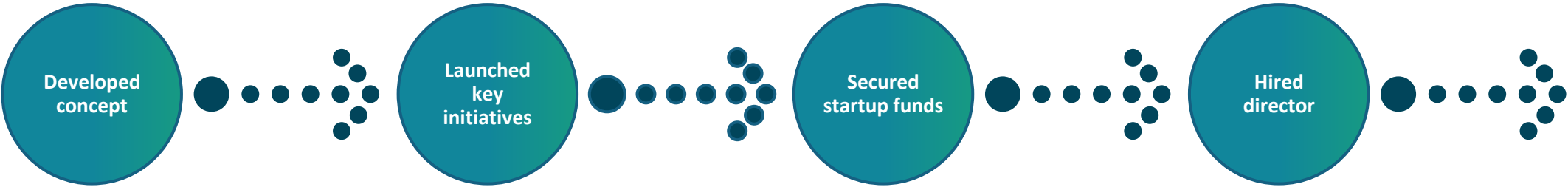


January 24, 2025

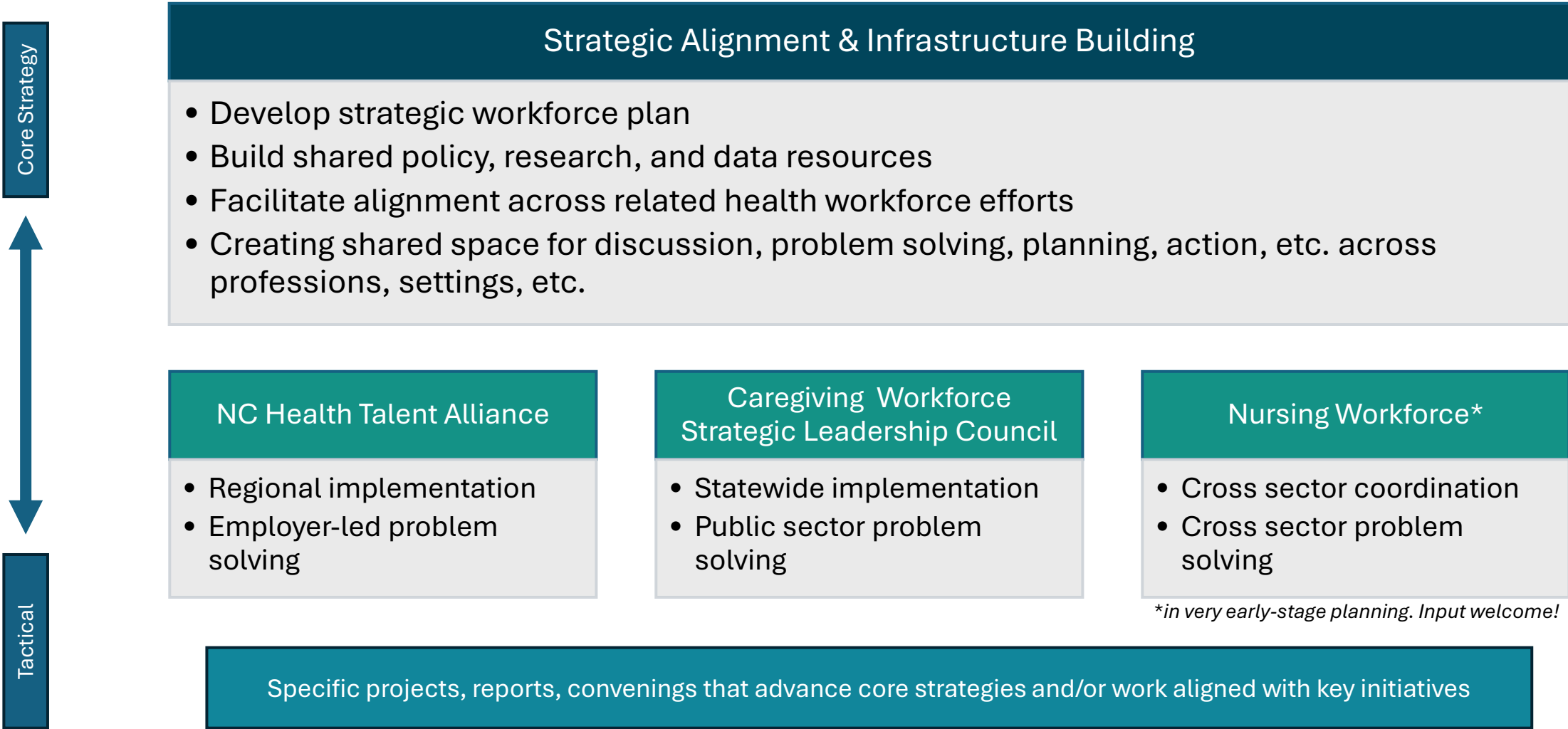
Building coordinated, persistent infrastructure

The NC Center on the Workforce for Health provides a forum for health employers, personnel, educators, policymakers, and the public to drive strategic action addressing today's workforce crises and plan ahead for the future.

Foundational milestones in 2 years



Organizing Center's work



Overview of Caregiving Council

Who's involved?



What's happened?

“Roadmap” released in Jan 2024

Caregiving Council issued report identifying 61 actions across 15 strategies addressing nursing, behavioral health, and direct care.

What's next?

Mobilizing action

Center is coordinating with DHHS and NC Commerce to identify owners of each action, provide implementation support, and track progress.

More info at <https://workforceforhealth.org/caregiving-council>

Council's Nursing Recommendations

Identifies 6 initiatives and 28 action steps for nursing

- 1 **Establish academic coaches for community college students**
 - In partnership with NCCCS and focus on expanding programs, retaining coaches, and engagement with at-risk students
- 2 **Enhance and invest in clinical partnerships**
 - Elevate and expand NC AHEC CIP Program
- 3 **Improve employee retention and**
 - Actions to improve nursing wages and expand practice support
- 4 **Invest in social resources and NCCARE360 expansion**
 - Pilot targeted programs and expand from there in partnership with NCCARE360
- 5 **Increase the number and availability of nurse and faculty loan repayment programs and stipends**
 - Strengthen connectivity of existing resources and determine unmet needs.
- 6 **Readjust nurse faculty salaries and schedules**
 - Develop well researched plan to propose for legislative action

Nursing | Recommendations

Caregiving Workforce Strategic Leadership Council Action Areas

The Nursing Working Group met virtually five times to discuss potential avenues for enhancing and strengthening the nursing pipeline. Comprising leaders from institutions like the UNC System, the North Carolina Community College System (NCCCS), NC AHEC, Department of Public Instruction (DPI), and the Sheps Center, they engaged in extensive discussions and collaboratively crafted six recommendations to enhance the nursing workforce.

INITIATIVE #1: Establish academic coaches for community college students

CHALLENGE

According to research conducted by the UNC System, the second most common reason why students left their nursing programs was academic issues or nursing course failure (the first reason being personal or financial circumstances).¹ Once enrolled, based on average historical attrition rates, every 100 additional nursing enrollees at a UNC System institution will yield approximately 86 additional nursing graduates. At a NC community college, every 100 additional enrollees will yield approximately 56 additional graduates.

STRATEGY

The Departments can create a network of North Carolina nurses to serve as coaches to mentor community college students over the course of one to two years, providing needed academic support and mentoring. Community colleges will identify at-risk students early on and employ support strategies including tutoring, instruction on study and test taking skills, time management, and work/life balance. Coaches will serve as a resource and tailor support strategies specific to their student. Coaches will guide nursing students throughout their journey to graduation as well as act as a collaborator with faculty on academic performance.

IMPACT

This initiative aims to establish a dynamic network of retired nurses and graduate students who will empower community college students with personalized academic support, ultimately enhancing academic performance, fostering timely graduation, and strengthening collaboration with faculty to ensure the success of nursing students. Additionally, these mentors will offer guidance to students, addressing not only their academic challenges but also sharing insights into the nursing profession and overcoming challenges in the field.

ACTION STEPS

1. Partner with NCCCS to identify community colleges at which to pilot academic coach expansion.
2. Identify funding for community colleges to train coaches.
3. Develop a plan to identify, recruit, and train coaches through partnerships with community colleges, local associations, and employers who can teach coaches about the resources available to the students.
 - a) Identify opportunities for continuing education credits and/or stipends for coaches.
 - b) Prioritize the recruitment of diverse nursing mentors to strengthen the outcomes and experiences of nursing students.
4. Identify at-risk nursing students and develop a marketing plan for how to reach them through this program.
5. Identify key performance indicators to monitor and track student outcomes.

LEVEL OF EFFORT

This initiative requires a point of contact at each community college to manage the identification and training of coaches along with the project management of the program. Funding will be needed to market the program to students and may be allocated from pre-existing budgets. It is recommended that this program begin as a pilot at one community college to determine the investment needed and subsequent return on investment (ROI).



¹ NCCCS Recommendations on Increasing Nursing Graduates: In Response to SL 2022-74 (2023)

Council's BH Recommendations

Identifies 5 initiatives and 18 action steps for behavioral health

- 1 Advance the data landscape**
 - Inventory existing data, identify gaps, build centralized data system for BH workforce
- 2 Define the unlicensed BH workforce and professional pathways**
 - Work with community colleges, employers, and DHHS to map degree paths and career paths
- 3 Incent recruitment and retention for publicly funded roles, including both licensed and unlicensed professionals**
 - Understand compensation issues and expand pipelines to diversify workforce through partnerships
- 4 Increase training and credentialing for peer support professionals**
 - Identify benefits to supporting this workforce, tie to career paths, and improve policy where needed
- 5 Establish regular intervals for BH rate adjustments**
 - Engage DHHS and Medicaid; launch study; request needed funds from NCGA.

Behavioral Health | Recommendations

Caregiving Workforce Strategic Leadership Council Action Areas

The Behavioral Health Working Group met virtually five times to discuss potential avenues for enhancing and strengthening the behavioral health workforce. Comprising leaders from the NC Division of Mental Health, NC State Board of Education, UNC System, NC Community College System, NC AHECS, and the Sheps Center, they engaged in extensive discussions and developed five recommendations to enhance the behavioral health workforce.

INITIATIVE #1: Advance the data landscape for the behavioral health workforce


CHALLENGE
The absence of an aligned and well-governed system for organizing behavioral health workforce data in North Carolina impedes effective decision making and problem solving. In the absence of a unified data repository, behavioral health stakeholders face challenges in accurately evaluating workforce needs, identifying distribution disparities, and understanding trends, which hampers their capacity to make prompt and well-informed choices.

STRATEGY
To have a stronger data strategy, continued expansion of the Sheps Center key priorities is critical, as well as harnessing connections within the Caregiving Workforce Strategic Leadership Council to combine multiple data sources and create data lakes. The Sheps Center currently tracks health workforce data for many health professions, including psychologists and psychological associates for behavioral health. Supporting the expansion to the broader community of behavioral health workers would unlock new insights into this diverse field.

IMPACT
By investing in the expansion, collection, and aggregation of behavioral health data under an aligned strategy, key stakeholders will better understand existing workforce barriers and will be able to prioritize recruitment and retention opportunities that yield a high return-on-investment.

- ACTION STEPS**
1. Conduct an inventory of the existing workforce data that is being collected statewide and the resources required to align existing efforts.
 2. Determine what data elements are needed and articulate the purpose for data collection.
 3. Engage other licensure boards and the NC Department of Commerce to fill existing gaps within the behavioral health profession data system.
 4. Secure funding to create a centralized data governance structure that incorporates data from various entities in North Carolina such as the Sheps Center, UNC System, NCICU, NCCCS, and the North Carolina Institute of Medicine Center on Workforce for Health.
 5. Convene the Council and leverage the academic and employer connections to improve data collection and dissemination.

LEVEL OF EFFORT
This initiative supports the continuation of the work at the Sheps Center focused on improving the availability of workforce data and enhancing the coordination among relevant stakeholders (i.e., NCCCS, UNC System, etc.).



UNC Behavioral Health Workforce Research Center

The University of North Carolina at Chapel Hill Behavioral Health Workforce Research Center (UNC-BHWRC) is a dynamic hub of innovative, data-driven research on the workforce responsible for providing mental health and substance use services.

<p>MISSION</p> <p>To improve the behavioral health and well-being of the U.S. by conducting research to strengthen the current and future behavioral health workforce through exploration of the disparities that perpetuate inequities in behavioral health treatment, access, and quality</p>	<p>OVERVIEW</p> <ul style="list-style-type: none"> • UNC-BHWRC produces research to inform policies that support the behavioral health workforce • UNC-BHWRC produce timely, policy-relevant projects to address emerging issues and challenges to the behavioral health workforce • UNC-BHWRC is funded by the Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration 	<p>LEADERSHIP</p> <p>UNC-BHWRC Director: Brianna M. Lombardi, PhD, MSW</p> <p>Deputy Director: Lisa de Saxe Zerden, PhD, MSW</p>
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Council's DCW Recommendations

Identifies 4 initiatives and 15 action steps for nursing

1

Define what the direct care workforce is

To develop an inventory of DCWs, the state should establish an umbrella definition in which NCDHHS can continue to document this landscape.

2

Advance the data landscape for the direct care workforce

Leverage above definition framework to strengthen data infrastructure needed to measure DCW needs and track progress across the field.

3

Create a living wage for direct care workers

Conduct analysis of wages, credential pathways, and interstate comparisons to inform comprehensive approach for NC DCWs.

4

Expand apprenticeship programs

Develop partnerships with employers and educators and identify potential financial incentives to strengthen and expand apprenticeships in direct care.

Direct Care | Recommendations

INITIATIVE #3: Create a living wage for direct care workers

CHALLENGE

The direct care workforce is often not paid a living wage which decreases the ability to recruit and retain skilled workers in these positions, potentially compromising the quality of care. Given the below average wages that DCWs earn, it has been further challenging to attract an adequate number of bilingual DCWs to serve the growing Hispanic population in the state. According to the NC Office of State Budget and Management, between 2010 and 2020, the Hispanic population grew by 40% to 1.1 million people (or 11% of the total population). If these trends continue, there will be 2 million Hispanic North Carolinians by 2050, accounting for 14% of the state's total population.¹ In many cases, the financial burden of training can serve as a substantial barrier to entry for prospective direct care workers.

STRATEGY

With an advanced data landscape and clear definition of direct care roles, the NCDHHS and the NC Department of Commerce should align recommendations and advocate for legislative measures to increase wages for DCWs. Establishing defined expectations around credentialing will enhance the credibility and professionalism of DCWs, strengthening the overall impact of these proposed measures.

IMPACT

Addressing the issues around wage disparities and professionalizing the direct care workforce by improving training will help elevate the quality of care, job satisfaction, and career opportunities.

ACTION STEPS

1. Include NC Workforce Credential Advisory Council recommendation for high value, non-degree direct care related credentials.
2. Establish a collaboration with the North Carolina Department of Revenue to analyze wage increases for DCWs and their impact on take-home pay. Examine the relationship between wages and career advancement opportunities to identify strategies for promoting upward mobility within the direct care workforce.
3. Conduct a comprehensive wage analysis to identify and address wage discrepancies within the direct care workforce and explore innovative approaches, such as tying wages to reimbursement rates, to ensure fair compensation for direct care workers.
4. Develop an understanding of what other states have done in this space and the pain points that they have experienced.
5. Elevate training and credentialing opportunities for DCWs.
 - a. Develop credentialing programs for associate professionals, qualified professionals, and other non-licensed roles for DCWs.
 - b. Define clear standards, competencies, and training requirements for each credential to ensure portability, stackability, consistency, and quality in care delivery.
 - c. Engage with DCW organizations, industry associations, employers, and policymakers to collaborate on developing credentialing programs and addressing wage alignment.
 - d. Design uniform training requirements across both the public and private sectors to ensure a baseline level of skill and credentials for all DCWs.

LEVEL OF EFFORT

Collaboration can be established in the short-term, while continuing and beginning new research and analysis would take at least one year.

TENNESSEE INVESTING IN DCW TRAINING

Tennessee's state Medicaid agency and Board of Regents built the Quality Improvement in Long Term Services and Supports (QuLTSS) Workforce Development Training program for DCWs. The program trains in cultural competency and patient-centered care and provides higher compensation for workers supporting TennCare's long-term services and supports programs.

ACCREDITED TRAINING CURRICULUM: DIRECT SUPPORT PROFESSIONAL

Through the National Alliance for Direct Support Professionals (NADSP) E-Badge Academy, human service organizations and agencies can issue electronic badges (E-Badges) based on competencies and education, recognizing the knowledge, skills, and values of their employees.

TRAINING STANDARDS FOR PERSONAL CARE AIDES: ARIZONA

Arizona began the process of developing personal care aid (PCA) training standards when a Citizens Workgroup on the Long-Term Care Workforce recommended a uniform, state-sponsored training curriculum called the "Principles of Caregiving." The state subsequently established the Direct Care Workforce Committee, which, through public engagement, created PCA training standards involving fundamental skills training and standardized competency tests. These standards were incorporated into state Medicaid policy, resulting in a well-received training system that assures consumers and employers of PCAs' competency in their roles.

¹ NC Office of State Budget and Management, "Hispanic Population is Fastest Growing Population in North Carolina", 2023

DCW Workshop Series

Visit

<https://workforceforhealth.org/dcwseries>

PURPOSE

Mobilize action on DCW recommendations by:

- **Convening** DCW community
- **Identifying specific needs** in implementation
- **Building alignment** between ideas, needs, and opportunities

DATES

- ~~Jan 15~~ ~~Defining the Direct Care Workforce~~
- **Feb 4** **Virtual Session: Defining the DCW**
- **Feb 19** **Advancing DCW data**
- **Mar 5** **DCW Apprenticeships and Pathways**
- **Apr 5** **Expanding & Stabilizing the Direct Care Workforce**

Health Talent Alliance approach

Leverages nationally recognized **Talent Pipeline Management**® process to:



Bring together the right decision-makers from broad mix of health employers and education programs

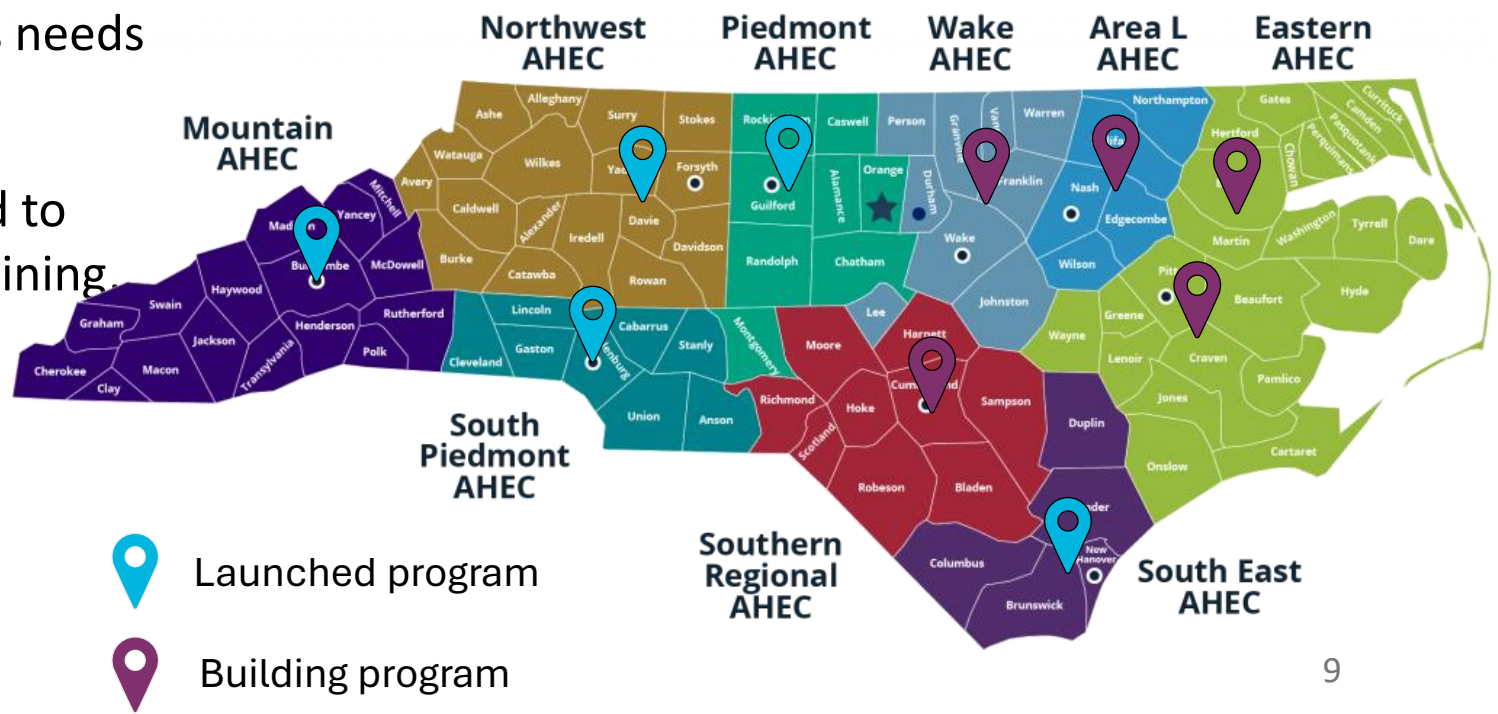


Use data to identify critical jobs needs



Identify specific actions needed to improve talent recruitment, training, and/or retention programs

Map of NC AHEC Regions



Highlights of data collection

We received and analyzed data from...

200+
health employers

1,000+
facilities statewide

80+
health education
programs

Providing insights on...

Vacancy rates and **churn rates** among
RNs, LPNs, CNAs, and CMAs

Opportunities to expand education program
capacity and strengthen retention

Comparing CNA trends in long term care to all facility types

CNAs - All Facilities

16% jobs unfilled

80% annual churn

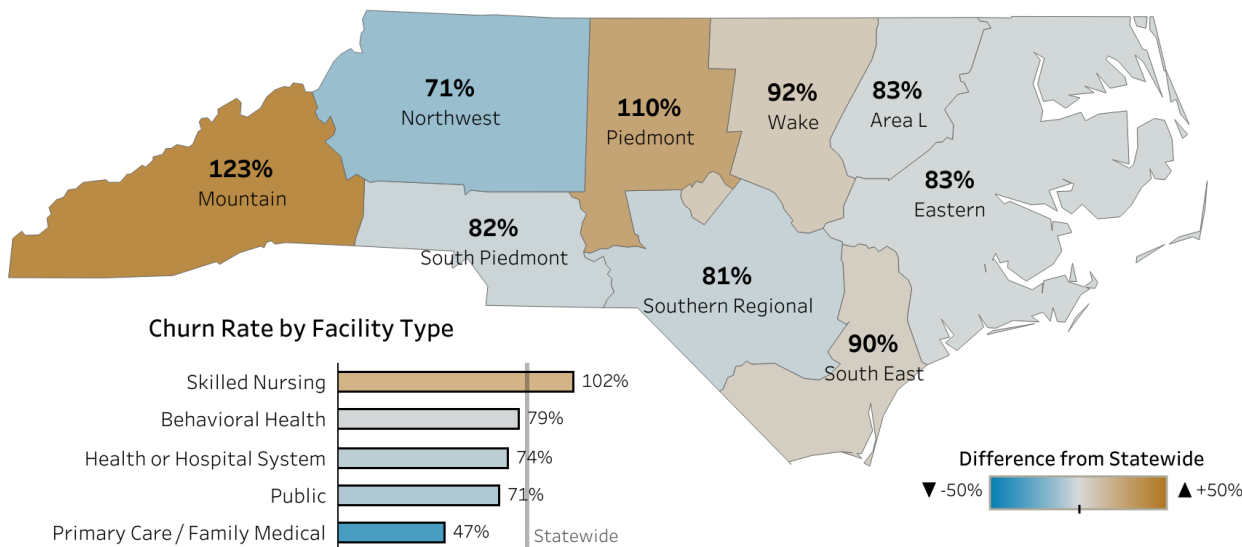
CNAs - Long Term Care

31% jobs unfilled

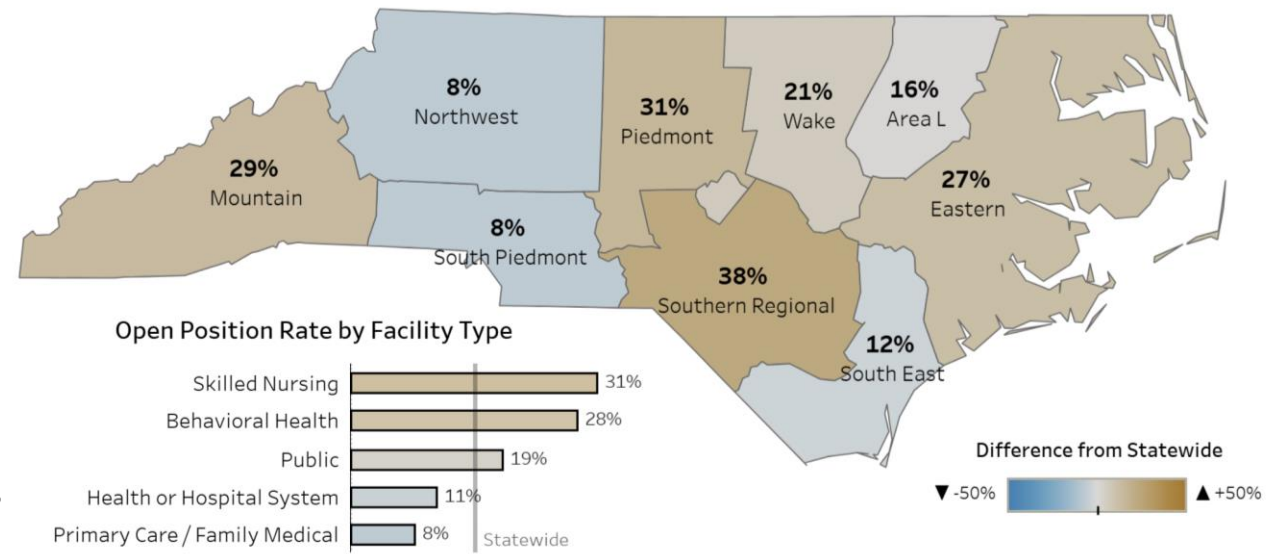
102% annual churn

Conditions vary by region and facility type

CNAs – Churn Rate



CNAs – Open Position Rate



Current approach to policy



Guiding alignment across relevant policy reports, initiatives, NC Health Talent Alliance, etc.



Advancing priorities through regional action while assessing gaps in resources, policy, etc.



Building coordinated, persistent infrastructure for the long-haul

Center Resource Hub

Visit
<https://workforceforhealth.org/resource-hub>



Data Hub

Guides to using tools like NC NurseCast, NC Health Professions Data System, Labor Projections, etc.



Policy & Research Hub

Compiling one-stop shop for health workforce research and policy analysis.



Solutions Playbook

Compiling case studies, promising practices, templates, toolkits, etc., to reinvent fewer wheels.

Follow Up

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