

Health Workforce Council



2020 Annual Report



December 2020

Workforce Training and Education Coordinating Board

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Health Workforce Council Membership

The Health Workforce Council (Council) is composed of leaders from a range of healthcare stakeholders, including: education and training institutions; healthcare organizations; community health services; labor and professional associations; and employer representatives. The Council has flexibility to add members from additional sectors or organizations as needed.

The Council is chaired by Dr. Suzanne Allen, Vice Dean of Academic, Rural and Regional Affairs at the University of Washington School of Medicine. The Vice-Chair is Dr. Kevin McCarthy, President of Renton Technical College. The Council is staffed by the Workforce Training and Education Coordinating Board (Workforce Board).

2020 Health Workforce Council Members

Council Member	Organization
Suzanne Allen, Chair	Vice Dean for Academic, Regional & Rural Affairs, University of Washington School of Medicine
Kevin McCarthy, Vice-Chair	President, Renton Technical College
Nova Gattman	Council Staff Coordinator
Carol Moser	Accountable Communities of Health, Rural Representative
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Health Workforce Council History & Role

A group of healthcare stakeholders were gathered by the state's Workforce Board in 2001 to address growing concerns about personnel shortages in Washington's healthcare industry. Shortly after, in 2002, then-Governor Gary Locke directed the Workforce Board to create the Healthcare Personnel Shortage Task Force (Task Force). The Task Force developed a statewide strategic plan to address severe personnel shortages in the healthcare industry, and in January 2003, the Task Force released an action plan to tackle the growing gap between the number of trained healthcare professionals and the needs of Washington residents. The report, *Healthcare Personnel Shortages: Crisis or Opportunity*, was presented to the Governor and Legislature.

Later, in 2003, the Legislature passed **Engrossed Substitute House Bill 1852**, directing the Workforce Board to continue gathering stakeholders to address healthcare workforce shortages. The intention of the plan was to provide a framework that helped ensure a sufficient supply of trained personnel providing quality, affordable healthcare to Washington's residents. The bill also required an annual report to the Governor and Legislature on this work, including updated recommendations to address healthcare personnel shortages. In 2014, Task Force members voted to change their name to the Health Workforce Council to better reflect a new focus on the overall health of a person instead of just considering healthcare delivery.

In 2019, the Legislature provided the Workforce Board with funding for the Council, which included a Health Workforce Policy Analyst, and increased administrative support, as well as ongoing funding to support the Health Workforce Sentinel Network (see p. 5). This allows the Council to take a greater role in connecting the educational community to workforce needs, and explore more fully health workforce issues.

In 2020, the rise of COVID-19, added tremendous burdens on the health workforce system. The virus also led to record unemployment in some health professions as non-emergency, elective, and routine medical services were delayed or cancelled. The pandemic also brought its own unique challenges and opportunities for the Council, with frequent requests for information, analysis, grant writing, and prioritization of potential policy options from the members. The Council participated extensively with the development of the Behavioral Health Workforce Assessment and the health workforce chapter of the 2020 Workforce Economic Recovery Plan.

The Council's main roles include providing updates to policymakers on health workforce program educational output along with employer needs, tracking progress on implementation of new programs, and bringing together key stakeholders to develop and advocate for sustainable solutions. The Council identifies policy and funding priorities to bring to the Governor, Legislature, and other policymakers and stakeholders.

Council Project Update: Washington’s Health Workforce Sentinel Network

Washington’s Health Workforce Sentinel Network links the state’s healthcare industry with partners in education and training, policymakers, and other workforce planners to identify and respond to emerging demand changes in the health workforce. The unique qualitative information captured by the Sentinel Network provides the “why” of changes in occupations, roles, and skills needed to deliver quality care. Created as part of the state’s Healthier Washington initiative in 2016, with ongoing funding provided by the 2019 Washington State Legislature, the Sentinel Network is a collaboration of the Workforce Board (and the Council) and the University of Washington Center for Health Workforce Studies (UW CHWS).

“It’s really a lifesaver to have access to reports at the frequency you’re running them. Otherwise, our healthcare programs struggle to get labor market info they need to justify grant requests and calibrate enrollment cohorts. Thank you!”

- Carolyn McKinnon, Policy Associate, Washington State Board for Community and Technical Colleges

Healthcare employers from many different healthcare settings, identified as “Sentinels,” respond to twice yearly surveys about difficulty recruiting and retaining healthcare workers in specific occupations at their facility, needed skills and training, and any new roles and occupations they have begun to employ.

Sentinel Network Surveys Focus on COVID-19 and Workforce Impacts in 2020

“...colleges have used Sentinel Network data to provide rationale for program planning and provide specific data for CARES Act funding. Of particular relevance is the recent collection of data related to health workforce shifts caused by the COVID-19 pandemic. Colleges are adjusting programming to respond to industry needs. The Sentinel Network is a valued resource that supports the efforts of higher education to produce the essential health workforce.”

- Dan Ferguson, Director, Washington State Allied Health Center of Excellence , Yakima Valley College

Since the COVID-19 pandemic struck, Sentinel Network data collection in Spring and Fall 2020 has targeted questions about the impact of the pandemic on facilities’ health workforce needs. While varying in the types and extent of effects, Sentinels all reported workforce impacts and needs due to the pandemic.

Following are pandemic-specific questions and some themes and examples of responses. Responses are from Fall 2020 unless otherwise noted:

Have there been overall staffing changes at your facility due to the COVID-19 pandemic?

- *Yes, any signs or symptoms of COVID or possible exposure to COVID reduce staffing while waiting for negative test results. Increase in overtime due to this and higher risk of burn out on staff. (Assisted living facility)*
- *...there were layoffs (in the therapy department) related to less demand for their services, as the elective surgeries tapered in a downward spiral. We have controlled our census by not admitting at times in order to care for the current residents to avoid bringing in outside agency. (Skilled nursing facility)*
- *Dental assistants were most affected as we furloughed/placed on temporary leave most of our assistants. We reduced the hours of all other employees from full time status to just 10 hours per week. (Dental clinic – Spring 2020)*
- *Our dental hygiene clinic was shut down as we do not provide emergency dental care. This has affected our staff being partially employed, our students unable to take exams to obtain licensure and they are unable to fill their requirements. (Dental clinic – Spring 2020)*
- *Yes, we now have new permanent staff to screen patients and visitors. We have increased Employee Health staff to evaluate employee symptoms and release to work, COVID testing, tracking, and contact tracing. (Large hospital)*
- *Due to the ongoing pandemic the organization has had to reduce staff to cover costs. Staff changes have also been affected by childcare problems, which has led several staff to leave. Stress and burnout has also led several staff to change careers stating they can no longer work in mental health. (Behavioral-mental health clinic)*
- *Increase need for agency contracted and on-call staff to cover for individuals who have exposure or quarantine needs. At the beginning we had 10 percent of staff out for possible exposure in their own personal lives. (Freestanding evaluation & treatment facility)*

Were any of your staff disproportionately affected by COVID-19?

- *NACs (Nursing assistants) due to their direct contact with residents. Housekeeping staff were hit disproportionately by testing positive for the virus. (Nursing home/Skilled nursing facility)*
- *Those staff who have a serious health condition or are 65 and older. (Behavioral-mental health clinic)*
- *Yes, non-clinical staff were more likely to get furloughed. (Small hospital)*
- *Yes staff who are single parents are the most affected. These individuals now have to be parent, teacher, and a mental health professional. They are working from home to make sure their child is attending school, while helping their child with their school work, while also doing their job at the same time. It is causing burnout, and stress to the mental health professionals. (Behavioral-mental health clinic)*

What about the staffing arrangements at your facility made it easier or harder to respond to the pandemic?

Many mention staff willing to be flexible and adapt to changes

- *For the most part I have staff that are flexible. However, some of that flexibility decreased due to staff managing daycare or virtual learning with their children. (Assisted living facility)*
- *...(flexibility) has always been a hallmark of our staff... response and accommodations to new hours/roles has been good. (Dental clinic)*

Transition to telehealth has been helpful for most, but not all

- *Being able to offer telehealth to our patients has made our staff able to continue to provide services to our patients even when we lack childcare. It also allows us to continue to provide services when we are ill. (Behavioral-mental health clinic)*
- *We have not been comfortable allowing clinicians (Mental Health Counselors) to work from home. We are not sure how to handle HIPAA issues with clinicians working out of their homes while families are home too. (Community clinic/FQHC)*

Difficulty obtaining PPE¹

- *PPE needs were a paramount concern, our supply chains for needed supplies were severely impacted exposing staff to more fears and worries (Skilled nursing facility – Spring 2020)*
- *PPE-masks, hand sanitizer, eye shields are not able to be replaced. (Assisted living facility – Spring 2020)*
- *As large organizations were able to order larger quantities of PPE or start out bidding each other for supplies and equipment - we do not have the financial resources to compete. (Small hospital)*

Relationships with unions helped, and hindered, flexibility

- *Harder due to union environment making us less agile and less able to flex to respond. (Community clinic/FQHC)*
- *Reassignments needed to be negotiated with labor unions which slowed the process. (Large hospital)*
- *Our relationships with our labor unions helped us be nimble in redeploying staff where needed. (Large hospital)*

¹ PPE challenges mentioned much more often in Spring compared with Fall 2020.

As a result of the COVID-19 pandemic, what are your top workforce needs that could be alleviated by new or modified policy, regulatory, and/or payment rules?

General topics listed below²

- Increased reimbursement rates, including for telehealth.
- Reduce delays in licensing, especially for nurses. Interest in continuing streamlined certification and licensing policies, and interstate compacts.
- Greater PPE availability, lower cost and improved distribution.
- Increase access to training/certification classes for LPNs, NACs and medical assistants in many parts of the state.

Describe the workforce impact, if any, of the use of telehealth at your facility type in response to the pandemic.

Mixed responses – useful in some settings, problematic in others, and not accessible in some sites

- *Telehealth made it possible for our counselors to continue to work without childcare or when we are sick. However, telehealth has been a burden/obstacle for many of our patients who do not have devices they can use to participate in telehealth services. (Behavioral-mental health clinic)*
- *New concept for our patients. Video visits have been difficult and take significantly longer with patients. Providers have to ask many more questions, patients are often in public places (grocery stores, parks, etc.) when taking the video call; patients are not great historians regarding symptoms and severity and often do not have diagnostic equipment at home. Providers are spending a lot more time asking questions to compensate for lack of a physical exam, and then more documentation to cover their assumptions and findings. (Community clinic/FQHC)*
- *For basic appointments, telehealth has been a positive addition. It saves time due to less travel and waiting in doctors' offices (Assisted living facility)*
- *Telehealth is a fantastic option for the resident and provider and should absolutely become a permanent fixture. It reduces the work load on staff from a trip preparation standpoint, including assistance with dressing, toileting, and transportation coordination. Staff time has increased significantly for the coordination and assistance of telehealth appointments, but overall life in the facility is more manageable and pleasant with telehealth. (Nursing home/skilled nursing facility)*
- *While this has decreased the exposure of residents to potential COVID exposure; the increased time spent by licensed staff doing telehealth has been tremendous and it is not sustainable. SNFs are not set up to be able to have a nurse or staff member assigned to walk around and complete telehealth visits as regularly as physicians are asking. (Nursing home/skilled nursing facility)*

² Many facility-specific needs described by respondents available on the Sentinel Network findings dashboard.

- *Unfortunately, our rural area and the lack of connectivity has made telehealth more difficult. Although we have utilized it on occasion, we have primarily maintained our normal in person visits.* (Home health and hospice provider)
- *Other than learning how to use the tools, didn't see much impact. Both the staff and consumers love the ease of this alternative that keeps everyone safe and is so convenient.* (Primary care clinic)
- *Lack of education for our providers on how to best utilize telehealth. Lack of appropriate reimbursement, lack of internet/cellular infrastructure in rural areas. Technology overload for our elderly population. Lack of support for rural areas.* (Small hospital)

Sentinels Report Recruitment and Retention Challenges

In addition to reporting the impacts of the COVID-19 pandemic on their workforce, Sentinels had the opportunity twice in 2020 to respond to the core workforce demand questions that have been asked since the Sentinel Network's launch in 2016. Those questions addressed the following topics:

- Occupations with exceptionally long vacancies in recent months.
- Occupations with problematic retention or turnover issues.
- New healthcare occupations employed in recent months.
- Recent changes in priorities for orientation and onboarding of new employees, and for training needed by the incumbent workforce.

The following pages include figures that show the changes (and similarities) since 2016 in Sentinels' responses to the question: *"Recently (in the past six months) has your facility experienced exceptionally long vacancies for any open positions? If so, which ones, and why?"* The figures illustrate the occupations that were hard to fill in five settings: behavioral health facilities; nursing homes/skilled nursing facilities; assisted living facilities; community health centers; and small hospitals.

Responses for more facility types, and to other Sentinel Network questions, can be viewed in full on the Sentinel Network dashboard (www.wa.sentinelnetwork.org).

In 2020, responses to most of the core questions were heavily affected by the impact of the pandemic on hiring, retention, and training needs in Sentinel healthcare facilities.

Figure 1. Behavioral Health Facilities*
Occupations with exceptionally long vacancies: 2016-2020

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Summer 2016**	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020
1	Mental health counselors	Mental health counselor	Chemical dependency professional	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Chemical dependency professional	Chemical dependency professional	Mental health counselor	Chemical dependency professional Peer counselor	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional	Chemical dependency professional (SUDP)***
3	Social worker	Social worker	Social worker Nurse practitioner	Nurse practitioner	Social worker	Peer counselor	Social worker	Social worker (Mental Health/SUDP)
4	Nurse practitioner	Nurse practitioner	Peer counselor	Social worker Psychiatrist	Marriage & family therapist	Marriage & family therapist	Peer counselor	Registered nurse
5	Psychiatrist	Registered nurse	Registered nurse	Marriage & family therapist	Peer counselor Psychiatrist	Social worker	Multiple occupations cited at same frequency	Marriage & family therapist Peer counselor Psychiatrist

↑ Most cited

*Behavioral health/mental health, substance use disorder clinics and residential treatment facilities

**Winter 2016 findings not shown due to space constraints

***Occupation title changed to Substance Use Disorder Professional (SUDP) in 2019

**Figure 2. Nursing Homes/Skilled Nursing Facilities
Occupations with exceptionally long vacancies: 2016-2020**

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Summer 2016*	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020
1	Registered nurse	Registered nurse	Nursing assistant	Nursing assistant	Registered nurse	Nursing assistant	Nursing assistant	Nursing assistant
2	Nursing assistant	Nursing assistant	Registered nurse	Registered nurse	Nursing assistant	Registered nurse	Registered nurse	Registered nurse
3	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse Dentist	Licensed practical nurse
4	Social worker	Occup. therapy assistant Physical therapist	Multiple occupations cited at same frequency	Dentist Physician/Surgeon	Occup. therapy assistant Physical therapist Social worker Psychologist	Speech-language therapist	Multiple occupations cited at same frequency	Occup. therapy assistant Physical therapist Physical Therapy Assistant
5	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency		Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency		Multiple occupations cited at same frequency

↑ Most cited

* Winter 2016 findings not shown due to space constraints

**Figure 3. Assisted Living Facilities
Occupations with exceptionally long vacancies: 2019-2020**

Top occupations cited as having exceptionally long vacancies by date of reporting				
Rank	Spring 2019*	Fall 2019	Spring 2020	Fall 2020
1	Nursing assistant	Nursing assistant	Home health aide or home care aide	Nursing assistant
2	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse
3	Home health aide or home care aide	Home health aide or home care aide	Registered nurse	Registered nurse
4	Registered nurse	Registered nurse	Nursing assistant	Home health aide or home care aide

↑ Most cited

*Prior to Spring 2019, assisted living facility responses were combined with other long term care facilities.

Figure 4. Community Health Centers*
Occupations with exceptionally long vacancies: 2016-2020

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Fall 2020**
1	Registered nurse	Medical assistant	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Medical assistant	Physician/ Surgeon	Registered nurse
	Physician/ Surgeon			Physician/ Surgeon				
2	Mental health counselor	Nurse practitioner	Social worker	Dental assistant	Registered nurse	Physician/ Surgeon	Dental assistant	Mental health counselor
				Registered nurse		Dental assistant	Medical assistant	
				Registered nurse		Nurse practitioner		
3	Medical assistant	Dental assistant	Mental health counselor	Mental health counselor	Medical assistant	Mental health counselor	Mental health counselor	Physician/ Surgeon
		Registered nurse		Nurse practitioner			Physician Assistant	
4	Nurse practitioner	Physician/ Surgeon	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Dental assistant	Chem. dependency professional	Dentist	Multiple occupations cited at same frequency
					Mental health counselor	Nurse practitioner		
5	Dental assistant	Mental health counselor	Multiple occupations cited at same frequency					
	Social worker							

← Most cited

*Federally Qualified Health Centers and Community Clinics providing care free or on a sliding fee scale

**Spring 2020 findings not shown due to low response

Figure 5. Small Hospitals (<25 beds)
Occupations with exceptionally long vacancies: 2016-2020

Top occupations cited as having exceptionally long vacancies by date of reporting								
Rank	Summer 2016	Winter 2016	Spring 2017	Fall 2017	Summer 2018	Spring 2019	Fall 2019	Fall 2020*
1	Registered nurse	Registered nurse	Physician/ Surgeon	Registered nurse				
				Physical therapist				
2	Med/Clin lab technologist	Occupational therapist	Med/Clin lab technologist	Nursing assistant	Physician/ Surgeon	Physician/ Surgeon	Registered nurse	Medical assistant
		Physical therapist		Physical therapist			Nursing assistant	
		Physician/ Surgeon	Physical therapist	Physical therapy assistant				
3	Medical assistant	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency	Med/Clin lab technologist	Physical therapist	Multiple occupations cited at same frequency	Multiple occupations cited at same frequency
	Nursing assistant				Nursing assistant			
	Multiple occupations cited at same frequency				Multiple occupations cited at same frequency			

← Most cited

* Spring 2020 findings not shown due to low response

Use of Sentinel Network Findings

Information about the Sentinel Network and its findings has been used to guide many health workforce planning activities in Washington, including assessing the state’s behavioral health workforce, informing nurse workforce planning, and describing COVID-19’s impact on the health workforce in 2020. Findings are reported on the Sentinel Network dashboard by region (for each of the nine Accountable Communities of Health³) and by those serving mostly rural or urban areas.

In 2020, Sentinel Network program descriptions and workforce demand findings were presented to support workforce topics presented at state meetings and conferences, and at national research and policy conferences.

Overall, the Sentinel Network has shown value in Washington for providing:

- Rapid turnaround signals of workforce demand changes.
- Identification of skills needed and local conditions that may make hiring difficult.
- Information about the “how and why” behind workforce demand signals.
- Engagement of the full network of stakeholders needed to identify and solve workforce problems.

“I use Sentinel information to help funders and educators understand market pressures. With a greater understanding of the market, funders and educators are able to develop training programs that are relevant for today’s market.”

- Sharon Afforde, Business Services & Workforce Solutions Supporting Healthcare WorkSource Seattle-King County

Sentinel Network findings can help target solutions to health workforce issues, such as: increasing education capacity, where appropriate; indicating where changes in skills and roles are occurring in the health workforce; addressing workforce policy issues that influence workforce recruitment and retention; and identifying where resources for incumbent worker training are needed.

³ Washington’s Accountable Communities of Health are independent, regional organizations that work with their communities on specific healthcare and social needs-related projects and activities.

Council Project Update: Behavioral Health Workforce Report & Recommendations

Adapted from the 2020 Behavioral Health Workforce Assessment

As Washington moves forward to achieve integration of its statewide physical and behavioral healthcare systems, and as the COVID-19 pandemic continues to impact both the physical and behavioral health of Washingtonians, demand for a qualified behavioral health workforce continues to grow. While the state has many highly competent and committed professionals working hard to deliver behavioral health services, barriers to educational attainment, professional recruitment, and long-term retention may prove detrimental to the state's ability to provide sufficient behavioral healthcare – defined in the report as mental health and substance use disorder treatment – to its residents.

In July 2016, Governor Inslee charged the Workforce Board with identifying and evaluating the state's workforce needs across behavioral health disciplines, and crafting an action plan to address these needs. This ultimately yielded the 2016-2017 Behavioral Health Workforce Assessment,⁴ an initiative of the Health Workforce Council. This assessment, produced by the Workforce Board and UW CHWS, provided recommendations for research and policy proposals to better understand and address workforce barriers faced by the behavioral health sector.

The 2019 Washington State Legislature directed the formation of a workgroup to continue work on select workforce barriers outlined in the 2016-2017 Assessment. The Legislature charged the Workforce Board, via budget proviso, with convening a stakeholder workgroup to address five specific barrier areas:

- Reimbursement and incentives for supervision of interns and trainees.
- Supervision requirements.
- Competency-based training.
- Licensing reciprocity or the feasibility of an interstate licensing compact, or both.
- Background checks, including barriers to work related to an applicant's criminal history or substance use disorder, or both.

This project, like the 2016-2017 Assessment, was led by the Workforce Board in collaboration with UW CHWS. Recommendations included in the final report were developed across two phases of the project and in concert with stakeholders throughout the project's duration. Phase I began in September 2019 and ended with a report on two of the five topics to Governor Inslee and the Legislature in December 2019. Phase II of the project began in January 2020 and culminated in the recent publication of Washington's Behavioral Health Workforce: Barriers and

⁴ <https://www.wtb.wa.gov/wp-content/uploads/2019/05/WA-Behavioral-Health-Workforce-Assessment-2016-17.pdf>

Solutions.⁵ While the COVID-19 pandemic was not included in the legislative charge, the immediate and long-term realities of the pandemic's impact on the behavioral health workforce led the workgroup to address certain aspects in its recommendations.

The stakeholder workgroup, which included health facility leaders, behavioral health providers, educators, organized labor, not-for-profit organizations, state and local government agencies, and many more, shaped the recommendations in the report. While the recommendations included in the report are not direct recommendations of the Health Workforce Council, many Council members were actively engaged in their development throughout the stakeholder process.

Key Findings

When asked about the specific topic areas in the legislative charge, stakeholders were consistent in mentioning the following challenges:

Reimbursement and Incentives for Supervision

- Stakeholders consistently supported improved reimbursement for supervision and suggested a variety of mechanisms to allow for this reimbursement.
- Stakeholders raised concerns that already over-burdened community behavioral health agencies (BHAs) could have additional administrative burdens under some reimbursement arrangements and encouraged supervision reimbursement be done in a way that assures little additional administrative work.

Supervision Requirements

- Stakeholders desired greater transparency regarding how supervision hours requirements are determined and how these impact the workforce.
- Allowing tele-precepting to satisfy supervision requirement hours is needed, according to stakeholders.
- Stakeholders were interested in seeing more supports for distribution of supervision work between supervisory staff, which would allow for specialization and distributed workload. They noted these supports are particularly lacking in community-based BHAs due to resource constraints.

Competency-Based Training

- Stakeholders raised concerns about how a competency-based training regimen would work and wanted to know more about the viability of replacing supervision hours with competency-based training or testing.

⁵ <https://www.wtb.wa.gov/wp-content/uploads/2020/11/Behavioral-Health-Workforce-Assessment-2020.pdf>

- Stakeholders expressed strong interest in the use of registered apprenticeships for behavioral health training as a practical and effective way to employ competency-based training and address other concerns impacting the behavioral health workforce pipeline.
- Increased behavioral health training for staff in primary care settings was seen as a need by stakeholders.

Reciprocity and Interstate Agreements

- The current licensing and credentialing processes for behavioral health professionals and paraprofessionals who have already established licensure and practice outside of Washington are causing problems for workers and employers, and perhaps patients.
- Stakeholders want faster and more efficient processes for licensing and credentialing well-qualified veteran behavioral health professionals and paraprofessionals that are taking up residence in Washington and seeking to work in behavioral healthcare, especially military spouses/domestic partners.
- Stakeholders viewed interstate variation in clinical practice and licensing requirements for behavioral health professionals and paraprofessionals as a major barrier to licensure reciprocity and wanted clarity on which behavioral health practitioners were suited for reciprocity.
- Interstate compacts for licensure were generally perceived as complex, impractical for addressing immediate workforce needs, and controversial due to their wide-ranging policy impacts.

Background Checks

- Background checks are viewed as necessary for public safety, mandated by federal laws, and required to access certain funding. But stakeholders raised some concerns about their application and the time required for completion.
- Some stakeholders were unclear about what types of background checks were required for various occupations.
- Stakeholders desired greater transparency regarding how background check information is used by boards and employers in licensing, credentialing, and employment, as well as consideration of equity in how background checks are applied.
- Stakeholders generally agreed background check use should be regularly reviewed by appropriate authorities to: assess effects of the background check process on efficient licensing and employment; maintain patient safety; and to ensure equitable application with populations disproportionately affected by substance use disorders and/or inherent biases in the criminal justice system.

Policy Recommendations

For specific details on each topic area, including the policy action required for each recommendation, please see <http://bit.ly/BHworkforce>.

Topic I: Reimbursement & Incentives for Supervision

- *Recommendation 1.1:* Develop and implement a funding mechanism that recognizes and supports community behavioral health agencies for performing a significant training function required for behavioral health workers to obtain their educational degree and their clinical licensure.
- *Recommendation 1.2:* Create a stipend for clinical supervision of students, based on patient encounters lost.
- *Recommendation 1.3:* Strengthen and fund loan repayment programs, including the established Washington Health Corps model, that incentivize direct (clinical) behavioral health service provision.
- *Recommendation 1.4:* Expand geographical reach of, and scale up, programs that promote behavioral health supervision.

Topic II: Supervision Requirements

- *Recommendation 2.1:* Remove barriers to effective tele-precepting for supervision in clinical education and pre-licensure settings.
- *Recommendation 2.2:* Assess the impact of current supervision requirements on size, distribution, and availability of select occupations in the behavioral health workforce. Provide recommendations on ways to reduce or standardize the number of supervised hours required for licensure, while assuring clinical competency.
- *Recommendation 2.3:* Structure funding supports to promote new models of supervision which allow for division of labor and multiple pathways to working as a supervisor.

Topic III: Competency-Based Training

- *Recommendation 3.1:* Support development of a registered apprenticeship model for behavioral health professions.
- *Recommendation 3.2:* Identify viability of adapting certain aspects of Washington's existing education, training, and credentialing evaluation metrics into a competency-based method.
- *Recommendation 3.3:* Promote an increase in acquisition of behavioral health competencies among the broader health workforce, with an emphasis on the primary care workforce.

Topic IV: Licensing Reciprocity & Interstate Agreements

- *Recommendation 4.1:* Continue to support Department of Health’s work implementing licensing reciprocity.
- *Recommendation 4.2:* Reduce paperwork requirements for established professionals.
- *Recommendation 4.3:* Develop a crosswalk of licensing portability/reciprocity requirements.
- *Recommendation 4.4:* Engage with and incorporate tribal governments’ and tribal providers’ perspective regarding licensing reciprocity.

Topic V: Background Checks

- *Recommendation 5.1:* Conduct an evidence-based review of the Department of Social and Health Services Secretary’s Disqualifying List of Crimes and Negative Actions as applied to behavioral health facilities/employers of behavioral health providers.
- *Recommendation 5.2:* Anticipate a possible increase in behavioral health workers in emergency services/first responder roles.
- *Recommendation 5.3:* Expand community awareness and engagement with Certificate of Restoration of Opportunity and its potential benefits.
- *Recommendation 5.4:* Convene leadership of state agencies with jurisdiction to reduce barriers to behavioral health employment related to criminal background checks.

Council Spotlight: Pandemic-Related Health Workforce Unemployment

Unemployment insurance (UI) benefits provide individuals who have lost a job and meet qualifying criteria with temporary income, and have been important sources of income for the many healthcare workers in Washington who were unable to work due to the COVID-19 pandemic. Using data from the Labor Market and Economic Analysis division of the Washington State Employment Security Department (ESD), and funding from Washington's Health Care Authority, UW CHWS has been tracking the patterns of UI benefits claims in the state.

Unemployed individuals can submit an initial claim for regular state UI benefits and subsequent continuing claims for regular state UI benefits throughout their eligibility period. Figure 6 shows an abbreviated timeline describing key national and state events related to the COVID-19 pandemic from January to October, 2020 and the number of regular state UI benefits claims for Washington's healthcare workers processed during that time. The healthcare occupations are grouped into seven categories using the federal Standard Occupational Classification system.⁶ The two graphs show 1) initial UI benefits claims by week, and 2) continued UI benefits claims beginning the week ending April 18, 2020.

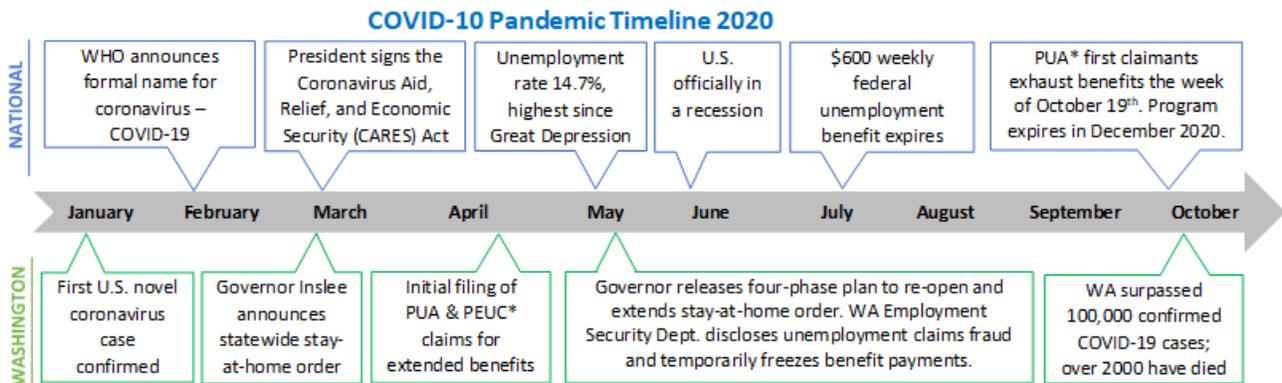
These graphs show the dramatic spike in initial unemployment claims for healthcare workers shortly after the Governor's emergency declaration. The group with the largest number of claims, dubbed "other healthcare support occupations," includes occupations like dental assistants, who were almost entirely unemployed due to the closure of most of the state's dental clinics. Also in this group were medical assistants, who are typically employed in ambulatory care clinics, many of which were closed for in-person visits during the first months of the pandemic. Similarly, large numbers of "health technologists and technicians" were unemployed, a group that includes dental hygienists. "Health diagnosing and treating practitioners," the group comprised of occupations such as physicians, dentists, nurse practitioners, physician assistants, and registered nurses, saw a peak of initial claims slightly later – in early April, followed by "counselors, social workers, and other community and social service specialists" in May.⁷

The continued trends in processing of UI benefits claims for these healthcare occupation groups shows a rapid decline in late May and early June, when many healthcare facilities re-opened or expanded their restricted services.

⁶ A detailed list of these occupations by group is at <https://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2020/11/20201108-WA-UI-Claims-Brief-to-10-10-20.pdf>.

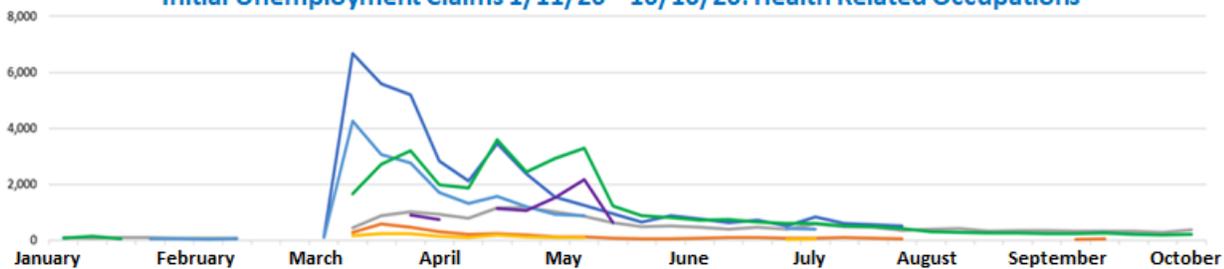
⁷ Some of the volume of claims in these graphs is attributable to the fraudulent UI benefits claims submitted during this time, but the general patterns should be reasonably accurate.

Figure 6. Washington State Unemployment Claims: Health-Related Occupations: January-October, 2020

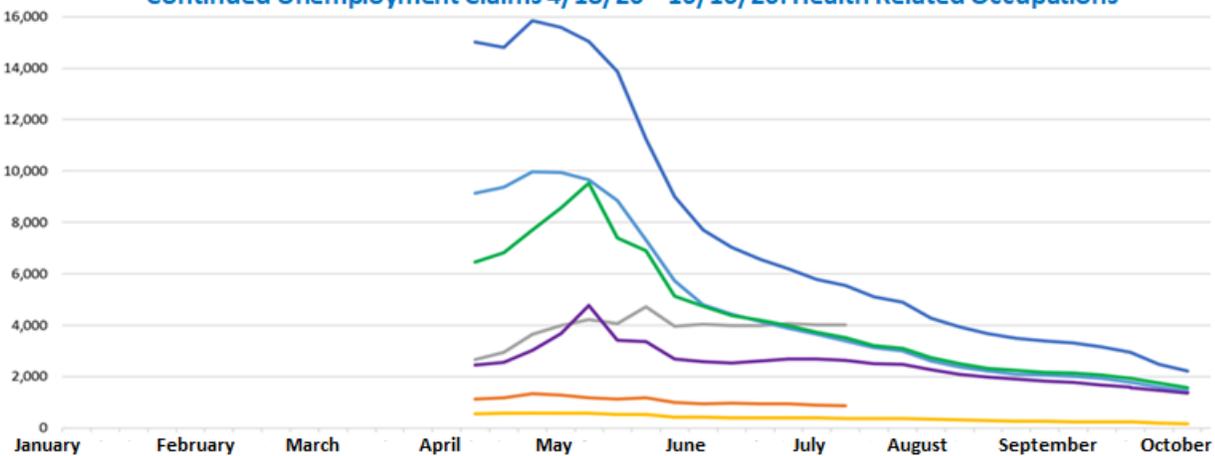


*PUA=Pandemic Unemployment Assistance, PEUC=Pandemic Emergency Unemployment Compensation. See next page for descriptions.

Initial Unemployment Claims 1/11/20 – 10/10/20: Health Related Occupations



Continued Unemployment Claims 4/18/20 – 10/10/20: Health Related Occupations



LEGEND FOR FIGURES: HEALTH RELATED OCCUPATION GROUPS (US BLS Standard Occupational Classification)

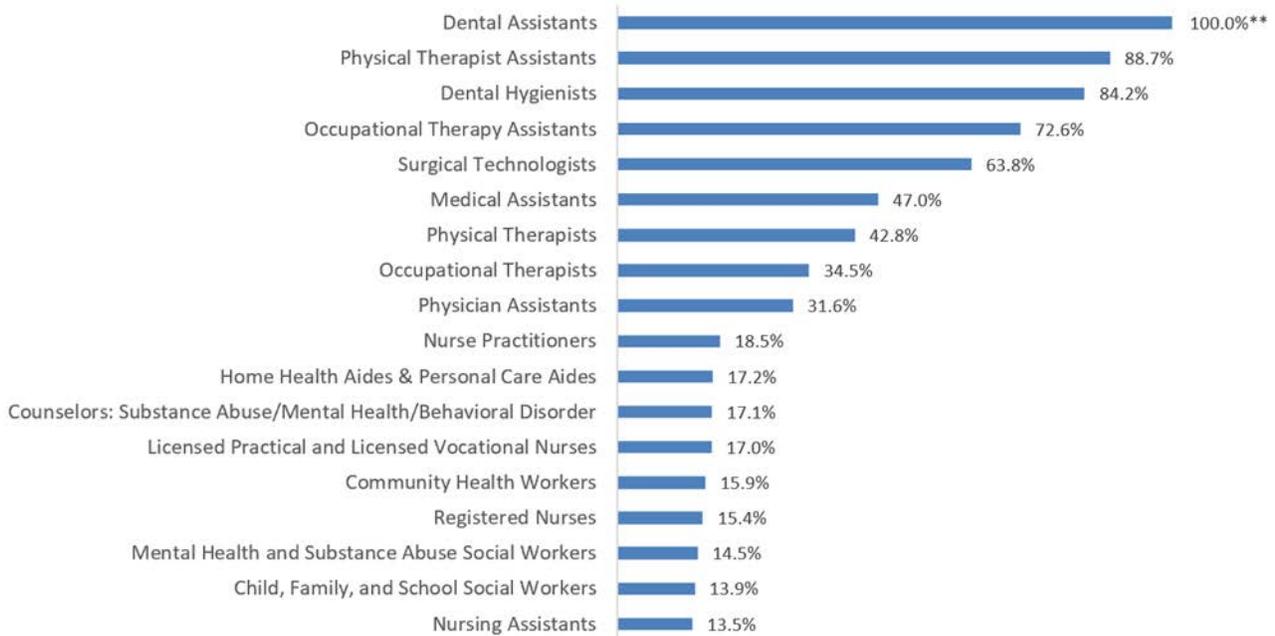
- 31-9000 Other Healthcare Support Occupations
- 31-2000 Occupational Therapy and Physical Therapist Assistants and Aides
- 29-1000 Nursing, Psychiatric, and Home Health Aides
- 29-9000 Other Healthcare Practitioners and Technical Occupations
- 29-2000 Health Technologists and Technicians
- 29-1000 Health Diagnosing and Treating Practitioners
- 21-1000 Counselors, Social Workers, and Other Community and Social Service Specialists

Data source: Washington State Employment Security Department/LMEA, 10/19/2020. **Notes:** These data reflect claims from unemployed individuals with UI benefits and not the entire state unemployed population. Gaps in the lines above are due to suppressed data reporting in counties with few claims. Initial claims are not unduplicated. Continued claims are for the week the claim was processed and may be undercounted because only unduplicated counts are displayed. Data do not include Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) claims.

From <https://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2020/11/20201108-WA-UI-Claims-Brief-to-10-10-20.pdf>

Figure 7 shows examples of individual healthcare occupations with high percentages of initial UI benefits claims as a percentage of total employment of each occupation in May 2019 (a year earlier). Due to pandemic-related reductions in dental, therapy, ambulatory care and surgical services, occupations employed in those settings were among the most heavily affected.

**Figure 7. Initial Unemployment Claims 3/14/2020-6/20/2020:
Select Healthcare Related Occupations as a Percentage of Total Employed* May, 2019**



Data Sources: Washington State Employment Security Department, LMEA, 6/29/2020; US Bureau of Labor Statistics, Occupational Employment Survey 5/2019
 *Total employed numbers from OES are reported by employers and likely undercount some occupations, such as those with many self-employed individuals, and occupations that may have grown in number since May, 2019.
 **Total initial unemployment claims exceeds the total number reported as employed in May, 2019
 From: <https://depts.washington.edu/fammed/chws/washington-state-unemployment-claims-health-related-occupations-to-6-20-20/>

Many Washington residents, including healthcare workers, qualified for new kinds of unemployment assistance, including the federally funded Lost Wages Assistance (LWA), Pandemic Emergency Unemployment Compensation (PEUC), and Pandemic Unemployment Assistance (PUA) programs. LWA provided additional payments to eligible UI beneficiaries during six specified weeks in August and September, 2020. PEUC provides up to 13 weeks of additional benefits to workers who have exhausted their regular UI claim. PUA is a separate program providing benefits to people who do not qualify for regular unemployment, including self-employed people, independent contractors, and part-time workers. UW CHWS will track trends in these types of UI benefit claims among healthcare workers in Washington as the data become available.

Policy Recommendations to Address COVID-19 Impacts to the Health Workforce

The Council met in May and June of 2020, to identify low-cost, immediate interventions to address health workforce issues caused or exacerbated by the COVID-19 crisis. The goal was to provide these ideas to policymakers for consideration in the 2021 legislative session, or for Congressional action. These policy ideas and discussions resulted in short-term recommendations to help healthcare workers during the pandemic. These ideas were also helpful in crafting key health workforce recommendations as part of the larger Workforce Economic Recovery Plan approved by the Workforce Board in September (*more details on that work in the following section*).

1. Implement a pilot program to support **region-specific healthcare industry engagement**. Funding would allow the hiring of an **industry engagement coordinator** (coordinator) at each selected Workforce Development Council (WDC), in partnership with the local ACH, with the charge of focused industry engagement to better align the local education pipeline with specific healthcare industry needs at all education and training levels. The coordinator would provide updates to the Health Workforce Council. The WDCs selected for the pilot should ensure a mix of geographic, socioeconomic, and racial diversity.
2. Select up to three **registered apprenticeship programs** in different regions of the state, with the intention of providing **dual-language instruction** for the program in the second-most predominant language in the area, other than English. Funds would also support the translation of the related supplemental instruction (RSI), and hiring an instructor fluent in the language selected. Providing English language proficiency would also be a key component of this program.
3. Create a **Health Careers COVID-19 Response Grant** for educational institutions (both secondary and postsecondary). Grant funds would support implementing the necessary modifications to health-related classroom and lab space to ensure student and staff safety (equipment purchases and staff time for installation), developing content for online or hybrid education opportunities, and staff training.

Health Workforce Economic Recovery Plan

Ensuring Washington's health workforce can safely provide the care necessary to respond to the COVID-19 pandemic, and enabling the state's education and training system to continue training new workers, are critical components of the state's economic recovery effort.

Two key goals will help the state's health workforce recover:

- Access to a safe learning and working environment for licensed clinicians, education providers, and healthcare students.
- Stronger career pathway opportunities, including navigation and support services for dislocated workers seeking new careers in healthcare.

This section was adapted from the Workforce Board's Workforce Economic Recovery Plan Health Workforce chapter.⁸ While the plan addresses the state's many workforce sectors, health workforce received a special call-out due to the pandemic's significant impact and severe disruption of current operations, as well as ongoing efforts for recruiting, educating, training, and retaining quality healthcare workers. Members of the Council were involved in the drafting of recommendations specific to the economic recovery of the health workforce, and a special session of the Council was held to discuss the recommendations in this section.

Health Career Pathways, Navigation, and Support

Washington's surge in unemployed workers from the COVID-19 pandemic comes at the same time that the demand – both short-term and long-term – for healthcare workers is rising. COVID-19 has increased the need for healthcare workers at all levels to care for those affected by the virus. As the virus continues to spread, some facilities are stretched to capacity. The healthcare sector already faced challenges in recruitment and retention in many health occupations in communities across Washington (and nationwide). The National Governors Association (NGA), in a July 2020 report, wrote, "Preexisting shortages in the workforce exposed an acute need for rapid reskilling in high-demand fields. During COVID-19, shortages of trained workers in essential fields, including health care and state government, dramatically affected quality of services."⁹ The existing health workforce will likely be burdened even more as the pandemic continues into 2021.

As the pandemic persists, behavioral health needs of the population will only rise, including increased risk of substance abuse, suicide risk, and domestic violence. In a May 2020 report, the state's Department of Health (DOH) noted that, "The behavioral health impacts from the COVID-19 outbreak and related government actions have to-date caused a surge in behavioral

⁸ <https://www.wtb.wa.gov/economic-recovery/>

⁹ https://www.nga.org/wp-content/uploads/2020/07/NGAStateGuide_FWN.pdf

health symptoms across the state, which is a trend likely to continue.”¹⁰ Ensuring sufficient trained behavioral health workers is a critical component for the state’s economic recovery.

Healthcare employment is also an opportunity to help tens of thousands of dislocated workers who may need to consider a new career track entirely if their jobs have been eliminated. It provides an opportunity to enter a career that can offer a family wage, benefits, and career advancement opportunities. Healthcare is an industry sector that is in demand in every county in the state. Many healthcare occupational tracks have a defined career pathway, and multiple training opportunities to begin in entry-level roles (often low-barrier access). However, there is still work to be done to develop career pathways, along with potential solutions to address this longstanding issue.

Health Workforce Shortages Predate the Pandemic

Before emergency departments were overwhelmed with symptoms of the respiratory virus, Washington’s health workforce faced significant challenges to meet the state’s health needs. Several sectors of the health workforce in particular have long struggled to recruit and retain workers. Data from Washington’s Sentinel Network¹¹ identified a shortage of behavioral health practitioners, such as mental health counselors and substance use disorder professionals, and signaled a growing need for more long-term care workers, including nursing assistants and registered nurses.¹²

The education and training system faces existing capacity challenges to meet the demand for many occupations in the health workforce. There are too few slots available for incoming students, who also face significant financial burdens beyond the cost of tuition and attendance. They often take out loans and substantial education-related debt for undergraduate education, graduate programs, and licensure requirements. The significant education cost is heightened by a loss of income as many programmatic schedules do not afford time for external (paid) work, and work opportunities like internships and practicums are often unpaid.

Students from traditionally marginalized groups, particularly communities of color and those who are economically disadvantaged, face particular barriers to entering, and advancing in the field. While efforts to increase both racial and socio-economic diversity within the health workforce are ongoing, students and workers of color remain underrepresented in the majority of provider populations, outside of entry-level roles. The gaps are even starker when it comes to those who teach healthcare education: practitioners of color are less likely to transition from

¹⁰ https://stateofreform.com/wp-content/uploads/2020/06/DOH-BH.pdf?utm_source=State+of+Reform+5+Things&utm_campaign=b1d9ce955e-5+Things+WA+July+2_COPY_01&utm_medium=email&utm_term=0_37897a186e-b1d9ce955e-251938157

¹¹ <http://wa.sentinelnetwork.org/>

¹² <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00021>

practice into teaching, which means that most professional education is performed through a majority-culture lens.

COVID-19 Reality – Present Time

The state saw a massive disruption to the education and training pipeline because of safety concerns at the start of the pandemic. Schools have been closed to in-person education in many areas of the state. Educators were asked to transfer all programs to virtual delivery in a very limited timeframe and because of resource and faculty training limitations, content and quality of education varied. Additionally, most practicum placements were suspended or even canceled, especially in the early days of the pandemic response. Quick work was done to create more simulation exercises, and to get approval from licensing and accreditation organizations to allow for simulation in lieu of workplace practical rotations. Changes to education delivery, and testing for licensing, delayed some completions and employment opportunities.

The health system surge and resulting challenges for the health workforce was due to COVID-19 specifically, but also includes the need to meet demands for services for those who delayed elective or non-emergency treatment. The health workforce also is experiencing behavioral health challenges including, but not limited to fear, burnout, compassion fatigue, and social isolation due to a fear of infecting family/friends. These providers and facilities were also forced to respond to a rapid transition to telehealth services, and sometimes limited staff training, limitations to hardware and internet bandwidth, and disparities in digital literacy of technology platforms for those services.

Finally, the state and nation are grappling with the reality of a system that has historically not served all communities equitably, and this translates to healthcare delivery and the resulting longstanding health disparities in health outcomes. The pandemic has brought this issue to the forefront of the healthcare system. “We know the COVID-19 pandemic has intensified the health inequities historically marginalized and oppressed communities already experience,” said Dr. Kathy Lofy, State Health Officer and the Chief Science Officer for Washington State.¹³ DOH data highlights COVID-19 case rates for Hispanics, Native Hawaiians, or other Pacific Islander people as much as nine times higher than for whites, and three times higher for Blacks than whites.

The “New Normal” for Health Workforce

As the state continues to rebuild, and Washington’s health system adjusts to a “new normal” of operations while the world awaits vaccine distribution, we face a number of challenges and opportunities. These include, but are not limited to, occupation-specific challenges, telehealth regulations and flexibility, and workplace safety for all workers in a healthcare setting.

¹³ <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/RaceReport20200702.pdf>

Long-term Care (LTC)

Long-term care (LTC) was one of the healthcare areas hardest hit by COVID-19. A long-term care facility in Kirkland made national and international news as one of the earliest U.S. epicenters, with the rampant spread of infection among the residents and staff. The sector now has to overcome a resulting fear of infection for staff entering the profession, as well as retention concerns, to bounce back to pre-COVID-19 levels. Frontline care workers, facing potential infection, or risk for family members, have difficult decisions to make. The Kaiser Family Foundation wrote that, "The highly transmissible nature of the coronavirus combined with the congregate nature of LTC facility settings and the close and personal contact that many long-term care workers have with patients puts them at elevated risk of infection."¹⁴ One significant challenge has been inadequate PPE availability and the training necessary to use it properly. LTC has also experienced some challenges with career pathways, and an understanding of progression opportunities; though many groups are working to address these concerns.

Behavioral Health

As COVID-19 spread and "stay home" orders were implemented, many behavioral health facilities enacted temporary layoffs and paused hiring new workers, as treatment was delayed due to safety concerns. Not only did this disrupt the employment and economic security of behavioral health workers, it further exacerbated existing concerns about continuity of care, as many clinicians reported challenges in contacting clients, increased rates of "no-show" sessions, lack of access to adequate telehealth technology, and gaps in digital literacy.

Schools and court referrals have frequently served as a source of first contact for individuals within the behavioral health system. The closure of schools and courts across the state has disrupted this referral process, resulting in lower numbers of referrals to behavioral health providers and decreased enrollment in many community-based behavioral health programs. With schools and courts closed, youth (and their families) lack that contact with these critical links and supports.

Washington already faces challenges in meeting the behavioral health needs of its population, and the longer the pandemic endures, the more stressed the system will be in caring for the population. As the long-term reality of a "new normal" becomes more apparent, the need for behavioral health treatment and services surges. Moreover, frontline workers in both behavioral and physical healthcare settings are experiencing heightened behavioral health symptoms themselves.

¹⁴ <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/>

Several telehealth regulatory flexibilities were allowed during the initial onset phase of COVID,¹⁵ including: audio-only sessions (no video); removing in-person restrictions; payment parity, allowing telehealth services to be billed at the same rates as in-person services; and others. It was the combination of all regulatory flexibilities that made the rapid extension of telehealth—both for behavioral and physical healthcare—possible. Continuation of these flexibilities is not the only answer to the behavioral health surge expected in the coming months, but it is a necessary consideration as the state seeks additional measures.

Workplace Safety

Workplace safety is a paramount issue for addressing health workforce challenges in a COVID-19 impacted future. As efforts to contain and treat the virus evolve, so must protections for workers, particularly those healthcare workers serving in a variety of frontline positions. Updated workplace safety standards must include providing health workforce members with adequate and accessible protections such as PPE, rapid-turnaround testing, and behavioral health services. This applies not only to the commonly recognized nurses, physicians, medical assistants, lab techs, dental, and other licensed or certified professionals, but to the entire health workforce infrastructure. This includes orderlies, maintenance, dietary and food service workers, and spiritual practitioners.

Economic Recovery Recommendations

To be successful in recruiting and retaining the health workforce necessary to combat the challenges the state is facing, there is a clear need to focus on career pathway development, and support the new wave of dislocated workers who may be suited for health careers.

The goal of these recommendations is to improve and accelerate the progression from entry-level health care employment to livable-wage professions. This includes mapping the steps and skills needed between entry points in various health occupations and career advancement opportunities, and providing support to the workers seeking these roles through navigation and support services.

The state's Workforce Economic Recovery Plan, approved by the Workforce Board in the fall of 2020, provided four broad recommendations specific to the health workforce, listed on the next page. Specific policy/programming items related to these recommendations can be viewed in the full report.¹⁶

¹⁵ https://www.governor.wa.gov/sites/default/files/proclamations/20-29%20Coronavirus%20OIC%20%28tmp%29.pdf?utm_medium=email&utm_source=govdelivery

¹⁶ <https://www.wtb.wa.gov/economic-recovery/>

Recommendation 1: New Career Pathway Programs

Bring together stakeholders to develop career pathways for entry-level, healthcare workers in the following areas:

- a) Create a new licensed practical nurse (LPN) career pathway in long-term care settings via registered apprenticeship.
- b) Create a new social service pathway: entry-level to care coordinator role.
- c) Create new behavioral health career pathways.

Recommendation 2: Serving Diverse Populations through Career Pathway Development

Washington is experiencing a shortage of high-quality, culturally and racially diverse career guidance and care coordination for our most underserved populations. Two potential examples of how the state could support these and similar initiatives are:

- a) Creating career pathways for frontline health workers.
- b) Expanding upon a proposal that would train Yakama Nation tribal members in a range of healthcare occupations.

Recommendation 3: Resource Support for Dislocated Workers

Providing support services is a key strategy in addressing the needs of those who are unable to return to their former occupation and are seeking new careers in healthcare.

- a) Development and deployment of supports.
- b) Inclusion of wrap-around supports for dislocated workers.

Recommendation 4: Develop a Health Jobs Portal

Creating a dedicated portal for healthcare jobs could support both workers and employers. This would allow providers to post health-specific job openings to enable job seekers to quickly find available opportunities, as well as region- or facility-specific requirements.

Healthcare Personnel Data

Since forming in 2002, the Council has brought attention to current and projected shortages in healthcare occupations, and proposed strategies to fill these gaps. Although progress has been made to close certain workforce gaps, continued shortages in key occupations remain pervasive in the healthcare industry, including recruitment and retention of providers to practice in rural and underserved communities.

For this report, Workforce Board staff collected and analyzed the supply of individuals completing healthcare education programs, and reviewed data on employment information for key occupations to provide greater insight on the state's projected health workforce needs.

Healthcare Education/Training Program Completions

An increasing number of Washington residents are enrolling in, and completing, healthcare programs to prepare for a variety of healthcare occupations. The state has successfully pushed to expand capacity in healthcare training programs, and in some cases, provided financial incentives, such as continued investment in the Health Professional Loan Repayment and Scholarship program.¹⁷

Education and training completion information includes all public and private degree-granting schools in Washington as well as 300+ private career schools offering short-term training and certificates. Also included are individuals completing Home Health Aide training through SEIU 775 Benefits Group. The following table shows completions for healthcare education and training programs for the time period spanning July 1, 2018 to June 30, 2019 (labeled 2019 for ease of reading). The table includes the five year average annual completion for each training program for perspective.

NOTE: Completion numbers do not necessarily translate to workers filling positions. Some programs require additional training, clinical work, licensing/certification requirements, or residency after completion, so program completers may not immediately enter the workforce. In addition, some practice areas are experiencing more severe workforce gaps due to increasing demand for services, new regulations, challenges with recruitment and retention, and other factors. Frequently cited examples include long-term care and behavioral health.

¹⁷ <https://wsac.wa.gov/washington-health-corps>

Health Education Program Type	Average Completions 2015-2019	Completions 2019
Acupuncture and Oriental Medicine	68	71
Allied Health Diagnostic, Intervention, and Treatment Professions, Other	34	18
Athletic Training/Trainer	33	34
Audiology/Audiologist and Speech-Language Pathology/Pathologist	49	50
Clinical Laboratory Science/Medical Technology/Technologist	35	44
Clinical Psychology	34	22
Clinical/Medical Laboratory Assistant	51	38
Clinical/Medical Laboratory Technician	27	33
Communication Sciences and Disorders, General	113	106
Community Health Services/Liaison/Counseling	65	30
Counseling Psychology	200	184
Counselor Education/School Counseling and Guidance Services	120	127
Dental Assisting/Assistant	1,090	1,067
Dental Hygiene/Hygienist	224	210
Dentistry	64	66
Diagnostic Medical Sonography/Sonographer and Ultrasound Technician	82	74
Dietetics/Dietitian	46	118
Electrocardiograph Technology/Technician	37	54
Emergency Care Attendant (EMT Ambulance)	803	766
Emergency Medical Technology/Technician (EMT Paramedic)	314	277
Environmental Health	40	58
Health Information/Medical Records Administration/Administrator	56	68
Health Information/Medical Records Technology/Technician	199	167
Health Services Administration	35	46
Health Services/Allied Health/Health Sciences, General	197	269
Health Unit Coordinator/Ward Clerk	46	37
Health/Health Care Administration/Management	129	132
Health/Medical Preparatory Programs, Other	64	42
Home Health Aide/Home Attendant*	6,270	6,413
Hypnotherapy/Hypnotherapist	215	290
Industrial and Organizational Psychology	34	30
International Public Health/International Health	37	54
Marriage and Family Therapy/Counseling	77	88
Massage Therapy/Therapeutic Massage	969	596
Medical Administrative/Executive Assistant and Medical Secretary	307	179
Medical Insurance Coding Specialist/Coder	257	217
Medical Insurance Specialist/Medical Biller	98	87
Medical Office Assistant/Specialist	268	343
Medical Office Management/Administration	73	54
Medical Radiologic Technology/Science - Radiation Therapist	95	72

Health Education Program Type	Average Completions 2015-2019	Completions 2019
Medical Reception/Receptionist	101	71
Medical Transcription/Transcriptionist	62	46
Medical/Clinical Assistant	2,157	2,047
Medical/Health Management and Clinical Assistant/Specialist	33	28
Medicine	226	253
Mental and Social Health Services and Allied Professions, Other	260	155
Mental Health Counseling/Counselor	47	59
Naturopathic Medicine/Naturopathy	134	183
Nursing: Nursing Assistant/Aide and Patient Care Assistant/Aide	6,222	5,636
Nursing: 2-Year Degrees (not including RN) - Licensed Practical (LPN), Vocational Nurse Training, and Practical Nursing	555	280
Nursing: Registered Nursing/Registered Nurse (RN)	3,441	3,391
Nursing: 4+ Years Degrees - Administration, Practice, Family, Education, Leader, Behavioral Health, etc.**	177	248
Occupational Therapist Assistant	98	104
Occupational Therapy/Therapist	91	86
Osteopathic Medicine/Osteopathy	108	134
Pharmacy	205	229
Pharmacy Technician/Assistant	334	227
Phlebotomy Technician/Phlebotomist	720	682
Physical Therapy Technician/Assistant	154	132
Physical Therapy/Therapist	118	123
Physician Assistant	137	157
Pre-Physical Therapy Studies	51	41
Psychiatric/Mental Health Services Technician	32	22
Psychology, General	99	64
Public Health Education and Promotion	27	32
Public Health, General	312	368
Radiologic Technology/Science - Radiographer	116	114
Respiratory Therapy Technician/Assistant	54	41
School Psychology	39	70
Social Work	386	377
Social Work, Other	47	54
Somatic Bodywork	30	28
Speech-Language Pathology/Pathologist	108	110
Sterile Processing Technology/Technician	46	53
Substance Abuse/Addiction Counseling	309	330
Surgical Technology/Technologist	137	133
Veterinary Medicine	122	126
Veterinary/Animal Health Technology/Technician and Veterinary Assistant	353	329

Health Education Program Type	Average Completions 2015-2019	Completions 2019
Yoga Teacher Training/Yoga Therapy	248	226
Youth Services/Administration	33	46
Remaining Health Education Program Types** (under 25 completions last 5 years)	582	602
Total Health Education Program Completions	31,466	30,068

Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2019; Workforce Board Data Reporting System 2019 for private career school completions.

* SEIU 775 Benefits Group contributed to data on home health aides.

** Includes multiple instructional programs.

Health Program Completions by Accountable Communities of Health

To provide regional data, healthcare program completers have been sorted into Accountable Communities of Health (ACH) regions based on where their education and training institution is located. It is important to note that data reflects where a student attended school, not their home address, and completers may ultimately work outside the geographic area where they trained.

Nursing assistant and medical assistant training programs by far produce the greatest number of completions in each of the state's ACH regions. The **following map omits those programs** to better highlight regional education specialties, and display the next most common healthcare program completions for each of the state's ACH regions in 2019.

Figure 8. 2019 Completions by Accountable Communities of Health Region (Omits Nursing Assistant and Medical Assistant Completions)



Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2019; Workforce Board Data Reporting System 2019 for private career school completions.

Healthcare Employment Data

On behalf of the Council, the Workforce Board analyzes employment data and projected openings for selected healthcare occupations. The data includes an analysis of approximately 80 healthcare occupations, including the reported average educational program requirement (*as reported by the U.S. Bureau of Labor Statistics*), current employment numbers for that occupation, the projected annual net increase in open positions for that occupation, and finally, given career changes and retirements, a projection of actual annual openings expected for this occupation.

Not included in these data is information on individuals no longer practicing but retaining their license, or providers who serve Washington residents and practice through an endorsement of their license, but reside in another state. Most significant is the challenge and expense of obtaining regionally-specific data. There may be a distribution issue in some communities, where the number of educated healthcare professionals is higher than the number of available job openings, while other areas of the state struggle to fill open positions.

This year's report includes two new data points for this analysis on health workforce employment: **Turnover Rate** and (the inversely related) **Years on the Job**. These figures are model-based and not survey based. The analysis, performed by research staff at the Workforce Board and at the Employment Security Department, centers on what are considered "churn openings," or openings from individuals changing employers, but remaining in the occupation they are trained in or licensed to practice. Accordingly, the analysis in the following table does not consider "growth-openings" (new jobs) for each occupation.

Health workforce data is complex and comes from many sources. Often, key data are spread across multiple agencies and organizations. Individual data elements may be held by a number of sources, such as state agencies and professional associations, or contained within licensing surveys. What might seem like a simple question about a specific occupation in a geographic area could involve any number of agencies and organizations, and arriving at a firm answer to this question could be even more challenging.

State-level data on health occupations is generally available and accessible. Even so, this data often does not tell the whole story. Health workforce data without an analysis of additional contributing factors does not always provide the level of detail necessary to make sound decisions on where to invest in training programs and other areas of the health workforce pipeline. Washington's Health Workforce Sentinel Network (see p. 5 for more details) provides the bridge to resolve many of these challenges—particularly for regional data on emerging changes in healthcare personnel needs.

Health Workforce Employment Data

Occupation Title	Education Required	2019 Employment	Projected Annual Openings due to Growth 2023-28	Projected Annual Openings 2023-28	Turnover Rate	Avg. Years on the Job
Ambulance Drivers and Attendants, Except Emergency Medical Technicians	HS diploma or equivalent	52	1	10	19.8%	5.0
Anesthesiologists	Doctoral or prof. degree	1130	15	66	28.7%	3.5
Athletic Trainers	Bachelor's degree	639	18	78	28.8%	3.5
Audiologists	Doctoral or prof. degree	417	7	33	27.2%	3.7
Cardiovascular Technologists and Technicians	Associate's degree	906	19	94	23.1%	4.3
Child, Family, and School Social Workers	Bachelor's degree	8364	63	978	26.1%	3.8
Chiropractors	Doctoral or prof. degree	1744	63	184	35.3%	2.8
Clergy	Bachelor's degree	4754	55	971	27.2%	3.7
Clinical Laboratory Technologists and Technicians	Bachelor's degree	6885	86	637	27.1%	3.7
Community Health Workers	HS diploma or equivalent	2719	29	389	30.6%	3.3
Community and Social Service Specialists, All Other	Bachelor's degree	2185	54	396	26.8%	3.7
Counselors, All Other	Master's degree	11243	205	1699	27.9%	3.6
Dental Assistants	Postsec. nondegree award	11465	194	1821	32.7%	3.1
Dental Hygienists	Associate's/ Bachelor's degree	7231	131	807	33.3%	3.0
Dental Laboratory Technicians	HS diploma or equivalent	1046	19	183	25.4%	3.9

Occupation Title	Education Required	2019 Employment	Projected Annual Openings due to Growth 2023-28	Projected Annual Openings 2023-28	Turnover Rate	Avg. Years on the Job
Dentists, All Other Specialists	Doctoral or prof. degree	102	1	5	20.9%	4.8
Dentists, General	Doctoral or prof. degree	4536	82	317	32.4%	3.1
Diagnostic Medical Sonographers	Associate's degree	1723	44	198	24.2%	4.1
Dietetic Technicians	Associate's degree	329	6	43	24.2%	4.1
Dietitians and Nutritionists	Bachelor's degree	1772	33	190	26.4%	3.8
Educational, Guidance, School, and Vocational Counselors	Master's degree	6290	124	963	19.9%	5.0
Emergency Medical Technicians and Paramedics	Postsec. nondegree award	3936	43	367	26.0%	3.8
Epidemiologists	Master's degree	465	5	55	21.0%	4.8
Exercise Physiologists	Bachelor's degree	124	3	13	24.0%	4.2
Family Medicine Physicians	Doctoral or prof. degree	1276	20	81	24.0%	4.2
General Internal Medicine Physicians	Doctoral or prof. degree	592	9	37	27.0%	3.7
Genetic Counselors	Master's degree	90	3	12	20.3%	4.9
Healthcare Diagnosing or Treating Practitioners, All Other	Master's degree	2069	43	196	31.9%	3.1
Health Educators	Bachelor's degree	1602	17	228	21.6%	4.6
Healthcare Practitioners and Technical Workers, All Other	Postsec. nondegree award	1513	23	139	25.1%	4.0
Healthcare Social Workers	Master's degree	3889	58	531	26.3%	3.8

Occupation Title	Education Required	2019 Employment	Projected Annual Openings due to Growth 2023-28	Projected Annual Openings 2023-28	Turnover Rate	Avg. Years on the Job
Healthcare Support Workers, All Other	HS diploma or equivalent	3049	46	468	25.7%	3.9
Health Technologists and Technicians, All Other	HS diploma or equivalent	5482	91	591	27.0%	3.7
Hearing Aid Specialists	HS diploma or equivalent	155	1	13	28.0%	3.6
Home Health and Personal Care Aides	HS diploma or equivalent	66072	1317	11068	36.6%	2.7
Licensed Practical and Licensed Vocational Nurses	Postsec. nondegree award	8304	64	792	34.9%	2.9
Magnetic Resonance Imaging Technologists	Associate's degree	841	13	77	24.9%	4.0
Marriage and Family Therapists	Master's degree	157	2	22	34.4%	2.9
Massage Therapists	Postsec. nondegree award	9553	533	2581	36.7%	2.7
Medical Appliance Technicians	HS diploma or equivalent	274	5	47	25.4%	3.9
Medical Assistants	Postsec. nondegree award	16210	390	2844	27.7%	3.6
Medical Equipment Preparers	HS diploma or equivalent	1385	26	230	24.3%	4.1
Medical Records and Health Information Technicians	Postsec. nondegree award	3196	49	322	27.1%	3.7
Medical Scientists, Except Epidemiologists	Doctoral or prof. degree	6524	96	840	22.2%	4.5
Medical Secretaries	HS diploma or equivalent	9121	177	1503	26.1%	3.8
Medical Transcriptionists	Postsec. nondegree award	1451	-6	178	38.5%	2.6

Occupation Title	Education Required	2019 Employment	Projected Annual Openings due to Growth 2023-28	Projected Annual Openings 2023-28	Turnover Rate	Avg. Years on the Job
Mental Health and Substance Abuse Social Workers	Master's degree	2395	37	332	25.0%	4.0
Nuclear Medicine Technologists	Associate's degree	305	6	31	22.5%	4.4
Nurse Anesthetists	Master's degree	657	11	58	26.5%	3.8
Nurse Midwives	Master's degree	118	2	11	26.5%	3.8
Nurse Practitioners	Master's degree	4110	119	498	25.6%	3.9
Nursing Assistants	Postsec. nondegree award	35784	415	5126	36.1%	2.8
Obstetricians and Gynecologists	Doctoral or prof. degree	377	6	25	26.2%	3.8
Occupational Therapists	Master's degree	2913	75	341	30.4%	3.3
Occupational Therapy Aides	HS diploma or equivalent	186	2	25	36.8%	2.7
Occupational Therapy Assistants	Associate's degree	702	16	120	35.1%	2.8
Ophthalmic Laboratory Technicians	HS diploma or equivalent	1270	22	217	27.1%	3.7
Ophthalmic Medical Technicians	Postsec. nondegree award	1481	32	201	31.0%	3.2
Opticians, Dispensing	HS diploma or equivalent	1735	32	220	33.3%	3.0
Optometrists	Doctoral or prof. degree	1337	41	130	33.9%	2.9
Oral and Maxillofacial Surgeons	Doctoral or prof. degree	283	5	19	32.4%	3.1
Orderlies	HS diploma or equivalent	386	9	67	21.2%	4.7
Orthodontists	Doctoral or prof. degree	176	3	12	31.8%	3.1
Orthotists and Prosthetists	Master's degree	228	6	30	27.9%	3.6

Occupation Title	Education Required	2019 Employment	Projected Annual Openings due to Growth 2023-28	Projected Annual Openings 2023-28	Turnover Rate	Avg. Years on the Job
Pediatricians, General	Doctoral or prof. degree	803	12	49	28.4%	3.5
Pharmacists	Doctoral or prof. degree	6524	63	439	28.6%	3.5
Pharmacy Aides	HS diploma or equivalent	1491	-14	148	33.1%	3.0
Pharmacy Technicians	HS diploma or equivalent	7329	56	734	30.0%	3.3
Phlebotomists	Postsec. nondegree award	3030	51	456	27.8%	3.6
Physical Therapist Aides	HS diploma or equivalent	815	26	175	31.7%	3.2
Physical Therapist Assistants	Associate's degree	1644	47	337	35.0%	2.9
Physical Therapists	Doctoral or prof. degree	7207	206	771	32.7%	3.1
Physician Assistants	Master's degree	2935	96	394	27.6%	3.6
Physicians, All Other	Doctoral or prof. degree	9782	144	600	27.6%	3.6
Podiatrists	Doctoral or prof. degree	243	5	26	33.8%	3.0
Probation Officers and Correctional Treatment Specialists	Bachelor's degree	2225	10	213	17.0%	5.9
Prosthodontists	Doctoral or prof. degree	17	0	1	27.0%	3.7
Psychiatric Aides	HS diploma or equivalent	155	3	26	25.7%	3.9
Psychiatric Technicians	Postsec. nondegree award	1403	49	239	26.6%	3.8
Psychiatrists	Doctoral or prof. degree	781	13	51	27.4%	3.7
Psychologists, All Other	Master's degree	4580	75	502	24.9%	4.0
Radiation Therapists	Associate's degree	416	8	39	23.2%	4.3

Occupation Title	Education Required	2019 Employment	Projected Annual Openings due to Growth 2023-28	Projected Annual Openings 2023-28	Turnover Rate	Avg. Years on the Job
Radiologic Technologists	Associate's degree	3977	71	384	24.3%	4.1
Recreational Therapists	Bachelor's degree	247	4	21	23.8%	4.2
Registered Nurses	Bachelor's degree	59645	1179	5947	25.3%	4.0
Rehabilitation Counselors	Master's degree	4704	21	537	26.3%	3.8
Religious Workers, All Other	Bachelor's degree	1052	12	257	32.0%	3.1
Respiratory Therapists	Associate's degree	2137	75	288	21.8%	4.6
Respiratory Therapy Technicians	Associate's degree	42	-1	1	23.6%	4.2
Social Scientists and Related Workers, All Other	Bachelor's degree	1002	13	149	26.4%	3.8
Social Workers, All Other	Bachelor's degree	816	3	88	28.3%	3.5
Social and Human Service Assistants	HS diploma or equivalent	8692	98	1300	33.0%	3.0
Sociologists	Master's degree	107	1	15	20.1%	5.0
Speech-Language Pathologists	Master's degree	3573	77	369	26.5%	3.8
Surgeons, All Other	Doctoral or professional degree	1092	16	67	27.2%	3.7
Surgical Technologists	Postsec. nondegree award	2049	40	266	23.7%	4.2
Therapists, All Other	Bachelor's degree	310	6	31	26.6%	3.8

Sources: The Integrated Postsecondary Education Data System (IPEDS) 2019; Workforce Board Student Data Reporting System 2019 for private career school completions; Bureau of Labor Statistics. Data for annual net increase and projected annual openings is for the time period spanning 2023-2028.

*U.S. Department of Labor data provides aggregate data on demand for registered nurses. Nursing demand numbers are not broken down by degree attainment. The registered nurses category for this table includes nurses of all education levels, as well as nurse practitioners.

Data Details, Limitations and Potential Discrepancies

Accurately responding to future changes in demand for healthcare workers is challenging. Many factors need to be taken into consideration, including monitoring changes in the healthcare system for labor market effects not predicted in the official projection. In general, this methodology tends to be conservative in predicting changes to recent trends.

Demand estimates are from occupational projections for Washington developed by ESD under a contract from the U.S. Department of Labor. This national methodology relies heavily on recent trends and national averages. Therefore, it may underestimate emerging overall changes or effects specific to Washington.

Healthcare Workforce Promising Practices

This section was curated from program providers to provide policymakers with examples of promising practices across the state in addressing health workforce shortages. This year the Council also asked for contributors to share any early wins in addressing the challenges raised by COVID-19, and the need for virtual learning and training platforms. This section may include statewide programs that could be expanded to serve more individuals, or local programs that might be applicable to other regions of the state.

Building Aligned Medical Pathways

Pierce College District (Project Lead), Clover Park Technical College; Bates Technical College; Highline College; Tacoma Community College; SEIU Healthcare 1199NW (SEIU); SEIU Healthcare 1199NW Multi-Employer Training and Education Fund (Training Fund); MultiCare Health Systems (MultiCare), Kaiser Permanente (Kaiser); Pierce County Workforce Development Council (Workforce Central—WFC), Pierce County Healthcare Career Council

This project was formed around a consortium of Pierce County colleges to create increased access and capacity expansion for high-demand nursing occupations in the South Puget Sound region. The Consortium refined the part-time Licensed Practical Nurse (LPN) to Associate Degree Nurse (ADN) model by examining simulation clinical aspects of the program, ascertaining clinical spots for adding cohorts, and reviewing curriculum to address common gaps. Pierce College obtained Nursing Commission approval, established clinical rotation placements, and pursued substantive changes needed for accreditation for the part-time LPN to ADN program.

In Phase 1 (FY19), Pierce College developed this career pathway and began enrolling students in prerequisite courses. In Phase 2 (FY20), the career pathway was formally launched. The students who enrolled at the college in Phase 1 completed their prerequisites and applied for admission to the college's part-time LPN to ADN program. This career pathway's prerequisites are significant, as the ADN degree is more advanced than the LPN or Nursing Assistant-Certified (NA-C) degrees that culminate the project's two other career pathways. In Phase 3 (FY21), the 16 students who enrolled in Phase 1 of the project will continue disciplinary Nursing coursework that will lead to the Associate Degree in Nursing at the end of Summer 2021. The 16 students who enrolled in Phase 2 of the project complete their prerequisites in FY21, and would apply for admission to the LPN program in Summer 2021.

Part-time LPN to ADN graduates will address the national imbalance between the small numbers of nurses who identify with underrepresented racial or ethnic groups (17 percent) relative to the general population (35 percent). Washington State's nursing workforce is overwhelmingly White. This pathway continues to create opportunities to the field of nursing for students of color. Work has been and will continue to be done at the admissions level to ensure that all students have the opportunity to gain admissions to the nursing program as in

the past, admissions were geared toward one kind of student: the very traditional, transfer student.

Curriculum adjustments have occurred due to COVID-19, because the need to continue to produce a nursing workforce is significant. In Spring 2020, all courses were online, and in Fall 2020 the colleges have been granted access to hold courses and clinical rotations in person. The partners continue to strive to keep students and staff safe utilizing all the necessary PPE and consistent monitoring and contact tracing.

Caregiver Training: Creation of a Safe, Effective Learning Environment

SEIU 775 Benefits Group

After the initial class cancellations in late March, instituting major changes to training delivery for the home care workforce was essential. Live, online Continuing Education classes via Zoom on COVID-19 were rapidly developed and deployed within four weeks of the pandemic. There are eight different COVID-19 topics offered, including important topics such as dealing with stigma in this pandemic environment, and working with clients with behavioral health conditions. SEIU 775 Benefits Group noted that their caregivers needing continuing education were able to complete their courses with no interruption – despite the pandemic – and actually had additional COVID-specific courses to choose from. By the end of September 2020, over 1,100 caregivers had taken advantage of these new courses.

As soon as it was possible to deliver basic training in-person again, a brand new classroom experience¹⁸ was deployed to ensure safety, including strict and detailed protocol for incidents of sickness. This included a mix of physical conditions and policy changes. For example, classroom spaces were examined and capacity adjusted to ensure social distancing. Robust communications on how to download and use Zoom were shared. The blend of online and in-person learning was shifted by moving 21 hours from in-person to online. Mannequins were purchased, enabling caregivers to safely practice their skills without working with their peers. This major change was instituted across the 67 permanent and non-permanent classrooms statewide. Overall, despite COVID-19's immense impact, 776,000 hours of instruction have been completed for the fiscal year July 1, 2019 to June 30, 2020, in comparison to 950,000 hours of instruction the year before.

CTC System Allied Health & Nursing Leadership and Communities of Practice

Allied Health Center of Excellence, State Board for Community Colleges, Multiple WA Community and Technical College Health Workforce Programs

The Community and Technical Colleges (CTC) system's health workforce program leadership began meeting on a weekly basis in April 2020 to address and respond to the challenges of the

¹⁸ <https://www.myseiubenefits.org/classroom-policy/>

pandemic and shutdown. Leadership identified emergent concerns, and began to problem solve and develop strategies to address the challenges. The challenges included maintaining clinical training, faculty retention, ensuring student access, satisfying accreditation requirements, addressing technology demands, and the shift to online and virtual learning platforms. Additional areas of focus included addressing the social and emotional needs of students and staff, developing resilient programs and sustaining safe and ethical clinical training.

CTC health workforce programs began to develop safe start-up plans, and shared these with workforce development partners. Communities of Practice¹⁹ developed, including the Future of Health Workforce Education, Nursing, and Medical Assisting. Most of the “action” currently takes place in weekly and bi-weekly Zoom meetings. There is a Canvas space for sharing announcements and resources.

Educational Staff Associate Certification Flexibility

Professional Educator Standards Board

Educational staff associates (ESAs) provide education and health services to students in Washington State. The Professional Educator Standards Board (PESB) oversees assignment and credentialing policy for ESAs. There are eight ESA roles. In response to COVID-related closures, PESB extended the validity period on Education Staff Associate (ESA) certificates expiring June 30, 2020 for one additional year. These certificates will now expire June 30, 2021. When applying to renew their certificate, ESAs will need to meet all renewal requirements for their specific certificate and role.

PESB also provided clarified guidance for telepractice. ESAs providing services through telepractice are subject to the same Washington ESA certification and licensure regulations as those providing in-person services. Specific guidance is available for school speech language pathologists and school audiologists.

Foundational Community Supports

Washington Health Care Authority (lead), Aging and Long Term Services Administration (ALSTA, DSHS)

Foundational Community Supports (FCS) is the third initiative of Washington State’s 1115 Medicaid Transformation waiver, awarded to the state in 2017. This program is run by HCA and its partners at ALSTA, and innovatively helps Medicaid beneficiaries with behavioral health needs and other risk factors find and maintain housing or gainful employment. The program promotes self-sufficiency by using evidence-based practices to provide supported employment and supportive housing services. Supportive housing and supported employment services work

¹⁹ <https://www.sbctc.edu/colleges-staff/programs-services/cop/workforce-cops.aspx>.

with employers and property owners to match individuals with the right living and work environments, while providing ongoing support to help people achieve their goals of recovery. These services do not pay for housing or for wages or wage enhancements.

In addition to these services, the program is demonstrating the ability of a non-traditional (to Medicaid) provider network to enroll and serve the various populations who qualify for the benefit. This includes Mental Health agencies, Substance use disorder treatment providers, Community Action Programs, housing authorities, faith-based organizations, Federally Qualified Health Centers, and other non-profit and community-based organizations. To date, over 150 provider grounds have been contracted for FCS with over 450 service locations across the state.

The program's services are designed using two evidence-based practices (Permanent Supportive Housing and Individual Placement and Support) with a learning collaborative approach for providers to share and learn best practices from others around the state, which is unique to the state of Washington. Technical assistance is provided by 4 FTE training staff located on the eastern and western half of the state. These staff help providers achieve fidelity to evidence-based practices to ensure consistent services that can lead to measureable outcomes from this demonstration of new services.

FCS has enrolled over 14,000 individuals since its launch in January 2018 and has gained local and national recognition for its unique approach to using Medicaid to address the social determinants of health. The division of Research and Data Analysis (RDA) at DSHS released its preliminary evaluation of the FCS program in February 2020, which showed the program was off to a promising start. Key findings from the first 9 months of the program included:

- Statistically significant improvements in employment rates, earnings, and hours worked;
- Statistically significant increases in transitions out of homelessness; and
- Promising reductions in outpatient emergency department and inpatient utilization for FCS enrollees.

Research and Data Analysis (RDA) published the report in February. The partners anticipate an updated report that looks at the first 18 months of the program by the end of 2020.²⁰

Long-Term Care and Nursing Education Summit

Nursing Care Quality Assurance Commission (NCQAC)

Given the need to expand the long-term care (LTC) workforce and clinical experiences in nursing education, the NCQAC – together with key stakeholders in each sector – facilitated a

²⁰ For more information on the evaluation, see: <https://www.hca.wa.gov/assets/program/fcs-preliminary-report-one-pager.pdf>.

day-long Summit to build bridges toward addressing shared needs. LTC and nursing education leaders made excellent headway in exploring partnership opportunities at the August 26th Summit. Presenters highlighted nursing workforce data and the need for nurses in LTC; they showcased LTC as a rich environment for important clinical experiences and excellent professional nursing opportunities; and they discussed specific clinical needs in nursing education. The Summit was informative, energizing, and facilitated connections for valuable partnerships moving forward. The Summit's impact will be evaluated at the 6-month and 1-year mark via survey.

Lydia Green Nursing Program, Seattle Pacific University

Seattle Pacific University (SPU); Seattle Cancer Care Alliance (SCCA)

With the prospect of only virtual simulation for clinical experiences in Autumn quarter, 2020 for first quarter nursing students, an unexpected opportunity at Seattle Cancer Care Alliance (SCCA) filled the gap for direct care clinical learning. SCCA's main campus near Lake Union opened their doors (literally) to provide a timely experience for these new nursing students who were unable to be on site at long-term care facilities due to COVID-19 restrictions. In just a few short days, course faculty collaborated and coordinated a clinical rotation for students at SCCA over the course of four weeks. Students were assigned in small groups for a 4-hr shift to staff the point-of-entry screening stations at SCCA under the supervision of SCCA staff and SPU clinical instructor. The bonus for each student was the 1:1 brief tour of SCCA, which for many students, broadened their notion of where nurses can work and what nurses can do. Added bonus: Meeting SPU nursing alumnae who work at SCCA!

To prepare for this unique clinical rotation, students attended a live, Zoom orientation with Kathleen Shannon Dorcy (Director of Clinical Research Education and Practice) and Briana Sanger (Nursing Staff Development Coordinator) for an introduction to SCCA, an overview of the screening process, and a mini-lecture on immunology. In addition, students were assigned to watch a SCCA webinar on communication, and review handouts of the SCCA screening protocol. Clinical learning outcomes addressed concepts from students' nursing courses: Professional Identity, Communication, Safety, Mobility, Comfort. The relevance of Personal Protective Equipment and Hand Hygiene has never been so significantly experienced!

Following the assigned shift, students completed a Clinical Reflection to address learning outcomes and to provide opportunity to share insights gained from their experiences with patients/families. A Clinical Debrief revealed immense gratitude for this opportunity, and for many of the students, confirmed their decision to pursue nursing. Nearly all the students commented on their surprise at the positive disposition of the patients facing cancer. For several students, an interest in oncology nursing was ignited; for all, an awareness of the preciousness of life and health was intensified.

The support of the SCCA administration was critical to the success of this pilot clinical rotation for beginning nursing students. The plan is to continue this partnership for clinical learning and given the forecast for COVID-19, the need for screening will be with us!

NEWTech Medical Assisting Program

NEWTech Skill Center; Providence Medical Center

The Medical Assisting program NEWTech was opened during the 2015-16 school year. Since its inception, the program has grown from 27 students to a current enrollment of 45 students. Students receive training in medical terminology, office procedures, anatomy and physiology, electronic documentation, and many other aspects required of the position. Students also focus on developing employability skills as well as communication, critical thinking, collaboration, and craftsmanship. Students completing their training are highly prepared for their next steps into the world of Medical Assisting.

Medical Assisting is a high-demand career field in the Spokane area, with projected growth of 19 percent. For the past three years, NEWTech has partnered with Providence Health Care to provide students with next step options after graduation. The students are interviewed and hired by Providence. Students are employed full-time with Providence, and receive benefits as well as scheduled pay increases as they progress through the program. Providence, in partnership with the Washington Association for Community Health, has developed a one-year program which prepares participants to take the Certified Clinical Medical Assistant test. Students are on-the-job training during the day and working on school curriculum at night.

Providence has held a separate cohort for the newly graduated high school students every July with approximately 8-10 students per group. One of the students hired into the program is Summer McKeon. She attended two years in the medical science programs at NEWTech and graduated in 2018. Summer continues to work for Providence as a Medical Assistant in a variety of settings. She started in Family Medicine for two years and loved it, but is now mostly in the Urgent Care setting. She loves the fast pace. She states that her time at NEWTech was invaluable to her career development. The professionalism skills have been pivotal to her success. She will be starting college soon to work towards a medical degree. She reports having earned numerous credits through the apprenticeship program, and she will be taking advantage of them along with the Providence educational benefits. In closing she states, "NEWTech and the Providence partnership have been the biggest blessing of my adult life!"

Pacific Lutheran University Community Based Clinical Program

Pacific Lutheran University (PLU)

The PLU Community Based Clinical (CBC) program was launched in 2017 to enhance and increase Nurse Practitioner (NP) student clinical training experiences in rural, medically underserved, and health provider shortage areas. Goals of this program included improving

student attitudes towards and propensity to practice in these areas with these populations after graduation through free community healthcare events such as health screenings, health clinics, and sports physicals. These events are coordinated and staffed by faculty volunteers and Family NP/Bachelor of Science Nursing students who are mentored by the faculty volunteers.

This program has facilitated numerous community partnerships in the South Puget Sound area, including middle and high schools. Many children in the middle, junior, and high school age range remain engaged in academics because that facilitates the ability to play sports. The partnerships with schools provide an option for students unable to participate in sports because of an inability to obtain a sports physical.

These programs also provide students the opportunity to interact with nursing and NP students and faculty, and exposing them to a career option that may not have been on their radar. The nursing and NP students are able to learn from each other; nursing students are mentored by the NP students, and all have the opportunity to work alongside their faculty. It is believed that these interactions, including the knowledge that they are making a positive impact, will provide nursing/NP students the opportunity to grow comfortable with and develop a desire to work in rural/underserved areas in the future. PLU currently has a study underway to measure student attitudes prior to and after participation in CBC's that will run through 2023, and plans to publish the results in the future, once data is analyzed.

Since its inception, this program has resulted in dozens of events and positively impacted thousands of students and seniors. More than 50 percent of program graduates work in rural or underserved areas. PLU will be continuing outreach efforts and hopes to grow both the program offerings, and its positive impact. Efforts are underway to staff and equip a mobile clinic to provide primary and episodic care in addition to current health promotion efforts, and to establish a nurse-run health clinic in a fixed location that offers in-person and telehealth options.

Physician Supply Estimation

Washington State Office of Financial Management (OFM) Health Care Research Center

The OFM Physician Supply Estimation project combines data from multiple sources to produce current estimates of physician supply. The data sources include Provider Network Access Reports from the Office of the Insurance Commissioner, health professional license database from the Department of Health, and the National Plan and Provider Enumeration System from the federal Centers for Medicare & Medicaid Services. The project produces annual reports of physician supplies since 2016 for the state, counties and Accountable Communities of Health. The latest reports²¹ are for 2019-20. Estimates in the physician supply reports include

²¹ <https://ofm.wa.gov/washington-data-research/health-care/health-care-workforce>

percentage of female physicians, physician median age, and number and rate (per 100,000 population) of total physicians, primary care physicians, specialists, and thirteen specialty groups comprising of the total physicians.

Premera Rural Nursing Health Initiative (RNHI): A Partnership for Healthier Rural Communities

University of Washington School of Nursing; Premera Foundation; Gonzaga University; Pacific Lutheran University; Seattle Pacific University; Seattle University; Washington State University; University of Washington Center for Health Workforce Studies

This is a unique four-year project funded by Premera, and led by the University of Washington, School of Nursing, in partnership with five other Doctor of Nursing Practice (DNP) programs across the state - Gonzaga University (GU), Pacific Lutheran University (PLU), Seattle Pacific University (SPU), Seattle University (SU), and Washington State University (WSU) - to improve healthcare access in rural communities by increasing the number of Advanced Registered Nurse Practitioner (ARNPs) in rural primary care settings.

This initiative has two specific objectives: 1) Support rural clinical placements for DNP students and 2) Develop an innovative post-graduate ANRP fellowship program for rural primary care settings. The program emphasizes the importance of a successful collaboration of schools working towards a culture change in approaching clinical training and clinic-based residencies. RNHI benefits from a steering committee comprised of representatives from the partner universities, as well as key stakeholders in the state. The steering committee is helping to shape the program, including making decisions about student placements to ensure that student selection is fair, funds are dispersed equitably, and that preceptor/residency sites are high-quality with good geographic distribution. The six universities will collaborate through twice-a-year selection process and placement of current DNP students offering clinical rotations, with stipends, in targeted high-needs rural communities.

Over the next four years, a total of 80 DNP students will be placed, and supported financially, to complete their clinical placement in a rural setting. Second, the UW Premera RNHI grant will partner with several primary care sites in rural communities to hire recent ANRP graduates to participate in a robust year-long post-graduate fellowship program. The curriculum for the fellowship program will be comprised of community clinics, partner clinics, specialty rotations, didactic education, and community-based projects. The didactic education will be distance-friendly and offered synchronously to the post-graduate ANRP fellows across sites. Over three years, a collaborative cohort of 30 fellows will create a network and pipeline of competent and knowledgeable providers across the state.

This project is in the initial stages of its four-year initiative. The University of Washington School of Nursing has partnered with UW CHWS to evaluate the impact of these programs

over the course of the next four years, with plans to disseminate findings broadly and ensure sustainability of the project.

Project Health Occupations Preparatory Experience (HOPE)

Area Health Education Centers of Washington (Eastern and Western)

Project HOPE was created in 2001 by members of the Washington State Legislature, and leadership from the Department of Health and the former Higher Education Coordinating Board (now Washington Student Achievement Council). The Washington State Board of Health had just published *Health Disparities*, a report projecting growth among racial and ethnic populations who experience a disproportionate burden of disease and premature death.

Project HOPE is a summer internship for high school students with a competitive application process. The program aims to increase interest in healthcare careers from students who are racially/ethnically, geographically, or educationally under-represented. Accepted student interns are placed in a hospital or clinic in their home community to shadow a professional(s) for 20 hours per week, up to four weeks; this provides interns with a front-row seat to learn what it means to work in healthcare.

Before placement, interns attend a Project HOPE orientation where they are trained in blood-borne pathogens, HIPAA, professionalism, and financial literacy. Interns receive three uniform shirts, general and professional liability insurance, and mileage or other transportation between their home and placement site. Interns who complete Project HOPE receive a \$1,000 participation stipend. Project HOPE received dedicated state funding from 2001 to 2010. When funding ended, only Eastern Washington was able to maintain the Project HOPE program with additional grants. AHECs of Washington aim to restore Project HOPE statewide within the next five years.

Project HOPE interns from 2016 forward were surveyed in 2019 and 55 responded:

- 29 of 55 interns were currently enrolled in a health professions program; and
- 45 of 55 interns plan to enroll in a health professions program (inclusive of the 29 currently enrolled).

Promoting Health and Safety for the Caregiving Workforce During COVID-19

SEIU 775 Benefits Group

A robust and months-long effort has been underway to support frontline caregivers in three specific areas during COVID-19: their safety and the safety of their client(s), effective messaging, and their physical and emotional health.

A considerable amount of information needed to be conveyed to promote COVID-19 safety precautions and the caregiving-specific nuances. This includes personal protective equipment

(PPE), social distancing, cleaning best practices, remote care options, important training information, what to do if a caregiver or client is sick, and the changing information about how the virus spreads. Caregivers in particular have many barriers to adoption and action: they are extremely busy, susceptible to information overload and some caregivers have low digital literacy. Additionally, 16% of caregivers' first language is not English.

In order to successfully deliver complex safety information, SEIU 775 Benefits Group crafted highly-tailored and caregiver-friendly messages to 45,000 caregivers. This included the development of a resource-rich microsite which was largely localized into Spanish, Vietnamese, Russian, Chinese and Korean. Facebook Live events and video posts featuring local caregivers (a popular messenger) and medical experts garnered more than 76,000 views.

Boosting the physical and emotional health of caregivers through other means has also been paramount throughout the pandemic. To that end, three major initiatives were launched and existing emotional health programs were boosted. New initiatives aimed to address caregiver health and wellbeing needs specific to COVID-19 include: "Continuous Coverage",²² enabling caregivers to apply for continuous healthcare coverage even if they dip below the number of hours required to remain eligible for healthcare; "Healthcare Anywhere",²³ a robust virtual care campaign explaining top options for remote healthcare available to those who have health insurance through SEIU 775 Benefits Group; and "Get Help Now",²⁴ promoting crisis resources, mitigating loneliness and isolation, and communicating caring for those who may be in emotional distress (or have loved ones who are). Also more heavily promoted during this time was Resource Finder, a service that directs caregivers to resources that make the most sense for their particular needs, including but not limited to emotional wellness, child care, legal and housing resources.

Puget Sound Welcome Back Center

Puget Sound Welcome Back Center (Center), Highline College

The Center²⁵ builds bridges between internationally trained professionals living in Washington and the need for linguistically and culturally competent professional services. Its goal is to assist these professionals to make the best use of their professional skills through individualized career counseling and educational services. Hundreds of internationally trained nurses have been assisted with course recovery and NCLEX preparation. Through a legislative budget proviso for 2019-21, the Welcome Back Center has been able to add Behavioral Health career navigation services.

²² <https://www.myseiubenefits.org/covid-19-coverage/>

²³ <https://www.myseiubenefits.org/healthcare-anywhere/>

²⁴ <https://www.myseiubenefits.org/get-help-now/>

²⁵ <https://welcomeback.highline.edu/>

Bilingual/bicultural individuals with advanced education have been able to access the Substance Use Disorder Professional Fast Track program, while others are being assisted with navigating licensure and testing. All services and coursework has moved online during the pandemic.

The State Board for Community and Technical Colleges invests Hospital Employee Education and Training (HEET)²⁶ funds to expand and hone college partnerships to reach international workers, and further design supported, accessible, and efficient pathways to state licensure. The Welcome Back Center is working with SEIU Healthcare 1199NW, and SEIU Healthcare 1199NW Multi Employer Training Fund, Cascade Behavioral Health, St. Ann Hospital, Kaiser Permanente Washington as well as community-based organizations to identify internationally educated healthcare workers whose education and experience is underutilized. UW CHWS is gathering data to define a baseline and innovate from national trends and best practices. Developing and supporting the career progression of internationally educated professionals advances equity by diversifying the workforce, and by providing cultural and linguistic concordance to better serve patients.

Richland Health Science Academy

Richland School District, Columbia Basin College; Kadlec Regional Medical Center

The Richland School District's Academy of Health & Sciences program was developed in partnership with Columbia Basin College and Kadlec Regional Medical Center, with the aim of developing a pipeline of students ready for future employment in healthcare. The partnership was designed to offer students the opportunity to earn industry recognized certifications, early college credit, hands-on career exploration, and workforce experience, such as job shadowing and internship.

Through strategically sequenced classes and opportunities for Advanced Placement (AP), College in the High School, CTE Dual Credit, Running Start, and classes at Tri Tech Skill Center, students will become college and career ready in the fields of health and biosciences.

Built as a "school within a school" model, students are recruited to the Academy during their 8th grade year. Regardless of which home high school they attend (Richland or Hanford), core and elective class offerings connect students to in-demand healthcare programs that include: Bioscience, Sports Medicine, Home Care Aide, and Pre-Nursing.

²⁶ <https://healthcareerfund.org/programs-services/heet-grant-projects/>

Scrubs Camp

Area Health Education Centers (AHEC) of Washington (Eastern and Western)

Scrubs Camp²⁷ is a one-day health careers exploration camp for high school students. The model was sourced from the Yankton Rural AHEC in South Dakota, and piloted in eastern Washington in 2017. Sessions at Scrubs Camp highlight health careers, and are typically 45 minutes in duration; the first 15 minutes feature the health professional hosting the session and their career, followed by a 30 minute hands-on activity. Each student rotates through four sessions, though more sessions may be offered depending on the number of health professionals available and total length of the event. Scrubs camps can be customized to meet regional workforce recruitment needs. Using the standard camp model, the maximum capacity for camp is 100 students, with four rotations of 25 students each. AHECWW is working with partners to develop models to increase camp capacity and expand camp activities. Each student receives a t-shirt, lunch, and snacks. The event is free to attend (with costs covered by grant funding secured by AHEC and partners).

The COVID-19 pandemic moved Scrubs Camp to the virtual environment. The first Virtual Scrubs Camp was held in September of 2020 and focused on three health professions: physician assisting, medicine, and behavioral health. The inaugural virtual camp exceeded expectations for attendance and student engagement, and a second virtual camp is scheduled for February 2021.

The Eastern Washington AHEC has hosted camps around their region (Walla Walla, Omak, Richland, Yakima, Spokane) to reduce or eliminate travel barriers for student attendance. The AHEC for Western Washington began hosting Scrubs Camps in 2018 (Bellingham, Port Angeles, Montesano) and is expanding on this work with new partners and formats. The AHEC for Western Washington also created a user guide for hospitals, clinics, or community-based organizations to host a Scrubs Camp of their own.

At the Richland Scrubs Camp in January 2020, the Director of the Surgical Technology program at Columbia Basin College shared that there are students in their current cohort that were introduced to surgical technology as a career at EWAHEC's first Richland Scrubs Camp.

²⁷ Scrubs Camp – Supporting Links:

AHECWW Scrubs Camp page: <https://www.ahecww.org/projects/scrubs-camp>

EWAHEC Scrubs Camp page: <https://www.ewu.edu/scrubscamp>

Scrubs Camp manual: <https://www.ahecww.org/home/showdocument?id=8618>

Directions to a Career in Health: <https://in.ewu.edu/ewahec/wp-content/uploads/sites/102/2020/11/Directions-to-a-Career-in-Health-2020.pdf>

Seattle University's College of Nursing

Seattle University's College of Nursing graduates approximately 220 new Registered Nurses and up to 80 new Nurse Practitioners (NP) per year. In late March, as COVID-19 swept our region and country, clinical placements were suspended until healthcare settings could assure the availability of sufficient PPE to protect patients, providers, and students. Immediately the College of Nursing pivoted to virtual clinicals with pre-licensure nursing students providing care to at least two virtual patients per day. Each day began and ended with hour long coaching and debriefing sessions between 8-10 students and one faculty member. While students were providing virtual care, their faculty remained on standby to problem-solve and support learners. All pre-licensure students destined to graduate in June and August completed on time. Their nursing license exam pass rates are strong, and employment opportunities appear robust.

As for doctoral NP students, their course work was switched around such that theory was frontloaded during the time placements were prohibited. Once sites opened up, while placements have been a challenge to secure, perseverance and the goodwill of clinical partners have almost every student due to graduate on time.

Diagnostic Ultrasound placements have been the most challenging. To fill in the gaps until all students are placed, simulated clinicals are being initiated wherein students will scan a coded patch fixed to the bodies of manikins and be able to 'visualize' scanned organs.

Senior Living Program, Washington State University

Washington State University, Granger Cobb Institute for Senior Living

The Granger Cobb Institute for Senior Living is housed within the School of Hospitality Business Management, which is part of the Carson College of Business at Washington State University. The senior living program²⁸ was originally developed in partnerships with Aegis Living, Merrill Gardens, Emeritus (now Brookdale), and Leisure Care. Additional industry partners, including NIC and Argentum, helped shape and expand the senior living management curriculum from a single introductory course offered as an elective under the hospitality business management major, to courses offered across the state. Further development led to an online senior living management certificate, and most recently, a senior living management major for undergraduates.

The institute focuses on three major initiatives designed to help build the future senior living workforce: academic programs, industry partnerships, and research. To that end, academic programs to prepare students for careers in senior living are a top priority.

²⁸ <https://business.wsu.edu/departments/hospitality/institute-for-senior-living/>

The professional certificate program is for people who want to gain a better understanding of the industry, transfer into the senior living business, or enhance their opportunity to advance to the next level within their current senior living organization. The certificate program is entirely online, on-demand, and non-credit bearing. The newly launched senior living management major will provide a traditional business degree with industry-driven courses and a program of study focused on operational management. Both programs will continue to be industry-driven to maintain curricular relevance.

Washington State's 2019 Nursing Workforce – Findings from Statewide Survey Data

University of Washington Center for Health Workforce Studies (UW CHWS); Washington Center for Nursing (WCN); Washington Nursing Care Quality Assurance Commission (NCQAC)

Information about the demographic, education, and practice characteristics of Washington's nurse workforce is needed to support health workforce planning in the state. In 2018, Washington's Nursing Care Quality Assurance Commission required that all nurses licensed in the state provide workforce data through the Nursys e-Notify survey conducted by the National Council of State Boards of Nursing. UW CHWS, with funding from the Washington Center for Nursing, analyzed these data as of May, 2019 and produced three reports²⁹ of findings describing registered nurses (RNs), advanced registered nurse practitioners (ARNPs), and licensed practical nurses (LPNs) in Washington. These survey data and resulting analyses provide more precise and timely information about the characteristics, distribution, qualifications and practice settings of Washington's nurse workforce, and greatly enhances and complements existing nurse workforce supply information from sources such as the state's health professional licensing files and the occasional previous sample surveys.

Whole Person Care Data Set (WPC-DS)

Catholic Charities Serving North Central Washington

The Whole Person Care Data Set (WPC-DS) was launched in October of 2018 to assist community behavioral health providers in implementing new integration tools to better address the health needs of clients with behavioral health conditions. The WPC-DS is an integrated form within the electronic healthcare record which allows case managers, therapists, peers and nurses to enter and review the clients: health conditions, last primary care provider (PCP) appointment, social determinants of health, and Patient Activation Measure (PAM).

²⁹ *Washington State's 2019 Licensed Practical Nurse Workforce*

<https://depts.washington.edu/fammed/chws/publications/washington-states-2019-licensed-practical-nurse-workforce/>

Washington State's 2019 Registered Nurse Workforce

<https://depts.washington.edu/fammed/chws/publications/washington-states-2019-registered-nurse-workforce/>

Washington State's 2019 Advanced Registered Nurse Practitioner Workforce

<https://depts.washington.edu/fammed/chws/publications/washington-states-2019-advanced-registered-nurse-practitioner-workforce/>

Seventy-five percent of adult clients are entered into the WPC-DS at intake and every six months thereafter. Catholic Charities is able to look at quantitative data to address the health needs and trends of those with mental illness including diabetes, smoking and difficulty engaging with traditional forms of primary care. Through the use of WPC-DS Catholic Charities were able to identify that 37 percent of clients served in outpatient services hadn't seen a PCP in over a year. With this knowledge in hand, Catholic Charities partnered with a FQHC who began providing co-located primary care eight hours a week with weekly huddles.

The incorporation of quantitative data with primary care allowed our clinicians to address many of the chronic health concerns of their clients in an evidence-based and therapeutic manner during their appointments with the support of a physician assistant.

COVID-19 has halted on-site services. Fortunately, the information obtained in the WPC-DS continues to prove useful as clients, who are higher risk based on health risk factors, can be stratified to determine which method of services is most appropriate during the pandemic.