



Workforce Gap Analysis Report for



Issued: September 13, 2016

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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. Maimonides Medical Center (MMC) is the designated lead for a Performing Provider System (PPS) known as Community Care of Brooklyn (CCB).

The DSRIP program includes a number of Workforce Strategy milestones, and MMC engaged BDO Consulting (“BDO”) as its workforce vendor to assist in the development of a detailed analysis of the gap between the “current state workforce” and the “projected target workforce state” taking into consideration both demographic and other trends, and the anticipated impact of the DSRIP program’s system transformations and clinical integration initiatives on workforce needs.

The development of CCB’s gap analysis was overseen by CCB’s Workforce Committee, with reports presented to and discussed at other CCB governance committees, subject to final approval by the CCB Executive Committee and MMC. CCB engaged key stakeholders, including internal PPS project management staff and clinical leadership, in the development of the workforce gap analysis. Further, CCB collaborated with other downstate PPSs through an informal Workforce Consortium developed to support collaboration across networks in data gathering, analysis, and strategy development, when appropriate. Collaboration took place through a series of in person working sessions and conference calls with representation from multiple PPSs.

As detailed within this report, the gap analysis summarizes the completed current workforce state assessment and the projected target workforce state as well as identifies gaps between the current and target workforce states.

CCB’s gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap to assist CCB in designing and prioritizing appropriate workforce transformation initiatives and support, including training. The gap analysis will also help with identification of potential challenges with implementation of CCB’s workforce strategy. Although this document highlights the potential gaps within CCB’s workforce, CCB expects the analysis to be a dynamic process with likely additional gaps being highlighted as the DSRIP projects are implemented.

### Summary Gap Analysis Findings

Overall the DSRIP related project workforce impacts are projected to be most significant for the following job categories; primary care providers (PCPs), Licensed Clinical Social Workers (LCSW), Medical Assistants (Mas), administrative support, Registered Nurses (RNs), nurse aids/assistants, and the emerging title positions in the area of Care Management. Based on the current workforce state reported by the PPS Partners, the PPS's overall existing vacancies amongst nursing and behavioral health positions may normalize some of the future workforce turnover. In specific instances where high workforce vacancies are reported (RNs), the impacts of DSRIP projects may minimize the gaps that currently exist within the PPS's workforce.

Within primary care / community based settings the anticipated increase in demand for PCPs as patients are redirected to seek care outside of the Emergency Department ("ED") through the ED Triage project and increased use of PCPs through the Health Home at Risk project and Cardiovascular Disease Management project may create a workforce gap within CCB. Based on the PPS's reported current workforce state data, a vacancy rate of over 10% exists for PCPs across the PPS's network, which is well above a rate that might be attributed to normal turnover. Further, the growth in overall demand for Physicians in NYS is forecasted to outpace growth in the current supply of Physicians. Given this workforce supply factor combined with the anticipated increase in demand for PCPs as well as current reported vacancy rates, the existing PCP gap is likely to be further impacted over time as project goals are realized.

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 ("LCSW"), is projected. Additionally, based on the current workforce state data reported, there are significant vacancy rates for Behavioral Health positions currently within CCB. As a result, gaps in CCB's Behavioral Health workforce exist and are likely to be further increased as a result of project impacts. In addition to LCSWs, a significant number of administrative support staff is anticipated to be needed to support the integration of primary care and behavioral health services.

Within ED / hospital inpatient settings, CCB may experience a decrease in demand for ED Physicians and hospitalists as well as a decrease in demand for nursing positions including Nurse Aids/Assistants and RNs as patients seek care outside of the ED / inpatient settings as a result of the DSRIP program. The projected decrease in demand for the ED / hospital inpatient workforce may be partially offset by factors unrelated to the DSRIP program such as population growth within Brooklyn and CCB. Given current RN vacancies, the forecasted population growth in Brooklyn and the number of RNs nearing retirement age with CCB, the projected decline in RNs due to DSRIP may be partially offset.

Through the implementation of the care transition project, demand for Care Coordinators, Health Coaches, Transitional Care Managers, Transitional Care Nurses, Community Health

Workers, and Patient Navigators is projected to significantly increase. The projected increase is largely driven by the implementation of the Health Home at Risk Intervention program. Based on the anticipated increase in utilization of care management services throughout NYS, the PPS may face difficulties in recruiting to meet the anticipated needs.

### I. Background & Purpose

#### A. Overview of the Performing Provider System

CCB is comprised of a robust Participant network of health care organizations and CBOs geographically located within CCB's service area. As the designated lead for CCB's, Maimonides Medical Center is responsible for overseeing the DSRIP program and for coordinating implementation of CCB's DSRIP initiatives and projects.

CCB is comprised of over 800 participant organizations ("Participants"), encompassing a broad range of specialties and care settings in Brooklyn and a small area of Queens adjacent to one of its hospital members. Included in CCB's network are six hospitals (Interfaith Medical Center, Kingsbrook Jewish Medical Center, Maimonides Medical Center, New York Community Hospital, New York Methodist Hospital, and Wyckoff Heights Medical Center), 8 federally-qualified health centers, and more than 3,700 clinical providers (of whom 1,600 are primary care providers). CCB is the largest PPS in Brooklyn and one of the largest PPSs in New York State.

#### B. Purpose of the Workforce Gap Analysis

The purpose of conducting a workforce gap analysis is to identify and understand the gaps that exist within Participants' workforce by leveraging findings from the current workforce state and the projected target workforce state to inform CCB's overall workforce strategy.

CCB engaged BDO to identify workforce gaps that currently exists as well as 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 CCB's Workforce Governance Committee and included input from providers within CCB's partner network.

As defined within this report, CCB'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 CCB to understand and forecast workforce needs in terms of redeployment, retraining and hiring 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 CCB's network as a result of the DSRIP program and population trends over the five DSRIP years.

CCB's gap analysis will be leveraged to inform the development and implementation of the workforce transition roadmap which will be used to assist CCB in designing and prioritizing appropriate workforce transformation initiatives and support. CCB expects that additional gaps, beyond what can currently be reliably forecast, may be highlighted as the projects are implemented.

## II. Current Workforce State Assessment Overview

### A. Current Workforce State Assessment Approach

In order to assess the current workforce state, Maimonides Medical Center engaged BDO and the Center for Health Workforce Studies (CHWS) on behalf of CCB to collect and analyze information pertaining to the current workforce, including staffing, infrastructure, culture, and strengths and challenges. The current state workforce assessment, including the development and distribution of a survey to its Participants to collect workforce data pertaining to CCB's network and additional data requests and stakeholder engagement sessions, focused on obtaining additional pertinent data on CCB workforce. Please see *Appendix 5* for a copy of the survey and related documents.

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

Within the survey, Participants were requested to provide workforce data by job title noting total headcount, full time equivalents ("FTEs"), number of vacancies, average hourly wages, fringe benefits (%), and collective bargaining agreements. Participants were also asked to provide data pertaining to temporary and agency staff including total headcount, hours, and FTEs. The survey also included sections for Participants to indicate minimum requirements for certain job titles, such as required degrees/education and years of experience. The purpose for collecting this level of workforce data is to establish a baseline or current state of Participants' 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.

CCB's Participants 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 Mental Health Services (Article 31)
- Outpatient Mental Health Services (Article 31)
- Inpatient Services for Substance Abuse/Chemical Dependency (Article 32)



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- Outpatient Services for Substance Abuse/Chemical Dependency (Article 32)
- Article 28 Diagnostic & Treatment Centers
- Article 16 Clinics - Services for the individuals with developmental disabilities
- Home Care / Hospice (including Certified Home Health Agencies, Licensed Health Care Services Agencies, and Hospices)
- Hospital-based Article 28 Outpatient Clinics
- Hospital Inpatient / Emergency Department (“ED”)
- Non-licensed Community Based Organization (“CBO”)
- Nursing Home / Skilled Nursing Facility (“SNF”)
- Private Provider Practice
- Pharmacies
- Retail Clinics
- Other (includes Medicaid Health Home programs, non-licensed and licensed residential housing, and adult daycare programs).

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 CCB Participants to facilitate completion of the current state workforce survey. Further, in an effort to maximize survey response rates from CCB’s Participants, BDO and CHWS provided multiple communication touch points including survey reminder emails and phone calls to engage the designated workforce contact for each of CCB Participants who had not already submitted a survey.

The survey was made available for completion, as a fillable PDF, on February 2, 2016 and submissions from CCB Participants were accepted through to April 1, 2016. The survey was distributed to 816 of CCB’s Participants. Completed surveys were submitted directly to CHWS. A total of 288 surveys were completed and submitted by 172 PPS Participants, of which 37 organizations were private practitioners, and the remaining 135 were other organizations. The submissions equate to a response rate of approximately 10.0% for private practitioners and 31.0% for organizations.

Following the survey deadline, BDO and CHWS aggregated the workforce data reported by CCB Participants and reported current workforce state findings on an overall basis as well as by facility type and by job title. Collection and reporting of relevant compensation data was done in compliance with anti-trust provisions<sup>1</sup>.

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<sup>1</sup> 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.

## B. Current Workforce State Survey Findings

The aggregated workforce data from the current workforce state survey is being leveraged by CCB to gain an understanding of the current workforce across all 800+ Participants within CCB’s network. As previously described, the summary of findings below is based on the responses from 299 surveys completed by 172 of CCB’s Participants that responded to the current state survey, which is approximately 10.0% of CCB’s private practitioners and 31.0% of its organizations.

As shown in *Exhibit 1* below, the surveys submitted cover a range of facility types, with the highest number of submissions received from Home Care / Hospice organizations. The “Other” facility type category consists of a various facility types that were not captured in the survey options such as Health Homes, Foster Care agencies and licensed residential facilities.

The current workforce state data presented in the following sections provides a snapshot of CCB’s current workforce state by detailing reported workforce data across Facility Types and Job Titles by headcount, FTEs, 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 approximately 10.0% for the private practitioners and 31.0% for CCB’s organizations, the data received likely represents a much greater proportion of CCB workforce due to many of CCB’s largest organizations submitting surveys, including its six hospitals; Interfaith Medical Center, Kingsbrook Jewish Medical Center, Maimonides Medical Center, New York Methodist Hospital, New York Community Hospital, and Wyckoff Heights Medical Center. Note in the table below, Calvary Hospital submitted two surveys for its long term acute care hospital facilities.

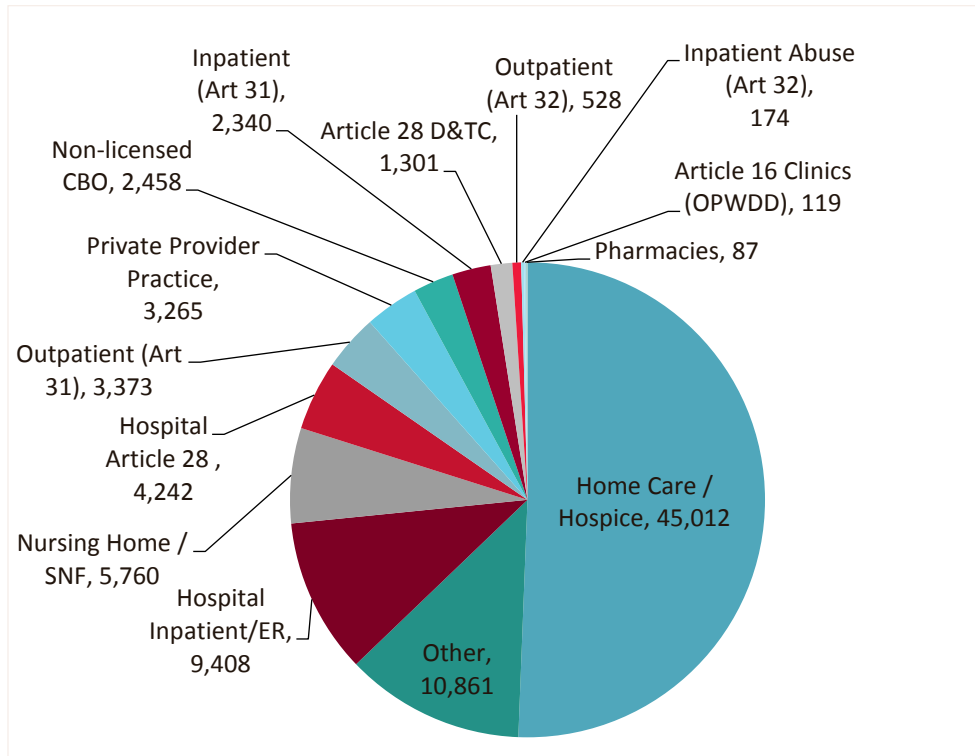
Exhibit 1: Summary of survey submission by facility type

Facility Type	Sum of FTEs	Number of Surveys Received
Home Care / Hospice	25,157	59
Hospital Inpatient / ER	8,927	7
Nursing Home / SNF	5,900	20
Other	5,198	43
Hospital Article 28 Outpatient Clinics	3,527	4
Private Provider Practice	2,889	37
Non-licensed CBO	1,966	37
Outpatient Services for Mentally Disabled (Art 31)	1,819	22
Inpatient Services for Mentally Disabled (Art 31)	1,346	13
Article 28 Diagnostic & Treatment Centers	1,091	21
Outpatient Services for Substance Abuse (Art 32)	448	17
Inpatient Services for Substance Abuse (Art 32)	163	3
Article 16 Clinics (OPWDD)	85	4
Pharmacies	82	1

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Exhibit 2 provides an overall summary of CCB Participants' reported workforce which includes a total headcount of 88,927 individuals.

Exhibit 2: PPS Workforce Reported by Survey Participants by Facility Type (Headcount)



## 1. Job Titles

The following section details the reported Job Categories by FTEs across the different facility types. *Exhibit 3* through *Exhibit 10* provides aggregated workforce data across each facility type for the reported DOH Job Categories by FTEs. Please see *Appendix 1 and 2* for a complete data set of all facility types as well as for a more detailed breakout of the job titles included within each of the Job Categories reported in the tables below.

Workforce data was reported for all facility types across CCB with the exception of Retail Clinics.

As detailed in Exhibit 3, a total of 25,157 FTEs were reported by survey respondents in Home Care / Hospice. The workforce for this facility type is largely represented by Home Health Care FTEs.

Exhibit 3: Home Care / Hospice, Total Reported Workforce by Job Category		
Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Home Care/Hospice Total FTEs
Home Health Care	19,239	76.48%
Nursing	1,840	7.31%
Administrative Support	1,463	5.82%
Administrative Staff	1,036	4.12%
Other Allied Health	487	1.94%
Behavioral Health	341	1.36%
Emerging Titles	209	0.83%
Nursing Care Managers/ Coordinators/Navigators/Coaches	205	0.81%
Health Information Technology	203	0.81%
Social Worker Case Management/ Care Management	48	0.19%
Physicians	29	0.11%
Clinical Support	27	0.11%
Patient Education	19	0.08%
Janitors and cleaners	9	0.03%
Nurse Practitioners	3	0.01%

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*Exhibit 4* presents FTEs reported by survey respondents in Hospitals and ED's, with a total of 8,927 FTEs reported. The workforce for this facility type is largely represented by, Nursing, Administrative Support, Other Allied Health, and Clinical Support.

Exhibit 4: Hospital / ED, Total Reported Workforce by Job Category

Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Hospital/ED Total FTEs
Nursing	2,413	27.04%
Administrative Support	1,773	19.86%
Other Allied Health	1,444	16.18%
Clinical Support	1,192	13.36%
Physicians	1,038	11.63%
Administrative Staff	256	2.87%
Janitors and cleaners	170	1.91%
Physician Assistants	149	1.67%
Health Information Technology	112	1.25%
Behavioral Health	110	1.24%
Nurse Practitioners	87	0.97%
Nursing Care Managers/ Coordinators/Navigators/Coaches	74	0.83%
Social Worker Case Management/ Care Management	52	0.58%
Emerging Titles	30	0.34%
Midwifery	13	0.14%
Oral Health	11	0.12%
Patient Education	3	0.03%

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*Exhibit 5* shows that the majority of the workforce reported at CCB's Nursing Homes/Skilled Nursing Facilities are in Clinical Support and Social Worker Case Management/Care Management. Of the total Clinical Support FTEs, 1,776 FTEs were reported as Nurse Aids/ Assistants.

Exhibit 5: Nursing Home / SNF, Total Reported Workforce by Job Category		
Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Nursing Home/SNF Total FTEs
Clinical Support	1,821	30.87%
Social Worker Case Management/ Care Management	1,643	27.86%
Nursing	1,106	18.74%
Administrative Support	631	10.70%
Other Allied Health	253	4.28%
Administrative Staff	118	2.00%
Home Health Care	115	1.95%
Janitors and cleaners	90	1.53%
Health Information Technology	43	0.72%
Behavioral Health	40	0.68%
Physicians	20	0.34%
Nurse Practitioners	8	0.14%
Nursing Care Managers/ Coordinators/Navigators/Coaches	6	0.10%
Physician Assistants	5	0.09%

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*Exhibit 6* presents FTEs reported by survey respondents in Hospitals Outpatient Clinic’s with a total of 3,527 FTEs reported. The workforce for this facility type is largely represented by, Nursing, Administrative Support, Physicians, and Clinical Support.

Exhibit 6: Hospital Outpatient Clinic (Article 28), Total Reported Workforce by Job Category

Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Hospital (Article 28) Total FTEs
Nursing	1,093	31.00%
Administrative Support	684	19.39%
Physicians	678	19.22%
Clinical Support	424	12.02%
Other Allied Health	236	6.70%
Administrative Staff	116	3.29%
Physician Assistants	84	2.38%
Nurse Practitioners	56	1.59%
Oral Health	42	1.20%
Nursing Care Managers/ Coordinators/Navigators/Coaches	25	0.71%
Social Worker Case Management/ Care Management	24	0.67%
Emerging Titles	23	0.64%
Janitors and cleaners	15	0.41%
Behavioral Health	11	0.31%
Health Information Technology	9	0.24%
Patient Education	5	0.14%
Midwifery	3	0.09%

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*Exhibit 7* presents FTEs reported by survey respondents in Outpatient Mental Health Services (Article 31). Of the 684 FTEs in the Behavioral Health job category, the reported FTEs are comprised of 195 FTE Licensed Masters Social Workers, 161 FTE Other Mental Health/Substance Abuse Titles Requiring Certification, and 159 FTE Licensed Clinical Social Workers.

Exhibit 7: Outpatient (Article 31), Total Reported Workforce by Job Category

Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Outpatient (Article 31) Total FTEs
Behavioral Health	684	37.62%
Administrative Support	324	17.82%
Administrative Staff	271	14.93%
Social Worker Case Management/ Care Management	180	9.88%
Emerging Titles	170	9.37%
Janitors and cleaners	66	3.61%
Other Allied Health	62	3.39%
Nursing	20	1.11%
Physicians	18	1.00%
Health Information Technology	15	0.81%
Clinical Support	6	0.35%
Patient Education	2	0.11%



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CCB has a large network of Private Practices among its 800+ organizations. 37 Private Practices submitted a workforce survey. As shown in *Exhibit 8* below, Administrative Staff reported the largest number of FTEs. Of the 598 FTEs reported under the Clinical Support job category, 591 FTEs were reported to be Medical Assistants.

It should be noted that of the FTEs reported for Private Practices, 35 of the 37 surveys submitted reported having 4 or fewer primary care physicians. Advantage Care Physicians, P.C. accounts for the majority of the FTEs reported in Exhibit 8 below.

Exhibit 8: Private Provider Practice, Total Reported Workforce by Job Category

Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Private Provider Practice Total FTEs
Administrative Staff	791	27.38%
Clinical Support	598	20.70%
Administrative Support	426	14.74%
Physicians	421	14.58%
Nursing	266	9.22%
Oral Health	107	3.70%
Other Allied Health	78	2.71%
Janitors and cleaners	58	2.01%
Nurse Practitioners	42	1.45%
Physician Assistants	34	1.17%
Nursing Care Managers/ Coordinators/Navigators/Coaches	33	1.14%
Emerging Titles	28	0.97%
Social Worker Case Management/ Care Management	3	0.10%
Health Information Technology	2	0.08%
Midwifery	1	0.03%

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As shown in *Exhibit 9* below, emerging titles job category reported the largest number of FTEs at CCB's non-licensed CBO's. The 569 reported FTEs consists of: 401 FTE Care Managers/Coordinators, 68 FTE Community Health Workers, 67 FTE 'Other', 23 FTE Peer Support Workers and 9 FTE Patient/Care Navigators.

Exhibit 9: Non-licensed CBO, Total Reported Workforce by Job Category

Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Non-licensed CBO Total FTEs
Emerging Titles	569	28.93%
Administrative Staff	485	24.65%
Administrative Support	298	15.16%
Behavioral Health	196	9.98%
Social Worker Case Management/ Care Management	189	9.60%
Nursing	80	4.05%
Other Allied Health	53	2.71%
Health Information Technology	28	1.43%
Janitors and cleaners	19	0.94%
Patient Education	16	0.81%
Home Health Care	15	0.76%
Nursing Care Managers/ Coordinators/Navigators/Coaches	11	0.56%
Clinical Support	3	0.15%
Nurse Practitioners	3	0.15%
Physicians	2	0.10%

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*Exhibit 10* below shows that 685 FTE Behavioral Health Workers were reported by CCB’s Participants for Inpatient Mental Health Services (Article 31) facilities. The majority of the 685 FTEs were reported for the following job titles: Social and Human Service Assistants (167 FTEs), Psychiatric Aids/Technicians (161 FTEs), Licensed Masters Social Workers (98 FTEs), and Licensed Clinical Social Workers (54 FTEs).

Exhibit 10: Inpatient (Article 31), Total Reported Workforce by Job Category

Total Reported Workforce by Job Category		
DOH Job Category	Reported FTEs	% of Inpatient (Article 31) Total FTEs
Behavioral Health	685	50.87%
Administrative Support	197	14.66%
Nursing	189	14.02%
Health Information Technology	73	5.45%
Administrative Staff	72	5.31%
Janitors and cleaners	63	4.71%
Emerging Titles	28	2.05%
Social Worker Case Management/ Care Management	23	1.71%
Other Allied Health	11	0.81%
Clinical Support	5	0.35%
Physicians	1	0.04%

2. Reported FTE Vacancies

Exhibit 11 provides an overall summary of CCB’s reported workforce FTE vacancies for all corresponding facility types. Participants were asked to report FTE vacancies, defined as the number of budgeted positions that are vacant and that are actively being recruited for. A total of 2,607 FTE vacancies were reported within the PPS. Please see Appendix 3 for a more detailed breakout of the reported FTE vacancies by job titles included under each job category.

Exhibit 11: Total FTE Vacancies Reported Across All Facility Types

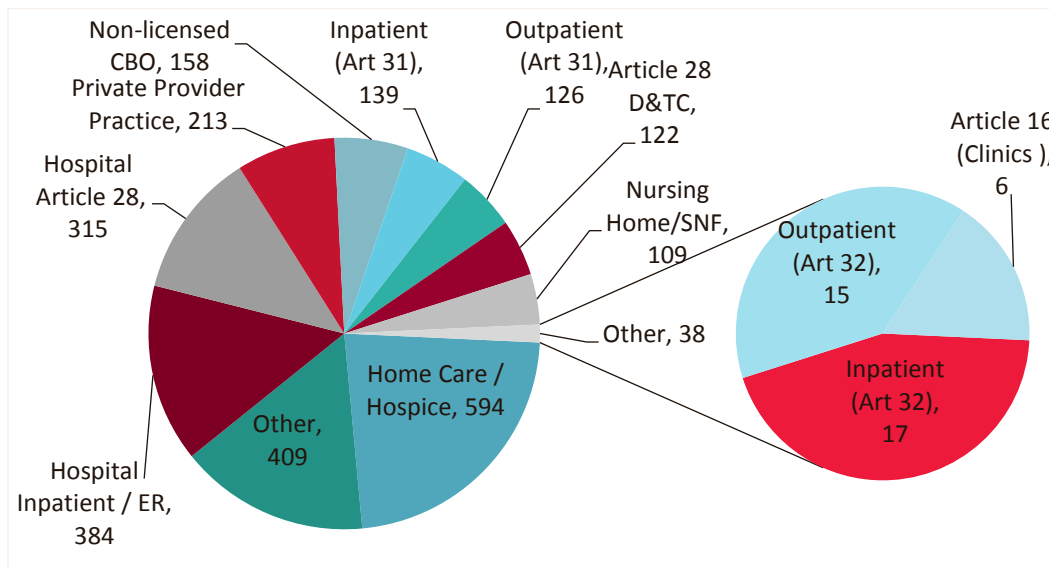


Exhibit 12: Total FTE Vacancies Reported Across All Facility Types

Facility Type	Reported FTE Vacancies	% of Total FTE Vacancies
Home Care / Hospice	594	22.80%
Other	409	15.69%
Hospital Inpatient / ER	384	14.72%
Hospital Article 28 Outpatient Clinics	315	12.09%
Private Provider Practice	213	8.17%
Non-licensed CBO	158	6.06%
Inpatient Services for Mentally Disabled (Art 31)	139	5.32%
Outpatient Services for Mentally Disabled (Art 31)	126	4.84%
Article 28 Diagnostic & Treatment Centers	122	4.67%
Nursing Home / SNF	109	4.17%
Inpatient Services for Substance Abuse (Art 32)	17	0.65%
Outpatient Services for Substance Abuse (Art 32)	15	0.58%
Article 16 Clinics (OPWDD)	6	0.24%

## Gap Analysis Report for Community Care of Brooklyn

As detailed in *Exhibit 13*, which reports the total FTE vacancies across all DOH Job Categories, approximately 27% of the FTE Vacancies within Participants' workforce are nursing positions, with 700 FTE vacancies reported. This equates to a vacancy rate of 9.5% based on the 7,376 nursing FTEs reported for CCB. Other DOH Job Categories which reported significant FTE vacancies include Administrative Support and Behavioral Health.

Exhibit 13: Reported FTE Vacancies by Job Category		
Job Category	Reported FTE Vacancies	% of Total FTE Vacancies
Nursing	700	26.84%
Administrative Support	327	12.54%
Behavioral Health	323	12.37%
Administrative Staff	215	8.23%
Clinical Support	198	7.60%
Emerging Titles	185	7.11%
Other Allied Health	147	5.62%
Home Health Care	128	4.91%
Physicians	112	4.28%
Social Worker Case Management/ Care Management	73	2.79%
Physician Assistants	50	1.92%
Nurse Practitioners	45	1.71%
Nursing Care Managers/ Coordinators/Navigators/Coaches	44	1.69%
Janitors and cleaners	26	0.99%
Health Information Technology	17	0.66%
Oral Health	11	0.42%
Patient Education	6	0.23%
Midwifery	2	0.08%

Exhibit 14 provides a detailed breakout of the nursing job titles that reported vacancies.

Exhibit 14: Reported Nursing Vacancies

Facility Type	Nursing FTE Vacancies by Job Title						Total
	Staff Registered Nurses	Per Diem Staff Registered Nurses	Nurse Managers/ Supervisors	Other	Licensed Practical Nurses	Other Registered Nurses (Utilization Review, Staff Development, etc)	
Home Care / Hospice	100	144	12	54	9	24	343
Hospital Outpatient (Article 28)	114	6	16	0	5	0	141
Hospital Inpatient / ER	100	5	11	1	3	3	122
Other	20	1	1	0	5	0	27
Nursing Home / SNF	11	2	8	0	5	0	26
Private Provider Practice	9	0	5	0	2	0	16
Inpatient (Art 31)	5	0	6	0	3	0	14
Article 28 D&TC	2	0	3	0	2	0	7
Outpatient (Art 31)	4	0	0	0	0	0	4
Non-licensed CBO	1	0	0	0	0	0	1
Article 16 Clinics	0	0	0	0	0	0	0
Inpatient (Art 32)	0	0	0	0	0	0	0
Outpatient (Art 32)	0	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0	0
<b>Total</b>	<b>365</b>	<b>158</b>	<b>62</b>	<b>55</b>	<b>33</b>	<b>27</b>	

Exhibit 15 provides a detailed breakout of the administrative support job titles that reported vacancies.

Exhibit 15: Reported Administrative Support Vacancies

Facility Type	Administrative Support FTE Vacancies by Job Title										Total
	Other	House-keeping	Patient Service Representatives	Secretaries and Admin Assistants	Coders/ Billers	Office Clerks	Dietary/ Food Service	Transportation	Financial Service Representatives	Medical Interpreters	
Hospital (Article 28)	3	41	0	3	4	8	2	3	11	0	75
Hospital Inpatient / ER	19	18	2	7	2	3	4	6	0	0	60
Home Care / Hospice	18	0	25	6	0	10	0	0	0	0	59
Other	17	1	9	5	6	1	2	3	0	0	44
Inpatient (Art 31)	7	0	0	5	3	2	4	3	0	0	24
Outpatient (Art 31)	10	0	0	4	1	0	0	0	0	0	15
Article 28 D&TC	3	1	0	0	4	4	0	0	0	0	12
Private Provider Practice	0	0	8	1	3	0	0	0	0	0	12
Nursing Home / SNF	2	1	0	1	3	0	3	0	0	0	11
Non-licensed CBO	0	0	0	5	3	1	0	0	0	0	9
Outpatient (Art 32)	1	0	0	0	1	1	0	0	0	0	3
Inpatient (Art 32)	0	0	0	1	0	0	1	0	0	0	2
Article 16 Clinics	0	0	0	0	1	0	0	0	0	0	1
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>80</b>	<b>62</b>	<b>44</b>	<b>39</b>	<b>31</b>	<b>31</b>	<b>15</b>	<b>14</b>	<b>11</b>	<b>0</b>	

Exhibit 16 provides a detailed breakout of the behavioral health job titles that reported vacancies.

Exhibit 16: Reported Behavioral Health Vacancies

Facility Type	Behavioral Health FTE Vacancies by Job Title										Total
	Social and Human Service Assistants	Other	Licensed Masters Social Workers	Licensed Clinical Social Workers	Psychiatrists	Substance Abuse and Behavioral Disorder Counselors	Psychiatric Aides/Techs	Psychiatric Nurse Practitioners	Psychologists	Other Mental Health/Substance Abuse Titles Requiring Certification	
Other	43	22	0	5	0	6	0	2	3	1	82
Inpatient (Art 31)	16	11	16	14	12	1	5	3	4	0	81
Home Care / Hospice	17	7	23	4	1	2	0	0	0	4	58
Outpatient (Art 31)	0	15	3	14	4	4	0	3	0	0	43
Non-licensed CBO	0	13	8	0	0	1	0	0	0	0	22
Hospital Inpatient / ER	1	0	1	0	5	1	8	0	0	0	16
Article 28 D&TC	0	0	1	3	3	0	0	0	0	0	7
Inpatient (Art 32)	0	0	3	0	1	3	0	0	0	0	7
Outpatient (Art 32)	0	0	1	0	0	6	0	0	0	0	7
Article 16 Clinics	0	0	0	0	0	0	0	0	0	0	0
Hospital (Article 28)	0	0	0	0	0	0	0	0	0	0	0
Nursing Home / SNF	0	0	0	0	0	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Private Provider Practice	0	0	0	0	0	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>77</b>	<b>67</b>	<b>56</b>	<b>39</b>	<b>25</b>	<b>24</b>	<b>13</b>	<b>8</b>	<b>7</b>	<b>5</b>	



## Gap Analysis Report for Community Care of Brooklyn

Exhibit 17 provides a breakout of the emerging titles that reported vacancies, with Care Managers and Care Coordinators reporting 88 FTE vacancies.

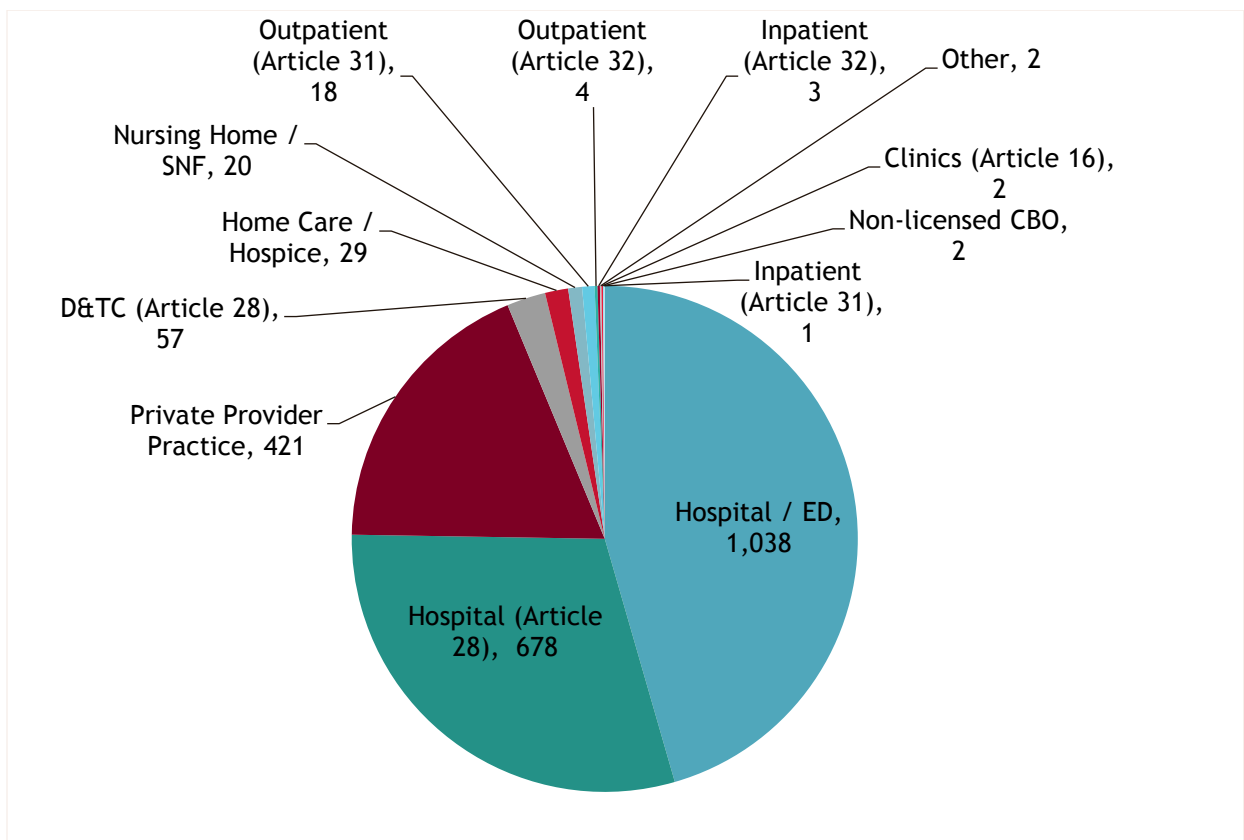
Exhibit 17: Reported Behavioral Health Vacancies

Facility Type	Behavioral Health FTE Vacancies by Job Title					Total
	Care Manager/ Coordinator	Other	Peer Support Worker	Community Health Worker	Patient or Care Navigator	
Non-licensed CBO	33	13	9	13	0	68
Other	33	2	3	6	8	52
Outpatient (Art 31)	4	17	9	0	1	31
Article 28 D&TC	4	3	0	1	0	8
Hospital Inpatient / ER	8	0	0	0	0	8
Hospital (Article 28)	0	0	1	1	4	6
Inpatient (Art 31)	0	0	5	0	0	5
Inpatient (Art 32)	4	0	0	0	0	4
Outpatient (Art 32)	2	0	0	0	1	2
Nursing Home / SNF	0	1	0	0	0	1
Article 16 Clinics	0	0	0	0	0	0
Home Care / Hospice	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0
Private Provider Practice	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0
<b>Total</b>	<b>88</b>	<b>36</b>	<b>28</b>	<b>21</b>	<b>13</b>	

### 3. Physician Workforce

*Exhibit 18*, indicates the total reported Physician workforce across all Facility Types (by FTE), with a total of 2,275 Physician FTEs reported. Included in the physician job category are: primary care physicians, primary care (HIV), cardiologists, emergency medicine, endocrinologists, obstetricians / gynecologists, pediatricians, other specialties, residents, and fellows. *Exhibit 19* provides a breakout by job title. Hospitals and SNFs were asked to only report employed physicians (physicians on payroll) and contracted physicians and to exclude voluntary or attending physicians as they would be reported by the organization that provides their compensation.

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 CCB Participants under the DOH Job Category of Physicians. As indicated, the number of Physician FTEs that are reported are largely identified as being Fellows/Residents (1,160 FTEs), of which over half were reported to be working in the ED and Hospital Inpatient facilities.

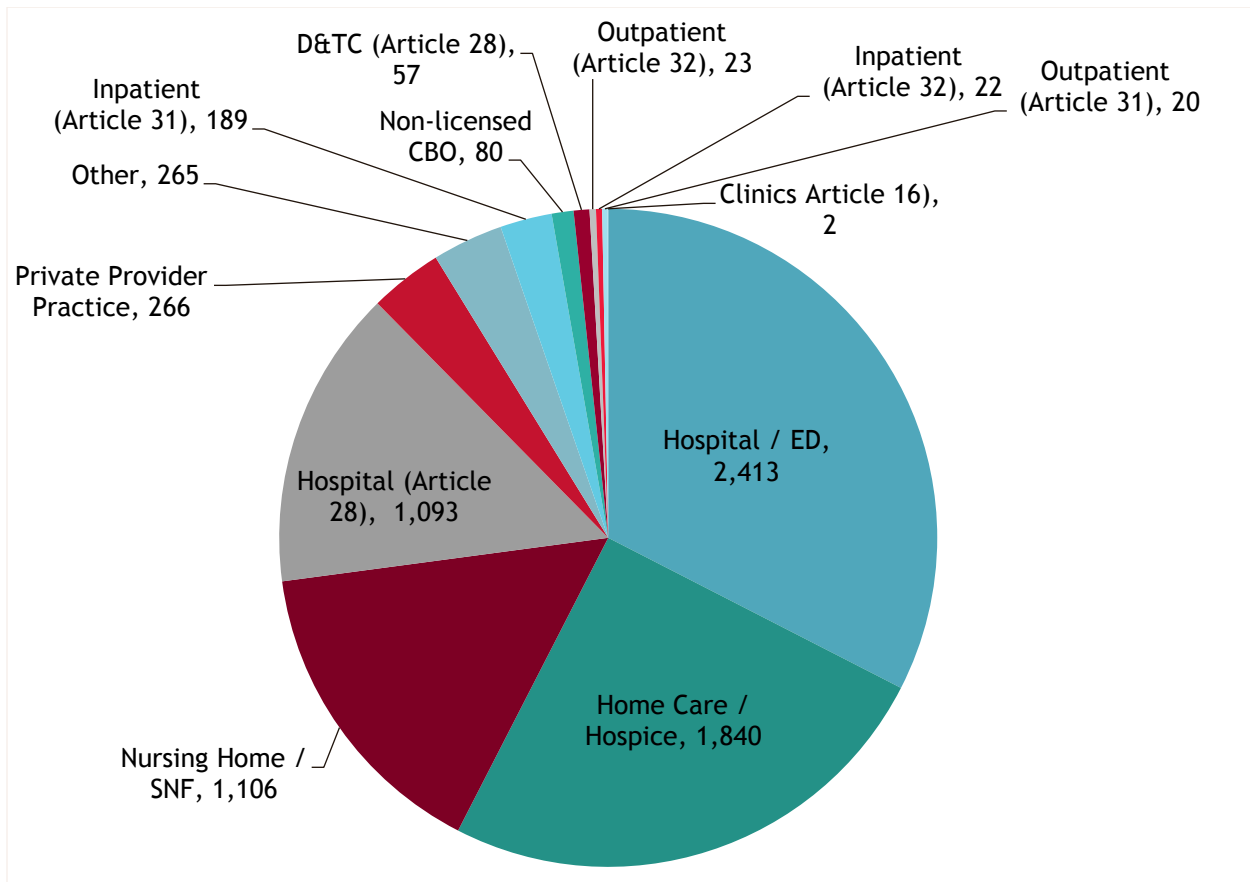
Exhibit 19: Total Reported Physicians by Job Title

Facility Type	Physician FTEs by Job Title									Total
	Fellows/Residents	Other Specialties (Except Psychiatrists)	Primary Care	Pediatrician (General)	Emergency Medicine	Obstetricians/Gynecologists	Cardiologists	Endocrinologists	Primary Care (HIV)	
Hospital Inpatient / ER	631	173	65	27	82	31	24	6	0	1,038
Hospital (Article 28)	508	41	10	56	40	18	0	1	4	678
Private Provider Practice	0	172	144	47	0	37	15	7	0	421
Article 28 D&TC	0	9	23	7	0	15	0	0	3	57
Home Care / Hospice	3	10	16	0	0	0	0	0	0	29
Nursing Home / SNF	0	2	17	2	0	0	0	0	0	20
Outpatient (Art 31)	18	0	0	0	0	0	0	0	0	18
Outpatient (Art 32)	0	2	2	0	0	0	0	0	0	4
Inpatient (Art 32)	0	0	3	0	0	0	0	0	0	3
Other	0	0	2	1	0	0	0	0	0	2
Article 16 Clinics	0	1	1	0	0	0	0	0	0	2
Non-licensed CBO	0	0	0	2	0	0	0	0	0	2
Inpatient (Art 31)	0	0	0	1	0	0	0	0	0	1
Pharmacies	0	0	0	0	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,160</b>	<b>409</b>	<b>282</b>	<b>141</b>	<b>122</b>	<b>101</b>	<b>39</b>	<b>14</b>	<b>7</b>	

4. Nursing Workforce

Exhibit 20 presents the total reported nursing workforce across all Facility Types (by FTE), with a total of 7,376 Nursing FTEs.

Exhibit 20: Total Reported Nurses by Facility Type



In addition to the number of nursing FTEs reported for each Facility Type within the PPS, *Exhibit 21* provides an overall summary of the various nursing job titles and corresponding FTEs reported by CCB Participants under the DOH Job Category of Nursing. As the table indicates, the majority of the nursing FTEs are identified as being Staff Registered Nurses (5,156 FTEs) and are largely employed by Hospitals/EDs and Home Care Agencies / Hospices. Licensed Practical Nurses are the next highest reported nursing job titles with 978 FTEs and are largely employed by Nursing Homes / SNFs.

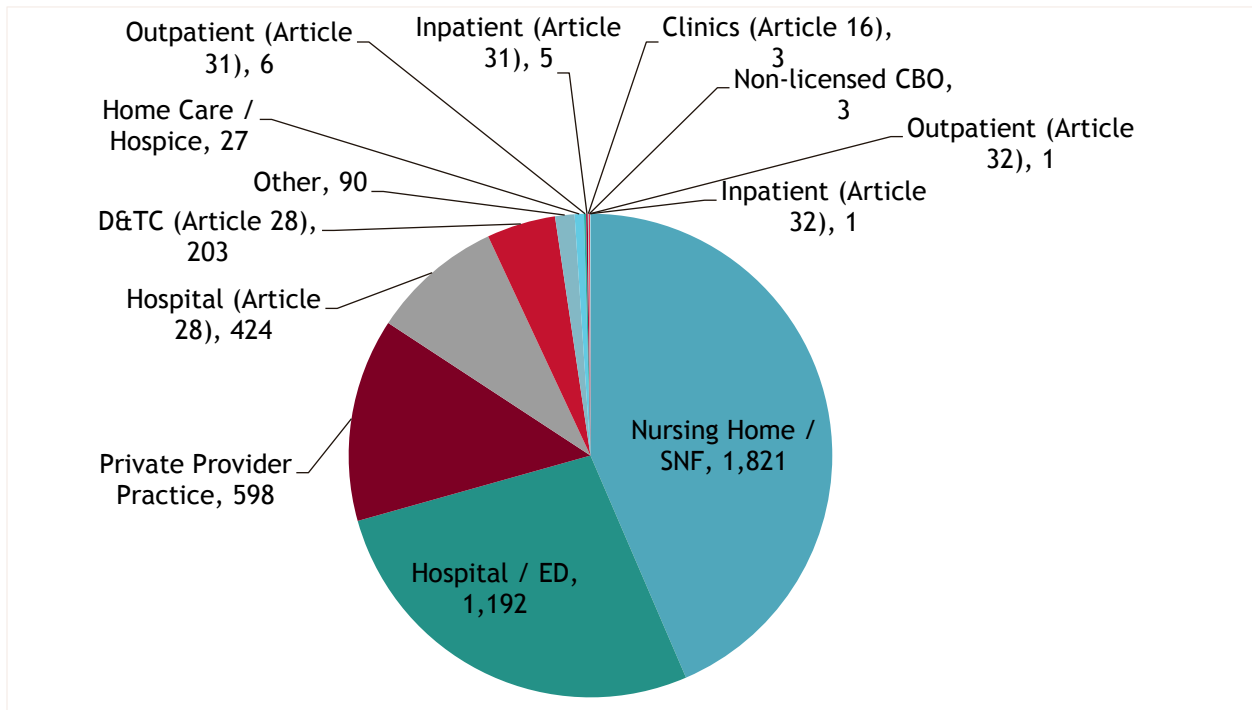
Exhibit 21: Total Reported Nurses by Job Title

Facility Type	Nursing FTEs by Job Title						Total
	Staff Registered Nurses	Licensed Practical Nurses	Nurse Managers/ Supervisors	Other Registered Nurses (Utilization Review, Staff Development, etc)	Per Diem Staff Registered Nurses	Other	
Hospital Inpatient / ER	2,064	59	107	41	123	19	2,413
Home Care / Hospice	1,221	82	174	189	65	109	1,840
Nursing Home / SNF	449	515	118	18	0	5	1,106
Hospital (Article 28)	909	72	87	0	26	0	1,093
Private Provider Practice	152	103	11	0	0	0	266
Other	143	75	28	18	0	1	265
Inpatient (Art 31)	105	16	65	0	3	0	189
Non-licensed CBO	45	24	11	0	0	0	80
Article 28 D&TC	20	20	13	0	4	0	57
Outpatient (Art 32)	16	3	3	1	0	0	23
Inpatient (Art 32)	17	3	3	0	0	0	22
Outpatient (Art 31)	14	5	1	1	0	0	20
Article 16 Clinics	1	1	0	0	0	0	2
Pharmacies	0	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0	0
<b>Total</b>	<b>5,156</b>	<b>978</b>	<b>620</b>	<b>268</b>	<b>220</b>	<b>134</b>	

5. Clinical Support Workforce

Exhibit 22 indicates the total reported Clinical Support workforce across all Facility Types (by FTEs), with a total of 4,374 FTEs reported.

Exhibit 22: Total Reported Clinical Support Staff by Facility Type (FTEs)



## Gap Analysis Report for Community Care of Brooklyn

In addition to the number of Clinical Support staff reported by each Facility Type, *Exhibit 23* provides an overall summary of the various Clinical Support job titles and the corresponding FTEs associated with each job title. As the table indicates, almost half of Clinical Support FTEs reported are identified as being Nurse Aides/Assistants or 2,054 FTEs, with most of them being employed by Nursing Homes / SNFs.

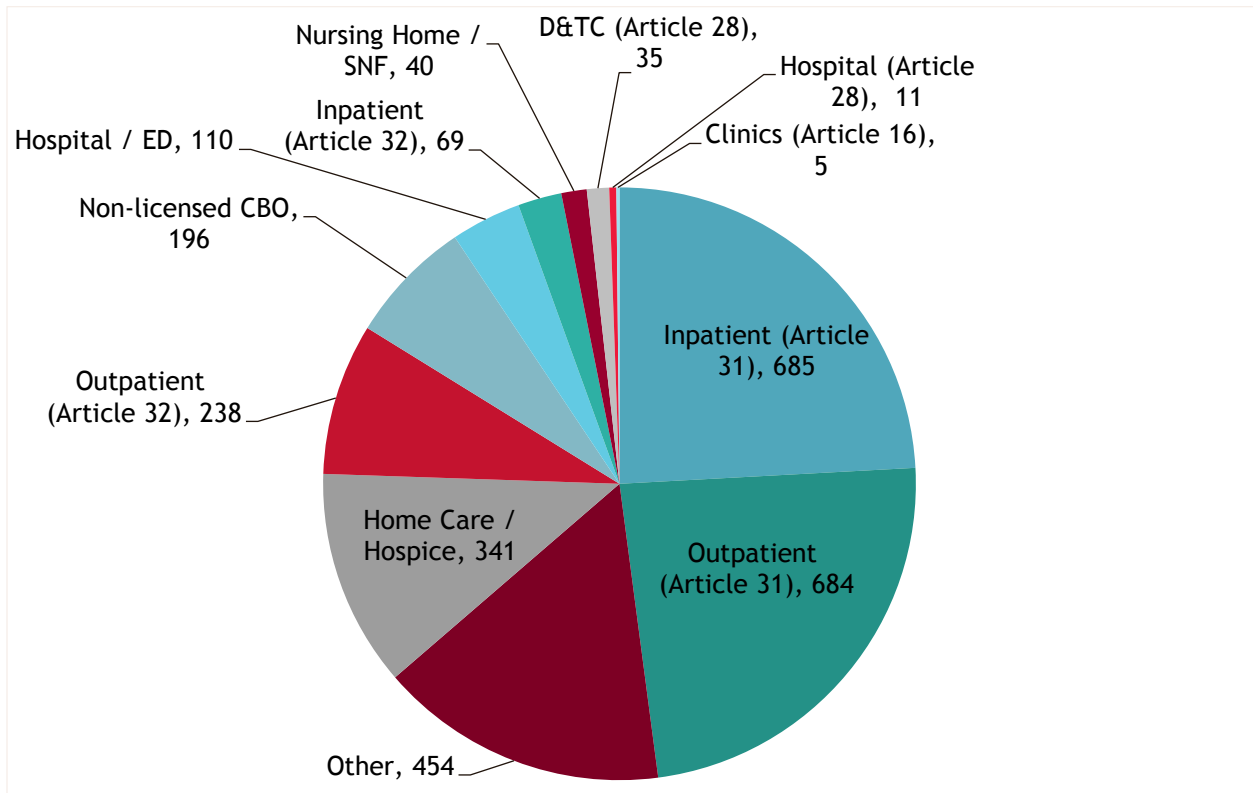
Exhibit 23: Total Reported Clinical Support Staff by Job Title

Facility Type	Clinical Support Staff FTEs by Job Title				Total
	Nurse Aids/Assistants (CNAs)	Patient Care Techs (Associates)	Medical Assistants	Other	
Nursing Home / SNF	1,776	21	0	24	1,821
Hospital Inpatient / ER	109	810	53	219	1,192
Private Provider Practice	0	7	591	0	598
Hospital (Article 28)	93	197	127	7	424
Article 28 D&TC	0	9	153	40	203
Other	61	0	3	26	90
Home Care / Hospice	14	0	0	13	27
Outpatient (Art 31)	0	0	3	4	6
Inpatient (Art 31)	0	2	0	3	5
Article 16 Clinics	0	0	3	0	3
Non-licensed CBO	0	0	3	0	3
Outpatient (Art 32)	0	0	0	1	1
Inpatient (Art 32)	0	1	0	0	1
Pharmacies	0	0	0	0	0
Retail Clinics	0	0	0	0	0
<b>Total</b>	<b>2,054</b>	<b>1,046</b>	<b>936</b>	<b>338</b>	

6. Behavioral Health Workforce

Exhibit 24 indicates the total reported Behavioral Health workforce across all Facility Types, with a total of 2,868 FTEs reported.

Exhibit 24: Total Behavioral Health Workforce by Facility Type (FTEs)





Gap Analysis Report for Community Care of Brooklyn

In addition to the number of Behavioral Health FTEs reported across each Facility Type, *Exhibit 25* provides an overall summary of the various Behavioral Health job titles and the corresponding FTEs reported by CCB Participants under the DOH Job Category of Behavioral Health. As the table indicates 21% of the Behavioral Health FTEs are identified as being Licensed Masters Social Workers (601 FTEs), with over half of the FTEs being employed by Outpatient (Article 31) facilities, Inpatient (Article 31) facilities and Home Care Agencies / Hospices.

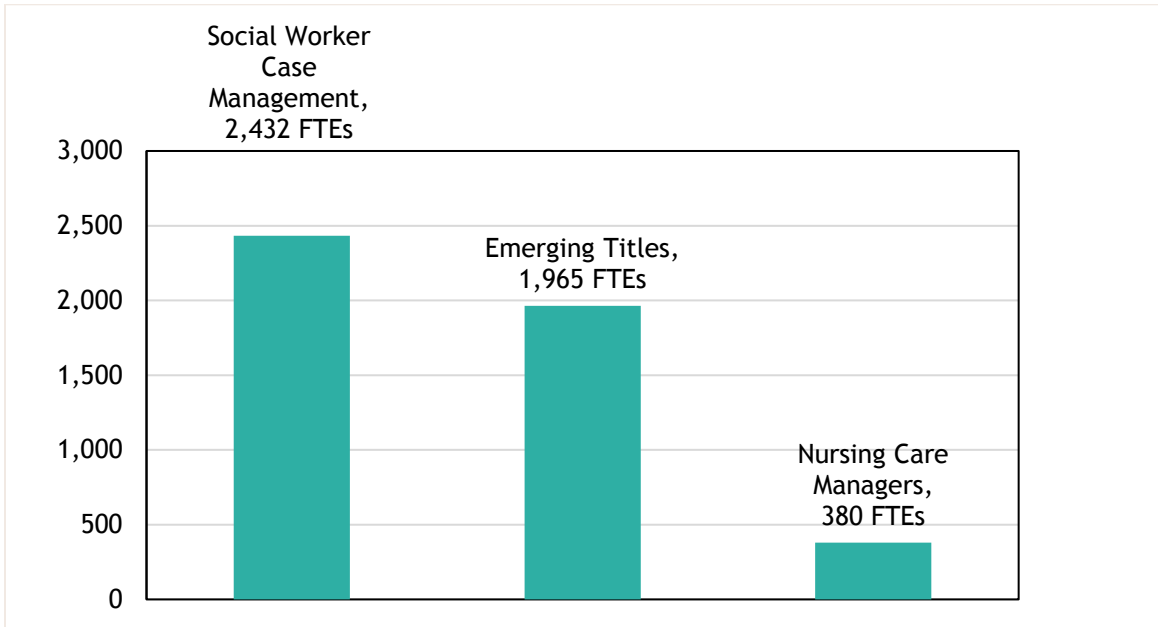
Exhibit 25: Total Behavioral Health Workforce by Job Title

Facility Type	Behavioral Health FTEs by Job Title										Total
	Licensed Masters Social Workers	Social and Human Service Assistants	Other	Other Mental Health/ Substance Abuse Titles Requiring Certification	Licensed Clinical Social Workers	Substance Abuse and Behavioral Disorder Counselors	Psychiatrists	Psychiatric Aides/Techs	Psychologists	Psychiatric Nurse Practitioners	
Inpatient (Art 31)	98	167	90	25	54	17	50	161	20	3	685
Outpatient (Art 31)	195	3	49	161	159	18	74	0	18	7	684
Other	46	188	124	15	16	22	8	0	31	4	454
Home Care / Hospice	100	131	52	42	8	2	5	0	0	2	341
Outpatient (Art 32)	50	6	4	40	18	112	5	0	0	2	238
Non-licensed CBO	63	3	57	4	9	21	27	1	11	1	196
Hospital Inpatient / ER	19	22	0	0	5	13	23	17	9	2	110
Inpatient (Art 32)	4	9	10	2	0	41	1	0	0	1	69
Nursing Home / SNF	12	8	9	0	5	0	3	0	3	0	40
Article 28 D&TC	7	0	5	1	10	0	5	0	1	7	35
Hospital (Article 28)	6	0	0	0	3	0	0	0	2	0	11
Article 16 Clinics	1	0	1	0	0	0	1	0	1	1	5
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Private Provider Practice	0	0	0	0	0	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>601</b>	<b>537</b>	<b>401</b>	<b>289</b>	<b>287</b>	<b>245</b>	<b>203</b>	<b>179</b>	<b>95</b>	<b>29</b>	

7. Care Management Workforce

Exhibit 26 provides an overall summary of CCB’s reported Care Management workforce which is inclusive of reported Emerging Title positions, Nursing Care Managers, and Social Worker Case Management positions, a total of 4,777 FTEs.

Exhibit 26: Total Care Management Workforce (by DOH Job Category) (FTE)



## Gap Analysis Report for Community Care of Brooklyn

*Exhibit 27* 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 (1,081 FTEs).

Exhibit 27: Emerging Titles Workforce by Job Title

Facility Type	Emerging Titles FTEs by Job Title					Total
	Care Manager/Coordinator	Other	Patient or Care Navigator	Peer Support Worker	Community Health Worker	
Other	376	287	79	58	29	829
Non-licensed CBO	401	67	9	23	68	569
Home Care / Hospice	133	68	1	7	0	209
Outpatient (Art 31)	71	76	1	22	2	170
Article 28 D&TC	23	8	5	3	7	44
Hospital Inpatient / ER	18	1	11	0	0	30
Private Provider Practice	1	0	27	0	0	28
Inpatient (Art 31)	26	1	0	1	0	28
Hospital (Article 28)	5	6	6	3	3	23
Article 16 Clinics	11	1	4	0	0	16
Inpatient (Art 32)	11	0	0	0	0	11
Outpatient (Art 32)	4	0	2	3	0	8
Nursing Home / SNF	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0
<b>Total</b>	<b>1,080</b>	<b>514</b>	<b>144</b>	<b>118</b>	<b>108</b>	

## Gap Analysis Report for Community Care of Brooklyn

*Exhibit 28* 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 Bachelors Social Workers (1,795 FTEs).

Exhibit 28: Social Worker Case Management Workforce by Job Title

Facility Type	Social Worker Case Management FTEs by Job Title					Total
	Bachelors Social Workers	Licensed Masters Social Workers	Social Worker Care Coordinators/Case Managers/Care Transition	Other	Licensed Clinical Social Workers	
Nursing Home / SNF	1,613	11	6	3	10	1,643
Other	105	47	61	19	15	247
Non-licensed CBO	26	44	13	98	8	189
Outpatient (Art 31)	28	79	62	0	11	180
Hospital Inpatient / ER	4	38	5	0	5	52
Home Care / Hospice	13	24	4	4	3	48
Hospital (Article 28)	3	21	0	0	0	24
Inpatient (Art 31)	3	12	5	1	2	23
Article 28 D&TC	0	13	3	1	4	21
Private Provider Practice	0	3	0	0	0	3
Outpatient (Art 32)	0	1	0	0	1	2
Article 16 Clinics	0	0	0	1	0	1
Inpatient (Art 32)	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0
Retail Clinics	0	0	0	0	0	0
<b>Total</b>	<b>1,795</b>	<b>292</b>	<b>160</b>	<b>126</b>	<b>60</b>	

## Gap Analysis Report for Community Care of Brooklyn

*Exhibit 29* shows the 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 (315 FTEs) and are mainly reported to provide services at Home Care Agencies and Hospices and Hospitals/ED.

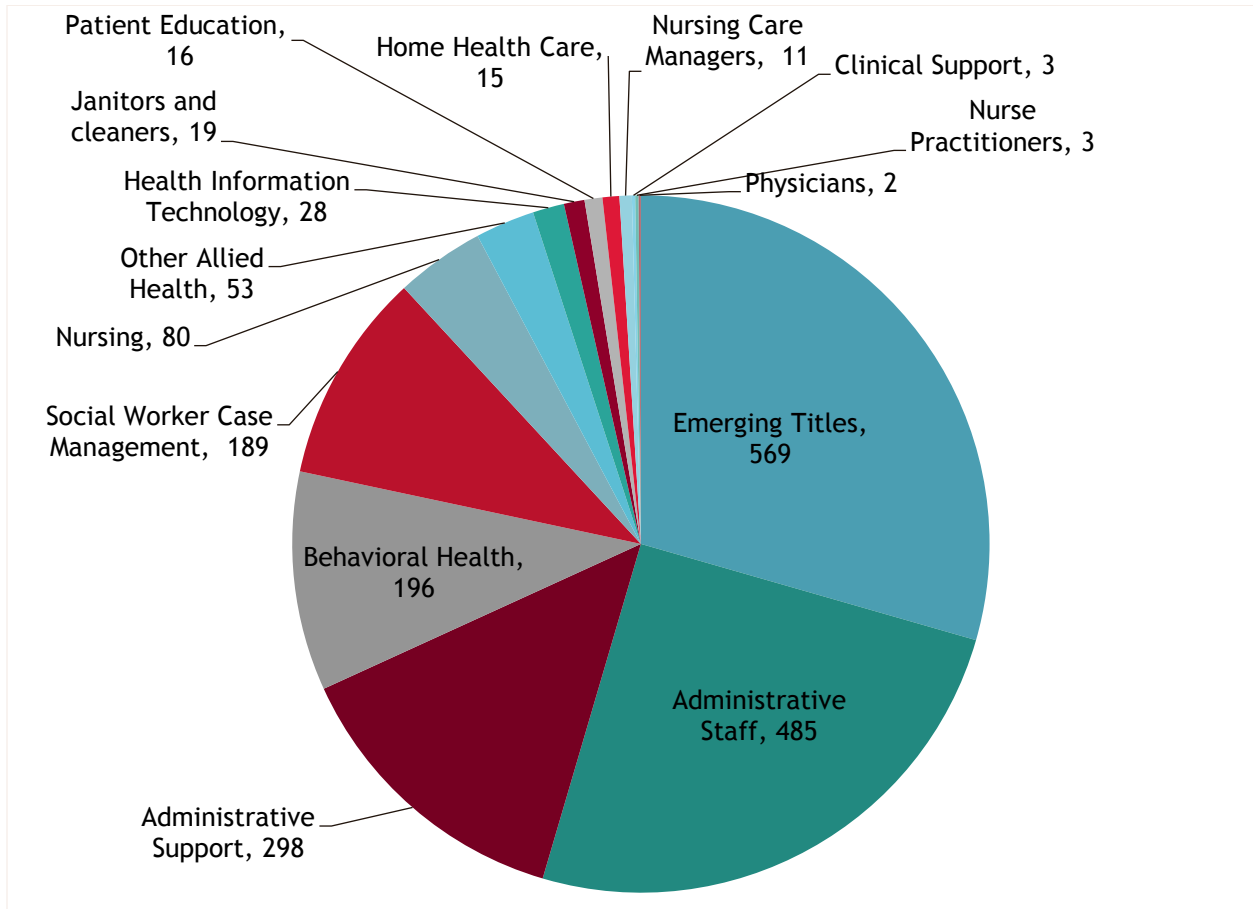
Exhibit 29: Nursing Care Managers Workforce by Job Title

Facility Type	Nursing Care Managers FTEs by Job Title			Total
	RN Care Coordinators/Case Managers/Care Transitions	Other	LPN Care Coordinators/Case Managers	
Home Care / Hospice	157	33	14	205
Hospital Inpatient / ER	69	5	0	74
Private Provider Practice	33	0	0	33
Hospital (Article 28)	22	3	0	25
Other	18	0	2	20
Non-licensed CBO	11	0	0	11
Article 28 D&TC	0	7	0	7
Nursing Home / SNF	5	1	0	6
Article 16 Clinics	0	0	0	0
Inpatient (Art 31)	0	0	0	0
Inpatient (Art 32)	0	0	0	0
Outpatient (Art 31)	0	0	0	0
Outpatient (Art 32)	0	0	0	0
Pharmacies	0	0	0	0
Retail Clinics	0	0	0	0
<b>Total</b>	<b>315</b>	<b>49</b>	<b>16</b>	

8. Non-licensed CBOs

The following pie chart provides an overall summary of CCB’s reported Non-licensed CBO workforce across DOH Job Categories with a total of 1,966 FTEs. As indicated in *Exhibit 30*, the Emerging Titles workforce makes up nearly 30% of CCB’s reported Non-licensed CBO workforce with 569 FTEs reported, followed by Administrative Staff (485 FTEs), Administrative Support (298 FTEs) and Behavioral Health Staff (196 FTEs).

Exhibit 30: Total Reported Non-licensed CBO Workforce by Job Title (FTE)



## 9. Reported Job Requirements

In addition to reporting on CCB’s current workforce state around headcount, FTEs and FTE vacancies, the CCB Participants were also asked to report on job requirements pertaining to minimum years of experience and degree requirements for job titles falling under select DOH Job Categories including Clinical Support, Nursing Care Managers / Coordinators, Social Worker Case Management / Care Management, Emerging Titles, and Patient Education. *Exhibit 31* and *Exhibit 32* provide a summary of the total reported workforce minimum years of experience and minimum degree requirements pertaining to each job titles. The values are calculated as a percentage of surveys with a job requirement for a particular job title over the number of surveys reporting a particular job title. For example, of all the surveys received that had indicated the organization has MAs, 80% reported having a minimum work requirement of 0-2 years’ experience.

As indicated in *Exhibit 31*, the CCB Participants reported the minimum experience requirements for all job titles except Certified Asthma Educators. The most common requirements for all job titles were 0-2 years and 3-5 years of experience. Licensed Masters Social Workers and Licensed Clinical Social Workers were the only job titles that reported a minimum experience requirement of 15 years or more.

Exhibit 31: Total Reported Workforce Experience Requirements by Job Title

Job Title	Minimum Years of Experience Required				
	0-2 Years	3-5 Years	6-10 Years	11-15 Years	+15 Years
<b>Clinical Support</b>					
Medical Assistants	80.00%	13.33%	3.33%	3.33%	-
<b>Nursing Care Managers/Coordinators/Navigators/Coaches</b>					
RN Care Coordinators/Case Managers/Care Transitions	75.00%	25.00%	-	-	-
LPN Care Coordinators/Case Managers	80.00%	-	20.00%	-	-
Other	71.43%	28.57%	-	-	-
<b>Social Worker Case Management/Care Management</b>					
Bachelors Social Workers	66.67%	33.33%	-	-	-
Licensed Masters Social Workers	61.54%	28.85%	5.77%	-	3.85%
Licensed Clinical Social Workers	33.33%	23.81%	38.10%	-	4.76%
Social Worker Care Coordinators/Case Managers/Care Transition	71.43%	28.57%	-	-	-
Other	60.00%	26.67%	13.33%	-	-
<b>Emerging Titles</b>					
Care Manager/Coordinator	45.45%	54.55%	-	-	-
Patient or Care Navigator	61.11%	33.33%	5.56%	-	-
Community Health Worker	22.22%	77.78%	-	-	-
Peer Support Worker	93.02%	4.65%	-	2.33%	-
Other	71.11%	26.67%	2.22%	-	-

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Patient Education					
Certified Asthma Educators	-	-	-	-	-
Certified Diabetes Educators	-	100.00%	-	-	-
Health Coach	50.00%	50.00%	-	-	-

As shown in *Exhibit 32*, 72.73% of surveys received reporting Medical Assistants (“MAs”) reported requiring ‘Other’ education requirements, being a combination of high school diplomas and MA Certificates. CCB Participants completing the survey indicated that a Master’s degree is the minimum education requirement for Certified Diabetes Educators.

Exhibit 32: Total Reported Workforce Degree Requirements by Job Title

Job Title	Minimum Degree Requirements			
	Associate	Bachelor’s	Master’s	Other
<b>Clinical Support</b>				
Medical Assistants	18.18%	9.09%	-	72.73%
<b>Nursing Care Managers/ Coordinators/Navigators/Coaches</b>				
RN Care Coordinators/Case Managers/Care Transitions	45.45%	54.55%	-	-
LPN Care Coordinators/Case Managers	-	-	-	-
Other	28.57%	71.43%	-	-
<b>Social Worker Case Management/ Care Management</b>				
Bachelors Social Workers	-	-	-	-
Licensed Masters Social Workers	-	-	-	-
Licensed Clinical Social Workers	-	-	-	-
Social Worker Care Coordinators/Case Managers/Care Transition	15.38%	30.77%	53.85%	-
Other	11.76%	41.18%	47.06%	-
<b>Emerging Titles</b>				
Care Manager/Coordinator	17.91%	74.63%	1.49%	5.97%
Patient or Care Navigator	50.00%	25.00%	-	25.00%
Community Health Worker	6.90%	3.45%	79.31%	10.34%
Peer Support Worker	6.25%	71.88%	-	21.88%
Other	25.71%	42.86%	14.29%	17.14%
<b>Patient Education</b>				
Certified Asthma Educators	-	-	-	-
Certified Diabetes Educators	-	-	100.00%	-
Health Coach	-	50.00%	-	50.00%



## 10. Agency & Temporary Staff

In addition to reporting on the employed workforce, Participants 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 CCB's current workforce state pertaining to Agency / Temporary Staff. Exhibit 33, 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 Provide Practices, and Retails Clinics as no Agency / Temporary Staff data was reported by these facility types.

The Agency and Temporary Staff data is categorized by job categories. Most job categories employ at least some level of Agency / Temporary Staff with the exception of Midwives and Physician Assistants which were not reported.

Based on review of the data, Nursing Homes/SNF's reported the highest use of Agency/Temporary Staff based on total reported headcount while Home Care Agencies and Hospices had the highest total reported hours accrued by Agency / Temporary Staff.

It should be noted that Participants individually reported Agency / Temporary Staff data based on how the data is collected at their facility and thus one Participant may have only reported this data by total hours while another Participant may have only reported this data by Headcount or FTE.

DOH Job Category	Headcount	Total hours	FTEs
Administrative Staff	124	86	55
Administrative Support	98	481	52
Behavioral Health	429	263	76
Clinical Support	315	538	89
Emerging Titles	10	20	0
Health Information Technology	6	49	1
Home Health Care	51	200	51
Janitors and cleaners	15	2,124	3
Midwifery	0	0	0
Nurse Practitioners	27	40	1
Nursing	314	3,356	38
Nursing Care Managers/ Coordinators/Navigators/Coaches	1	35	1
Oral Health	4	3	0
Other Allied Health	187	6,265	74
Patient Education	2	31	1
Physician Assistants	0	0	0
Physicians	85	702	2
Social Worker Case Management/ Care Management	7	16	0
<b>Total</b>	<b>1,675</b>	<b>14,209</b>	<b>445</b>

## C. Current Workforce State Summary

The data reported throughout Section II provides an overview of CCB's current workforce state as reported by PPS partners that participated in the current state survey and will be leveraged by CCB to facilitate workforce planning throughout the DSRIP program. As previously described, CCB's total reported workforce state includes a headcount of 88,927 individuals or approximately 58,596 FTEs. Based on the data reported over 50% of Participants' workforce is represented by staff employed by Home Care Agencies / Hospices. Other major workforce employers include "Other" Facility Types, Hospitals and emergency departments, and Nursing Homes / SNFs.

While Home Care Agencies / 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 CCB with over 20,574 FTEs reported followed by the Nursing, Administrative Support, Clinical Support, and Administrative Staff jobs.

CCB Participants also reported on FTE vacancies occurring within CCB's workforce. Based on the data provided, approximately 26% of FTE vacancies are represented within CCB's Nursing Staff with 700 FTE vacancies reported, followed by Administrative and Behavioral Health staffing vacancies.

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

### 1. Other Factors Impacting Workforce & Overall Workforce Insights

This section of the current workforce state report aims to provide further insights around Participants' workforce planning outside of survey results that may impact workforce planning throughout the five year program.

#### Culture competency of existing workforce

Brooklyn has a diverse population with a significant immigrant population speaking over 35 languages, with two thirds of residents speaking a language other than English at home.

CCB produced a Cultural Competency and Health Literacy Strategy ("the Strategy") largely based on The Brooklyn Community Needs Assessment<sup>2</sup> ("CNA"), the Brooklyn Healthcare Improvement Project (B-HIP), and key informant interviews. The Strategy highlighted a number of items related to CCB workforce in relation to providing healthcare services to CCB's population:

- Cultural and linguistic lapses contribute to poor access to health care services and well as mortality, morbidity and high health care costs;

- There is a perception of insufficient healthcare resources for those that were uninsured. Long wait times (3-4 months) were reported as well as insufficient access to behavioral health care providers with required language skills to cater to Brooklyn's culturally diverse population;
- There is a lack of primary care and behavioral health providers able to meet the cultural and linguistic needs of its population which creates barriers to preventative care for the PPS; and
- Service providers experience a severe shortage of bilingual staff that speak the variety of languages required to serve the Brooklyn community.

CCB does not view Cultural Competency and Health Literacy efforts as distinct work—separate from the projects, achieving targets/milestones, etc.—but instead, views cultural competency and health literacy as integral to all trainings and interactions.

In September 2015, CCB launched a comprehensive Participant Survey for all of its partner organizations. The information requested in the survey provided an important baseline understanding of CCB's participant network for project planning, resource identification, and capacity limitations. Relevant to this strategy, the CCB Participant Survey included the following questions:

- Services provided at each site;
- Languages spoken at each site;
- Use of interpretation services;
- Training related to cultural competency/health literacy;
- Measurement of patient satisfaction/experience of care;
- Organizational capacity; and
- Workforce, including use of community health workers/peers

CCB used the assessments of its PPS and Brooklyn to inform the choices of DSRIP programs and the information gained will also serve to assist the planning and implementation of DSRIP for CCB.

### Staffing

#### **Current/existing resource shortages**

CCB has highlighted a number of workforce shortages / weaknesses that will be addressed through the planning and implementation of DSRIP:

- As highlighted previously in the report, there is a shortage of health care providers in CCB to meet the current cultural and linguistic hurdles that much of the population experiences when accessing healthcare services.
- Although most Brooklyn residents have a PCP, 25% of Brooklyn CNA survey respondents reported that primary care was not sufficiently available and 13% said they used the

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ED because the doctor's office/clinic was closed. While CCB has over 1,200 PCPs in network, PCP capacity is a concern that CCB must address.

- CCB noted that a significant portion of RNs currently employed in CCB are nearing retirement age which could lead to further shortages in the future. Additionally CCB has noted they have an existing shortage of Primary Care providers and Psychiatrists that will be further stressed by DSRIP program implementation.
- As the CNA demonstrated, Brooklyn currently has a deficit of mental health providers, and CCB intends to help address this deficit through DSRIP workforce expansions. Mental health providers (including psychiatrists, psychologists, substance abuse counselors, certain social workers, and other specialists) will be essential to provide expanded mental health services to the population, including through colocation of primary care and behavioral health sites.
- Behavioral health provider resources are located in areas of high utilization (concentrated in Williamsburg-Bushwick, Bedford-Stuyvesant-Crown Heights, and Sunset Park), however there are still capacity shortages, especially for psychiatrists. Under half of CNA informants (47%) reported mental health services were "available/very available." Similar to Primary Care services, while CCB contains over 75 behavioral health providers, we expect issues with meeting demand.

In addition to these needs, CCB Participants reported 2,607 FTE vacancies across all job titles as shown in *Exhibit 34* below.

Exhibit 34: Reported Vacancies for all Facility Types

Facility Types	Reported FTE Vacancies
Home Care / Hospice	594
Other	409
Hospital / ED	384
Hospital Outpatient Clinic (Article 28)	315
Private Provider Practice	213
Non-licensed CBO	158
Inpatient (Article 31)	139
Outpatient (Article 31)	126
Diagnostic & Treatment Centers (Article 28)	122
Nursing Home / SNF	109
Inpatient (Article 32)	17
Outpatient (Article 32)	15
Clinics (Article 16)	6

### Infrastructure

#### Existing Collective Bargaining Agreements /Labor Relations

CCB's diverse PPS partner workforce is represented by a range of labor representatives including individuals from 1199SEIU, CIR SEIU, and NYS Nurses Association. For workforce covered by collective bargaining agreements ("CBA"), existing contracts will be leveraged to guide any potential impacts on the workforce resulting from redeployment or retraining.

CCB Participants that received the Current State survey were asked to indicate for each job title, if any employees were covered by a CBA. The response was in a Yes/No format and if at least one employee in the particular job title was covered by a CBA, the organization was asked to respond "yes". Hospital Outpatient Clinics (Article 28), Hospitals/ED, and Inpatient (Article 31) facilities reported the greatest number of job titles covered by a CBA. Please see *Appendix 4* for a full breakdown of the data.

#### Current State of IT and how it relates to the workforce

Maimonides Hospital currently utilizes GSI's HealthCoordinator (aka "the Dashboard"), a web-based care coordination platform that will be expanded to provide access to Participants to support the DSRIP projects. The Dashboard provides:

- Connection to the RHIO (Healthix);
- An integrated data warehouse system for quality and outcome reporting; and
- A platform for care teams to collaborate around patient care.

#### Training and development

CCB is leveraging their workforce partner 1199 SEIU Training and Upgrading Fund to development the workforce training program. The workforce training will incorporate cultural competency and health literacy along with the social determinants of health and the drivers of health disparities.

Mental health providers, including South Beach Psychiatric Center, have benefitted from the New York State Office of Mental Health Collaborative Documentation trainings, which train staff on enabling clinicians and clients to collaborate in documenting assessments, service planning, and ongoing client-practitioner interactions. Participants also currently utilize and intend to further engage with the Doctors across New York's program to help train and prepare physicians to care for Brooklyn's diverse population. Third, the Health Workforce Retraining Initiative will continue to be a key resource for our Participants in training redeployed workers, including training new care managers within the Health Home and PCMH settings. Fourth, Brooklyn- Queens-Long Island Area Health Education Center (BQLI-AHEC) has a track record of addressing health workforce issues in underserved communities and is another potential resource that Participants may utilize.

### Current Workforce State Strengths & Resources

#### Care Management

CCB's participating Health Homes employ 826 Care Managers and 191 Care Navigators and work with over 35 care management agencies. All resources work with a customized set of protocols to provide services to high risk, health home-eligible patients. CCB plans to leverage protocols, staff, and existing relationships, where appropriate, to provide care management services across projects.

#### Training

In conjunction with 1199 SEIU and Center for Urban and Community Services, the Brooklyn Health Home has innovative training programs in place to transform the existing workforce into a high functioning care management team. Maimonides, through its CMMI grant developed an extensive training program for Brooklyn Health Home care managers on the basics of chronic illness and care management, cultural competency, patient activation tactics including behavioral activation, CBT, and problem solving therapy and on team-building among providers. CCB will utilize the program to build the required expanded workforce.

### III. Target Workforce State Assessment Overview

#### A. Target Workforce State Assessment Approach

The Target Workforce State report 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, and any existing workforce gaps between the current and target workforce state are detailed in the Gap Analysis report.

Similar to the current workforce assessment, as detailed above, development of CCB's target workforce state was conducted in collaboration with CCB's Executive Committee ("Workforce Governance Body") and included input from multiple stakeholders within the PPS's partner network as well as external data sources. External data sources included local, state and national surveys, medical claims databases, published literature and IHS's Health Care Demand Microsimulation Model (HDMM).

The primary research questions that guided modeling the workforce impact of each DSRIP project include:

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 those 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?

### B. Target Workforce State Summary Findings

As the DSRIP program progresses, the demand for healthcare workforce within CCB's network will continue to evolve as DSRIP projects are implemented, impacts of those projects are realized, and as external factors outside of the DSRIP program take shape. Although the target workforce state analysis was conducted using best efforts and project implementation assumptions to model workforce impacts over the DSRIP program, the target workforce state described summarized within this section and further detailed in the Target-State Report is a projection intended to inform CCB's workforce planning. Workforce needs will be reevaluated as project impacts are realized over time.

*Exhibit 35* below summarizes CCB's estimated target workforce state staffing impacts by 2020, taking into account the anticipated impact of the DSRIP program as well as anticipated demographic and healthcare coverage changes, independent of DSRIP, across the PPS' care settings and key job categories. In some cases, non-DSRIP impacts offset or moderate the effects of DSRIP, while in other cases they magnify DSRIP workforce impacts. Notable projected impacts for CCB include:

- By 2020, the combined impact of a growing and aging population, expanded medical insurance coverage under ACA, and DSRIP implementation will increase the modeled demand for health providers by approximately 773 FTEs:
  - Independent of DSRIP workforce, demand is projected to grow by approximately 525 FTEs.
  - The projected impact of DSRIP implementation alone is estimated to increase demand for health providers modeled by approximately 249 FTEs.
- The largest DSRIP-related increase is seen in demand for care coordinators/navigators/coaches (combined), which is projected to rise by approximately 409 FTEs.
- Also significant both in terms of projected workforce impacts related to DSRIP, and changes independent of DSRIP, are changes in registered nurses ("RNs") in the inpatient setting, non-nursing care coordinators/navigators and primary care providers and support staff in outpatient and community-based settings:
  - Net demand for registered nurses is estimated to decrease by approximately 177 FTEs, as DSRIP-related declines of approximately 337 FTEs, primarily in inpatient settings, are partially offset by increased demand for registered nurses due to non-DSRIP environmental factors (approximately 160 FTEs).
  - However it should be noted that RN vacancies were reported by CCB Partner's that completed the Current State Workforce Survey.
- An estimated additional 209 FTE administrative support staff and 170 FTE medical assistants are projected to be required in primary care settings to support primary

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care and other medical and behavioral health specialties to meet both DSRIP-related needs and those associated with population growth and aging.

- The need for Primary Care providers is estimated to increase by approximately 97 FTEs by 2020 due to both DSRIP and non-DSRIP factors.
- Approximately 81 FTE licensed clinical social workers are estimated to be required by 2020 to implement the DSRIP projects. This increase is driven by the integration of behavioral health into the primary care setting.

Exhibit 35: CCB PPS Summary of Projected DSRIP Staffing Impacts (DY2 to DY5)

Target State Analysis			
<u>Setting and Job Category</u>	<u>Non-DSRIP Impacts</u>	<u>DSRIP-related Impacts</u>	<u>Total Impacts</u>
<b><i>Primary and Community-Based Settings</i></b>			
Primary Care Providers	58.5	38	96.5
Cardiologists	10	6.5	16.5
Endocrinologists	3	0	3
Psychiatrists / Psychiatric Nurses	7.5	8	15.5
Psychologists	21.5	0	21.5
Licensed clinical Social Workers	0	80.5	80.5
Registered Nurses	27	25	52
Licensed Practical Nurses	8.5	0	8.5
Nurse Aides / Assistants	8.5	0	8.5
Medical Assistants	102	67.5	169.5
Administrative Support Staff	95	114	209
<b><i>Emergency Department</i></b>			
Emergency Physicians	1	-15	-14
Nurse Practitioners & Physician Assistants	0.5	-2.5	-2
Registered Nurses	6.5	-53	-46.5
<b><i>Hospital Inpatient</i></b>			
Hospitalists	3.5	-26	-22.5
Registered Nurses	126	-308.5	-182.5
Licensed Practical Nurses	16.5	-17	-0.5
Nurse Aides / Assistants	29	-78	-49
<b><i>Care Managers / Coordinators / Navigators / Health Coaches/CHWs</i></b>			
Transitional care nurses	0	21	21
Care coordinators, health coaches & transitional care managers (non-RN)	0	317	317
Palliative care health coach	0	10	10
Community health workers (asthma educators)	0	35.5	35.5
CVD Health coaches	0	17.5	17.5
Patient Navigator	0	8	8
<b>Total FTEs</b>	<b>524.5</b>	<b>248.5</b>	<b>773</b>



### C. Target Workforce State Summary Conclusions

As previously described, the purpose of the Target Workforce Report is to analyze and project CCB's anticipated future workforce needs as a result of system transformation through the DSRIP program in addition to non-DSRIP-related impacts.

While the Target-State Report serves to provide an estimation of CCB's target workforce state by the end of the DSRIP program to assist the PPS in the planning and implementation of DSRIP projects, the demand for healthcare services and providers within CCB's network will continue to evolve and is likely to change over time, independent of DSRIP impacts. It is anticipated that the demand for physicians in Brooklyn as well as in CCB's service area will likely continue to grow due to general population growth. As a result, the workforce projections stated within this report suggest that any DSRIP-related changes in workforce demand should be considered in the context of broader trends affecting the demand for healthcare services and providers within CCB's service area.

As a result of the DSRIP program, there is an anticipated increase in the numbers of care coordinators, and primary care providers and support staff which reflects the enhanced demand for these professions within a transformed delivery system. In addition to growth in the workforce, there may opportunities for retraining and movement across settings.

While the estimated workforce impacts for several of the PPS's DSRIP projects are not projected to have a significant impact on the workforce, the projections do indicate how DSRIP program goals, including reductions in avoidable utilization, might be achieved through counseling, improved access to primary and behavioral health services, and better care management for patients with chronic conditions.

Based on the available data as well as DSRIP project inputs and assumptions provided by key PPS stakeholders, the model suggest that the impact of the DSRIP program over the five years are unlikely to materially and/or negatively impact CCB's healthcare delivery workforce, especially when evaluated alongside the larger, projected workforce impacts of trends external to the DSRIP program.

## IV. Workforce Gap Analysis

### A. Workforce Gap Analysis Overview

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

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 CCB'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 CCB's Target Workforce State Report in order to inform the PPS's overall workforce strategy.

CCB'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 hiring needs. Further, the gap analysis will be used 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, through leveraging projected impacts from the Target Workforce State Report, and the Current-State Report and describe the factors that are responsible for these gaps.

### B. Non-DSRIP Related Workforce Impacts

The demand for healthcare services and providers within CCB's network will change over time, independent of the anticipated DSRIP impact. A growing and aging population will impact healthcare utilization and care delivery and will influence how CCB and its partners provide care to patients within the network.

Using the HDMM, we simulated the projected change in demand for physician specialties and other health occupations based on projected population characteristics, independent of DSRIP across all patients and regardless of insurance status. These projections were then scaled to CCB based on its estimated market share of Brooklyn utilization by payer (*Exhibit 36* and *Exhibit 37*).

Much of the growth is driven by the growing and aging Medicare population. The projections illustrate that physician demand in Brooklyn is projected to grow approximately 4% between 2015 and 2020, independent of the effects of DSRIP (or by approximately 304 FTEs). Demand for primary care physicians in Brooklyn is projected to grow approximately 5% between 2015 and 2020, independent of the effects of DSRIP (or by approximately 90 FTEs). The CCB total

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physician growth is estimated to be approximately 154 FTEs of whom 45 FTEs are primary care physicians.

These projections suggest that any DSRIP-related changes in demand need to be understood in the context of broader, complex trends affecting the demand for healthcare services and providers.

Exhibit 36: Projected Impact of Changing Demographics on Physician Demand, 2015 to 2020

Specialty		Brooklyn Total Growth		CCB PPS Impact
		FTE Growth	% Growth	FTE Growth
Primary Care	Total primary care	89.5	5%	45
	Family medicine	25.5	5%	13
	Internal medicine	54.5	6%	27.5
	Pediatrics	8.5	1%	4
	Geriatrics	1	4%	0.5
	Hospitalists (primary care trained)	7.5	3%	3.5
Medical Specialties	Allergy and immunology	3.5	8%	2
	Cardiology	20	6%	10
	Critical care/pulmonology	4	3%	2
	Dermatology	6	6%	3
	Endocrinology	5.5	6%	3
	Gastroenterology	9.5	6%	4.5
	Infectious disease	1.5	2%	1
	Hematology and oncology	9	6%	4.5
	Nephrology	8.5	7%	4.5
	Pediatric subspecialty	0	0%	0
	Rheumatology	3	6%	1.5
Surgery	General surgery	9	6%	4.5
	Colorectal surgery	0	2%	0
	Neurological surgery	2.5	5%	1.5
	Ophthalmology	11.5	6%	6
	Orthopedic surgery	10.5	6%	5.5
	Otolaryngology	5.5	6%	2.5
	Plastic surgery	3.5	5%	1.5
	Thoracic surgery	2.5	6%	1
	Urology	6	6%	3
	Vascular surgery	1.5	5%	1
Other	Obstetrics and gynecology	7	2%	3.5
	Anesthesiology	11.5	4%	6
	Emergency medicine	2	1%	1
	Neurology	7.5	5%	3.5
	Other medical specialties	9.5	4%	5
	Pathology	0	0%	0
	Physical med and rehab.	5.5	4%	3
	Psychiatry	15	3%	7.5
	Radiology	26	8%	13
	<b>Total</b>	<b>304</b>	<b>4%</b>	<b>153.5</b>

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*Exhibit 37* summarizes projected growth in Brooklyn’s FTE demand between 2015 and 2020 for select health professions, as well as the growth in demand for providers in CCB’s network. Similar to the approach for developing PPS-specific physician FTE demand projections, these estimates were also scaled to CCB based on its estimated market share.<sup>1</sup> Detailed information for Brooklyn by care setting is provided in the appendix.

Independent of the effects of DSRIP, demand for registered nurses in Brooklyn is projected to grow by approximately 424 FTEs between 2015 and 2020. Applying the CCB market share to applicable care settings, it is estimated that registered nurse demand will grow by approximately 176 FTEs. The growth in demand for nurses and other types of providers working in hospital settings may potentially be offset by reduced demand anticipated as DSRIP initiatives begin to reduce unnecessary hospital utilization.

Exhibit 37: Projected CCB Network Growth in Demand for Select Health Workers Between 2015 to 2020  
Based on Changing Demographics and Expanded Insurance Coverage

Health Profession	Brooklyn	CCB PPS Network				Total
	Total	Inpatient	Emergency	Ambulatory	Health home	
Registered nurse	423.5	126	6.5	27	16	175.5
Licensed practical nurse	84.5	16.5	0	8.5	4	29
Nurse aide	136.5	29	0	8.5	3.5	40.5
Home health aide	96	0	0	0	46	46
Pharmacist	28	0	2	11	0	13.5
Pharmacy technician	36	0	2	15	0	17
Pharmacy aide	4.5	0	0	2	0	2.5
Psychologist	45	0	0	21.5	0	21.5
Chiropractor	7.5	0	0	3.5	0	3.5
Podiatrist	3.5	0	0	1.5	0	1.5
Dietitian	9	2	0	1	0	3
Optician	4.5	0	0	2	0	2
Optometrist	3	0	0	1.5	0	1.5
Occupational therapist	99	31	0	13	0.5	45
Occupational therapist aide	16.5	5	0	2.5	0	8
Occupational therapy assistant	28.5	5	0	8	0	13
Radiation therapist	4	1.5	0	0.5	0	2
Radiological technologist	15	0	0.5	7	0	7.5
Respiratory therapist	10.5	3	0	1.5	0	4.5
Respiratory therapy technician	1.5	0.5	0	0	0	0.5
Medical clinical technician	26	9.5	0.5	2.5	0	12.5
Medical clinical lab technologist	26.5	9.5	0	3	0	12.5
Medical sonographer	9.5	3	0	2	0	4.5
Nuclear medicine technologist	5	1.5	12	0.5	0	14.5

<sup>1</sup> Inpatient market share was used as a proxy for total market share, as the PPS outpatient and ED market share of borough-wide utilization were unavailable.

### C. Project 2.a.iii: Health Home at Risk Intervention Program

Overarching project goals of the Health Home at Risk Intervention project include proactive management of patients not currently eligible for Health Homes through access to high quality primary care and support services. CCB is designing this intervention to engage individuals with a single chronic disease (e.g., diabetes, CVD, asthma, COPD, neuro-generative diseases, and moderate depression). CCB has a particular focus on diagnoses that drive ED and hospital utilization among less engaged individuals who do not have an established PCP or have been frequent ED users.

Using the HDMM, preliminary estimates suggest that, in comparison to non-participants, participants experience:

- A decline of 3.7% in inpatient days
- A 4.2% decline in ED visits
- A 1.8% increase in primary care visits

The distribution of staffing impacts by care settings and job titles most likely to be affected by 2020 include:

- Approximately 296 FTEs associated with health coaches may be required
- In outpatient/office settings: An estimated increase of 58 FTEs associated with primary care providers, direct medical support direct administration support, and registered nurses
- In the ED setting: Potential decreases in FTEs associated with emergency physicians, nurse practitioners and physician assistants, and registered nurses
- In the inpatient setting: A potential decrease in FTEs, from an approximated 8 FTE decrease of LPNs to an estimated decrease of 138 RNs.

Exhibit 38: Home Health at Risk Intervention Program: Projected CCB PPS Impact

	Total Workforce Impact (FTEs)
<b>Outpatient/office</b>	
Primary care providers	13
Direct medical support	23
Direct admin support	16.5
Registered nurses	5
<b>Emergency department</b>	
Emergency physicians	-3.5
NPs and PAs	-0.5
Registered nurses	-12.5
<b>Inpatient</b>	
Hospitalists	-11.5
Registered nurses	-137.5
Licensed practical nurses	-8

Nurse aides/assistants	-34.5
<b>Coordinators/educators</b>	
Care coordinators (Health Coaches)	296

The analysis suggests that project 2.a.iii’s greatest impact on CCB workforce may be on the care coordinators/health coaches and RNs in the inpatient setting.

### Nursing Workforce Gaps

Required FTEs in the ED and inpatient settings are anticipated to decline, with a greater impact on the inpatient setting and specifically on RNs, owing to this patient population achieving better control of their health. The Health Home initiative is expected to create an approximate 150 FTE reduction in the demand for RNs (ED and inpatient combined), in addition to reductions in the demand for LPNs.

CCB reported a Current-State vacancy rate of approximately 9.5% for all nursing positions and a 10.0% vacancy rate for RNs (a total of 550 FTEs vacancies). These vacancies may mitigate the declining demand for nursing positions due to project impacts. Additionally, due to anticipated workforce impacts unrelated to the DSRIP program, such as additional care demands related to population growth, there is likely to be an increase in the demand for nursing workforce in NYS. Therefore, the anticipated decline in nursing FTEs as a result of DSRIP projects may be offset by general population demand and current vacancy rates.

### Care Coordination/Health Coaches Workforce Gaps

As indicated in Exhibit 38 above, it is estimated that 296 FTE care coordinators/health coaches will be required by 2020 to implement the project. CCB reported only 4 health coaches and 1,080 care coordinators in the Current-State survey so the estimated increase is significant. The significant expansion of these positions within CCB and across the borough and NYC could create a workforce gap. If the health coach positions are to be filled by retraining existing staff (such as MAs) this could also create workforce gaps in those positions where staff are retrained.

## D. Project 2.b.iii: Emergency Department Care Triage for At-Risk Populations

Many patients who visit the emergency department have non-emergent conditions which could have been treated in a more appropriate setting that provides a continuum of care as well. The goals of this initiative are to:

- Identify ED patients who would be better served by a primary care provider who can provide continuity of care
- Link patients without a primary source of care to a primary care provider (“PCP”)
- Educate patients on appropriate use of ED services.

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One key DSRIP program goal is to reduce avoidable ED use among the Medicaid population by 25% within five years. Working towards this goal, CCB’s initial focus for project 2.b.iii is neighborhoods with the highest rates of potentially preventable visits (“PPVs”).

The target population includes patients that used the ED at least twice in a 12 month period for low severity issues. Individuals who visited the ED 5 or more times for low severity issues will be prioritized. Program components include PPS connectivity to community PCPs, especially Patient-Centered Medical Homes (“PCMHs”), and care management services.

For patients without a primary care provider presenting with minor illnesses, such as ear infections and bronchitis, patient navigators will assist the patient to secure an appointment with a PCP. For patients with a PCP, patient navigators will assist the member in scheduling a timely appointment.

By 2020 the net projected PPS impact associated with achieving the statewide target of reducing avoidable ED visits by 25% among Medicaid and Uninsured populations is the following, detailed in Exhibit 39:

- Approximately 21,500 fewer ED visits.
- An additional 10,800 primary care visits as a result of the 50% of diverted ED visits resulting in a visit to a PCP.

Exhibit 39: DSRIP ED Triage: Projected FTE Workforce Implications of Achieving 25% Reduction in PPV

	<b>Total Workforce Impact (by FTEs)</b>
<b><i>Office/Outpatient</i></b>	
Primary Care Providers	5
Direct Medical Support	8.5
Direct Administrative Support	6
Staff Registered Nurses	2.5
<b><i>Emergency Department</i></b>	
Emergency Physicians	-9.5
Nurse Practitioners	-0.5
Physician Assistants	-1.5
Staff Registered Nurses	-35
<b><i>Care coordinators</i></b>	
Patient navigators	8

The current analysis implies that should CCB successfully achieve the statewide target of a 25% reduction in avoidable ED visits, CCB’s network will experience a decrease in ED-setting FTEs including staff RNs and emergency physicians. Conversely, under the assumption that patients will seek care from primary care settings instead, FTEs associated with providers in this setting will increase.

### Nursing Workforce Gaps

In support of an overarching goal of reducing avoidable ED admissions by 25%, project impacts are likely to result in a decreased demand for ED providers, particularly the nursing workforce, as there is an expected decline of 35 FTE RNs. This reduction in demand is likely to occur most significantly in DY4, assuming full project implementation and a significant reduction in the number of potentially preventable ED visits by approximately 21,500 visits. However, the projected decrease in demand for nursing positions as a result of the ED Triage project may be offset by market changes as well as the number of reported nursing vacancies across the PPS.

### E. Project 2.b.iv: Care Transitions to Reduce 30 Day Readmissions

The objective of this DSRIP project is to reduce Potentially Preventable Readmissions (“PPRs”) to hospitals by providing a 30-day supported transition period after a hospitalization for patients at high risk of readmission due to lack of effective patient adherence, engagement in follow-up care and other risk factors.

At-risk patients will be identified using a standardized risk assessment tool, which will look at frequent admissions and re-admissions in the past year, and patients will be provided with more intensive care management. CCB is utilizing elements of the project BOOST care transition model. The Coleman and Naylor models are also being used to assess how to engage individuals at high risk for readmissions in the community. These models have been adapted by CCB to be more financially sustainable, and transitional care managers (“TCMs”) (or Health home manager) will conduct home visits in selected cases (specifically, patients that require medication management post discharge) to be supported by transitional care nurses (“TCNs”) for clinical support.

Exhibit 40 details the potential impact of this program, upon complete implementation, by 2020:

- Readmissions may decrease by approximately 1,300
- Inpatient days will potentially decline by approximately 6,600 days
- ED visits may reduce by 610 visits

The projected estimates in the table below assumes that ratio of TCMs and TCNs is 1:1. As the project is implemented and progresses beyond DSRIP year 5, CCB may alter the structure of the care management team by increasing the ratio of TCMs to TCNs. This potential change is not modelled in Exhibit 40.



Exhibit 40: Impact of Care Transitions to Reduce 30 Day Readmissions Project

	Total Workforce Impact (by FTEs)
<b><i>Emergency Department</i></b>	
Emergency physicians	-0.5
Nurse practitioners and physician assistants	0
Registered nurses	-1
<b><i>Inpatient</i></b>	
Hospitalists	-3
Registered nurses	-38
Licensed practical nurses	-2
Nurse aides	-9.5
<b><i>Care coordinators</i></b>	
Transitional care nurses	21
Transitional care managers	21

According to the analysis, project 2.b.iv’s greatest impact on workforce FTEs may be on the inpatient setting, particularly on RNs and nurse aides, reflective of decreasing readmissions, which leads to a reduction in inpatient days. The impact on the ED is expected to be minimal, while care coordination efforts may require a combined 42 additional FTE TCNs and TCMs.

### Care Coordinators Workforce Gap

The care transitions project will also create demand for care transitions coaches/care coordinators to manage patients through the 30 day transition period and connect patients to community based care management. As stated previously the significant demand for care management positions is expected to stress the workforce.

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

To address the needs of individuals with co-morbid physical and behavioral health (“BH”) needs, CCB intends to better integrate behavioral health and primary care services by pursuing two related initiatives: (1) increasing the physical co-location of behavioral health providers into primary care sites and vice versa where feasible, and (2) implementing the Improving Mood-Providing Access to Collaborative Treatment (IMPACT) model for depression across CCB service area. The target population for the two models is Medicaid beneficiaries age five and older who receive primary care at committed partner sites.

Expected changes in utilization as a result of program implementation by 2020 include the following:

- BH-related ED visits may decrease by 1010
- BH-related inpatient days may reduce by 1630 days

Exhibit 41: Integration of Behavioral Health into Primary Care: Projected Impact

	Total Workforce Impact (by FTEs)
<b>Outpatient/Office setting</b>	
Licensed clinical social worker	80.5
Psychiatrists/depression care managers	8
Primary care providers	1.5
Direct medical support	3
Direct admin support	68.5
Staff registered nurses	4
<b>Emergency Department</b>	
Emergency physicians	-0.5
Nurse practitioners or physician assistants	0
Staff registered nurses	-1.5
<b>Inpatient</b>	
Hospitalists	-1
Staff registered nurses	-9.5
Licensed practical nurses	-0.5
Nurse aides/assistants	-2.5

The project goals include increasing access to behavioral health services and management of mild/moderate depression and anxiety by PCPs, thereby improving access to care for patients.

#### Licensed Clinical Social Workers Gap

As shown in *Exhibit 41* above, it is estimated that approximately 81 FTE LCWS will be required in implementing project 3.a.i to meet the needs of actively engaged patients by DSRIP Year 5. CCB’s Participants reported 43 vacancies for LCSWs in the Current-State survey conducted in early 2016. The additional LCSWs required to implement this project will create a workforce gap within CCB, exacerbating the existing workforce shortage.

#### Direct Administrative Support Workforce Gap

As a result of the co-location of behavioral health and primary care services, it is anticipated that an additional 69 FTE administrative support employees will be required to support the expansion of behavioral health services. The addition of administrative positions within the PPS over a short period of time may create a workforce gap that will need to be addressed in workforce planning efforts.

## G. Project 3.b.i: Evidence-based Strategies to Improve Management of Cardiovascular Disease

CBB will pursue a multi-pronged approach to address cardiovascular disease (“CVD”) risk factors. This includes improving prescribing and adherence to aspirin prophylaxis among eligible patients as appropriate, improving blood pressure control by updating and strengthening implementation of evidence-based anti-hypertensive guidelines, and improving cholesterol control by updating current cholesterol management and treatment guidelines. The targeted patient population will include all uniquely attributed adult patients (ages 18+ years) with cardiovascular conditions based on a defined set of ICD-10 diagnosis codes.

Exhibit 42 below summarizes modeling results and projected impacts. By 2020 the net projected annual utilization impact associated with this DSRIP clinical initiative is the following:

- 900 fewer ED visits
- 3,500 fewer inpatient days
- 34,500 additional urgent (unscheduled) primary care visits
- 17,300 additional cardiologists visits

Exhibit 42: CVD Management: Projected Workforce Impacts by Care Setting

	Total Workforce Impact (by FTEs)
<b>Outpatient/Office setting</b>	
Primary care providers	20.5
Direct medical support	36
Direct admin support	25.5
Staff registered nurses	14.5
Specialists (cardiologist)	6.5
<b>Emergency Department</b>	
Emergency physicians	-0.5
Nurse practitioners and physician assistants	0
Staff registered nurses	-1.5
<b>Inpatient</b>	
Hospitalists	-5.5
Staff registered nurses	-65.5
Licensed practical nurses	-3.5
Nurse aides/assistants	-16.5
<b>CVD health coaches</b>	17.5

### Primary and Community Based Care Workforce Gap

Through the implementation of project 3.b.i, the analysis suggests that the greatest impact of this project on workforce may be in the outpatient settings. It's estimated that approximately 71 FTE primary care providers, direct medical support staff and staff RNS may be needed to support the expansion of primary care. In the smaller practices, which make up a majority of the primary care sites, medical assistants (as opposed to RNs) will likely account for a larger percentage of overall growth in support staff.

### Nursing Workforce Impact

The increase of approximately 15 FTE RNs will likely be seen in the hospital based clinics and FQHCs. The anticipated need for RNs will partially offset the estimated decline in demand of RNs in hospital/inpatient settings.

### CVD Health Coaches Workforce Gap

CCB anticipates using CVD Health Coaches in addition to care management staff in implementation of the project. The requirement for approximately 18 FTE CVD Health Coaches will create a workforce gap within CCB.

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

CCB's asthma self-management program targets adults, children, and the families/caregivers of patients with new or existing asthma diagnoses. The project will serve patients with intermittent or persistent asthma diagnoses. Primary project interventions intended to address identified gaps and provide opportunities to mitigate and decrease rates of asthma include:

- Increasing PC/PCMH capacity, including additional staffing, expanded hours of operation, and increased scope of onsite services, such as point-of-care testing and specialty services
- Implementing evidence-based practice clinical guidelines for asthma management at each PCMH site
- Developing home-based assessment and self-management programs in conjunction with a.i.r.NYC and other asthma service providers
- Developing care coordination teams
- Engaging in a PPS-wide medication adherence counseling effort
- Tracking population outcomes via an asthma registry

Exhibit 43 summarizes modeling results and projected target state impacts of this DSRIP clinical improvement project. By 2020 the net projected annual utilization impact associated with this DSRIP clinical initiative is the following:

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- 400 fewer ED visits
- 500 fewer inpatient days
- 3,100 fewer urgent (unscheduled) primary care visits

Exhibit 43: Asthma Management: Projected Workforce Impacts by Care Setting

	Total Workforce Impact (by FTEs)
<b>Outpatient/Office Setting</b>	
Primary care providers	-2
Direct medical support	-3
Direct admin support	-2.5
Staff registered nurses	-1
<b>Emergency Department</b>	
Emergency physicians	0
Nurse practitioners & physician assistants	0
Staff registered nurses	-0.5
<b>Inpatient</b>	
Hospitalists	-0.5
Staff registered nurses	-3
Licensed practical nurses	0
Nurse aides/assistants	-1
<b>Community Health workers (asthma educators)</b>	<b>35.5</b>

### Community Health Workers (“CHWs”) Workforce Gap

As shown in *Exhibit 43* above, it’s estimated that approximately 36 FTE CHWs will be required to provide asthma education services and support to the 17,000 actively engaged patients in DSRIP Year 5. CCB’s Participants reported 108 FTE CHWs in the Current-State survey and a vacancy rate of almost 20% and therefore the implementation of project 3.d.ii will expand the current gap. Almost 80% of Participants that reported having CHWs in the Current-State survey indicated that a Master’s degree was the minimum education requirement for the job title.

#### I. Project 3.g.i: Integration of Palliative Care into the PCMH Model

Palliative care is a specialized form of medical care, specifically for individuals with serious illnesses, with the goal of providing relief from the symptoms and stress of their condition to develop improved quality of life for both patients and their families. Focusing on pain and symptom control, communication and coordination, family/caregiver and emotional support, palliative care allows patients and their families to understand their treatment options and develop end of life plans as necessary.

This project was chosen for implementation as findings from the CNA indicated that many residents hospitalized with at least one chronic condition could benefit from palliative care services. The CNA also concluded that the prevalence of chronic conditions that could benefit from palliative care services outweighs the availability of such services, a deficiency that will only worsen with time, given the aging population. The target population will be attributed patients, aged 18 and older, who are eligible for a primary palliative care intervention, with eligibility criteria specified by diagnosis based on ICD-9 or -10 codes of chronic diseases that could benefit from palliative care (e.g., cancers, advanced depression, stroke, etc.). The main focus is on training and education for PCPs and staff on palliative care.

Exhibit 44 summarizes modeling results and projected target state impacts of this DSRIP clinical improvement project. By 2020 the net projected annual utilization impact associated with this DSRIP clinical initiative is potentially the following:

- 1400 fewer readmissions
- 9300 fewer inpatient days
- 700 fewer ED visits

Exhibit 44: Integration of Palliative Care: Projected Workforce Impacts by Care Setting

	Total Workforce Impact (by FTEs)
<b><i>Emergency Department</i></b>	
Emergency physicians	-0.5
Nurse practitioners and physician assistants	0
Staff registered nurses	-1
<b><i>Inpatient (hospital inpatient, nursing homes, SNFs)</i></b>	
Hospitalists	-4.5
Staff registered nurses	-55
Licensed practical nurses	-3
Nurse aides/assistants	-14
<b><i>Health Coaches 1:2,000 patients</i></b>	<b>10</b>

### Nursing Workforce Impact

Although the analysis suggests a large decrease in inpatient RNs counterintuitive to the goals of the project (to increase palliative care services), these are FTEs that are potentially associated with caring for patients who may have had readmissions or longer stays due to poor management of their serious illnesses. The estimated decrease in demand for RNs and Nurse Aids/Assistants may be offset by the high number of nursing vacancies reported by Participants in the Current-State survey, and other factors including population growth that will potentially off-set the decrease in inpatient utilization expected to result from project implementation.

### Health Coaches Workforce Gap

Through the implementation of project 3.g.i, it is estimated that CCB will require an additional 10 FTE Health Coaches to serve the needs of the actively engaged patients, creating a workforce gap.

### J. Other DSRIP Projects where Workforce Impacts were Not Projected

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

In an effort to serve Brooklyn's racially, ethnically, and linguistically diverse population through cultural sensitive, evidence-based coordinated care, CCB 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.

A review of the literature on this topic suggests that better integration can allow some services currently performed by specialists to instead be performed by generalists, some services currently performed by physicians to migrate to non-physicians, and also reduce duplication of tests. For purposes of projecting target workforce needs, it was assumed that that improved integration of the delivery system does not have an independent effect on health workforce needs (other than the addition of Health Information Technology personnel to implement and support network integration) not already identified through the analysis of other individual projects. However, the IDS is necessary for the PPS's other DSRIP projects to be successful in identifying and risk stratifying patients to provide interventions and coordinate and manage care for these patients.

#### 2. Domain 4 Projects: Strengthen Mental Health and Substance Abuse Infrastructure and Increase Early Access to, and Retention in, HIV Care

The analysis within the Target-State report does not separately model the two population-wide prevention projects. One project is strengthening mental health and substance abuse infrastructure. While this project is not explicitly modeled, the goals and impacts of this project are in some cases aligned with other clinical improvement projects that are modeled (e.g., integrating primary care and behavioral health services) including strengthening team settings and care coordination. Therefore the workforce impacts will be captured in these projects detailed below. The workforce impact related to the increased access to and retention in HIV care has not been separately modeled in this analysis. Although CCB anticipates that Domain 4 projects will have some workforce impact (e.g. community based health workers involved in outreach to the population with HIV), it is assumed that some of these impacts will have been captured in other projects, and there is not enough information to make informed assumptions about Domain 4's potential independent impacts on the workforce at this time.

### K. Other Identified Workforce Gaps

Within the Current-State Workforce section of the report, certain gaps in staff training as well as cultural competency and health literacy needs were identified within CCB's workforce. One current barrier is recruitment and retention of bilingual, culturally competent staff to address the needs of Brooklyn's diverse patient population.

Through the CNA, it was highlighted that Brooklyn has a current deficiency of mental health providers (including psychiatrists, psychologists, substance abuse counselors, certain social workers, and other specialists) to adequately address the needs of the population. The CNA also demonstrated a capacity shortage of behavioral health resources across Brooklyn.

CCB noted that a significant portion of RNs currently employed in CCB are nearing retirement age which may create a gap for highly skilled and/or specialized RNs within the PPS.

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 well connected through utilization of the RHIO platform.

### V. Conclusion

As detailed throughout the gap analysis, overall DSRIP project workforce impacts are projected to occur mainly for Primary Care Providers, Medical Assistants, Nurses, Behavioral Health providers, Administrative Support, and the Care Management workforce. 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. Due to the combined impact of DSRIP as well as non-DSRIP related impacts, the PPS's workforce is projected to experience a potential increase in demand for health care providers of 773 FTE positions. This estimate includes non-clinical based positions such as Administrative Support positions.

As a result of the DSRIP projects, within the primary care / outpatient settings, CCB'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 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.



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For the anticipated project impacts of the co-location of primary care and behavioral health services, an increase in demand for Behavioral Health positions is projected, specifically for Licensed Clinical Social Workers and Administration Support positions. 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, CCB's workforce is anticipated to experience a decrease in demand for ED Physicians as well as a decrease in demand for nursing positions including NPs, PAs, and RNs as DSRIP project impacts are potentially realized and patients seek care outside of the ED and inpatient settings. However, in certain instances, given the vacancy rates reported both across CCB in the ED / inpatient setting, the projected reduction in demand for nursing positions may be offset by the existing reported gaps within CCB's workforce.

Additionally, CCB anticipates a significant increase in utilization of community-based health care management/coordination services as a result of CCB's implementation of projects to redirect care as well as better manage patients existing conditions. As a result, workforce demands for Transitional Care Nurses, Care Coordinators, Health Coaches, Transitional Care Managers, Community Health Workers, and Patient Navigators are projected to increase. Given the anticipated increase in utilization of care management/coordination services and the significant vacancy rate reported for these positions currently, the existing gap for Care Management and Care Coordination staff is likely to increase as CCB successfully implements its DSRIP projects.

This document highlights the potential gaps within CCB's workforce that can be reliably estimated at the date of this report. CCB expects the analysis to be a dynamic process with likely additional gaps being highlighted as the DSRIP projects are implemented.

## 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.		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.	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.	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			

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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.	

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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 <u>licensed certified</u> 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.  <u>Unlicensed</u> 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.	

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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			

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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 Management/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. Participants 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.	

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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			

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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	<i>Bill and account collectors</i> , sometimes called <i>collectors</i> , 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. <i>Medical coder</i> , commonly referred to as <i>health information technicians</i> , 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.	



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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)	<p>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.</p> <p>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.</p> <p>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.</p>	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)	<p>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.</p> <p>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.</p>	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.

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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.	

## VII. APPENDIX 2 - Current State Workforce Data - Total Reported Workforce Data by Facility Type (Headcount and FTEs)

There is one Facility Type not included - Retails Clinics - because there was a total of 0 Headcount and 0 Total FTEs.

### 1. Article 16 Clinics

Job Title	Total Headcount	Total FTEs
Administrative Staff	12	6
Executive Staff	5	2
Financial	3	2
Human Resources	1	0
Other	3	2
Administrative Support	13	8
Coders/Billers	5	2
Office Clerks	1	0
Other	2	2
Secretaries and Administrative Assistants	5	4
Behavioral Health	8	5
Licensed Masters Social Workers	1	1
Other	2	1
Psychiatric Nurse Practitioners	1	1
Psychiatrists	2	1
Psychologists	2	1
Clinical Support	4	3
Medical Assistants	4	3
Emerging Titles	17	16
Care Manager/Coordinator	12	11
Other	1	1
Patient or Care Navigator	4	4
Health Information Technology	1	1
Health Information Technology Managers	1	1
Home Health Care	37	35
Other	37	35
Janitors and cleaners	2	2
Janitors and cleaners	2	2
Nurse Practitioners	2	1
Primary Care	2	1
Nursing	2	2
Licensed Practical Nurses	1	1
Staff Registered Nurses	1	1
Other Allied Health	12	3
Occupational Therapists	1	0
Optometrists	2	1
Other	1	0
Physical Therapists	3	1
Speech Language Pathologists	5	1
Physicians	8	2

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Job Title	Total Headcount	Total FTEs
Other Specialties (Except Psychiatrists)	6	1
Primary Care	2	1
Social Worker Case Management/ Care Management	1	1
Other	1	1
Total	119	85

2. Article 28 Diagnostic & Treatment Centers

Job Title	Total Headcount	Total FTEs
Administrative Staff	162	157
Executive Staff	38	36
Financial	16	15
Human Resources	12	11
Other	96	94
Administrative Support	206	223
Coders/Billers	48	47
Financial Service Representatives	8	8
Housekeeping	19	18
Office Clerks	48	47
Other	33	59
Patient Service Representatives	13	13
Secretaries and Administrative Assistants	35	28
Transportation	2	2
Behavioral Health	56	35
Licensed Clinical Social Workers	12	10
Licensed Masters Social Workers	7	7
Other	5	5
Other Mental Health/Substance Abuse Titles Requiring Certification	1	1
Psychiatric Nurse Practitioners	7	7
Psychiatrists	13	5
Psychologists	11	1
Clinical Support	225	203
Medical Assistants	165	153
Other	51	40
Patient Care Techs (Associates)	9	9
Emerging Titles	50	44
Care Manager/Coordinator	23	23
Community Health Worker	7	7
Other	11	8
Patient or Care Navigator	6	5
Peer Support Worker	3	3
Health Information Technology	34	32
Hardware Maintenance	3	3
Health Information Technology Managers	8	8
Other	6	6
Software Programmers	5	4
Technical Support	12	11
Janitors and cleaners	25	28
Janitors and cleaners	25	28
Midwifery	11	9
Midwives	7	6
Other	4	3
Nurse Practitioners	51	44
Other Specialties (Except Psychiatric NPs)	24	24
Primary Care	27	20
Nursing	69	57

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Job Title	Total Headcount	Total FTEs
Licensed Practical Nurses	22	20
Nurse Managers/Supervisors	13	13
Per Diem Staff Registered Nurses	5	4
Staff Registered Nurses	29	20
Nursing Care Managers/ Coordinators/Navigators/Coaches	7	7
Other	7	7
Oral Health	46	38
Dental Assistants	19	18
Dental Hygienists	4	2
Dentists	16	11
Other	7	7
Other Allied Health	129	76
Clinical Laboratory Technologists and Technicians	10	10
Nutritionists/Dieticians	11	10
Optometrists	65	32
Other	35	22
Physical Therapists	4	1
Physical Therapy Assistants/Aides	3	1
Speech Language Pathologists	1	0
Patient Education	57	49
Health Coach	2	2
Health Educators	27	19
Other	28	28
Physician Assistants	30	12
Other Specialties	21	5
Primary Care	9	7
Physicians	121	57
Cardiologists	2	0
Endocrinologists	1	0
Obstetricians/Gynecologists	44	15
Other Specialties (Except Psychiatrists)	30	9
Pediatrician (General)	10	7
Primary Care	30	23
Primary Care (HIV)	4	3
Social Worker Case Management/ Care Management	22	21
Licensed Clinical Social Workers	5	4
Licensed Masters Social Workers	13	13
Other	1	1
Social Worker Care Coordinators/Case Managers/Care Transition	3	3
<b>Total</b>	<b>1,301</b>	<b>1,091</b>

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### 3. Homecare / Hospice

Job Title	Total Headcount	Total FTEs
<b>Administrative Staff</b>	<b>1,264</b>	<b>1,036</b>
Executive Staff	190	140
Financial	288	247
Human Resources	214	172
Other	572	478
<b>Administrative Support</b>	<b>1,636</b>	<b>1,463</b>
Coders/Billers	173	138
Financial Service Representatives	30	14
Housekeeping	3	1
Office Clerks	486	448
Other	308	292
Patient Service Representatives	323	285
Secretaries and Administrative Assistants	313	285
<b>Behavioral Health</b>	<b>469</b>	<b>341</b>
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	138	131
Substance Abuse and Behavioral Disorder Counselors	2	2
<b>Clinical Support</b>	<b>67</b>	<b>27</b>
Nurse Aides/Assistants (CNAs)	14	14
Other	53	13
<b>Emerging Titles</b>	<b>269</b>	<b>209</b>
Care Manager/Coordinator	186	133
Other	68	68
Patient or Care Navigator	8	1
Peer Support Worker	7	7
<b>Health Information Technology</b>	<b>227</b>	<b>203</b>
Hardware Maintenance	6	2
Health Information Technology Managers	40	35
Other	6	5
Software Programmers	110	107
Technical Support	65	53
<b>Home Health Care</b>	<b>36,685</b>	<b>19,239</b>
Certified Home Health Aides	29,392	16,116
Other	1,356	29
Personal Care Aides (Level I)	1,460	670
Personal Care Aides (Level II)	4,477	2,424
<b>Janitors and cleaners</b>	<b>13</b>	<b>9</b>
Janitors and cleaners	13	9
<b>Nurse Practitioners</b>	<b>14</b>	<b>3</b>
Other Specialties (Except Psychiatric NPs)	9	1
Primary Care	5	2
<b>Nursing</b>	<b>3,140</b>	<b>1,840</b>
Licensed Practical Nurses	142	82
Nurse Managers/Supervisors	209	174

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Other	326	109
Other Registered Nurses (Utilization Review, Staff Development, etc.)	206	189
Per Diem Staff Registered Nurses	723	65
Staff Registered Nurses	1,534	1,221
Nursing Care Managers/ Coordinators/Navigators/Coaches	259	205
LPN Care Coordinators/Case Managers	16	14
Other	45	33
RN Care Coordinators/Case Managers/Care Transitions	198	157
Other Allied Health	748	487
Nutritionists/Dieticians	11	2
Occupational Therapists	105	76
Occupational Therapy Assistants/Aides	4	4
Other	125	18
Physical Therapists	438	341
Physical Therapy Assistants/Aides	12	10
Speech Language Pathologists	53	35
Patient Education	21	19
Health Educators	13	12
Other	8	7
Physicians	46	29
Other Specialties (Except Psychiatrists)	25	10
Primary Care	18	16
Social Worker Case Management/ Care Management	154	48
Bachelors Social Workers	54	13
Licensed Clinical Social Workers	8	3
Licensed Masters Social Workers	78	24
Other	10	4
Social Worker Care Coordinators/Case Managers/Care Transition	4	4
<b>Total</b>	<b>45,012</b>	<b>25,157</b>



## Gap Analysis Report for Community Care of Brooklyn

### 4. Hospital Outpatient Clinic (Article 28)

Job Title	Total Headcount	Total FTEs
<b>Administrative Staff</b>	124	116
Executive Staff	31	30
Financial	24	22
Human Resources	42	40
Other	27	25
<b>Administrative Support</b>	770	684
Coders/Billers	16	16
Dietary/Food Service	94	72
Financial Service Representatives	192	185
Housekeeping	141	123
Office Clerks	192	168
Other	42	40
Secretaries and Administrative Assistants	40	40
Transportation	53	42
<b>Behavioral Health</b>	13	11
Licensed Clinical Social Workers	3	3
Licensed Masters Social Workers	7	6
Psychiatrists	1	0
Psychologists	2	2
<b>Clinical Support</b>	438	424
Medical Assistants	98	127
Nurse Aides/Assistants (CNAs)	117	93
Other	9	7
Patient Care Techs (Associates)	214	197
<b>Emerging Titles</b>	25	23
Care Manager/Coordinator	5	5
Community Health Worker	3	3
Other	7	6
Patient or Care Navigator	5	6
Peer Support Worker	5	3
<b>Health Information Technology</b>	11	9
Hardware Maintenance	4	4
Health Information Technology Managers	4	3
Other	3	2
<b>Janitors and cleaners</b>	15	15
Janitors and cleaners	15	15
<b>Midwifery</b>	4	3
Midwives	4	3
<b>Nurse Practitioners</b>	72	56
Other Specialties (Except Psychiatric NPs)	26	17
Primary Care	46	39
<b>Nursing</b>	1,251	1,093
Licensed Practical Nurses	75	72
Nurse Managers/Supervisors	87	87
Per Diem Staff Registered Nurses	128	26
Staff Registered Nurses	961	909
<b>Nursing Care Managers/ Coordinators/Navigators/Coaches</b>	25	25
Other	3	3
RN Care Coordinators/Case Managers/Care Transitions	22	22

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Oral Health	57	42
Dental Assistants	31	29
Dental Hygienists	1	1
Dentists	23	12
Other	2	0
Other Allied Health	301	236
Clinical Laboratory Technologists and Technicians	151	99
Nutritionists/Dieticians	18	14
Occupational Therapists	1	1
Optometrists	1	1
Other	8	8
Pharmacists	30	28
Pharmacy Technicians	33	31
Physical Therapists	9	9
Physical Therapy Assistants/Aides	11	11
Respiratory Therapists	38	34
Speech Language Pathologists	1	1
Patient Education	5	5
Certified Asthma Educators	1	1
Certified Diabetes Educators	1	1
Health Educators	3	3
Physician Assistants	117	84
Other Specialties	4	3
Primary Care	113	81
Physicians	989	678
Cardiologists	2	0
Emergency Medicine	40	40
Endocrinologists	1	1
Fellows	32	31
Obstetricians/Gynecologists	21	18
Other Specialties (Except Psychiatrists)	92	41
Pediatrician (General)	100	56
Primary Care	14	10
Primary Care (HIV)	4	4
Residents	683	477
Social Worker Case Management/ Care Management	25	24
Bachelors Social Workers	3	3
Licensed Masters Social Workers	22	21
<b>Total</b>	<b>4,242</b>	<b>3,527</b>

## Gap Analysis Report for Community Care of Brooklyn

### 5. Hospital Inpatient / ER

Job Title	Total Headcount	Total FTEs
<b>Administrative Staff</b>	<b>264</b>	<b>256</b>
Executive Staff	87	85
Financial	94	92
Human Resources	57	54
Other	26	24
<b>Administrative Support</b>	<b>2,044</b>	<b>1,773</b>
Coders/Billers	100	99
Dietary/Food Service	311	272
Financial Service Representatives	48	47
Housekeeping	342	309
Office Clerks	283	251
Other	364	320
Patient Service Representatives	161	146
Secretaries and Administrative Assistants	223	192
Transportation	212	137
<b>Behavioral Health</b>	<b>133</b>	<b>110</b>
Licensed Clinical Social Workers	5	5
Licensed Masters Social Workers	22	19
Psychiatric Aides/Techs	24	17
Psychiatric Nurse Practitioners	2	2
Psychiatrists	33	23
Psychologists	9	9
Social and Human Service Assistants	22	22
Substance Abuse and Behavioral Disorder Counselors	16	13
<b>Clinical Support</b>	<b>1,370</b>	<b>1,192</b>
Medical Assistants	56	53
Nurse Aides/Assistants (CNAs)	138	109
Other	243	219
Patient Care Techs (Associates)	933	810
<b>Emerging Titles</b>	<b>30</b>	<b>30</b>
Care Manager/Coordinator	18	18
Other	1	1
Patient or Care Navigator	11	11
<b>Health Information Technology</b>	<b>126</b>	<b>112</b>
Hardware Maintenance	27	27
Health Information Technology Managers	22	22
Software Programmers	25	25
Technical Support	52	38
<b>Janitors and cleaners</b>	<b>172</b>	<b>170</b>
Janitors and cleaners	172	170
<b>Midwifery</b>	<b>15</b>	<b>13</b>
Midwives	12	12
Other	3	1
<b>Nurse Practitioners</b>	<b>104</b>	<b>87</b>
Other Specialties (Except Psychiatric NPs)	80	71
Primary Care	24	16
<b>Nursing</b>	<b>2,682</b>	<b>2,413</b>
Licensed Practical Nurses	65	59
Nurse Managers/Supervisors	117	107

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Other	21	19
Other Registered Nurses (Utilization Review, Staff Development, etc.)	44	41
Per Diem Staff Registered Nurses	266	123
Staff Registered Nurses	2,169	2,064
<b>Nursing Care Managers/ Coordinators/Navigators/Coaches</b>	<b>76</b>	<b>74</b>
Other	5	5
RN Care Coordinators/Case Managers/Care Transitions	71	69
<b>Oral Health</b>	<b>15</b>	<b>11</b>
Dental Assistants	9	9
Dentists	6	2
<b>Other Allied Health</b>	<b>652</b>	<b>1,444</b>
Clinical Laboratory Technologists and Technicians	211	142
Nutritionists/Dieticians	36	30
Occupational Therapists	26	18
Occupational Therapy Assistants/Aides	5	5
Other	54	38
Pharmacists	68	953
Pharmacy Technicians	50	88
Physical Therapists	34	24
Physical Therapy Assistants/Aides	14	14
Respiratory Therapists	138	122
Speech Language Pathologists	16	10
<b>Patient Education</b>	<b>7</b>	<b>3</b>
Certified Diabetes Educators	2	2
Other	5	1
<b>Physician Assistants</b>	<b>188</b>	<b>149</b>
Other Specialties	105	84
Primary Care	83	65
<b>Physicians</b>	<b>1,474</b>	<b>1,038</b>
Cardiologists	30	24
Emergency Medicine	112	82
Endocrinologists	8	6
Fellows	6	5
Obstetricians/Gynecologists	44	31
Other Specialties (Except Psychiatrists)	260	173
Pediatrician (General)	65	27
Primary Care	114	65
Residents	835	626
<b>Social Worker Case Management/ Care Management</b>	<b>56</b>	<b>52</b>
Bachelors Social Workers	5	4
Licensed Clinical Social Workers	5	5
Licensed Masters Social Workers	41	38
Social Worker Care Coordinators/Case Managers/Care Transition	5	5
<b>Total</b>	<b>9,408</b>	<b>8,927</b>

6. Inpatient (Article 31)

Job Title	Total Headcount	Total FTEs
Administrative Staff	537	72
Executive Staff	55	7
Financial	167	7
Human Resources	55	4
Other	260	54
Administrative Support	510	197
Coders/Billers	75	23
Dietary/Food Service	48	42
Housekeeping	7	3
Office Clerks	45	27
Other	162	38
Secretaries and Administrative Assistants	119	49
Transportation	54	15
Behavioral Health	818	685
Licensed Clinical Social Workers	62	54
Licensed Masters Social Workers	118	98
Other	103	90
Other Mental Health/Substance Abuse Titles Requiring Certification	31	25
Psychiatric Aides/Techs	161	161
Psychiatric Nurse Practitioners	5	3
Psychiatrists	88	50
Psychologists	23	20
Social and Human Service Assistants	209	167
Substance Abuse and Behavioral Disorder Counselors	18	17
Clinical Support	21	5
Other	19	3
Patient Care Techs (Associates)	2	2
Emerging Titles	33	28
Care Manager/Coordinator	27	26
Other	1	1
Peer Support Worker	5	1
Health Information Technology	103	73
Health Information Technology Managers	28	35
Other	45	2
Software Programmers	8	0
Technical Support	22	36
Janitors and cleaners	95	63
Janitors and cleaners	95	63
Nurse Practitioners	2	0
Primary Care	2	0
Nursing	185	189
Licensed Practical Nurses	17	16
Nurse Managers/Supervisors	24	65
Per Diem Staff Registered Nurses	13	3
Staff Registered Nurses	131	105
Other Allied Health	12	11
Other	5	4
Pharmacists	5	5
Pharmacy Technicians	2	2

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Physicians	1	1
Pediatrician (General)	1	1
Social Worker Case Management/ Care Management	23	23
Bachelors Social Workers	3	3
Licensed Clinical Social Workers	2	2
Licensed Masters Social Workers	12	12
Other	1	1
Social Worker Care Coordinators/Case Managers/Care Transition	5	5
<b>Total</b>	<b>2,340</b>	<b>1,346</b>

## Gap Analysis Report for Community Care of Brooklyn

### 7. Inpatient (Article 32)

Job Title	Total Headcount	Total FTEs
Administrative Staff	6	6
Executive Staff	3	3
Financial	1	1
Other	2	2
Administrative Support	36	35
Coders/Billers	1	1
Dietary/Food Service	11	10
Housekeeping	5	5
Office Clerks	4	4
Other	6	6
Secretaries and Administrative Assistants	7	7
Transportation	2	2
Behavioral Health	73	69
Licensed Masters Social Workers	6	4
Other	10	10
Other Mental Health/Substance Abuse Titles Requiring Certification	2	2
Psychiatric Nurse Practitioners	1	1
Psychiatrists	2	1
Social and Human Service Assistants	11	9
Substance Abuse and Behavioral Disorder Counselors	41	41
Clinical Support	1	1
Patient Care Techs (Associates)	1	1
Emerging Titles	13	11
Care Manager/Coordinator	13	11
Health Information Technology	1	1
Health Information Technology Managers	1	1
Janitors and cleaners	4	4
Janitors and cleaners	4	4
Nurse Practitioners	2	1
Other Specialties (Except Psychiatric NPs)	1	1
Primary Care	1	0
Nursing	24	22
Licensed Practical Nurses	3	3
Nurse Managers/Supervisors	3	3
Staff Registered Nurses	18	17
Other Allied Health	7	7
Nutritionists/Dieticians	1	1
Other	1	1
Pharmacy Technicians	5	5
Patient Education	2	2
Health Educators	2	2
Physicians	5	3
Primary Care	5	3
<b>Total</b>	<b>174</b>	<b>163</b>

8. Non-Licensed CBO

Job Title	Total Headcount	Total FTEs
Administrative Staff	669	485
Executive Staff	115	64
Financial	172	116
Human Resources	46	32
Other	336	273
Administrative Support	288	298
Coders/Billers	14	47
Dietary/Food Service	50	50
Housekeeping	22	22
Office Clerks	63	52
Other	10	8
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	128	118
Behavioral Health	280	196
Licensed Clinical Social Workers	9	9
Licensed Masters Social Workers	85	63
Other	101	57
Other Mental Health/Substance Abuse Titles Requiring Certification	4	4
Psychiatric Aides/Techs	1	1
Psychiatric Nurse Practitioners	4	1
Psychiatrists	40	27
Psychologists	11	11
Social and Human Service Assistants	4	3
Substance Abuse and Behavioral Disorder Counselors	21	21
Clinical Support	7	3
Medical Assistants	7	3
Emerging Titles	689	569
Care Manager/Coordinator	452	401
Community Health Worker	67	68
Other	114	67
Patient or Care Navigator	13	9
Peer Support Worker	43	23
Health Information Technology	70	28
Hardware Maintenance	1	1
Health Information Technology Managers	10	4
Other	3	1
Software Programmers	18	7
Technical Support	38	16
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	22	19
Janitors and cleaners	22	19
Nurse Practitioners	6	3
Primary Care	6	3
Nursing	84	80
Licensed Practical Nurses	24	24



## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Nurse Managers/Supervisors	11	11
Staff Registered Nurses	49	45
Nursing Care Managers/ Coordinators/Navigators/Coaches	11	11
RN Care Coordinators/Case Managers/Care Transitions	11	11
Other Allied Health	54	53
Nutritionists/Dieticians	54	53
Patient Education	18	16
Certified Asthma Educators	3	3
Health Educators	15	13
Physicians	3	2
Pediatrician (General)	2	2
Primary Care	1	0
Social Worker Case Management/ Care Management	242	189
Bachelors Social Workers	28	26
Licensed Clinical Social Workers	8	8
Licensed Masters Social Workers	50	44
Other	142	98
Social Worker Care Coordinators/Case Managers/Care Transition	14	13
<b>Total</b>	<b>2,458</b>	<b>1,966</b>

## Gap Analysis Report for Community Care of Brooklyn

### 9. Nursing Home / SNF

Job Title	Total Headcount	Total FTEs
<b>Administrative Staff</b>	130	118
Executive Staff	59	50
Financial	37	36
Human Resources	18	15
Other	16	16
<b>Administrative Support</b>	760	631
Coders/Billers	5	5
Dietary/Food Service	284	228
Financial Service Representatives	5	5
Housekeeping	290	251
Office Clerks	37	29
Other	92	76
Patient Service Representatives	2	2
Secretaries and Administrative Assistants	44	35
Transportation	1	1
<b>Behavioral Health</b>	60	40
Licensed Clinical Social Workers	8	5
Licensed Masters Social Workers	15	12
Other	10	9
Psychiatrists	8	3
Psychologists	8	3
Social and Human Service Assistants	11	8
<b>Clinical Support</b>	2,410	1,821
Nurse Aides/Assistants (CNAs)	2,330	1,776
Other	57	24
Patient Care Techs (Associates)	23	21
<b>Emerging Titles</b>	1	0
Other	1	0
<b>Health Information Technology</b>	47	43
Hardware Maintenance	1	0
Health Information Technology Managers	43	41
Other	1	0
Technical Support	2	1
<b>Home Health Care</b>	136	115
Certified Home Health Aides	136	115
<b>Janitors and cleaners</b>	103	90
Janitors and cleaners	103	90
<b>Nurse Practitioners</b>	18	8
Other Specialties (Except Psychiatric NPs)	1	1
Primary Care	17	7
<b>Nursing</b>	1,503	1,106
Licensed Practical Nurses	652	515
Nurse Managers/Supervisors	199	118
Other	32	5
Other Registered Nurses (Utilization Review, Staff Development, etc.)	34	18
Per Diem Staff Registered Nurses	65	0
Staff Registered Nurses	521	449
<b>Nursing Care Managers/ Coordinators/Navigators/Coaches</b>	8	6
RN Care Coordinators/Case Managers/Care Transitions	8	5

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Oral Health	4	0
Dental Hygienists	1	0
Dentists	3	0
Other Allied Health	412	253
Nutritionists/Dieticians	37	29
Occupational Therapists	53	39
Occupational Therapy Assistants/Aides	47	31
Optometrists	3	0
Other	124	58
Pharmacists	6	4
Pharmacy Technicians	3	2
Physical Therapists	47	35
Physical Therapy Assistants/Aides	48	34
Respiratory Therapists	21	11
Speech Language Pathologists	23	10
Physician Assistants	6	5
Primary Care	6	5
Physicians	93	20
Cardiologists	2	0
Obstetricians/Gynecologists	1	0
Other Specialties (Except Psychiatrists)	40	2
Pediatrician (General)	2	2
Primary Care	48	17
Social Worker Case Management/ Care Management	69	1,643
Bachelors Social Workers	41	1,613
Licensed Clinical Social Workers	10	10
Licensed Masters Social Workers	12	11
Social Worker Care Coordinators/Case Managers/Care Transition	6	6
<b>Total</b>	<b>5,760</b>	<b>5,900</b>

## Gap Analysis Report for Community Care of Brooklyn

### 10. Other

Job Title	Total Headcount	Total FTEs
Administrative Staff	2,641	870
Executive Staff	404	179
Financial	812	153
Human Resources	264	57
Other	1,161	480
Administrative Support	1,974	822
Coders/Billers	259	63
Dietary/Food Service	64	40
Housekeeping	46	26
Office Clerks	149	49
Other	1,050	491
Patient Service Representatives	9	0
Secretaries and Administrative Assistants	287	137
Transportation	110	15
Behavioral Health	963	454
Licensed Clinical Social Workers	41	16
Licensed Masters Social Workers	60	46
Other	135	124
Other Mental Health/Substance Abuse Titles Requiring Certification	22	15
Psychiatric Nurse Practitioners	5	4
Psychiatrists	43	8
Psychologists	49	31
Social and Human Service Assistants	583	188
Substance Abuse and Behavioral Disorder Counselors	25	22
Clinical Support	146	90
Medical Assistants	3	3
Nurse Aides/Assistants (CNAs)	58	61
Other	85	26
Emerging Titles	883	829
Care Manager/Coordinator	385	376
Community Health Worker	29	29
Other	305	287
Patient or Care Navigator	79	79
Peer Support Worker	85	58
Health Information Technology	460	48
Health Information Technology Managers	139	18
Other	223	10
Software Programmers	36	1
Technical Support	62	18
Home Health Care	2,501	1,170
Certified Home Health Aides	830	0
Other	1,473	991
Personal Care Aides (Level II)	198	179
Janitors and cleaners	414	173
Janitors and cleaners	414	173
Nurse Practitioners	5	4
Primary Care	5	4
Nursing	346	265
Licensed Practical Nurses	73	75

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Nurse Managers/Supervisors	47	28
Other	1	1
Other Registered Nurses (Utilization Review, Staff Development, etc.)	18	18
Per Diem Staff Registered Nurses	1	0
Staff Registered Nurses	206	143
Nursing Care Managers/ Coordinators/Navigators/Coaches	20	20
LPN Care Coordinators/Case Managers	2	2
RN Care Coordinators/Case Managers/Care Transitions	18	18
Other Allied Health	212	175
Clinical Laboratory Technologists and Technicians	46	36
Nutritionists/Dieticians	12	9
Occupational Therapists	14	14
Other	90	78
Pharmacy Technicians	4	3
Physical Therapists	8	7
Respiratory Therapists	9	4
Speech Language Pathologists	29	24
Patient Education	32	29
Health Coach	2	2
Other	30	27
Physicians	14	2
Pediatrician (General)	2	1
Primary Care	12	2
Social Worker Case Management/ Care Management	250	247
Bachelors Social Workers	105	105
Licensed Clinical Social Workers	15	15
Licensed Masters Social Workers	47	47
Other	21	19
Social Worker Care Coordinators/Case Managers/Care Transition	62	61
<b>Total</b>	<b>10,861</b>	<b>5,198</b>

## Gap Analysis Report for Community Care of Brooklyn

### 11. Outpatient (Article 31)

Job Title	Total Headcount	Total FTEs
Administrative Staff	782	271
Executive Staff	106	41
Financial	232	55
Human Resources	81	25
Other	363	151
Administrative Support	647	324
Coders/Billers	66	14
Dietary/Food Service	6	3
Housekeeping	11	4
Office Clerks	206	161
Other	262	76
Patient Service Representatives	1	1
Secretaries and Administrative Assistants	95	64
Behavioral Health	1,113	684
Licensed Clinical Social Workers	215	159
Licensed Masters Social Workers	345	195
Other	74	49
Other Mental Health/Substance Abuse Titles Requiring Certification	220	161
Psychiatric Nurse Practitioners	22	7
Psychiatrists	139	74
Psychologists	34	18
Social and Human Service Assistants	37	3
Substance Abuse and Behavioral Disorder Counselors	27	18
Clinical Support	23	6
Medical Assistants	3	3
Other	20	4
Emerging Titles	221	170
Care Manager/Coordinator	73	71
Community Health Worker	2	2
Other	106	76
Patient or Care Navigator	1	1
Peer Support Worker	39	22
Health Information Technology	133	15
Hardware Maintenance	3	2
Health Information Technology Managers	37	2
Other	62	5
Software Programmers	12	0
Technical Support	19	5
Janitors and cleaners	113	66
Janitors and cleaners	113	66
Nursing	30	20
Licensed Practical Nurses	7	5
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	20	14
Other Allied Health	89	62
Clinical Laboratory Technologists and Technicians	2	1
Nutritionists/Dieticians	1	1
Other	86	60

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Patient Education	2	2
Other	2	2
Physicians	37	18
Other Specialties (Except Psychiatrists)	1	0
Residents	36	18
Social Worker Case Management/ Care Management	183	180
Bachelors Social Workers	28	28
Licensed Clinical Social Workers	13	11
Licensed Masters Social Workers	80	79
Social Worker Care Coordinators/Case Managers/Care Transition	62	62
<b>Total</b>	<b>3,373</b>	<b>1,819</b>

12. Outpatient (Article 32)

Job Title	Total Headcount	Total FTEs
Administrative Staff	55	40
Executive Staff	26	19
Financial	10	6
Human Resources	7	5
Other	12	11
Administrative Support	137	114
Coders/Billers	18	13
Dietary/Food Service	7	6
Financial Service Representatives	11	11
Housekeeping	4	3
Office Clerks	24	22
Other	29	24
Patient Service Representatives	8	4
Secretaries and Administrative Assistants	34	30
Transportation	2	1
Behavioral Health	262	238
Licensed Clinical Social Workers	19	18
Licensed Masters Social Workers	51	50
Other	5	4
Other Mental Health/Substance Abuse Titles Requiring Certification	39	40
Psychiatric Nurse Practitioners	3	2
Psychiatrists	16	5
Social and Human Service Assistants	7	6
Substance Abuse and Behavioral Disorder Counselors	122	112
Clinical Support	1	1
Other	1	1
Emerging Titles	8	8
Care Manager/Coordinator	3	4
Patient or Care Navigator	2	2
Peer Support Worker	3	3
Health Information Technology	9	6
Hardware Maintenance	1	1
Health Information Technology Managers	6	4
Technical Support	2	1
Janitors and cleaners	12	8
Janitors and cleaners	12	8
Nurse Practitioners	1	1
Other Specialties (Except Psychiatric NPs)	1	1
Nursing	27	23
Licensed Practical Nurses	4	3
Nurse Managers/Supervisors	4	3
Other	1	0
Other Registered Nurses (Utilization Review, Staff Development, etc.)	1	1
Per Diem Staff Registered Nurses	4	0
Staff Registered Nurses	13	16
Patient Education	5	2
Health Educators	1	1
Other	4	1



## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Physician Assistants	2	0
Other Specialties	1	0
Primary Care	1	0
Physicians	7	4
Other Specialties (Except Psychiatrists)	4	2
Primary Care	3	2
Social Worker Case Management/ Care Management	2	2
Licensed Clinical Social Workers	1	1
Licensed Masters Social Workers	1	1
<b>Total</b>	<b>528</b>	<b>448</b>

13. Pharmacies

Job Title	Total Headcount	Total FTEs
Administrative Staff	6	6
Other	6	6
Administrative Support	4	4
Office Clerks	1	1
Other	2	2
Secretaries and Administrative Assistants	1	1
Other Allied Health	77	72
Other	11	11
Pharmacists	34	30
Pharmacy Technicians	32	31
<b>Total</b>	<b>87</b>	<b>82</b>

14. Private Provider Practice

Job Title	Total Headcount	Total FTEs
Administrative Staff	845	791
Executive Staff	35	25
Financial	28	25
Human Resources	42	40
Other	740	701
Administrative Support	543	426
Coders/Billers	39	14
Housekeeping	7	5
Office Clerks	77	56
Other	15	3
Patient Service Representatives	320	313
Secretaries and Administrative Assistants	84	34
Transportation	1	1
Behavioral Health	1	0
Psychiatrists	1	0
Clinical Support	648	598
Medical Assistants	634	591
Other	2	0
Patient Care Techs (Associates)	12	7
Emerging Titles	29	28
Care Manager/Coordinator	1	1
Patient or Care Navigator	28	27
Peer Support Worker	0	0
Health Information Technology	9	2
Hardware Maintenance	2	1
Health Information Technology Managers	1	0
Other	1	1
Software Programmers	1	0
Technical Support	4	0
Janitors and cleaners	71	58
Janitors and cleaners	71	58
Midwifery	1	1
Midwives	1	1
Nurse Practitioners	51	42
Other Specialties (Except Psychiatric NPs)	26	21
Primary Care	25	21
Nursing	290	266
Licensed Practical Nurses	106	103
Nurse Managers/Supervisors	12	11
Per Diem Staff Registered Nurses	12	0
Staff Registered Nurses	160	152
Nursing Care Managers/ Coordinators/Navigators/Coaches	33	33
RN Care Coordinators/Case Managers/Care Transitions	33	33
Oral Health	107	107
Dental Assistants	37	37
Dental Hygienists	8	8
Dentists	37	37
Other	25	25
Other Allied Health	88	78

## Gap Analysis Report for Community Care of Brooklyn

Job Title	Total Headcount	Total FTEs
Clinical Laboratory Technologists and Technicians	60	54
Nutritionists/Dieticians	8	7
Occupational Therapists	1	1
Optometrists	4	4
Other	7	6
Physical Therapists	3	2
Physical Therapy Assistants/Aides	5	4
Patient Education	1	0
Other	1	0
Physician Assistants	42	34
Other Specialties	21	17
Primary Care	21	17
Physicians	503	421
Cardiologists	20	15
Emergency Medicine	14	0
Endocrinologists	8	7
Obstetricians/Gynecologists	40	37
Other Specialties (Except Psychiatrists)	194	172
Pediatrician (General)	57	47
Primary Care	170	144
Social Worker Case Management/ Care Management	3	3
Licensed Masters Social Workers	3	3
<b>Total</b>	<b>3,265</b>	<b>2,889</b>

VIII. APPENDIX 3 - Current State Workforce Data - Total Reported Vacancies by Job Title across All Facility Types (Current FTEs and FTE Vacancies)

Job Titles	Total FTEs	Total FTE Vacancies
Administrative Staff	4,229	215
Other	2,316	170
Financial	777	24
Human Resources	454	13
Executive Staff	682	8
Administrative Support	7,001	327
Other	1,437	80
Housekeeping	769	62
Patient Service Representatives	765	44
Secretaries and Administrative Assistants	1,026	39
Coders/Billers	482	31
Office Clerks	1,316	31
Dietary/Food Service	724	15
Transportation	215	14
Financial Service Representatives	269	11
Medical Interpreters	0	0
Behavioral Health	2,868	323
Social and Human Service Assistants	537	77
Other	401	67
Licensed Masters Social Workers	601	56
Licensed Clinical Social Workers	287	39
Psychiatrists	203	25
Substance Abuse and Behavioral Disorder Counselors	245	24
Psychiatric Aides/Techs	179	13
Psychiatric Nurse Practitioners	29	8
Psychologists	95	7
Other Mental Health/Substance Abuse Titles Requiring Certification	289	5
Clinical Support	4,374	198
Patient Care Techs (Associates)	1,046	91
Nurse Aides/Assistants (CNAs)	2,054	72
Medical Assistants	936	23
Other	338	12
Emerging Titles	1,965	185
Care Manager/Coordinator	1,080	88
Other	514	36
Peer Support Worker	118	28
Community Health Worker	108	21
Patient or Care Navigator	144	13
Health Information Technology	572	17
Software Programmers	145	5
Other	32	4
Technical Support	180	4

## Gap Analysis Report for Community Care of Brooklyn

Job Titles	Total FTEs	Total FTE Vacancies
Health Information Technology Managers	175	3
Hardware Maintenance	41	2
Home Health Care	20,574	128
Other	1,056	73
Personal Care Aides (Level II)	2,607	43
Certified Home Health Aides	16,236	12
Personal Care Aides (Level I)	676	0
Janitors and cleaners	704	26
Janitors and cleaners	704	26
Midwifery	26	2
Midwives	22	2
Other	4	0
Nurse Practitioners	250	45
Primary Care	114	38
Other Specialties (Except Psychiatric NPs)	136	7
Nursing	7,376	700
Staff Registered Nurses	5,156	365
Per Diem Staff Registered Nurses	220	158
Nurse Managers/Supervisors	620	62
Other	134	55
Licensed Practical Nurses	978	33
Other Registered Nurses (Utilization Review, Staff Development, etc.)	268	27
Nursing Care Managers/ Coordinators/Navigators/Coaches	380	44
RN Care Coordinators/Case Managers/Care Transitions	315	22
Other	49	22
LPN Care Coordinators/Case Managers	16	0
Oral Health	198	11
Dentists	62	5
Dental Assistants	92	3
Dental Hygienists	12	3
Other	32	0
Other Allied Health	2,958	147
Clinical Laboratory Technologists and Technicians	342	29
Physical Therapists	420	23
Other	303	22
Pharmacy Technicians	162	15
Occupational Therapists	150	14
Speech Language Pathologists	81	14
Pharmacists	1,020	9
Respiratory Therapists	171	8
Nutritionists/Dieticians	156	5
Physical Therapy Assistants/Aides	75	3
Occupational Therapy Assistants/Aides	40	3
Optometrists	37	2
Patient Education	128	6
Health Educators	50	3
Health Coach	4	2
Other	67	1
Certified Asthma Educators	4	0
Certified Diabetes Educators	3	0
Physician Assistants	284	50
Primary Care	174	28
Other Specialties	110	22

## Gap Analysis Report for Community Care of Brooklyn

Job Titles	Total FTEs	Total FTE Vacancies
Physicians	2,275	112
Primary Care	282	43
Other Specialties (Except Psychiatrists)	409	36
Fellows	39	9
Obstetricians/Gynecologists	101	9
Cardiologists	39	5
Pediatrician (General)	141	4
Emergency Medicine	122	4
Endocrinologists	14	2
Residents	1,122	0
Primary Care (HIV)	7	0
Social Worker Case Management/ Care Management	2,432	73
Licensed Masters Social Workers	292	27
Social Worker Care Coordinators/Case Managers/Care Transition	160	18
Other	126	16
Bachelors Social Workers	1,795	9
Licensed Clinical Social Workers	60	3
<b>Total</b>	<b>58,596</b>	<b>2,607</b>

## IX. APPENDIX 4 - Current State Workforce Data - Total Reported Job Titles with CBA Status (Percentage) by Facility Type

There are four Facility Types not included - Article 16 Clinics, Inpatient (Article 32), Pharmacies and Retail Clinics - because there was a total of 0.00%.

### 1. Diagnostic & Treatment Centers (Article 28)

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Human Resources	20.00%
Financial	16.67%
<b>Administrative Support</b>	
Office Clerks	33.33%
Secretaries and Administrative Assistants	30.00%
Housekeeping	16.67%
Coders/Billers	15.38%
Other	12.50%
<b>Behavioral Health</b>	
Licensed Clinical Social Workers	14.29%
<b>Clinical Support</b>	
Medical Assistants	27.27%
Other	16.67%
<b>Health Information Technology</b>	
Technical Support	20.00%
Health Information Technology Managers	20.00%
<b>Janitors and cleaners</b>	
Janitors and cleaners	33.33%
<b>Nurse Practitioners</b>	
Primary Care	14.29%
Other Specialties (Except Psychiatric NPs)	12.50%
<b>Nursing</b>	
Licensed Practical Nurses	28.57%
Staff Registered Nurses	10.00%
<b>Oral Health</b>	
Dental Assistants	16.67%
<b>Other Allied Health</b>	
Other	14.29%
<b>Patient Education</b>	
Other	33.33%
<b>Physicians</b>	
Other Specialties (Except Psychiatrists)	14.29%
Primary Care	12.50%
<b>Social Worker Case Management/ Care Management</b>	
Licensed Masters Social Workers	20.00%



## Gap Analysis Report for Community Care of Brooklyn

### 2. Home Care / Hospice

Job Title	Reported CBA Status (%)
<b>Administrative Support</b>	
Coders/Billers	14.81%
Secretaries and Administrative Assistants	10.00%
Office Clerks	9.76%
<b>Behavioral Health</b>	
Other	40.00%
<b>Home Health Care</b>	
Personal Care Aides (Level I)	69.23%
Personal Care Aides (Level II)	68.75%
Certified Home Health Aides	50.00%
<b>Janitors and cleaners</b>	
Janitors and cleaners	20.00%
<b>Nursing</b>	
Licensed Practical Nurses	21.05%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	16.67%
Per Diem Staff Registered Nurses	10.81%
Staff Registered Nurses	7.89%
Other	7.14%

3. Hospital Outpatient Clinic (Article 28)

Job Title	Reported CBA Status (%)
Administrative Support	
Secretaries and Administrative Assistants	80.00%
Nursing	
Licensed Practical Nurses	100.00%
Staff Registered Nurses	66.67%
Physicians	
Primary Care	40.00%

## Gap Analysis Report for Community Care of Brooklyn

### 4. Hospital Inpatient / ER

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Financial	16.67%
<b>Administrative Support</b>	
Office Clerks	80.00%
Transportation	66.67%
Housekeeping	60.00%
Dietary/Food Service	57.14%
Secretaries and Administrative Assistants	42.86%
Coders/Billers	40.00%
Patient Service Representatives	20.00%
<b>Clinical Support</b>	
Patient Care Techs (Associates)	66.67%
Other	40.00%
<b>Health Information Technology</b>	
Technical Support	20.00%
<b>Nurse Practitioners</b>	
Other Specialties (Except Psychiatric NPs)	20.00%
<b>Nursing</b>	
Other Registered Nurses (Utilization Review, Staff Development, etc.)	80.00%
Staff Registered Nurses	57.14%
<b>Nursing Care Managers/ Coordinators/Navigators/Coaches</b>	
RN Care Coordinators/Case Managers/Care Transitions	33.33%
<b>Other Allied Health</b>	
Pharmacists	50.00%
Pharmacy Technicians	50.00%
Respiratory Therapists	50.00%
Nutritionists/Dieticians	33.33%
Physical Therapists	33.33%
<b>Physicians</b>	
Residents	60.00%
Other Specialties (Except Psychiatrists)	20.00%
<b>Social Worker Case Management/ Care Management</b>	
Licensed Masters Social Workers	57.14%

5. Inpatient (Article 31)

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Other	57.14%
Financial	16.67%
<b>Administrative Support</b>	
Office Clerks	83.33%
Other	33.33%
Secretaries and Administrative Assistants	20.00%
Coders/Billers	12.50%
<b>Behavioral Health</b>	
Social and Human Service Assistants	83.33%
Other	71.43%
Licensed Masters Social Workers	44.44%
Substance Abuse and Behavioral Disorder Counselors	40.00%
Psychologists	28.57%
Other Mental Health/Substance Abuse Titles Requiring Certification	16.67%
Licensed Clinical Social Workers	14.29%
<b>Janitors and cleaners</b>	
Janitors and cleaners	50.00%
<b>Nursing</b>	
Staff Registered Nurses	66.67%

6. Non-Licensed CBO

Job Title	Reported CBA Status (%)
Administrative Support	
Secretaries and Administrative Assistants	3.57%
Emerging Titles	
Peer Support Worker	10.00%
Care Manager/Coordinator	5.56%

7. Nursing Home / SNF

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Other	20.00%
<b>Administrative Support</b>	
Dietary/Food Service	71.43%
Housekeeping	61.54%
Office Clerks	33.33%
Other	27.27%
Coders/Billers	20.00%
Secretaries and Administrative Assistants	12.50%
<b>Behavioral Health</b>	
Licensed Masters Social Workers	14.29%
<b>Clinical Support</b>	
Nurse Aides/Assistants (CNAs)	66.67%
Other	20.00%
<b>Janitors and cleaners</b>	
Janitors and cleaners	57.14%
<b>Nursing</b>	
Licensed Practical Nurses	70.00%
Staff Registered Nurses	35.29%
Per Diem Staff Registered Nurses	16.67%
Other Registered Nurses (Utilization Review, Staff Development, etc.)	9.09%
<b>Other Allied Health</b>	
Speech Language Pathologists	12.50%
Physical Therapy Assistants/Aides	10.00%
Occupational Therapists	9.09%
Occupational Therapy Assistants/Aides	9.09%
Physical Therapists	8.33%

8. Other

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Other	47.06%
Executive Staff	2.44%
<b>Administrative Support</b>	
Housekeeping	80.00%
Transportation	75.00%
Office Clerks	57.69%
Dietary/Food Service	42.86%
Other	7.41%
Secretaries and Administrative Assistants	2.50%
<b>Behavioral Health</b>	
Social and Human Service Assistants	93.75%
Licensed Clinical Social Workers	69.23%
Other	57.14%
Other Mental Health/Substance Abuse Titles Requiring Certification	57.14%
Psychologists	50.00%
Licensed Masters Social Workers	50.00%
<b>Emerging Titles</b>	
Peer Support Worker	88.89%
Other	33.33%
Care Manager/Coordinator	31.25%
<b>Health Information Technology</b>	
Health Information Technology Managers	4.55%
<b>Home Health Care</b>	
Other	20.00%
<b>Janitors and cleaners</b>	
Janitors and cleaners	60.00%
<b>Nursing</b>	
Staff Registered Nurses	28.57%
Licensed Practical Nurses	27.27%
<b>Social Worker Case Management/ Care Management</b>	
Bachelors Social Workers	16.67%

9. Outpatient (Article 31)

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Other	35.71%
Human Resources	7.69%
Financial	7.69%
<b>Administrative Support</b>	
Office Clerks	42.86%
Secretaries and Administrative Assistants	13.33%
<b>Behavioral Health</b>	
Psychologists	71.43%
Other	44.44%
Licensed Masters Social Workers	31.25%
Licensed Clinical Social Workers	26.67%
<b>Emerging Titles</b>	
Peer Support Worker	57.14%
<b>Janitors and cleaners</b>	
Janitors and cleaners	41.67%
<b>Nursing</b>	
Staff Registered Nurses	44.44%
<b>Social Worker Case Management/ Care Management</b>	
Licensed Masters Social Workers	40.00%



10. Outpatient (Article 32)

Job Title	Reported CBA Status (%)
<b>Administrative Staff</b>	
Other	16.67%
Human Resources	14.29%
Financial	14.29%
Executive Staff	7.14%
<b>Administrative Support</b>	
Secretaries and Administrative Assistants	8.33%
<b>Behavioral Health</b>	
Licensed Clinical Social Workers	9.09%
Psychiatrists	8.33%
Licensed Masters Social Workers	6.67%
Substance Abuse and Behavioral Disorder Counselors	5.88%
<b>Janitors and cleaners</b>	
Janitors and cleaners	16.67%

11. Private Provider Practice

Job Title	Reported CBA Status (%)
<b>Administrative Support</b>	
Secretaries and Administrative Assistants	18.75%
Office Clerks	6.25%
Coders/Billers	5.88%
<b>Clinical Support</b>	
Medical Assistants	16.67%
<b>Janitors and cleaners</b>	
Janitors and cleaners	10.00%
<b>Physicians</b>	
Other Specialties (Except Psychiatrists)	12.50%
Pediatrician (General)	11.11%