

Claude Moore

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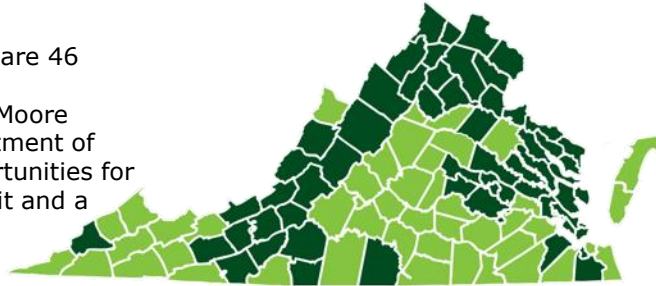
CHARITABLE FOUNDATION

# Mission and Roles of Claude Moore Scholars Program

## MISSION

The mission of the Claude Moore Scholars (CMS) program is to support school systems across Virginia in the operation of health sciences CTE programs. In doing so, CMS will help to expose students to the vast opportunities available in healthcare and bolster the workforce to meet current and future needs.

As of the 2021-2022 school year, there are 46 participating school systems across the Commonwealth of Virginia. The Claude Moore Scholars Program meets Virginia Department of Education standards and provides opportunities for concurrent dual enrollment college credit and a variety of industry credentials.



## ROLES



### 1) INFLUENCE & REPRESENT *At the State Level*

Engage with policy makers and influencers at the state level to facilitate a broader conversation about the healthcare workforce pipeline and be a voice for the CMS grantees and students in those conversations



### 2) CATALYZE & ENGAGE *Start Up Support to Grantees*

Provide initial funding and extras for health sciences CTE programs (beyond taxpayer dollars), either to existing programs or by supporting the development of new health sciences CTE programs



### 3) NETWORK & CONVENE *Longer Term Support to Grantees*

Build and sustain partnerships within each community and across the state for program sustainability, in part by leveraging the virtual Community of Practice.

#### Phase 0: Initial Partnership Engagement

- New College Institute
- Ballad / SW Virginia
- Manassas Park
- South Hampton Roads

#### Phase 1: Plan for Health Sciences Program

- Bon Secours & Chesterfield
- Halifax County Public Schools
- Prince William County Public Schools (2 tracks)
- Thomas Nelson CC (1 school system)
- Rappahannock CC (14 school systems)
- Kaiser Permanente at Culmore

#### Phase 2: Implementation of Program

- Roanoke / WVCC (6 school systems)
- Petersburg City Public Schools

#### Phase 3: Operational Maintenance

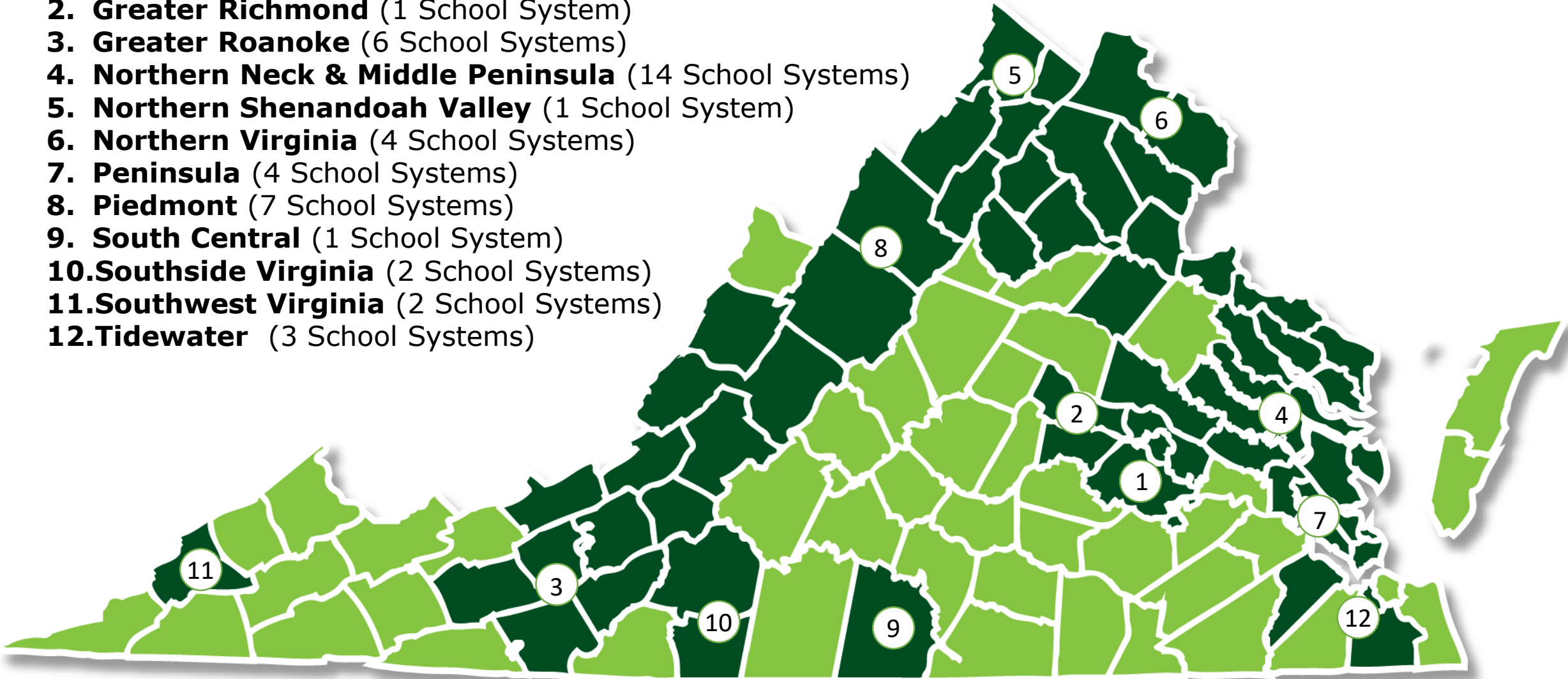
- Lord Fairfax Community College (7 school systems)
- Academies of Loudoun
- Winchester Public Schools
- Fairfax County Public Schools

#### Phase 4: Transition to Local, Sustained Funding

- Alexandria Hospital

# 2021 – 2022 Claude Moore Scholars Regions

- 1. **Crater Area** (1 School System)
- 2. **Greater Richmond** (1 School System)
- 3. **Greater Roanoke** (6 School Systems)
- 4. **Northern Neck & Middle Peninsula** (14 School Systems)
- 5. **Northern Shenandoah Valley** (1 School System)
- 6. **Northern Virginia** (4 School Systems)
- 7. **Peninsula** (4 School Systems)
- 8. **Piedmont** (7 School Systems)
- 9. **South Central** (1 School System)
- 10. **Southside Virginia** (2 School Systems)
- 11. **Southwest Virginia** (2 School Systems)
- 12. **Tidewater** (3 School Systems)



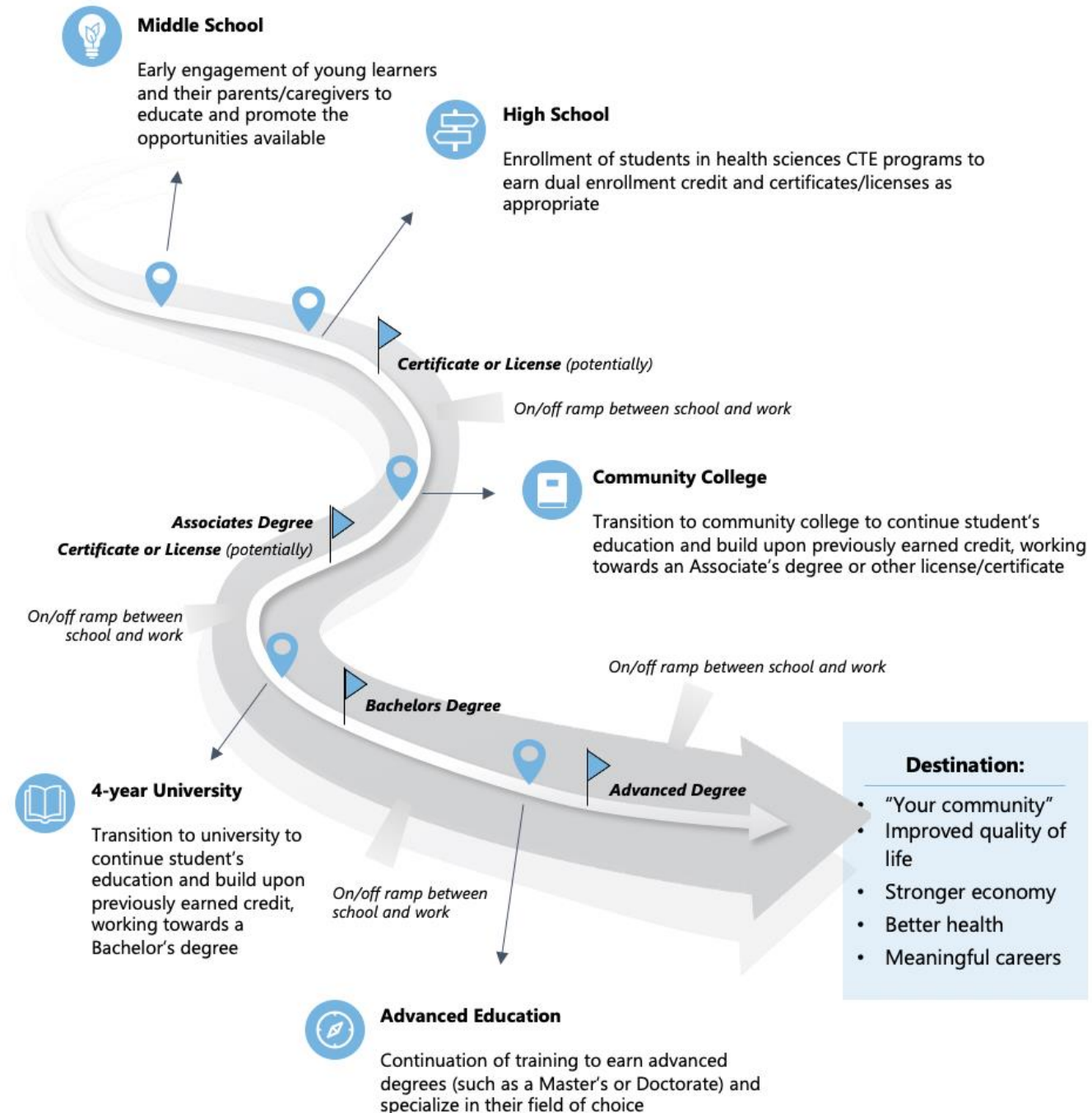
# Proposed Solution: Health Sciences Highway to Support Economic Development

The health sciences workforce highway enables **continuous learning**, beginning with early engagement in middle school and continuing throughout with professional education. It also facilitates **on and off ramps** as students transition between school and work and contribute to the **economic development in local communities**.



A HEALTHCARE EDUCATION PROGRAM

**Deloitte.**





A regional collaboration of educators, employers and economic development professionals committed to raising the rigor and aligning health sciences education to meet the employment needs for the Health & Life Sciences industry.



# Stakeholder Organizations

## All K-12 School Districts in GoVirginia Region 2

### Original stakeholder districts:

Roanoke City Public Schools  
Roanoke County Public Schools  
Botetourt County Public Schools  
Franklin County Public Schools  
Craig County Public Schools  
Salem City Schools

### Community Colleges:

Virginia Western Community College  
Central Virginia Community College  
New River Community College  
Dabney S. Lancaster Community College

### Four-year Institutions

Roanoke College  
Virginia Tech  
Radford University Carilion  
Hollins University  
Roanoke Higher Education Center

### Post-Graduate Institutions

VTC School of Medicine  
Fralin Biomedical Research Institute at VTC  
VCOM

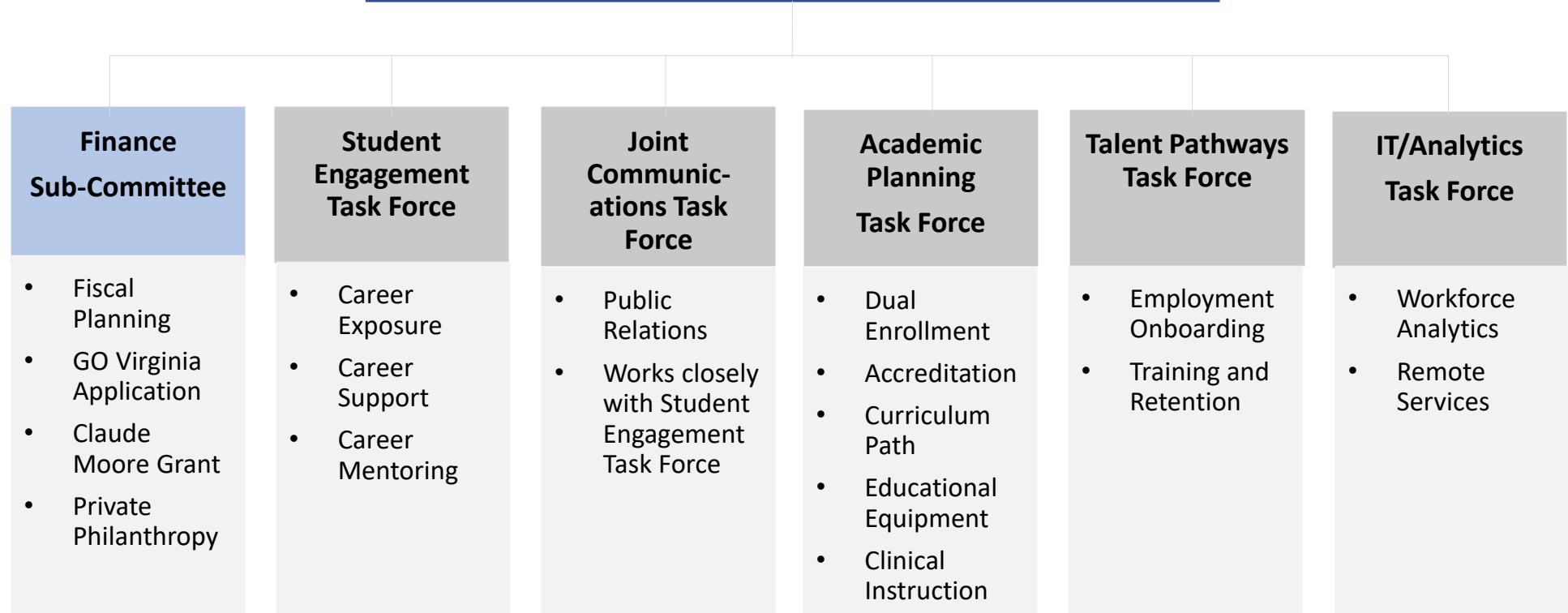
### Employers:

Carilion Clinic  
LewisGale Regional Health System  
Centra Health  
Friendship Living  
Richfield Living  
American Health Care  
Commonwealth Care  
Medical Facilities of America  
Home Instead  
Freedom First Enterprises\*

\*Fiscal agent for the BRPHSC

# Blue Ridge Partnership for Health Science Careers Executive Committee

Career Pathways Coordinator + Project Manager



Carilion Clinic's Enterprise Project Management Office (EPMO) is supporting the establishment of the BRPHSC.

# Overview of Current Funding



## State Budget Appropriations

### **GA 2021 - HB1800**

\$1 M to VCCS (recurring) allocated to VWCC, NRCC, DSLCC to cover AY21-22 dual enrollment costs for high school students who are dual enrolled in health sciences curriculum. (including health care related cybersecurity and mechatronics)

**GA 2022** — additional funds will be requested in order to include CVCC in AY22-23.



## Claude Moore Foundation

\$172,000 awarded to BRPHSC in Jan. 2021 + \$27K residual transfer to BRPHSC from VWCC.

**Total \$199,000** to cover spring semester dual enrollment and classroom costs for K12 districts served by VWCC.

\$140K awarded for AY21-22



## GO Virginia Region 2

\$100K awarded\* in May 2021 for FY21-22 to BRPHSC to help establish organization

- Career Pathways Coordinator
- Project Manager
- Information repository

\*Pending state administration review.

BRPHSC leverages existing resources and funding mechanisms.



## Overview: Amazon Tech Talent Pipeline

### KEY POINTS:

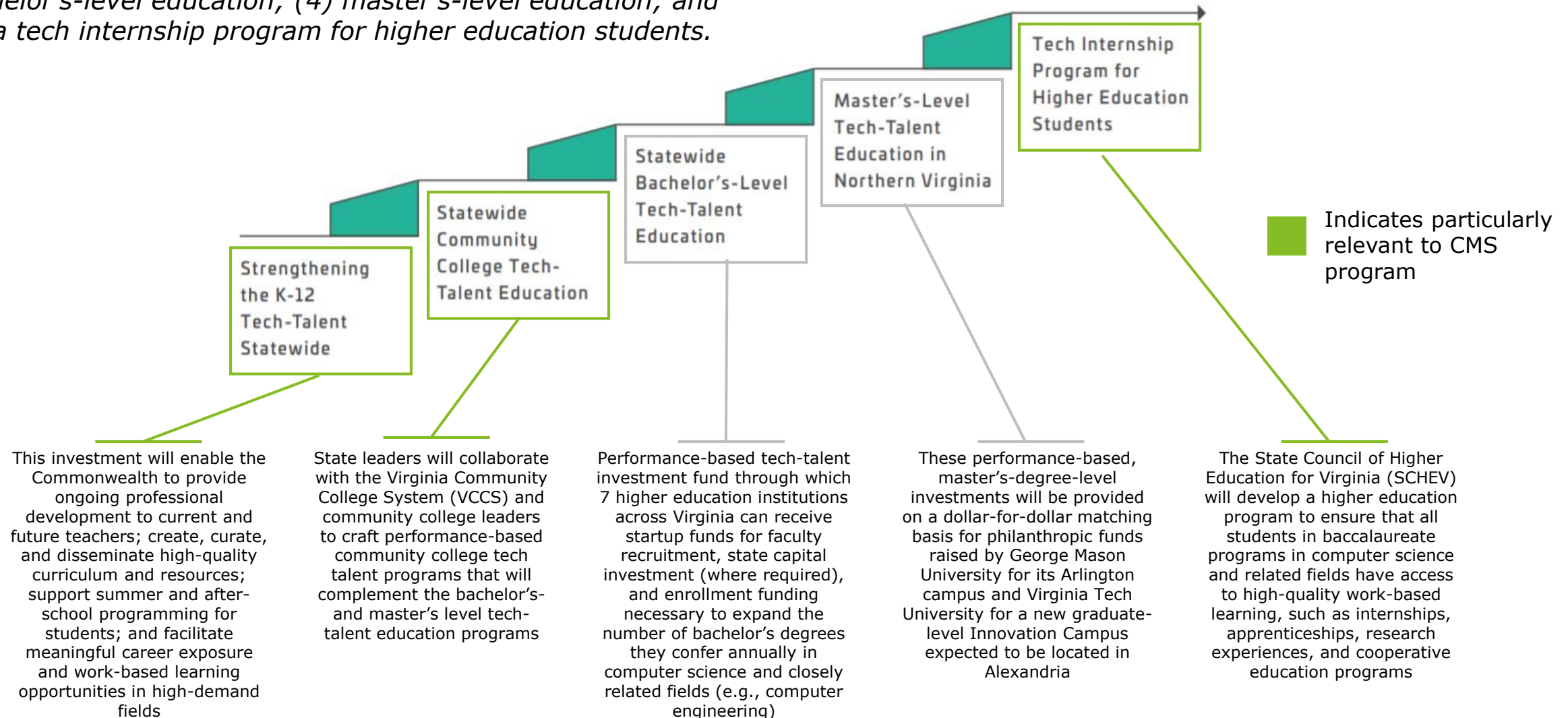
- Initiative will help to produce an additional **31,000** technology graduates over the next **20 years**
- 11 universities are expected to share a total of \$961.5 million in state funding over the next two decades for the **expansion of their degree programs** and **construction of new facilities**
- The funding will be awarded on an **annual** basis and is subject to the universities meeting certain enrollment and fundraising **targets** set by the state
- Partners are subject to **performance-based** agreements to be negotiated with each public community college, four-year college, and university across Virginia that wants to participate
- State funding will be provided to recruit **faculty**, address **capital** needs, and provide ongoing **enrollment** support

### ADDITIONAL INFORMATION:

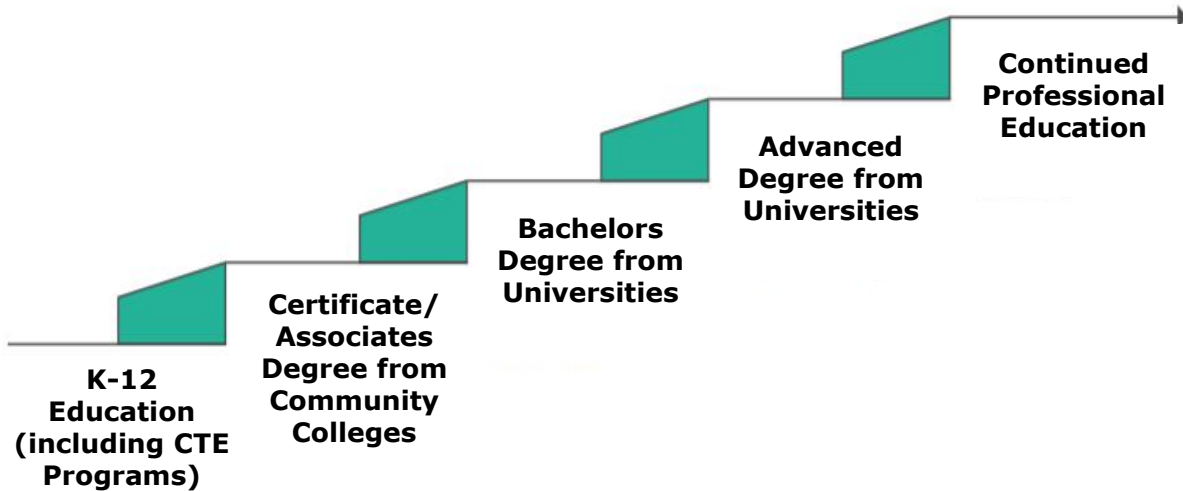
- [https://www.nvtc.org/ThemeDev/Insights/Tech\\_Talent\\_Initiative\\_Workforce\\_Development.aspx](https://www.nvtc.org/ThemeDev/Insights/Tech_Talent_Initiative_Workforce_Development.aspx)  
(shared from Tammie)
- [https://hqnova.com/assets/pdfs/NOVA\\_Higher-Ed.pdf](https://hqnova.com/assets/pdfs/NOVA_Higher-Ed.pdf)
- <https://www.insidehighered.com/news/2019/11/08/virginia-pledges-1-billion-computer-science-degree-expansion>

## Program Design: Amazon Tech Talent Pipeline

The overall program includes five components: (1) a K-12 tech-talent pipeline initiative; (2) a community college program; (3) bachelor's-level education; (4) master's-level education; and (5) a tech internship program for higher education students.



# What Do We Mean By “Healthcare Workforce Pipeline”?



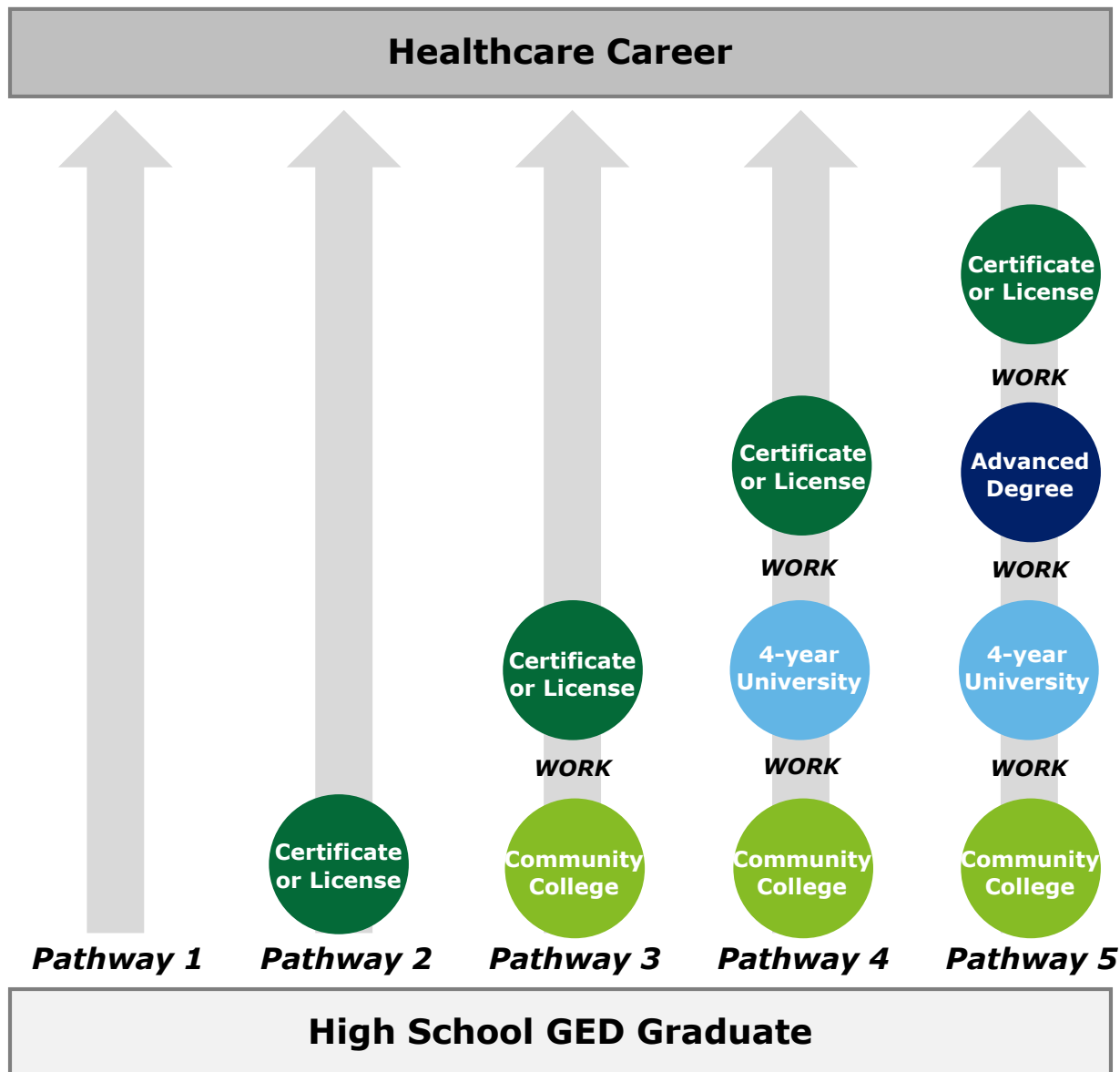
## ***Throughout the pipeline:***

- Work-based learning opportunities (e.g., internships, apprenticeships)
- Stackable credentials (e.g., degrees and certificates)
- Virtual learning
- Professional and career development (e.g. application & interview prep)
- Mentorship

- Populations engaged throughout pipeline:**
- Students: K-12, Community college, Universities
  - Adult learners
  - Displaced workers
  - Professionals
  - Military populations and veterans
  - Ex-offenders

Other initiatives related to developing the VA workforce pipeline:	
<b>AHECs</b>	VA Area Health Education Centers that support for health career education, advancement, pipeline development and job placement; led by VHWDA
<b>G3</b>	Governor’s “Get Skilled, Get a Job, Give Back” initiative that gives financial support to low- and middle-income students for community college
<b>Virginia Ready</b>	Retraining initiative to support unemployed and displaced workers to combat COVID-19 job losses; supported by coalition of leading businesses
<b>GO Virginia</b>	State-led Growth and Opportunity program with regional offices; launched by business leaders to drive private-sector growth and foster regional collaboration
<b>Health Accelerators</b>	A program with the Community Colleges where MFA is a partner
<b>Roanoke Pilot</b>	2020 pilot program led by Del. Austin and Cynthia Lawrence with 3 public school systems and 5 employers; currently have state funding, with future funding flows TBD

# Healthcare Education Career Pathways



## **Pathway 1: Non-Clinical/Non-Specialized**

- Front Desk/Registration Administrative Specialist
- Dental Assistant
- Home Health / Nursing Aid
- Medical Assistant
- Physical Therapy Aid
- Community Health Worker

## **Pathway 2: GED + Lic./Cert.**

- Certified Medical Assistant
- EMT / Paramedic
- Dental Assistant
- IT / Support Analyst

## **Pathway 3: Associates Degree + Lic./Cert.**

- Radiology Tech
- Medical Lab Tech
- Pharmacy Tech
- Surgical Tech
- Registered Nurse
- Health Informatics
- Respiratory Therapy

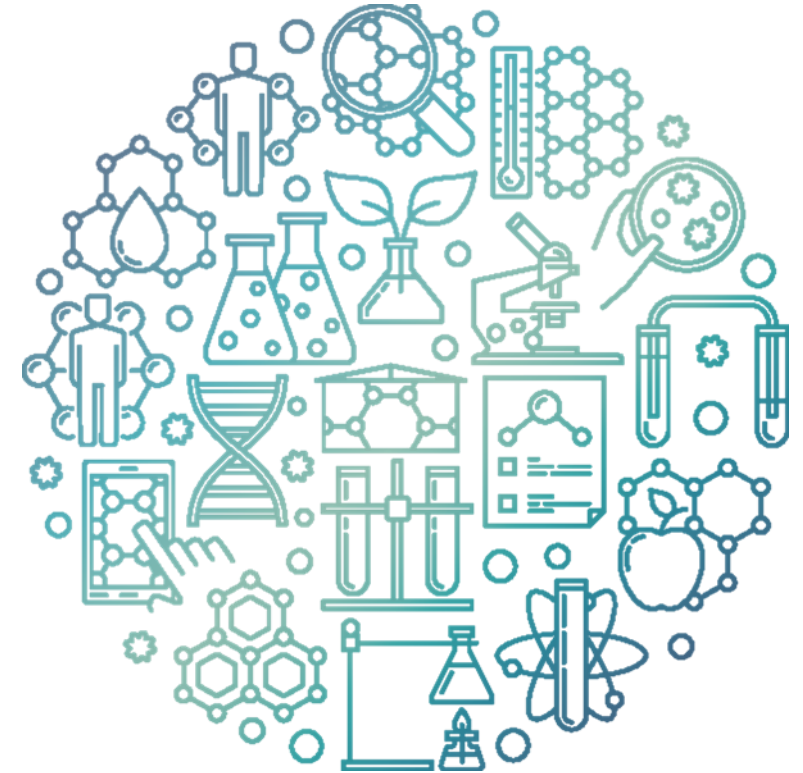
## **Pathway 4: Bachelors Degree + Lic./Cert.**

- Radiology Science
- Pharmaceutical Science
- Surgical Technology
- Nursing (BSN, MSN)
- Medical Science
- Health Informatics

## **Pathway 5: Advanced Degree + Lic./Cert.**

- Radiology Science (MD)
- Pharmaceutical Science
- Nursing (BSN, MSN)
- Medical Science (NP, MD, DO)
- Health Informatics (MA)
- Surgeon





# **Strategic Investment Options for Virginia's Behavioral Health and Developmental Services Workforce**

VA DBHDS Strategic Options Report

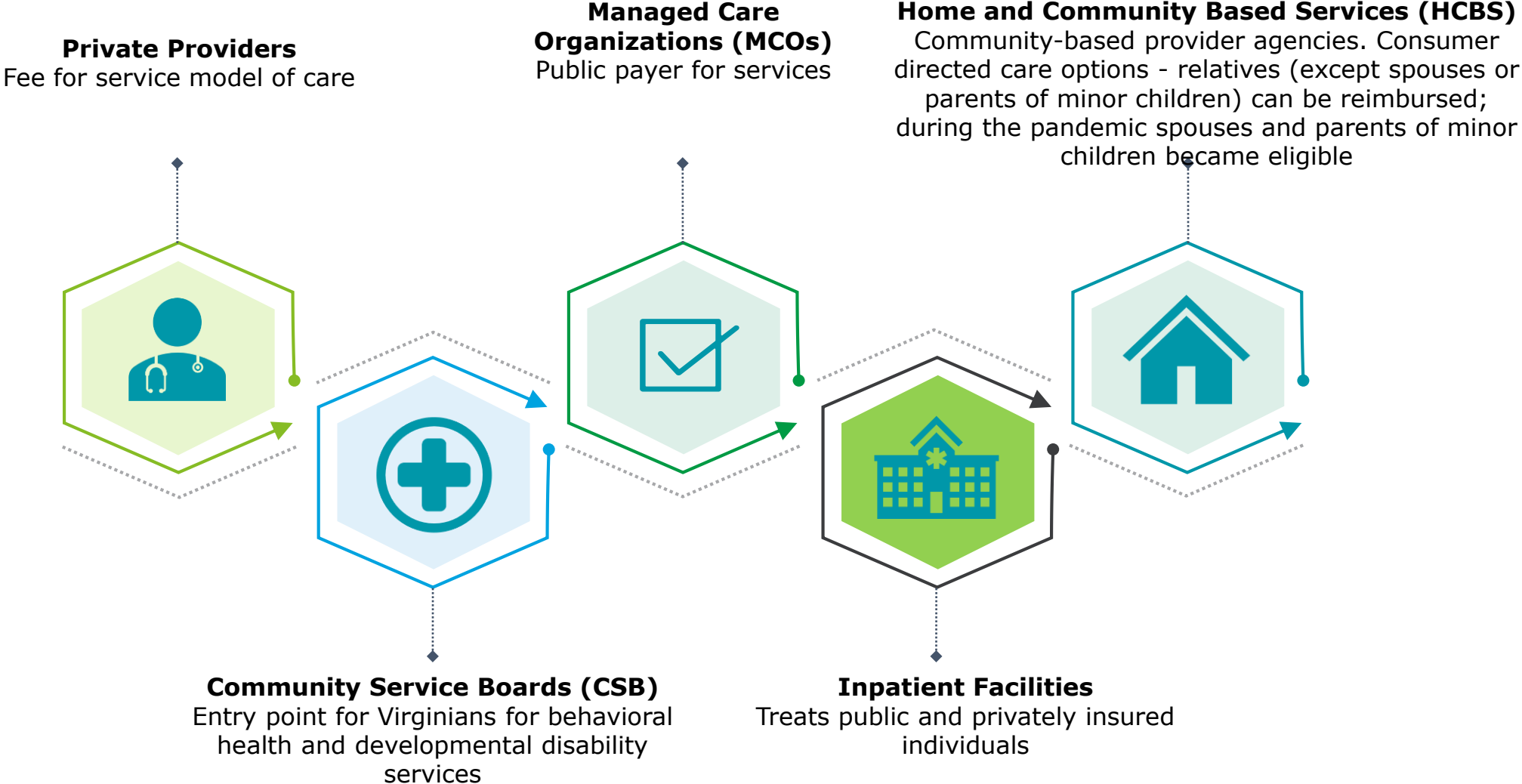


# Background



# Service Delivery in Virginia

There are multiple avenues for receiving and reimbursing for behavioral health and ID/DD services



# There are multiple needs across Virginia

Demand is continuing to increase for services and supports

**DRAFT: Working Document**

## Behavioral Health

- 1,115,000 adults have a **mental illness**<sup>1</sup>
- 193 BH providers per 100,000 people
- **1,176 licensed providers** across 8,133 facilities across VA
- VA operates 10 mental health hospitals that are **nearing or exceeding** patient capacity

41% of adults reported symptoms of anxiety and/or depressive disorder, compared to 11% before the pandemic<sup>3</sup>

## ID/DD

- Approx. 80,104 adults have ID/DD<sup>2</sup>
- 6,571 individuals waiting for ID/DD **waiver services**

ID/DD individuals were 2.5x more likely to contract COVID-19, 2.7x more likely to be hospitalized and 5.9x more fatalities<sup>4</sup>

## Substance Use Disorder (SUD)

- Approx. **470,000 adults** have a SUD
- 13,390 **visits** to the ED were SUD-related in 2018
- 42.1 per 10,000 ED visits in 2018 were SUD-related.

The number of overdose deaths increased 18.2% nationwide during the COVID-19 pandemic

<sup>1</sup> With any mental illness including mental, behavioral, and emotional disorders

<sup>2</sup> Based on the national average of 1.5% of adults in the nation with ID/DD

<sup>3</sup> 41% reported symptoms in January 2021 compared to 11% between January-June 2019



# Despite the increasing need for services, the workforce is waning nationwide

The need for care continues to rise, and as the COVID-19 pandemic pushed an already fragile system into crises, there continue to be significant challenges to recruit and retain the workforce

**The U.S. Health Resources and Services Administration (HRSA) projects that demand for services will continue to outpace the supply of providers by 2030**



Rising Need For Service

The need for services and supports is increasing and is projected to continue increasing in the coming decades.



Cost of Quality

Administrative activities that are meant to ensure or improve quality can be incredibly burdensome, sometimes disincentivizing the provision of certain services and/or the expansion of services provided.



Compassion Fatigue

Compassion fatigue is a phenomenon that affects healthcare providers across disciplines and is associated with psychological disruptions, emotional exhaustion, impaired interpersonal functioning, and physiological problems and can contribute to turnover. 55% of frontline healthcare workers reporting burn out nationally.

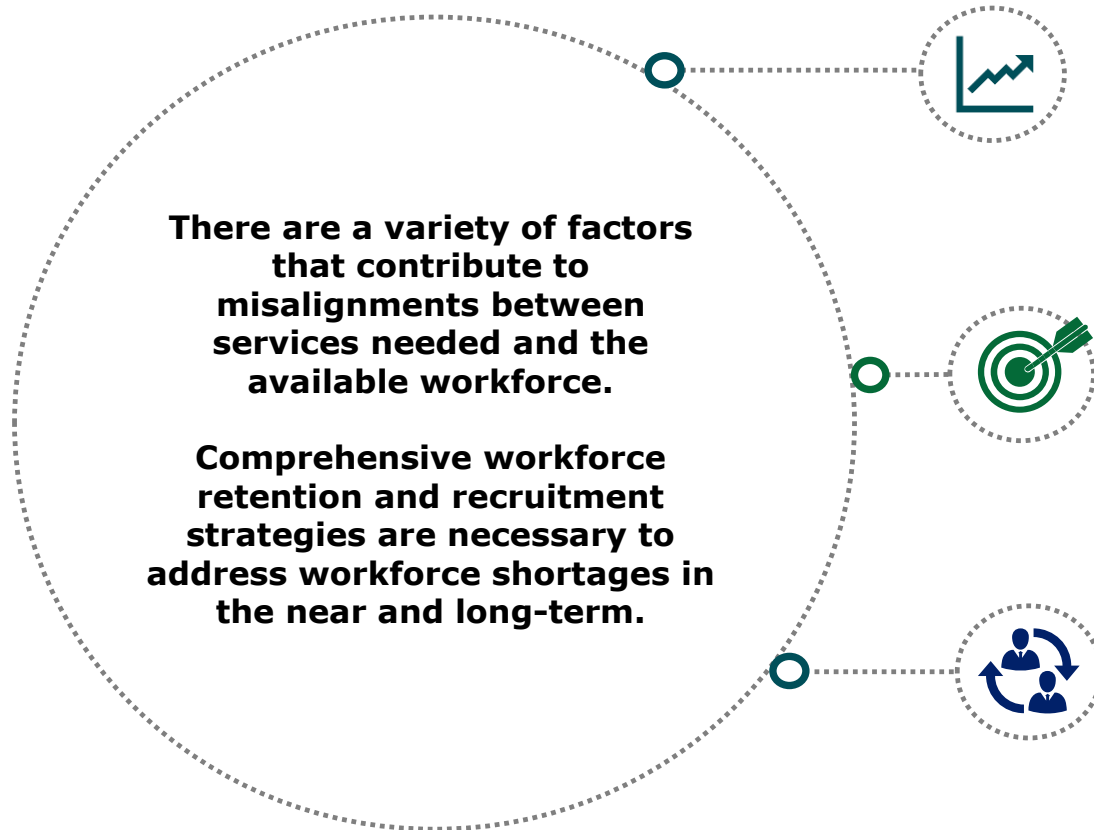


High Turnover Rates

574,200 new DSPs need to be hired nationwide every year to account for losses in the workforce.

# VA DBHDS Goals

While demand for services increase, there are significant challenges in recruiting and retaining members of the workforce. The following principles guide DBHDS in the development of potential solutions to address the workforce challenges the Commonwealth is facing:



## **Immediate Intervention**

There is a rising need for individuals who can provide services due to high levels of staff vacancies, challenges recruiting community services professionals and low retention. Steps to begin addressing Virginia’s workforce challenges can be taken immediately.

## **Long-Term Transformational Change**

The issues facing the Commonwealth are systemic and multifaceted, making long-term transformational change critical. Strategically planning and creating a blueprint for addressing workforce development is key to fostering long-term change.

## **Diversity, Equity, and Inclusion**

Increasing diversity through educational pipeline programs and career opportunities is a priority for DBHDS and key to ensuring that the workforce reflects the communities they serve. Ensuring services are delivered equitably throughout the Commonwealth is also a priority.

# Key Themes

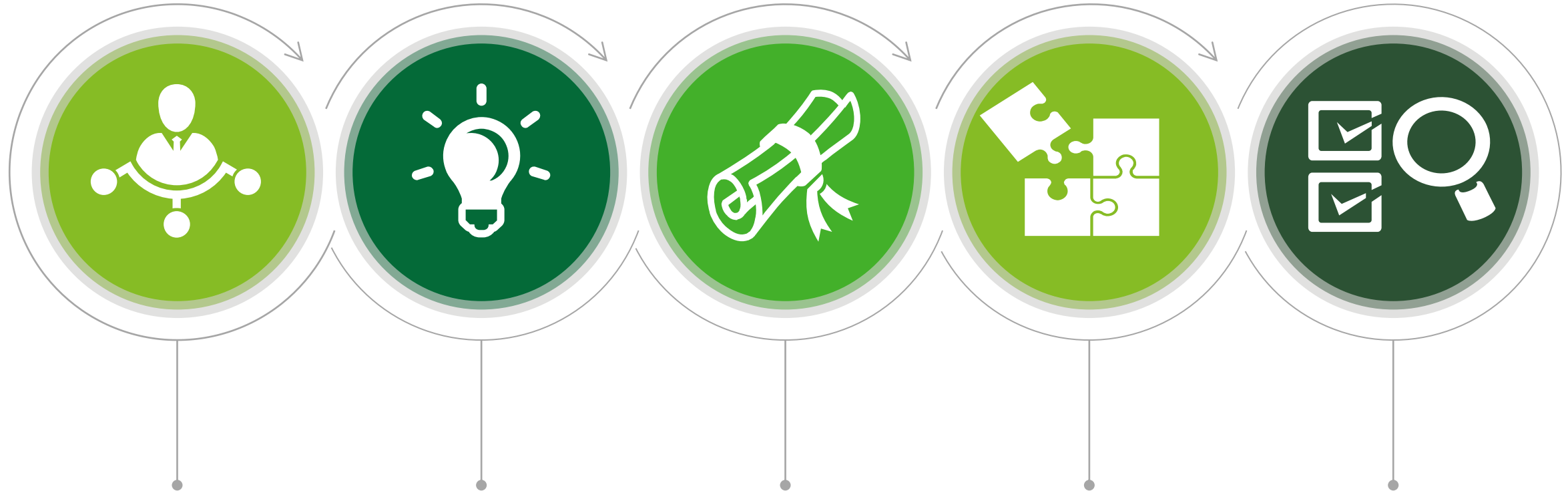
Our strategic options seek to address the following 5 themes from the VA DBHDS Visioning Session on September 15, 2021, which have been amplified in our various stakeholder interviews:

## Visioning Session Themes

<p style="text-align: center;"><b><u>Working Conditions</u></b></p> <p style="text-align: center;"><i>Improving working conditions to support the workforce and recruit new professionals</i></p> <ul style="list-style-type: none"> <li>• Wages and benefits</li> <li>• Safety of work environments</li> <li>• Incorporate evidence-based practices to attract providers while balancing flexibility for professional judgment</li> <li>• Administrative burden</li> </ul>	<p style="text-align: center;"><b><u>Role Alignment</u></b></p> <p style="text-align: center;"><i>Aligning provider roles with expectations and educational experience</i></p> <ul style="list-style-type: none"> <li>• Misalignment in education provided vs. reality</li> <li>• Differences between what is required for licensing and what is actually needed in the community</li> <li>• Scope of practice limitations on what services certain practitioners can provide patients</li> </ul>	<p style="text-align: center;"><b><u>Agency Alignment</u></b></p> <p style="text-align: center;"><i>Promoting agency alignment in workforce efforts</i></p> <ul style="list-style-type: none"> <li>• Alignment within and across agencies on goals, priorities and responsibilities for workforce efforts</li> <li>• Coordinating structure for accountability</li> <li>• Proof of concept initiatives utilizing federal funds for long-term efforts</li> </ul>
<p style="text-align: center;"><b><u>Career Incentives</u></b></p> <p style="text-align: center;"><i>Incentives to address labor shortages and retention</i></p> <ul style="list-style-type: none"> <li>• Better pay to attract licensed and non-licensed healthcare workers</li> <li>• Loan repayment program</li> <li>• Career ladders and advancement</li> </ul>	<p style="text-align: center;"><b><u>Pipeline</u></b></p> <p style="text-align: center;"><i>Providing education to build career interest</i></p> <ul style="list-style-type: none"> <li>• The Health Sciences Highway can be a vital resource for improving the workforce pipeline</li> <li>• Diversity, Equity and Inclusion (DEI)</li> <li>• Utilize grant and one-time funding opportunities to ensure that there are roles available for the jobs that don't exist yet</li> </ul>	

# Areas of Opportunity for Investment

We have identified 5 areas of opportunity for BDHDS to invest in its workforce. They include:



**Governance and Leadership**

**Diversity, Equity, & Inclusion (DEI)**

**Enhancing Educational Opportunities & Career Pathways**

**Payment & Working Conditions**

**Regulatory & Licensing Assessment**

# DBHDS Can Play Two Key Roles in Addressing Workforce Challenges

In order to effect change across the BH & ID/DD ecosystem, we have included options for investment in two categories: one where DBHDS leads and can make direct impact, and the second where DBHDS can play a meaningful role in broader efforts that span across organizations in the Commonwealth for an ecosystem impact beyond that of DBHDS alone. To effect real change, options in both categories need to move forward.



## Charting the Path

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These strategic options would require DBHDS to chart the path on planning, implementation and execution. DBHDS may coordinate and collaborate with other state agencies on these efforts, but DBHDS would be the agency responsible for driving the effort and ensuring accountability.



## Supporting the Effort

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These strategic options may require other (or multiple) state agencies to implement, but long-term success would require support and 'championing' by DBHDS. DBHDS may play a key role in planning, implementation and execution, but may not be the agency responsible for driving the effort.

Different initiatives that fall under each role can occur simultaneously, and DBHDS is not limited to a single role type

# Strategic Options Summary

Options	DBHDS Role	Impact Of Solution	Suggested Prioritization
<b>Option 1:</b> Professionalization of the Direct Service Professional (DSP) Workforce	Lead	Creates career pathways to support growth within the profession	High
<b>Option 2:</b> Leverage Medicaid’s Administrative Match to Advance Workforce Development and Training Efforts	Lead	Creates collaboration and coordination across DBHDS and DMAS in applying for funds	High
<b>Option 3:</b> Modernize treatment approaches to align with evidence-based practices (EBP) while allowing for professional judgment	Lead	Promotes use of learned higher quality service and techniques creating improved retention and recruitment, balanced with flexibility to apply professional judgment	Medium
<b>Option 4:</b> Undertake a 10-Year Strategic Planning Effort	Lead	Enables consistent visions, goals, and priorities for the agency	High
<b>Option 5:</b> Develop Analytics Capability to Monitor Workforce Capacity	Lead	Informs decision making on policy and programmatic efforts	Medium
<b>Option 6:</b> Create a Cross-Agency Entity or Structure That is Accountable for BH & ID/DD Workforce Development	Support	Promotes agency alignment across agencies and ensures commitments are fulfilled	High
<b>Option 7:</b> Conduct a Cross-Agency Review of Licensing Administrative Requirements and Regulations	Support	Alleviate administrative burden and reduce licensing requirements that create barriers to entry for new professionals	High
<b>Option 8:</b> Improve Wages & Benefits of BH & ID/DD workforce	Support	Demonstrates the value of the roles	High
<b>Option 9:</b> Development of a Health Workforce Council	Support	Creates stakeholder engagement and provides a holistic workforce perspective	Medium
<b>Option 10:</b> Implementation Plan for Strategic Options	Lead	Creates a blueprint for how to move forward with next steps	High

# Option 1: Professionalization of the Direct Service Professional (DSP) Workforce

**Description:** There are extremely high turnover rates among DSPs, resulting in staff vacancies, increased organizational costs, and adverse impacts to the quality of care delivered. There is not a path for advancement within direct patient care and it is a career that can be undervalued and is severely underpaid despite the integral role they have in caring for some of the most vulnerable populations.

Professionalizing the DSP workforce via credentialing would create career ladders and pathways that would enable individuals to advance their career within the profession without leaving direct patient care. Standardized DSP credentials could be portable across facilities, reducing training costs for organizations. Moreover, creating salary structures that align with credential levels would not only incentivize professional growth, but also create a sense of feeling valued for the important work that DSPs do.

## Key Components

- Career ladders in direct patient care
- Portable credentialing
- Standardized DSP education and credentials across the Commonwealth

## Considerations

- Funding (Potential source: Medicaid administrative match)
- Most appropriate type of education and process for credentialing
- Credentialing body, multiple options already exist
- Process and requirements for maintaining DSP credentials
- Salary structures for DSP levels
- Deemed status for licensure



## Benefits

- ✓ DSP workforce feeling valued, respected
- ✓ Increase job satisfaction
- ✓ Increase retention
- ✓ Create and incentivize career growth opportunities in direct patient care



## Primary Stakeholders

- ✓ DBHDS leadership
- ✓ DMAS – potential federal matching
- ✓ Dept. of Health Professions (DHP)
- ✓ Providers (public and private)



## Opportunity Area

- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

# Option 3: Modernize Treatment Approaches to Align with Evidence-Based Practices (EBP)

**Description:** Many of the treatment approaches in DBHDS facilities do not align with evidence-based practices, further exacerbating recruitment challenges and retention of clinical staff. To effectively modernize clinical practices there must be adequate staffing and resources to support facilities and workforce initiatives.

Related activities could include:

- Creating a model for EBP that maintains quality and is flexible to allow for professional judgement
- Developing strategic communication and training for staff who have not practiced EBP

**Key Components**

- Adequate resources and financing
- Maintaining flexibility in EBP to allow for professional judgement

**Considerations**

- Implementation of EBP without increasing administrative burden
- Prioritization of EBPs to implement



- Benefits**
- ✓ Increase retention of staff
  - ✓ Improve recruitment pipeline, especially new entrants to workforce who are seeking facilities that practice EBP
  - ✓ Improve quality of care



- Primary Stakeholders**
- ✓ DBHDS
  - ✓ DMAS
  - ✓ DHP
  - ✓ Providers (public and private)



- Opportunity Area**
- ✓ Educational Opportunities
  - ✓ Diversity, Equity, & Inclusion (DEI)
  - ✓ Payment & Working Conditions



# Option 4: Undertake a 10-Year Strategic Planning Effort

**Description:** Although there is an immediate need to address the workforce shortages, it is also important for DBHDS to develop a 10-year Strategic Plan to think critically and intentionally about how the agency will address the needs of patients and the workforce in the long-term.

DBHDS will submit a strategic plan to the General Assembly and will present it on an annual basis to report out on progress and milestones. The strategic plan will also be distributed to all DBHDS stakeholders that may be impacted by strategic priorities, such as CSBs, private providers, DHP, and DMAS.

### Key Components

- Stakeholder engagement
- Collaboration and input from all stakeholders and provider types
- KPIs and performance metrics to measure progress
- Formalized plan that is presented to the General Assembly

### Considerations

- Prioritization of strategic efforts
- Blueprint to implement strategic priorities
- Appropriate and achievable milestones
- Who will spearhead the strategic planning effort



### Benefits

- ✓ Create a consistent vision, goals, and priorities for the agency around the BH & ID/DD workforce that can span multiple administrations
- ✓ Enables providers to plan for the future



### Primary Stakeholders

- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ Providers (public and private)
- ✓ General Assembly
- ✓ DHP



### Opportunity Area

- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

# Option 5: Develop Analytics Capabilities to Monitor Workforce Capacity

**Description:** The behavioral health and ID/DD workforce encompasses a wide range of provider types and provider settings. In order to understand where the need for providers is most acute and monitor the capacity of the workforce, DBHDS needs to be able to produce reliable data that can drive decision making around how to intervene and focus workforce development efforts.

Having a source of data that the Department owns, instead of relying on partners, can increase the efficiency and targeting of efforts geared toward workforce development. This analytics capability purpose would be collecting operational data to help drive decision making on resource allocation and priorities. Examples of operational data may include vacancy rates and turnover, geographic distribution of providers, geographic distribution of provider types, DEI metrics, quality, outcomes, etc.

### Key Components

- Stakeholder engagement around which data elements to collect and monitor
- Information technology capabilities to host analytics and data warehouse securely

### Considerations

- Key participants
- Selecting a platform that will not increase administrative burden for providers
- Implementation plan & platform maintenance plan



### Benefits

- ✓ Allows access to reliable data to inform decision making and drive policy and programmatic changes



### Primary Stakeholders

- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ DHP
- ✓ Providers (public and private)



### Opportunity Area

- ✓ Governance & Leadership
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)

# Option 6: Create a Cross-Agency Entity or Structure that is Accountable for BH & ID/DD Workforce Development

**Description:** Historically, efforts to address workforce challenges have been hindered by a lack of alignment within and across agencies. Ensuring alignment on goals and priorities is critical to addressing workforce shortages in a sustainable way. Creating a coordinating entity or structure that cuts across different levels of government is key to ensuring that agencies are held accountable for their respective responsibilities.

Activities of this entity or structure may include:

- Prioritization of workforce initiatives
- Convening stakeholders
- Creating goals and setting KPIs for initiatives to measure progress; regularly reporting progress to the public and state leaders
- Determining agency responsibilities and holding agencies accountable to their commitments
- Developing a pipeline across the Commonwealth to recruit new entrants to the workforce in high schools and colleges
- Opening the provider network to increase the number of potential providers

**Key Components**

- Clearly defined entity or structure that is responsible for workforce initiatives across DBHDS and will help hold agencies accountable
- Reduce administrative burden
- Prioritization of workforce initiatives



**Benefits**

- ✓ Promote agency alignment across and within agencies that play a role in the BH and ID/DD workforce
- ✓ Ensures that each agency fulfills their commitments



**Primary Stakeholders**

- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ DHP leadership
- ✓ DBHDS Human Resources
- ✓ DMAS

**Considerations**

- Determining the entity or structure is best suited to carry out this work (e.g. task force, Secretariat level entity)
- Methods of accountability
- Staffing and resourcing of the entity
- Appropriate champion for the effort



**Opportunity Area**

- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

# Option 7: Conduct a Cross-Agency Review of Commonwealth Licensing, Administrative Requirements, and Regulations

**Description:** A significant factor that contributes to administrative burden and staff retention is the administrative requirements that must be met in order to provide services. The administrative tasks and paperwork can be immensely burdensome, and many of the licensing requirements may create unnecessary barriers to entry into the workforce– it is key to strike a balance between quality and costs of quality.

Potential activities in this review may include:

- Examine and review mandatory and discretionary requirements to determine which regulations provide limited value and can be removed
- Conduct a review of paperwork and documentation requirements and make recommendations to reduce administrative burden
- Conduct a review of licensing requirements to ensure that the requirements are not unnecessarily onerous or otherwise limiting the potential workforce. This includes reciprocity with licensing requirements in bordering states such as NC, TN, WV, KY)
- Conduct a review of degree requirements, including evaluation of Sociology and Criminal Justice as eligible degrees
- Evaluation of WaMS and other systems DBHDS requires CSBs to use to eliminate manual data entry and double data entry
- Standardization of authorization, billing and reimbursement practices between MCOs

**Key Components**

- Stakeholder engagement and buy-in across agencies
- Input and feedback from all providers types

**Considerations**

- Determine the regulations and requirements that add value to services provided and which ones do not
- How DEI is impacted by licensing requirements
- The systems in place that increase administrative burden and ways they can be streamlined



### Benefits

- ✓ Reduce administrative burden
- ✓ Remove or reduce current barriers to entry
- ✓ Increase retention and increase the pool of eligible workers



### Primary Stakeholders

- ✓ DBHDS senior leadership
- ✓ DBHDS agency leadership
- ✓ DHP leadership
- ✓ DBHDS Human Resources
- ✓ DMAS
- ✓ Providers (public and private)



### Opportunity Area

- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

# Option 8: Improve Wages & Benefits of BH & ID/DD Workforce

**Description:** Low wages is one of the key contributing factors to recruitment challenges and retention. The wages and benefits in these roles are at a level that requires many BH and ID/DD professionals to work overtime or hold multiple jobs and do not reflect the difficulty of the work.

Opportunities to improve benefits may involve:

- Increased wages to promote workplace priority and reduce the need for overtime
- Benefits that align with roles and career aspirations
- Salaries that demonstrate the value of the roles and level of experience
- Living wages that allow staff to complete certifications or other training opportunities outside of their working hours
- Loan forgiveness for professionals that elect to work at CSBs and public provider organizations
- Tuition reduction for professionals that elect to work at CSBs and public provider organizations
- Benefits that recognize and support a primarily female workforce

## Key Components

- Sustainable funding of financial incentives
- College collaboration on loan forgiveness or tuition reduction
- Extend 12.5% rate increase beyond 2022
- Decouple funding streams for facilities and CSBs

## Considerations

- Most appropriate type of financial incentive (e.g. rate increase, bonuses, paid time off for continuing education)
- Method of distributing financial incentive and body who will administer



### Benefits

- ✓ Increase job satisfaction
- ✓ Reduce turnover
- ✓ Increase recruitment
- ✓ Allow for individuals to participate in trainings and certification opportunities



### Primary Stakeholders

- ✓ DBHDS leadership
- ✓ DMAS leadership
- ✓ Providers (public and private)
- ✓ Workforce
- ✓ DHP



### Opportunity Area

- ✓ Educational Opportunities
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

# Option 9: Development of a Health Workforce Council

**Description:** A Health Workforce Council with participants from various stakeholder groups can work to align collaboration efforts across the health workforce ecosystem. It can elevate recommendations to the Governor, and lead coordination activities across government agencies and others who can work together toward a shared vision.

- Body that is specifically focusing on developing the workforce across sectors, provider type, payers, etc.
- Charged with growing pool of workers, defining career pathways, improving work environment
- Directive to the Governor to establish an “Office”
- Provide leadership and advocacy for the provider community in both public and private organizations and facilities

**Key Components**

- Stakeholder engagement and buy-in
- Adequate staffing and budget
- Prioritization of Council initiatives

**Considerations**

- Entity responsible for Council creation
- Key participants and desired outcomes
- Measurements of success



### Benefits

- ✓ Workforce would have birds eye perspective on workforce initiatives, help to build alignment across ecosystem



### Primary Stakeholders

- ✓ DBHDS senior leadership
- ✓ DHDS agency leadership
- ✓ Providers (public and private)
- ✓ DHP
- ✓ DMAS



### Opportunity Area

- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions

# Option 10: Implementation Plan for Strategic Options

## Description:

The Commonwealth's current state of crisis in BH and ID/DD workforce requires DBHDS and other state agencies to act without hesitation in implementing these options to provide immediate relief as well as fix systemic issues that were present before COVID-19 created even more fragility. There are many considerations for the implementation of the strategic options to develop and support the workforce. Engaging in this work will require significant time and resources to plan, coordinate stakeholders, collect feedback and execute strategies to begin to address Virginia's workforce challenges. Specifically, DBHDS could begin a strategic roadmap development process to define discrete initiatives to support options they can lead, prioritize initiatives, develop a strategic roadmap and implementation plan, and begin implementing over the next 18 months.

## Key Components

- Stakeholder engagement and buy-in
- Adequate resources and budget
- Prioritization of options

## Considerations

- Timeline
- Key milestones
- KPIs to measure progress



### Benefits

- ✓ Creates a blueprint for implementation
- ✓ Facilitates alignment on next steps



### Primary Stakeholders

- ✓ DBHDS senior leadership
- ✓ DHDS agency leadership
- ✓ Providers (public and private)
- ✓ DHP
- ✓ DMAS



### Opportunity Area

- ✓ Governance & Leadership
- ✓ Educational Opportunities
- ✓ Regulatory & Licensing
- ✓ Diversity, Equity, & Inclusion (DEI)
- ✓ Payment & Working Conditions



JANUARY 2021

# The Future of Nursing & Nursing Education

Four horizontal lines of different colors (yellow, green, cyan, blue) are positioned below the word "Education" in the title.

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# Seven disruptors driving the future of work

These forces that lie at the intersection of technology and people are driving the Future of Work

TECHNOLOGY-DRIVEN

PEOPLE-DRIVEN



## Technology is Everywhere

6.0 billion+ smartphones in the world by 2020<sup>1</sup>



## AI, Cognitive Computing, Robotics

\$500,000 in 2008  
\$22,000 today



## Tsunami of Data

9x more in last 2 years<sup>2</sup>  
Major enabler of machine learning



## Jobs Vulnerable to Automation

35% UK  
47% US  
77% China<sup>6</sup>



## Explosion in Contingent Work

US contingent workers 40% by 2020<sup>7</sup>



## Diversity & Generational Change

Millennials 50%<sup>3</sup>  
25% global pop in Africa by 2050<sup>5</sup>  
Longevity Dividend – 50-year careers<sup>4</sup>



## Change in Nature of a Career

2.5 – 5 years: Half-life of skills  
4.5 years: Average tenure in a job<sup>8</sup>

7 DISRUPTORS

1. <http://news.ihsmarket.com/press-release/technology/more-six-billion-smartphones-2020-ihs-market-says>  
2. <https://www-01.ibm.com/software/data/bigdata/what-is-big-data.html>  
3. Annual Global Millennial Study, <https://www2.deloitte.com/uk/en/pages/about-Deloitte-uk/articles/millennial-survey.html>  
4. <https://www.newscientist.com/article/mg23130810-800-the-100year-life-how-should-we-fund-our-lengthening-lives/>

5. [https://www2.deloitte.com/content/dam/Deloitte/il/Documents/human-capital/Thriving\\_in\\_times\\_of\\_digital\\_disruption.pdf](https://www2.deloitte.com/content/dam/Deloitte/il/Documents/human-capital/Thriving_in_times_of_digital_disruption.pdf)  
6. [http://www.oxfordmartin.ox.ac.uk/downloads/reports/Citi\\_GPS\\_Technology\\_Work\\_2.pdf](http://www.oxfordmartin.ox.ac.uk/downloads/reports/Citi_GPS_Technology_Work_2.pdf)  
7. Intuit 2020 Report: Twenty Trends that will Shape the next Decade [https://http-download.intuit.com/http.intuit/CMO/intuit/futureofsmallbusiness/intuit\\_2020\\_report.pdf](https://http-download.intuit.com/http.intuit/CMO/intuit/futureofsmallbusiness/intuit_2020_report.pdf)  
8. <https://www2.deloitte.com/content/dam/Deloitte/global/Documents/HumanCapital/dttl-hc-english-opentalentconomy.pdf>

# Nursing is facing external and internal pressures to evolve

In response, health systems' expectations of the Nursing workforce are changing, driving the evolution of the Nursing role in delivering value to health systems and provider organizations

## Today, Nurses are expected to drive health organizations' value by...

**Providing Quality Care to Patients** as the trusted link between patients and their care teams, completing the corresponding day-to-day care tasks.

**Implementing Innovative Health Solutions** as every product and process that touches a patient goes through the nurse.

**Staying, Hiring, and Developing New Nurses** to retain nursing talent and minimize the high turnover costs (average of \$44,400/nurse per year).

**Enabling Care within Traditional Care Settings and Patient Communities** with supporting technology.

## In the future, Nurses' **primary value drivers** will evolve to be...

**Elevating Patient Care Experience, Quality, and Safety** as leaders of care execution throughout the continuum, chief advocates, and educators for patients and their families.

**Spearheading Innovative Care Transformation** by designing innovative nurse-led patient-centric solutions, which they will commercialize, implement, and educate patients successfully.

**Developing Nursing Staff Holistically** to create a favorable holistic talent experience, while bridging the experience gap for new nurses to tackle real clinical scenarios.

**Making Strategic Decisions on Care Enablement** across and beyond the bedside and patient communities, early in the process and in the boardroom.

*As the largest occupational group in the health sector, Nurses will continue to play a **more direct role** in driving quality and safety of patient care, profitable revenue and cost efficiency, as well as credibility for health organizations.*

# The time for change is now

External and internal pressures within the healthcare industry necessitate a shift by both healthcare organizations and schools of nursing. Now is the time to be proactive and strategic in creating a plan of action to ensure future success

*Hospital administrators cited “Lack of Time” as a top barrier to successful change in healthcare institutions<sup>1</sup>.*

On average,  
it takes

**5-7  
Years**

*to achieve major,  
lasting change in an  
organization<sup>2</sup>.*

*In healthcare change may take even longer to achieve due to:*



#### **A Risk – Adverse Culture**

*Medical professionals are trained to be risk-averse by trade. Data and proof must be explored before trying new models, including administrative procedures.*



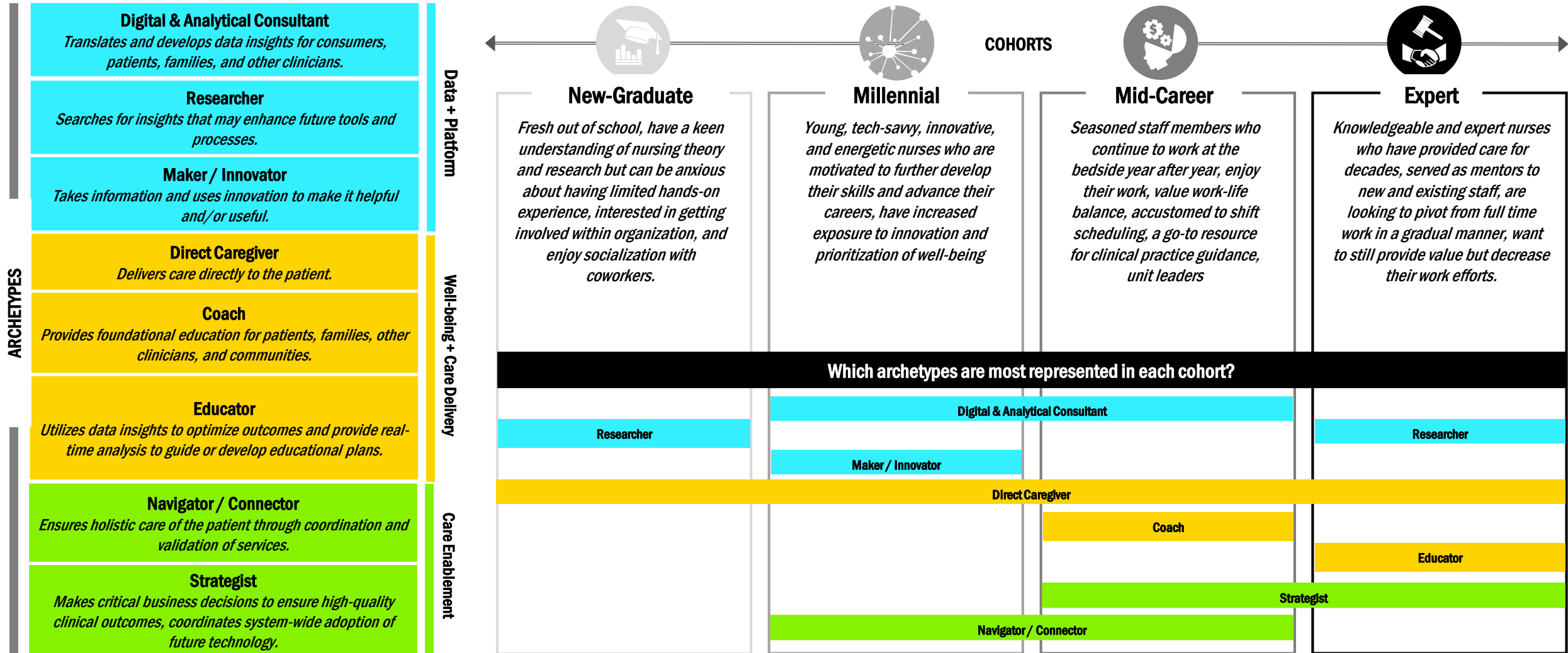
#### **Value on Tradition**

*Medical professionals are trained based on tradition, and may be reluctant to incorporate new roles, procedures and practices.*

*It is crucial for healthcare organizations and schools of nursing to **transition the current nursing workforce and prepare future nurses with the skills and capabilities to deliver high-quality care and continue to further advance the nursing profession.***

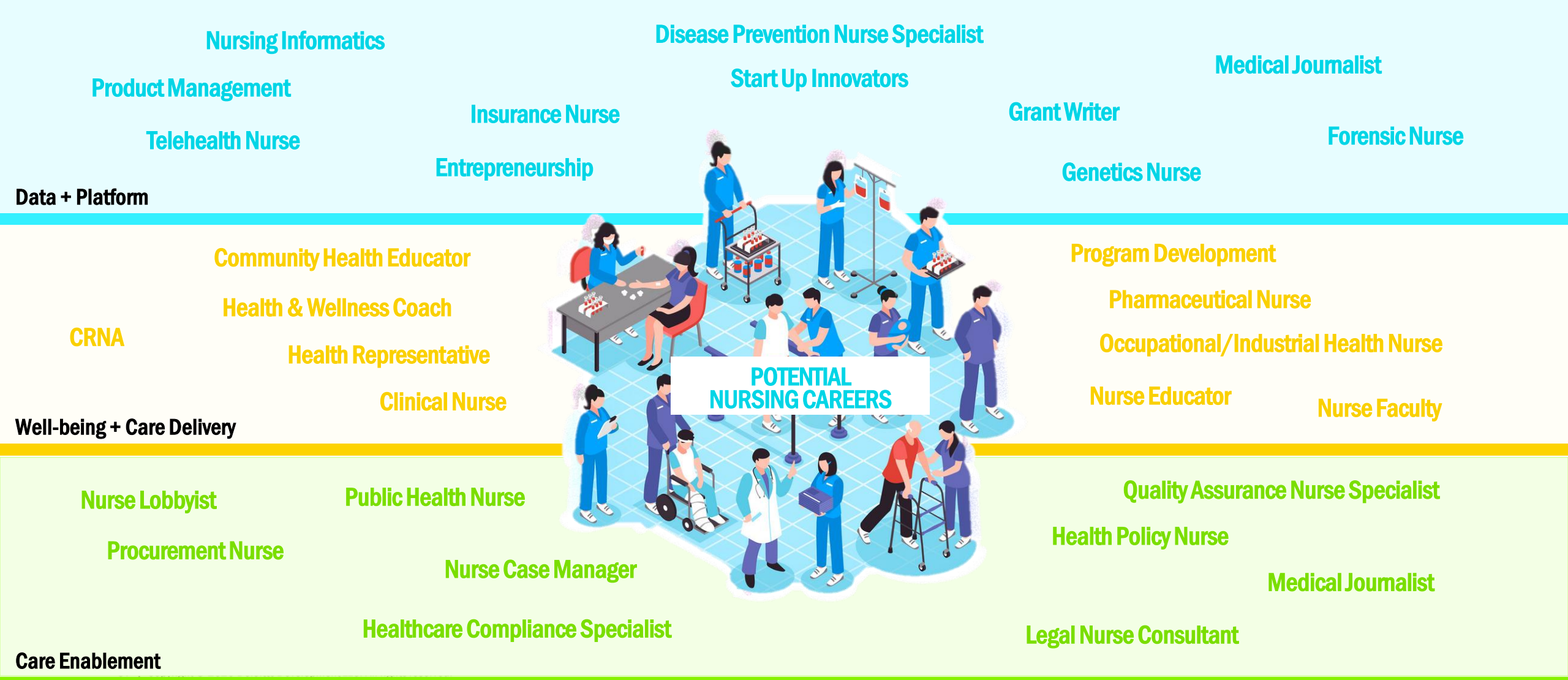
# The future nurse archetypes & talent cohorts

To help organizations and schools of nursing prepare and understand how nursing roles, capabilities, and activities will transform within the healthcare ecosystem, eight key nursing archetypes and four talent cohort have emerged



# Traditional and non-traditional career paths emerge

Future nurse archetypes and cohorts pave the way for a variety of career opportunities and progressions



# The nursing education landscape today

Pervasive nursing shortage on the front lines of patient care can significantly impact health organizations’ bottom lines and prevent achievement of the “Quadruple” Aim\*

## The nursing workforce has struggled with staffing and experience gap challenges for years

**75,000**

*In the 2018-2019 school year, 75,000 qualified applicants were turned away from nursing programs<sup>1</sup>*

**35%**

*Average turnover rate of new grads is 35%<sup>2</sup>, compared to all nurses at 18.2%<sup>3</sup>*

**3.6M**

*By 2030, the number of registered nurses needed in the U.S. is estimated to skyrocket by 28.4% from 2.8 million to 3.6 million<sup>4</sup>*

....which highlight the need for radical change within nursing education



Increase supply of nursing faculty with breadth and depth of expertise



Match theory of clinical situations with the reality of practice



Expand learning platforms and establishing academic partnerships

**As the Future of Nursing continually evolves, so too must institutions of nursing education.**

*Nursing education remains the **sole pathway** to entering and advancing the nursing profession. To respond to the shifting of roles and responsibilities for practicing nurses, **key strategic interventions are critical for nursing education to evolve.***

# Trends in nursing education foreshadow the future

Educational institutions are beginning to invest in curriculum adaptation, new technology for delivery, and effective faculty staffing strategies in order to best prepare nursing graduates to deliver high quality care upon entering the workforce.

## TEACHING STRATEGIES



**75%**  
of surveyed students **prefer storytelling over didactic lecture**; in fact, it can effectively capture student attention and enhance memory<sup>1</sup>

## LEADERSHIP PREPARATION



**81%**  
of clinical leaders say it will be very important to **invest in placing nurses as decision-makers on all strategic planning teams** for health organizations by 2025<sup>3</sup>

## VIRTUAL LEARNING PLATFORMS



**90%**  
of the 673 RN-BSN programs offer an **online component**.  
  
More than half are offered fully online<sup>5</sup>

## FACULTY BACKGROUNDS



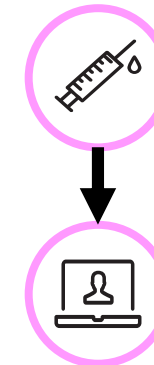
The 2019 Role of Interdisciplinary Faculty in Nursing Education Survey recognizes the need to **integrate educators from different disciplines to enhance nurses' competencies required for team-based patient care**<sup>2</sup>

## CULTURAL CONTENT



**Increasing the presence of culturally specific content in nursing curriculums helps drive engagement of under-represented populations in the nursing workforce**<sup>4</sup>

## SIMULATION-BASED LEARNING



**50%**  
Findings of the 2014 National Simulation Study support replacing up to 50% of **traditional clinical experiences with simulation-based learning**<sup>6</sup>

# Reimagine education to shape the future of nursing

Nursing educational programs serve as the foundation to transform the future of nursing roles and responsibilities. Implementing initiatives to improve faculty recruitment and retention, educational content, and learning and delivery methods may ultimately:

## Mitigate the nursing shortage



Strategic initiatives in **faculty recruitment and retention** are crucial for nursing schools to **increase student enrollment**. Ensuring that nurses are **attaining joy through work** can help to **reduce burnout** and in turn improve population health

## Bridge the experience gap



A curriculum that uses **new technology to incorporate realistic clinical scenarios** is effective in ensuring that nurses are prepared to deliver patient care immediately upon employment. **Integrating educators from different disciplines** will help to enhance nurses' cross-industry knowledge and meet competencies required to provide **interdisciplinary team-based patient care**

## Enhance clinical effectiveness



A robust nursing workforce with a **breadth and depth of healthcare experience** will improve quality care and patient outcomes. Restructuring organizations to **include nurses as leaders** is integral to create **patient-centered solutions that transform healthcare**



SPECIAL ADVISOR FOR HEALTH WORKFORCE DEVELOPMENT.

§ 2.2-450. Special Advisor to the Governor for Health Workforce Development.

The position of Special Advisor to the Governor for Health Workforce Development is hereby created. The Special Advisor shall be appointed by the Governor and shall be responsible for coordinating and aligning *efforts in collaboration with the Secretaries of Health and Human Resources, Labor, and Commerce and Trade* to (i) *expand the health workforce in the Commonwealth* by ~~improving retention of existing staff and~~ *supporting the coordination of education, training, recruitment, and incentive programs designed to improve staff retention and build Virginia's health workforce.* ~~developing the health professions pipeline to support education, training, and recruitment of new health workers and~~ (ii) address regulatory, payment, and other issues that negatively impact recruitment and retention of health workers in critical practice areas, including *but not limited to* behavioral health, nursing, and public health, (iii) *develop a strategy to address the behavioral health safety net workforce shortage in the Commonwealth and,* (iv) *oversee the Virginia Health Workforce Development Fund. The Special Advisor shall be a part of the Commerce and Trade Secretariat and support the objectives and programs of the Commerce and Trade, Health and Human Resources, and Labor Secretariats*

§ [32.1-122.7:3](#). Virginia Health Workforce Development Fund.

A. There is hereby created in the state treasury a special nonreverting fund to be known as the Virginia Health Workforce Development Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. All funds appropriated for such purpose and any gifts, donations, grants, bequests, and other funds received on its behalf shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Moneys in the Fund shall be used solely for the purposes of (i) providing incentives for the removal of barriers to educating and training health workforce professionals that include increasing eligible faculty, clinical placements, and residencies, (ii) incentivizing the production of health workforce credentials, degrees, and licensures based on a rigorous analysis of the need by the Office of Education and Labor Market Alignment, (iii) addressing regulatory barriers to entering into and staying in the health profession, and (iv) providing education and training for health and health science professionals to align education and training initiatives with existing and evolving health workforce needs. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Commissioner. For the purposes of this subsection health workforce includes behavioral health.

B. The Virginia Economic Development Partnership Authority shall establish a process for the issuance of grants to regional health and health science workforce development initiatives established to meet regional health and health science workforce needs and fulfill the purposes enumerated in subsection A.

**2. That the provisions of this act shall expire on July 1, 2026.**

**3. The Special Advisor for Health Workforce Development established by this act shall, in addition to any other powers and duties, review and evaluate the structure and organization of the Virginia Health Workforce Development Authority and shall make a recommendation to the G**