

June 22, 2022 Health Career Pathways & Pipelines Zoom Workgroup Minutes

Co-facilitators: Alyssa Alvarado, Governor's Workforce Board & Howard Dulude, Hospital Association of RI

Workgroup Topic Description:

"To ensure a sufficient supply of health and human services workers by providing students, job seekers, and incumbent workers with the knowledge, skills, and resources needed to obtain employment and advance in their careers"

Participant feedback on workgroup topic description:

- "Sufficient *and diverse* supply"
- Add "employers" who need knowledge, skills and resources regarding successful recruitment and appealing job structures
- Add marketing and outreach
- Should also include removing barriers of entry and elevation, including 'Diversity Equity Inclusion' (DEI) sensitive wording and taking away obstacles (e.g. licensing barriers, language barriers, unnecessary regulations that do not impact patient safety or quality of care delivery)
- For sustainability, it may be important to add access to upskilling.

Current State:

What is working?

- Partnership with Community College of RI (CCRI) to train Certified Nursing Assistants (CNAs) is working well – looking at pathways of CNAs to Licensed Practical Nurses (LPNs) or Registered Nurses (RNs)
- CCRI Health Center Dental Assistant program is positive
- Office of the Health Insurance Commissioner review of rates every two years and may produce recommendations for higher rates and wages for entry level healthcare and human service workers
- Child Welfare, Department of Children, Youth, & Families (DCYF) Fiscal Year 23 (fy23) State budget did not include cuts
- Intellectual/Developmental Disabilities (I/DD) Medicaid rate increase resulting in higher wages for Direct Support Professionals (DSPs) - \$18/hr minimum beginning 7/1/22
- Expansion of telehealth due to covid
- Increase in Career & Technical Education (CTE) centers
- Institutes of Higher Education (IHEs) are expanding DEI efforts for bringing folks into the workforce
- Good pipeline of Community Health Workers (CHWs) and roles for them
- Emergency CNA training because of COVID
- Department of Labor & Training (DLT) job training programs are free to participants (Real Jobs RI/BacktoworkRI) and webpages list all free training programs available at any given time

- DLT collects a lot of data on participants – demographics, outcomes, etc.

What is not?

- Low wages/rates
- Burnout/trauma; minimal data, resources for affected workers
- Inadequate training on geriatric care
- Children’s Services under pressure from workforce shortages, especially for complex pediatric cases (physical health + behavioral health)
- Commercial payors need to increase reimbursement rates to subsequently increase wages and benefits to labor market competitiveness.
- Issues with licensing for behavioral health case managers
- Difficult to navigate system to understand the requirements for LPN or RN degrees
- Loan repayment programs (federal and state) usually only apply to licensed clinicians
- Lack of Occupational Codes (SOCs) for some health & human services occupations, including DSPs, case managers
- Lack of pathways for transferring credentialing of healthcare professionals from other countries
- CNA testing issues
- Issues with processing licensing applications at RI Department of Health (RIDOH)
- Need more transition planning for previously incarcerated individuals
- No efficient way to take unlicensed CNAs (as a result of emergency COVID CNA training) to becoming licensed CNAs
- Too many entry level programs that do not expand or lead to career ladders
 - No career pathway for Community Health Workers
- Insufficient marketing of healthcare job resources (training/info on pursuing a career in health & human services)
- Insufficient promotion of peer-to-peer models

In broad terms, what are our short- and longer-term SMARTIE goals?:

- Develop inventory of currently available funding sources and job training programs
- Market job resources for individuals who are looking to access info on pursuing health care careers or job trainings
- Promote self-directed programs
- Highlight health and human service fields; map out career pathways at a younger age in the k-12 space
- Address burnout - measure burnout, determine how to treat and intervene, especially for those who have remained in the field through the Public Health Emergency (PHE)
- Expansion of support services for training programs/individuals who are on-the-job (OTJ)
- Expand opportunities for upskilling to speed up the pipeline
- Reduce barriers to entry for mental health workers
- Advocate for significant rate increases to be passed by General Assembly (GA)
 - Set a minimum livable wage based on economic policy institute data, for all health and human service workers, like other states are doing

- Create new loan-forgiveness programming for folks who are not licensed
- Reducing barriers for people to get into careers (partnerships with higher ed, apprenticeships, loan forgiveness)
- Expand CTE programming to be available to all interested kids
- Expand pathway programming (CNA-LPN-RN)
- Centralized workforce supply and demand data for healthcare roles

What information (data, policies, research, etc.) do we need to inform our work?:

- Data on newly emerging roles and careers in healthcare - we can't be planning only for what the situation is now. Case in point: telehealth
- Information on funding in 2023 state budget
- Labor Market Information (LMI) data focused on Health & Human Service (HHS) occupations in order to gain an understanding of projected vacancies and what are our outputs of higher-ed programming, k-12 CTE, etc. so we know how close we are to meeting those demands, and so IHEs can use this to inform their programming
- Information on participant demographics, outcomes, etc. of DLT workforce programming
- Look at applicable state models from other states to replicate/inform our work
- Catalog of barriers
- #s of people waiting to be licensed
- Data on how long it takes to license for particular pathways
- Average processing times for licensing
- Data on high school pathways – does it deliver; how many head into healthcare or healthcare higher ed program?
- Identify problematic regulations and then identify opportunities under RIDOH's control to amend regulations without changing statutes

Who is missing?:

- Need to clarify the scope of provider types we are targeting in order to accurately determine who else should be part of this work.
- Employers: we are making recommendations that impact their ability to hire and retain staff, as well as maintain operations. They need to be at the table in greater numbers.
- Employees and prospective HHS professionals/paraprofessionals: they can better identify their barriers to entry and elevation in the various career paths.

Other Key Takeaways/Thoughts:

- Define 'Health & Human Services' in the context of this workgroup
- Housing is critical for entry level workforce and recruiting licensed professionals.
- Address social determinants of health
- Change culture around pursuing health & human services professions
- Consider expanding workgroup sessions to accommodate those who work first shift

Workgroup Attendees:

1. Executive Sponsor: Matt Weldon, Director, RI Department of Labor & Training (DLT)
2. Cofacilitator: Howard Dulude, Hospital Association of RI
3. Cofacilitator: Alyssa Alvarado, Executive Director, Governor's Workforce Board
4. Sarah Bramblet, RI DLT
5. Pauline Abetti, RI DLT
6. Asif Siddiqui, RI DLT
7. Megan Swindal, RI DLT
8. Amy Grzybowski, RI Office of the Postsecondary Commissioner (OPC)
9. Bonnie Rayta, RI OPC
10. Rick Brooks, RI Executive Office of Health and Human Services (EOHHS)
11. Aryana Huskey, RI EOHHS
12. Pamela Moscarelli, RI Department of Administration – Human Resources (DOA-HR)
13. Sam Zwetchkenbaum, RI Department of Health, Oral Health Program (RIDOH)
14. Jen Ricci, RIDOH Academic Institute
15. Emily Garthee, RI Parent Information Network (RIPIN)
16. Jane Hayward, Rhode Island Foundation
17. Larry Warner, United Way of RI
18. Judy Niedbala, Perspectives Corp.
19. Kim Einloth, Perspectives Corp.
20. David Reiss, The Fogarty Center
21. Beth Bixby, Tides Family Services
22. Mary Dwyer, Community Care Alliance
23. Rick Boschwitz, BAYADA Home Health Care
24. Vinnie Ward, Home Care Services of RI, Inc.
25. Adrianna Meyer, PACE-RI
26. Nelly Burdette, Providence Community Health Centers (PCHC)
27. Liz Hanke, The Genesis Center
28. Lisa Tomasso, Hospital Assn. of RI
29. Sue Babin, RI Developmental Disabilities Council
30. Nicholas Oliver – RI Partnership for Home Care (RIPHC)
31. KC Agwunobi, RIPHC
32. Melissa Campbell, RI Health Center Association (RIHCA)
33. John Gage, RIHCA
34. Katie Norman, RIHCA
35. Jim Nyberg, LeadingAge RI
36. Chris Gadbois, CareLink
37. David Bodah, RI Assisted Living Assn.
38. Sarah Lawrence, Community Health Worker Association of RI (CHWA)
39. Lynn Blais, United Nurses and Allied Professionals (UNAP)
40. Maureen Maigret, LTCCC Aging in Community Subcommittee; Senior Agenda Coalition
41. Lisa DaPonte, Center for Southeast Asians
42. Franklin Torres Alvarado, McAuley Village
43. Claudia Cordon, Progreso Latino
44. Rakia Islam, Refugee Dream Center
45. Phanida Phivilay, UnitedHealthcare
46. Marguerite McLaughlin, Healthcentric Advisors
47. Linda Katz, Economic Progress Institute
48. Heather Gaydos, Center for Health + Justice Transformation (CHJT)
49. Angela Roesler, CHJT
50. Tekla Moquin, Community College of RI
51. Sue Pearlmutter, Rhode Island College (RIC)
52. Lisa Smolski, RIC
53. Denise Watson, RIC
54. Jennifer Giroux, RIC
55. Judi Drew, Salve Regina University
56. David Altounian, Salve Regina University
57. Elizabeth Roberts, URI