaners	**60**	**19**
Janitors and Cleaners	60	19
Nursing	**12**	**9**
Licensed Practical Nurses	2	2
Nurse Managers/Supervisors	1	1
Other Registered Nurses (Utilization Review, Staff Development, etc.)	1	1

Per Diem Staff Registered Nurses	1	0
Staff Registered Nurses	7	6
Other Allied Health	**88**	**62**
Other	86	61
Speech Language Pathologists	2	1
Patient Education	**31**	**27**
Certified Diabetes Educators	1	0
Other	30	27
Social Worker Case Management/ Care Management	**167**	**165**
Bachelors Social Workers	27	27
Licensed Clinical Social Workers	4	3
Licensed Masters Social Workers	62	61
Social Worker Care Coordinators/Case Managers/Care Transition	74	74
Grand Total	**1,675**	**752**

Article 32 Outpatient
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**12**	**12**
Executive Staff	7	7
Financial	1	1
Human Resources	2	2
Other	2	2
Administrative Support	**9**	**8**
Coders/Billers	3	3
Office Clerks	1	1
Secretaries and Administrative Assistants	5	4
Behavioral Health	**45**	**39**
Licensed Clinical Social Workers	3	2
Licensed Masters Social Workers	10	10
Other Mental Health/Substance Abuse Titles Requiring Certification	5	5
Psychiatrists	3	2
Substance Abuse and Behavioral Disorder Counselors	24	20
Emerging Titles	**4**	**4**
Care Manager/Coordinator	3	3
Peer Support Worker	1	1
Health Information Technology	**1**	**0**
Health Information Technology Managers	1	0
Janitors and Cleaners	**1**	**1**
Janitors and Cleaners	1	1
Nursing	**7**	**5**
Licensed Practical Nurses	1	0
Nurse Managers/Supervisors	2	1
Staff Registered Nurses	4	4
Physicians	**2**	**1**
Primary Care	2	1
Social Worker Case Management/ Care Management	**2**	**1**
Licensed Clinical Social Workers	1	0
Licensed Masters Social Workers	1	1
Grand Total	**83**	**71**

Home Care / Hospice
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**802**	**777**
Executive Staff	88	83
Financial	200	194
Human Resources	99	128
Other	415	372
Administrative Support	**1,189**	**1,133**
Coders/Billers	100	96
Financial Service Representatives	8	8
Housekeeping	5	3
Office Clerks	214	208
Other	277	272
Patient Service Representatives	312	281
Secretaries and Administrative Assistants	273	266
Behavioral Health	**472**	**344**
Licensed Clinical Social Workers	41	8
Licensed Masters Social Workers	158	100
Other	71	52
Other Mental Health/Substance Abuse Titles Requiring Certification	50	42
Psychiatric Nurse Practitioners	2	2
Psychiatrists	7	5
Social and Human Service Assistants	141	134
Substance Abuse and Behavioral Disorder Counselors	2	2
Clinical Support	**14**	**14**
Nurse Aides/Assistants (CNAs)	14	14
Emerging Titles	**41**	**38**
Care Manager/Coordinator	36	33
Other	5	5
Health Information Technology	**192**	**188**
Hardware Maintenance	1	1
Health Information Technology Managers	30	28
Other	6	5
Software Programmers	104	104
Technical Support	51	51
Home Health Care	**18,157**	**9,207**
Certified Home Health Aides	15,344	7,846
Other	105	29
Personal Care Aides (Level I)	647	294
Personal Care Aides (Level II)	2,061	1,038
Janitors and Cleaners	**12**	**9**
Janitors and Cleaners	12	9
Nurse Practitioners	**7**	**3**
Other Specialties (Except Psychiatric NPs)	2	1

Primary Care	5	2
Nursing	**2,362**	**1,617**
Licensed Practical Nurses	89	72
Nurse Managers/Supervisors	155	149
Other	204	109
Other Registered Nurses (Utilization Review, Staff Development, etc.)	198	180
Per Diem Staff Registered Nurses	571	27
Staff Registered Nurses	1,145	1,081
Nursing Care Managers/ Coordinators/Navigators/Coaches	**235**	**170**
LPN Care Coordinators/Case Managers	19	14
Other	32	25
RN Care Coordinators/Case Managers/Care Transitions	184	130
Other Allied Health	**756**	**438**
Nutritionists/Dieticians	8	1
Occupational Therapists	124	66
Occupational Therapy Assistants/Aides	6	3
Other	38	13
Physical Therapists	492	325
Physical Therapy Assistants/Aides	16	10
Speech Language Pathologists	72	20
Patient Education	**20**	**18**
Health Educators	13	12
Other	7	6
Physicians	**43**	**32**
Fellows	3	3
Obstetricians/Gynecologists	0	0
Other Specialties (Except Psychiatrists)	22	14
Primary Care	18	16
Social Worker Case Management/ Care Management	**70**	**15**
Bachelors Social Workers	26	2
Licensed Clinical Social Workers	6	2
Licensed Masters Social Workers	34	8
Social Worker Care Coordinators/Case Managers/Care Transition	4	4
Grand Total	**24,372**	**14,003**

Hospital / ED
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**60**	**57**
Executive Staff	29	29
Financial	14	14
Human Resources	17	14
Administrative Support	**396**	**339**
Coders/Billers	12	12
Dietary/Food Service	58	42
Housekeeping	102	89
Office Clerks	76	60
Patient Service Representatives	119	107
Secretaries and Administrative Assistants	29	29
Transportation	0	0
Clinical Support	**285**	**256**
Nurse Aides/Assistants (CNAs)	253	225
Patient Care Techs (Associates)	32	30
Nurse Practitioners	**3**	**2**
Other Specialties (Except Psychiatric NPs)	2	2
Primary Care	1	0
Nursing	**767**	**676**
Licensed Practical Nurses	1	1
Nurse Managers/Supervisors	35	28
Per Diem Staff Registered Nurses	59	8
Staff Registered Nurses	672	639
Nursing Care Managers/ Coordinators/Navigators/Coaches	**37**	**35**
RN Care Coordinators/Case Managers/Care Transitions	37	35
Other Allied Health	**175**	**147**
Clinical Laboratory Technologists and Technicians	44	36
Nutritionists/Dieticians	5	5
Occupational Therapists	5	5
Pharmacists	32	30
Pharmacy Technicians	25	24
Physical Therapists	12	12
Physical Therapy Assistants/Aides	2	1
Respiratory Therapists	43	29
Speech Language Pathologists	7	7
Physician Assistants	**45**	**33**
Other Specialties	40	28
Primary Care	5	5
Physicians	**146**	**144**
Fellows	6	5
Primary Care	2	1
Residents	138	138

Social Worker Case Management/ Care Management	**23**	**23**
Licensed Masters Social Workers	22	22
Social Worker Care Coordinators/Case Managers/Care Transition	1	1
Grand Total	**1,937**	**1,711**

Non-licensed CBO
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**1,965**	**740**
Executive Staff	210	79
Financial	625	182
Human Resources	194	55
Other	936	424
Administrative Support	**1,188**	**467**
Coders/Billers	150	10
Dietary/Food Service	64	57
Housekeeping	79	58
Office Clerks	161	101
Other	409	70
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	276	162
Transportation	48	9
Behavioral Health	**1,856**	**1,315**
Licensed Clinical Social Workers	90	92
Licensed Masters Social Workers	109	78
Other	68	62
Other Mental Health/Substance Abuse Titles Requiring Certification	1	1
Psychiatric Nurse Practitioners	8	1
Psychiatrists	71	34
Psychologists	28	18
Social and Human Service Assistants	1,472	1,022
Substance Abuse and Behavioral Disorder Counselors	9	7
Clinical Support	**59**	**12**
Medical Assistants	1	1
Other	58	11
Emerging Titles	**506**	**426**
Care Manager/Coordinator	301	271
Community Health Worker	16	13
Other	156	130
Patient or Care Navigator	1	1
Peer Support Worker	32	12
Health Information Technology	**313**	**36**
Health Information Technology Managers	83	3
Other	148	7
Software Programmers	28	6
Technical Support	54	20
Home Health Care	**15**	**15**
Certified Home Health Aides	5	5
Other	1	1
Personal Care Aides (Level I)	6	6

Personal Care Aides (Level II)	3	3
Janitors and Cleaners	**191**	**71**
Janitors and Cleaners	191	71
Nurse Practitioners	**1**	**1**
Primary Care	1	1
Nursing	**135**	**101**
Licensed Practical Nurses	26	24
Nurse Managers/Supervisors	14	14
Staff Registered Nurses	95	64
Nursing Care Managers/ Coordinators/Navigators/Coaches	**17**	**9**
LPN Care Coordinators/Case Managers	6	5
RN Care Coordinators/Case Managers/Care Transitions	11	4
Other Allied Health	**95**	**63**
Nutritionists/Dieticians	62	54
Occupational Therapists	8	0
Occupational Therapy Assistants/Aides	1	0
Other	9	6
Physical Therapists	6	1
Physical Therapy Assistants/Aides	1	0
Speech Language Pathologists	8	2
Patient Education	**3**	**3**
Certified Asthma Educators	3	3
Physicians	**3**	**2**
Pediatrician (General)	3	2
Social Worker Case Management/ Care Management	**187**	**179**
Bachelors Social Workers	28	26
Licensed Clinical Social Workers	26	26
Licensed Masters Social Workers	55	55
Other	45	40
Social Worker Care Coordinators/Case Managers/Care Transition	33	33
Grand Total	**6,534**	**3,441**

Nursing Home / SNF
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**116**	**111**
Executive Staff	34	34
Financial	57	54
Human Resources	14	14
Other	11	9
Administrative Support	**534**	**500**
Coders/Billers	6	6
Dietary/Food Service	183	177
Housekeeping	175	170
Office Clerks	27	21
Other	99	91
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	29	28
Transportation	14	7
Behavioral Health	**27**	**19**
Licensed Clinical Social Workers	3	3
Licensed Masters Social Workers	4	3
Other	3	3
Psychiatrists	4	2
Psychologists	2	0
Social and Human Service Assistants	11	8
Clinical Support	**1,283**	**1,022**
Nurse Aides/Assistants (CNAs)	1,254	1,015
Other	19	7
Patient Care Techs (Associates)	10	0
Health Information Technology	**16**	**12**
Hardware Maintenance	10	10
Health Information Technology Managers	3	2
Other	3	0
Home Health Care	**167**	**138**
Certified Home Health Aides	148	127
Other	19	11
Janitors and Cleaners	**75**	**63**
Janitors and Cleaners	75	63
Nurse Practitioners	**7**	**2**
Primary Care	7	2
Nursing	**857**	**702**
Licensed Practical Nurses	367	350
Nurse Managers/Supervisors	71	59
Other	10	5
Other Registered Nurses (Utilization Review, Staff Development, etc.)	11	6
Per Diem Staff Registered Nurses	33	17
Staff Registered Nurses	365	265

Nursing Care Managers/ Coordinators/Navigators/Coaches	**8**	**7**
Other	1	1
RN Care Coordinators/Case Managers/Care Transitions	7	6
Oral Health	**5**	**2**
Dental Assistants	1	0
Dental Hygienists	1	1
Dentists	3	1
Other Allied Health	**249**	**159**
Nutritionists/Dieticians	35	27
Occupational Therapists	29	24
Occupational Therapy Assistants/Aides	38	26
Optometrists	2	0
Other	26	11
Pharmacists	13	6
Pharmacy Technicians	2	1
Physical Therapists	37	28
Physical Therapy Assistants/Aides	49	23
Respiratory Therapists	6	6
Speech Language Pathologists	12	7
Physician Assistants	**7**	**7**
Primary Care	7	7
Physicians	**62**	**22**
Cardiologists	1	0
Obstetricians/Gynecologists	1	0
Other Specialties (Except Psychiatrists)	16	1
Primary Care	44	21
Social Worker Case Management/ Care Management	**54**	**37**
Bachelors Social Workers	8	8
Licensed Clinical Social Workers	15	15
Licensed Masters Social Workers	5	5
Other	9	3
Social Worker Care Coordinators/Case Managers/Care Transition	17	6
Grand Total	**3,467**	**2,802**

Pharmacies
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Other Allied Health	**31**	**26**
Pharmacists	10	10
Pharmacy Technicians	21	16
Grand Total	**31**	**26**

Private Provider Practices
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**1**	**0**
Executive Staff	1	0
Administrative Support	**34**	**3**
Coders/Billers	5	1
Office Clerks	3	0
Other	12	0
Secretaries and Administrative Assistants	14	2
Clinical Support	**6**	**3**
Medical Assistants	6	3
Janitors and Cleaners	**1**	**0**
Janitors and Cleaners	1	0
Nursing	**1**	**0**
Nurse Managers/Supervisors	1	0
Physicians	**6**	**3**
Other Specialties (Except Psychiatrists)	3	0
Pediatrician (General)	3	3
Grand Total	**49**	**9**

"Other" Facility Types
Total Reported Workforce Data (Headcount and FTEs)

Job Title	Total Headcount	Total FTEs
Administrative Staff	**1,260**	**287**
Executive Staff	153	34
Financial	424	77
Human Resources	138	26
Other	545	150
Administrative Support	**1,038**	**324**
Coders/Billers	131	25
Dietary/Food Service	44	25
Housekeeping	30	19
Office Clerks	74	16
Other	470	156
Secretaries and Administrative Assistants	181	70
Transportation	108	13
Behavioral Health	**653**	**256**
Licensed Clinical Social Workers	11	5
Licensed Masters Social Workers	27	24
Other	42	36
Other Mental Health/Substance Abuse Titles Requiring Certification	11	5
Psychiatric Nurse Practitioners	2	2
Psychiatrists	28	4
Psychologists	34	21
Social and Human Service Assistants	497	157
Substance Abuse and Behavioral Disorder Counselors	1	1
Clinical Support	**65**	**32**
Medical Assistants	1	1
Nurse Aides/Assistants (CNAs)	30	29
Other	34	3
Emerging Titles	**159**	**136**
Care Manager/Coordinator	101	100
Community Health Worker	11	11
Other	17	5
Patient or Care Navigator	19	19
Peer Support Worker	11	2
Health Information Technology	**235**	**22**
Health Information Technology Managers	66	4
Other	120	6
Software Programmers	16	0
Technical Support	33	12
Home Health Care	**840**	**678**
Other	840	678
Janitors and Cleaners	**153**	**99**
Janitors and Cleaners	153	99

Nurse Practitioners	**3**	**3**
Other Specialties (Except Psychiatric NPs)	3	3
Nursing	**218**	**171**
Licensed Practical Nurses	44	42
Nurse Managers/Supervisors	27	18
Other Registered Nurses (Utilization Review, Staff Development, etc.)	18	18
Staff Registered Nurses	129	94
Nursing Care Managers/ Coordinators/Navigators/Coaches	**71**	**70**
LPN Care Coordinators/Case Managers	2	2
RN Care Coordinators/Case Managers/Care Transitions	69	69
Other Allied Health	**169**	**149**
Clinical Laboratory Technologists and Technicians	46	36
Occupational Therapists	13	13
Other	76	70
Physical Therapists	8	7
Speech Language Pathologists	26	23
Patient Education	**2**	**2**
Health Coach	2	2
Physicians	**12**	**1**
Pediatrician (General)	2	1
Primary Care	10	0
Social Worker Case Management/ Care Management	**186**	**185**
Bachelors Social Workers	65	65
Licensed Clinical Social Workers	10	10
Licensed Masters Social Workers	54	54
Other	8	8
Social Worker Care Coordinators/Case Managers/Care Transition	49	48
Grand Total	**5,064**	**2,416**

3. Current Workforce State Data – Total Reported FTE Vacancies by Job Title (FTE and FTE Vacancies)

Total Reported FTE Vacancies by Job Title across All Facility Types
(FTE and FTE Vacancies)

Job Title	Total FTEs	Total FTE Vacancies
Administrative Staff	**2,295**	**87**
Other	1,061	66
Financial	611	12
Human Resources	278	6
Executive Staff	345	3
Administrative Support	**3,322**	**149**
Patient Service Representatives	653	41
Other	624	34
Secretaries and Administrative Assistants	669	16
Coders/Billers	199	15
Office Clerks	461	12
Dietary/Food Service	301	11
Housekeeping	364	10
Transportation	34	9
Financial Service Representatives	16	0
Medical Interpreters	0	0
Behavioral Health	**2,248**	**197**
Social and Human Service Assistants	1,358	76
Other	162	37
Licensed Masters Social Workers	329	34
Licensed Clinical Social Workers	154	32
Psychiatric Nurse Practitioners	15	5
Other Mental Health/Substance Abuse Titles Requiring Certification	67	4
Psychiatrists	66	3
Psychologists	60	3
Substance Abuse and Behavioral Disorder Counselors	38	2
Psychiatric Aides/Techs	0	0
Clinical Support	**1,567**	**86**
Nurse Aides/Assistants (CNAs)	1,282	73
Medical Assistants	210	7
Other	38	5
Patient Care Techs (Associates)	36	1
Emerging Titles	**836**	**95**
Care Manager/Coordinator	569	49
Other	166	16
Peer Support Worker	25	14

Patient or Care Navigator	47	9
Community Health Worker	29	7
Health Information Technology	**313**	**12**
Software Programmers	113	3
Hardware Maintenance	23	3
Technical Support	92	3
Health Information Technology Managers	52	2
Other	33	1
Home Health Care	**10,217**	**274**
Certified Home Health Aides	7,978	163
Other	719	68
Personal Care Aides (Level II)	1,220	43
Personal Care Aides (Level I)	300	0
Janitors and Cleaners	**301**	**10**
Janitors and Cleaners	301	10
Midwifery	**11**	**2**
Midwives	11	2
Other	0	0
Nurse Practitioners	**71**	**15**
Primary Care	62	15
Other Specialties (Except Psychiatric NPs)	9	0
Nursing	**3,398**	**408**
Staff Registered Nurses	2,210	181
Per Diem Staff Registered Nurses	53	145
Nurse Managers/Supervisors	279	25
Other Registered Nurses (Utilization Review, Staff Development, etc.)	204	24
Licensed Practical Nurses	538	21
Other	114	13
Nursing Care Managers/ Coordinators/Navigators/Coaches	**300**	**52**
Other	28	44
RN Care Coordinators/Case Managers/Care Transitions	251	8
LPN Care Coordinators/Case Managers	21	0
Oral Health	**177**	**7**
Dental Assistants	107	3
Dentists	52	3
Dental Hygienists	18	1
Other	1	0
Other Allied Health	**1,176**	**65**
Other	185	15
Physical Therapists	393	14
Occupational Therapists	124	9
Speech Language Pathologists	82	8
Clinical Laboratory Technologists and Technicians	77	6
Respiratory Therapists	35	3
Pharmacy Technicians	44	3
Physical Therapy Assistants/Aides	36	2

Nutritionists/Dieticians	90	2
Pharmacists	45	2
Optometrists	35	1
Occupational Therapy Assistants/Aides	29	0
Patient Education	**77**	**4**
Health Coach	2	2
Other	35	1
Health Educators	35	1
Certified Diabetes Educators	3	0
Certified Asthma Educators	3	0
Physician Assistants	**54**	**12**
Primary Care	25	9
Other Specialties	29	3
Physicians	**722**	**16**
Primary Care	68	6
Fellows	8	6
Other Specialties (Except Psychiatrists)	26	3
Primary Care (HIV)	15	1
Pediatrician (General)	33	0
Emergency Medicine	0	0
Endocrinologists	0	0
Residents	550	0
Cardiologists	1	0
Obstetricians/Gynecologists	21	0
Social Worker Case Management/ Care Management	**645**	**55**
Licensed Masters Social Workers	223	33
Social Worker Care Coordinators/Case Managers/Care Transition	168	13
Bachelors Social Workers	142	6
Licensed Clinical Social Workers	63	3
Other	50	0
Grand Total	**27,730**	**1,545**

4. Current Workforce State Data – Total Reported Job Titles with CBA Status (Percentage) by Facility Type

**Exhibit 40: Article 28 Diagnostic & Treatment Centers
CBA Status Reported by Job Title**

Job Title	Reported CBA Status (%)
Administrative Staff	
Human Resources	12.50%
Financial	8.33%
Administrative Support	
Financial Service Representatives	100.00%
Housekeeping	100.00%
Office Clerks	37.50%
Patient Service Representatives	33.33%
Secretaries and Administrative Assistants	16.67%
Coders/Billers	14.29%
Behavioral Health	
Psychologists	50.00%
Substance Abuse and Behavioral Disorder Counselors	50.00%
Social and Human Service Assistants	50.00%
Licensed Masters Social Workers	33.33%
Licensed Clinical Social Workers	20.00%
Clinical Support	
Patient Care Techs (Associates)	100.00%
Medical Assistants	25.00%
Emerging Titles	
Care Manager/Coordinator	50.00%
Health Information Technology	
Software Programmers	100.00%
Hardware Maintenance	33.33%
Technical Support	25.00%
Health Information Technology Managers	16.67%
Janitors and Cleaners	
Janitors and Cleaners	40.00%
Midwifery	
Midwives	33.33%
Nursing	
Per Diem Staff Registered Nurses	50.00%
Licensed Practical Nurses	50.00%
Staff Registered Nurses	28.57%
Oral Health	
Dental Assistants	18.18%
Dental Hygienists	16.67%
Other Allied Health	
Pharmacy Technicians	50.00%
Physical Therapy Assistants/Aides	50.00%
Other	50.00%

Optometrists	33.33%
Physical Therapists	16.67%
Speech Language Pathologists	14.29%
Patient Education	
Other	100.00%
Physician Assistants	
Primary Care	16.67%
Physicians	
Other Specialties (Except Psychiatrists)	12.50%
Social Worker Case Management/ Care Management	
Licensed Masters Social Workers	20.00%

**Exhibit 41: Article 28 Hospital
CBA Status Reported by Job Title**

Job Title	Reported CBA Status (%)
Administrative Staff	
Human Resources	100.00%
Other	100.00%
Financial	100.00%
Behavioral Health	
Licensed Masters Social Workers	100.00%
Licensed Clinical Social Workers	100.00%
Emerging Titles	
Community Health Worker	100.00%
Other	100.00%
Health Information Technology	
Hardware Maintenance	100.00%
Janitors and Cleaners	
Janitors and Cleaners	100.00%
Nursing	
Licensed Practical Nurses	100.00%
Oral Health	
Dental Hygienists	100.00%
Patient Education	
Health Educators	100.00%
Social Worker Case Management/ Care Management	
Bachelors Social Workers	100.00%

Exhibit 42: Home Care / Hospice
CBA Status Reported by Job Title

Job Title	Reported CBA Status (%)
Administrative Support	
Coders/Billers	33.33%
Secretaries and Administrative Assistants	18.18%
Office Clerks	15.38%
Behavioral Health	
Psychiatrists	50.00%
Psychiatric Nurse Practitioners	50.00%
Other	40.00%
Home Health Care	
Personal Care Aides (Level II)	42.86%
Certified Home Health Aides	31.25%
Personal Care Aides (Level I)	20.00%
Janitors and Cleaners	
Janitors and Cleaners	25.00%
Nursing	
Licensed Practical Nurses	30.77%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	17.65%
Per Diem Staff Registered Nurses	16.00%
Staff Registered Nurses	13.04%
Other	8.33%
Other Allied Health	
Physical Therapy Assistants/Aides	20.00%

Exhibit 43: Hospital / ED
CBA Status Reported by Job Title

Job Title	Reported CBA Status (%)
Administrative Support	
Dietary/Food Service	100.00%
Patient Service Representatives	100.00%
Housekeeping	100.00%
Clinical Support	
Patient Care Techs (Associates)	100.00%
Nurse Aides/Assistants (CNAs)	100.00%
Nursing	
Staff Registered Nurses	100.00%
Per Diem Staff Registered Nurses	100.00%
Licensed Practical Nurses	100.00%
Nursing Care Managers/ Coordinators/Navigators/Coaches	
RN Care Coordinators/Case Managers/Care Transitions	100.00%
Other Allied Health	
Physical Therapists	100.00%
Pharmacists	100.00%
Speech Language Pathologists	100.00%
Nutritionists/Dieticians	100.00%
Pharmacy Technicians	100.00%
Occupational Therapists	100.00%
Physical Therapy Assistants/Aides	100.00%
Respiratory Therapists	100.00%
Physician Assistants	
Primary Care	100.00%
Other Specialties	100.00%
Social Worker Case Management/ Care Management	
Social Worker Care Coordinators/Case Managers/Care Transition	100.00%
Licensed Masters Social Workers	100.00%

**Exhibit 44: Non-Licensed CBOs
CBA Status Reported by Job Title**

Job Title	Reported CBA Status (%)
Administrative Staff	
Other	50.00%
Administrative Support	
Transportation	100.00%
Dietary/Food Service	71.43%
Office Clerks	68.75%
Housekeeping	64.29%
Behavioral Health	
Other Mental Health/Substance Abuse Titles Requiring Certification	100.00%
Licensed Clinical Social Workers	88.89%
Other	87.50%
Licensed Masters Social Workers	83.33%
Social and Human Service Assistants	68.75%
Psychologists	54.55%
Substance Abuse and Behavioral Disorder Counselors	50.00%
Emerging Titles	
Peer Support Worker	73.33%
Care Manager/Coordinator	18.18%
Janitors and Cleaners	
Janitors and Cleaners	68.75%
Nursing	
Staff Registered Nurses	53.85%
Licensed Practical Nurses	20.00%
Other Allied Health	
Other	50.00%

Exhibit 45: Nursing Homes / SNFs
CBA Status Reported by Job Title

Job Title	Reported CBA Status (%)
Administrative Support	
Dietary/Food Service	57.14%
Housekeeping	50.00%
Office Clerks	50.00%
Coders/Billers	50.00%
Clinical Support	
Patient Care Techs (Associates)	100.00%
Nurse Aides/Assistants (CNAs)	42.86%
Janitors and Cleaners	
Janitors and Cleaners	50.00%
Nursing	
Licensed Practical Nurses	44.44%
Per Diem Staff Registered Nurses	33.33%
Staff Registered Nurses	22.22%
Oral Health	
Dental Assistants	100.00%
Dental Hygienists	100.00%
Other Allied Health	
Pharmacy Technicians	100.00%
Pharmacists	100.00%
Physical Therapy Assistants/Aides	16.67%
Nutritionists/Dieticians	14.29%
Occupational Therapists	14.29%
Physical Therapists	14.29%
Social Worker Case Management/ Care Management	
Licensed Masters Social Workers	50.00%
Licensed Clinical Social Workers	33.33%

Exhibit 46: "Other" Facility Types
CBA Status Reported by Job Title

Job Title	Reported CBA Status (%)
Administrative Staff	
Other	57.14%
Administrative Support	
Transportation	100.00%
Housekeeping	85.71%
Office Clerks	80.00%
Dietary/Food Service	75.00%
Other	10.00%
Behavioral Health	
Social and Human Service Assistants	88.89%
Other	75.00%
Other Mental Health/Substance Abuse Titles Requiring Certification	75.00%
Licensed Masters Social Workers	71.43%
Licensed Clinical Social Workers	66.67%
Psychologists	60.00%
Clinical Support	
Medical Assistants	100.00%
Emerging Titles	
Peer Support Worker	100.00%
Care Manager/Coordinator	33.33%
Janitors and Cleaners	
Janitors and Cleaners	66.67%
Nursing	
Staff Registered Nurses	75.00%
Licensed Practical Nurses	60.00%
Other Allied Health	
Other	60.00%
Social Worker Case Management/ Care Management	
Social Worker Care Coordinators/Case Managers/Care Transition	50.00%
Bachelors Social Workers	33.33%

Exhibit 47: Article 31 Outpatient
CBA Status Reported by Job Title

Job Title	Reported CBA Status (%)
Administrative Staff	
Other	62.50%
Financial	14.29%
Human Resources	12.50%
Administrative Support	
Transportation	100.00%
Office Clerks	83.33%
Housekeeping	75.00%
Secretaries and Administrative Assistants	12.50%
Behavioral Health	
Social and Human Service Assistants	100.00%
Psychologists	66.67%
Other Mental Health/Substance Abuse Titles Requiring Certification	50.00%
Licensed Masters Social Workers	50.00%
Other	50.00%
Licensed Clinical Social Workers	25.00%
Clinical Support	
Medical Assistants	100.00%
Emerging Titles	
Peer Support Worker	80.00%
Care Manager/Coordinator	60.00%
Health Information Technology	
Hardware Maintenance	100.00%
Janitors and Cleaners	
Janitors and Cleaners	83.33%
Nursing	
Licensed Practical Nurses	100.00%
Staff Registered Nurses	50.00%
Other Allied Health	
Other	50.00%
Social Worker Case Management/ Care Management	
Bachelors Social Workers	50.00%
Social Worker Care Coordinators/Case Managers/Care Transition	50.00%
Licensed Masters Social Workers	33.33%

**Exhibit 48: Article 32 Outpatient
CBA Status Reported by Job Title**

Job Title	Reported CBA Status (%)
Administrative Staff	
Other	100.00%
Financial	100.00%
Human Resources	50.00%
Executive Staff	25.00%
Administrative Support	
Secretaries and Administrative Assistants	33.33%
Emerging Titles	
Peer Support Worker	100.00%
Janitors and Cleaners	
Janitors and Cleaners	100.00%
Nursing	
Licensed Practical Nurses	100.00%
Social Worker Case Management/ Care Management	
Licensed Clinical Social Workers	100.00%
Licensed Masters Social Workers	100.00%