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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NORTH CAROLINA DEPARTMENT of COMMERCE

Investing in North Carolina's Caregiving Workforce:

Recommendations to strengthen North Carolina's nursing, direct care, and behavioral health workforce

November 2023

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Letter from the Secretaries

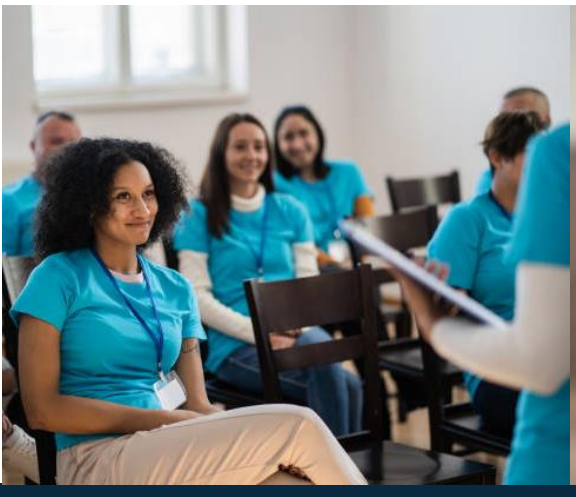
Purpose & Objective

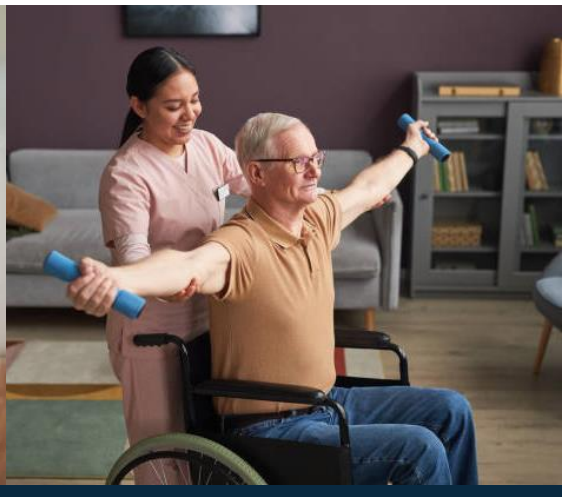
The state of North Carolina recognizes the pressing importance of nurturing a robust and resilient caregiver workforce. The North Carolina Secretary of Health and Human Services (NCDHHS) and the North Carolina Department of Commerce ("the Departments") have positioned the development of this essential workforce as a top priority, aimed at addressing the caregiving needs of both today and the generations to come.

As part of this forward-looking endeavor, the Departments spearheaded the convening of a coalition of leaders drawn from governmental agencies, educational institutions, and various organizations to collaboratively craft a strategic blueprint to guide the growth of a thriving caregiving workforce within the state. The journey toward this visionary goal was coordinated by North Carolina's Area L Area Health Education Center, which engaged Deloitte Consulting to provide facilitation of the agencies, groups, and experts involved.

In late 2022, the Departments launched the Caregiving Workforce Strategic Leadership Council, an assembly of caregiving experts from governmental agencies, educational institutions, and organizations. The Council offers a diverse and well-rounded perspective to address the state's current and future caregiving needs.

The Caregiving Workforce Strategic Leadership Council convened both virtually and in-person, conducting in-depth explorations of challenges, reviewing ongoing efforts, assessing practices in other states, and identifying potential solutions. The action items and recommendations in this report are the product of careful selection and endorsement by caregiving and workforce experts within the Council. These recommendations are grounded in the prioritization of high-impact initiatives and the Council's capacity to implement them effectively. The goal moving forward is to now establish a sustainable structure and governance model for the Council's continued existence and the realization of the blueprint presented in this report.





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Caregiving Workforce Focus Areas

The Caregiving Workforce Strategic Leadership Council curated information and data across the state to perform a deep dive analysis into the pressing health workforce landscape. Strategic recommendations emerged from approximately a year of work for strengthening and securing North Carolina's pipeline in three key focus areas: nursing, behavioral health, and direct care professionals.

Nursing

With approximately 153,000 registered nurses (RNs) and 23,000 licensed practical nurses (LPNs)[1], North Carolina boasts a substantial nursing workforce, spanning 46 community health and hospital systems.[2] However, it faces a formidable challenge in the form of an estimated shortage of approximately 12,500 RNs and 5,000 Licensed Practical Nurses (LPNs) by 2033. Even with a potential 10% increase in new nurse graduates, the state would still encounter a significant deficit of approximately 10,000 RNs.[3] This shortage spans multiple regions, making it imperative to address the critical need for nursing professionals.

Behavioral Health

The state's mental health landscape underscores the urgency of focusing on Behavioral Health. A staggering 94 out of North Carolina's 100 counties are designated as mental health professional shortage areas (HPSA).[4] Furthermore, 68 counties do not have child and adolescent psychiatrists, exacerbating the challenge.[5] North Carolina ranks 38th nationally in access to mental health care, with a significant portion of youth experiencing major depressive episodes unable to access the necessary treatment.[6] Addressing this issue is vital to ensure comprehensive mental health support for North Carolinians.

Direct Care

Research from the Paraprofessional Healthcare Institute (PHI) highlights the burgeoning demand for Direct Care Workers (DCWs) in North Carolina. Between 2018 and 2028, the state projects over 186,000 job openings in this sector.[7] This demand includes nearly 21,000 new positions to meet increasing needs and 165,500 vacancies arising as current workers transition careers or exit the workforce.[7] These statistics emphasize the essential role of DCWs in delivering essential care services and underline the necessity of addressing workforce shortages in this sector.

By focusing on Nursing, Behavioral Health, and Direct Care, the Caregiving Workforce Strategic Leadership Council aims to tackle the most urgent and impactful areas of workforce development, ensuring that North Carolina can meet the evolving health care needs of its citizens.

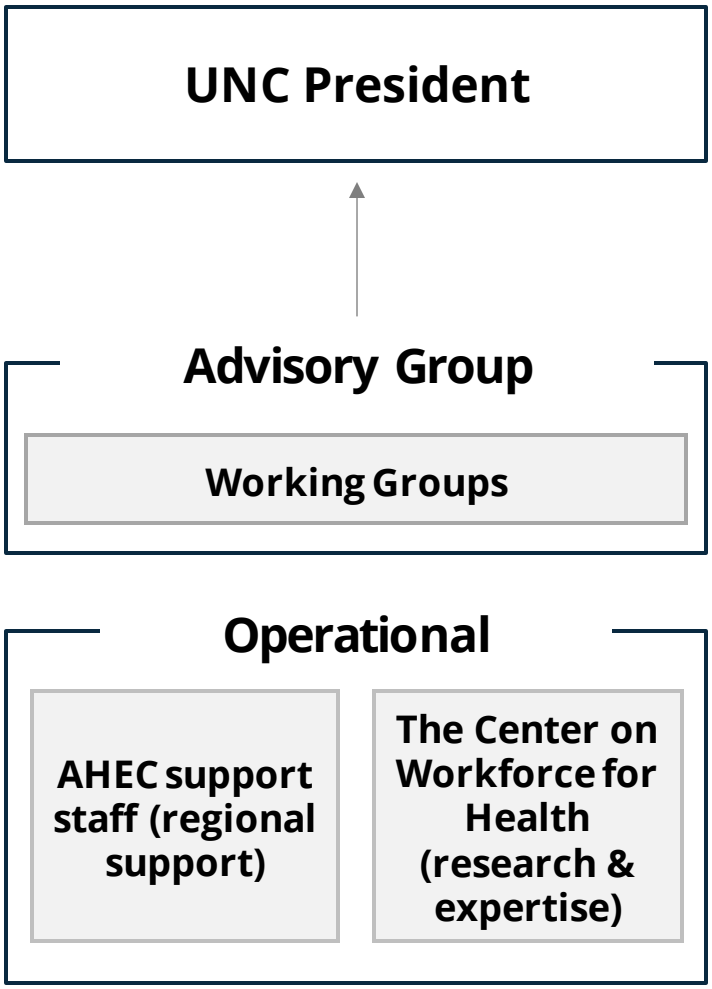
1. UNC School of Nursing North Carolina Nursing Workforce: Realities, Challenges, Opportunities, 2022; 2. CauseIQ North Carolina hospital systems; 3. UNC, "North Carolina's Nursing Shortage: A Looming Crisis," 2022; 4. North Carolina Office of Rural Health Mental Health HPSA, 2022; 5. American Academy of Child and Adolescent Psychiatry Workforce Maps by State, 2023; 6. Mental Health America Ranking the States 2022; 7. PHI, "Now is the Time to Lift Up North Carolina's Direct Care Workers," 2021

Governance Considerations

The viability and long-term success of these initiatives hinge on establishing a robust governance structure capable of withstanding government transitions and ensuring sustainability. A University of North Carolina (UNC)-affiliated model, deeply connected to students, hospitals, and NC Area Health Education Centers (AHEC), has been deemed the most viable option moving forward. AHEC plays a pivotal role in supporting preceptors, and students interested health careers, along with providing professional development, and delivering practice support. This structure will not only preserve the continuity of these solutions but also guarantee their effectiveness and impact even as administrations change.

UNC-Affiliated Model

Leverages the depth of the UNC system to connect workforce needs with the workforce supply



UNC System President

- Serves structural hub and spokes for integrating workforce efforts into the educational system, including its community partners

Advisory Group

- Statewide and regional education and workforce leaders to steer the Center's priorities
  - **Working groups** – focuses on nursing, behavioral health, and direct care
  - **Key partners** – NC Department of Health and Human Services, Department of Commerce, Department of Public Instruction, and the NC Community College System

Program Staff

- Operationalize the direction from the advisory group and create programs for and oversee the regional hubs
- Staff – drive research and program creation and monitoring

Regional Hubs

- Serve as the spokes to inform the advisory group and implement programming, and connects the Center with regional workforce partners

Nursing | Context

Background

Despite the United States' 4.4 million registered nurses and 900,000 LPNs, predictions indicate a national shortage of nearly 918,000 nurses by 2030. Each state, including North Carolina, has broad and regional challenges that must be overcome. Given an estimated turnover rate of 18% and the fact that 32% of RNs have expressed their intention to leave their jobs, a keen focus on retention is critical.[1]

18,000 There are 18,000 RNs and LPNs licensed in North Carolina but working outside the state. There are also 93,000 inactive licenses.[2]

23% In North Carolina, nearly 25% of licensed RNs are not currently working, along with 26% of LPNs.[2]

17,500 By 2033, North Carolina faces a shortage of approximately 12,500 RNs and 5,000 LPNs.[3]



Approximately 50% of new NC nurse licenses are via exam and 50% are via interstate compact.[3]

Challenges

North Carolina faces a myriad of challenges related to its nursing workforce including low wages, a pending retirement wave, limited career advancement opportunities, and a concerning prevalence of workplace violence. These issues, compounded by faculty shortages in nursing schools, has led to increasingly high burnout rates among nurses, demanding immediate attention and action.

Low wages

In 2021, pay for North Carolina's RNs ranked 93 cents on the dollar compared to the national average. RNs' salaries in North Carolina averaged $72,220 per year, lower than the national average for RNs, at $77,600 per year.[4]

Career Progression & Advancement

Approximately 38% of nurses in North Carolina expect to retire in the next five years, of whom 20% intend to leave because of lack of promotion of advancement options, while 13% cited work life balance as a main reason to leave.[6]

Safety

In a 2022 survey by North Carolina Nurses Association, 49% of respondents said they have personally witnessed violence in the last two years, with more than 27% reporting that they were the victim of workplace violence.[5] This issue threatens to the physical and mental well-being of nurses, and the recurring message from North Carolina Nurses Association members is that the problem is getting worse.

Training & Enrollment

Faculty shortages at nursing schools across the country are limiting student capacity as the need for RNs continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this crisis. The nurse faculty vacancy rate in North Carolina was 8.8% in 2022, largely driven by doctoral degree preference.[7]

Burnout

The ongoing challenges to the nursing profession are fueling a rising burnout crisis. In an NCNA survey asking respondents to rank their level of burnout from 1-10. The average response was 5.2, with a striking 44% of respondents rating their burnout levels between 8 and 10. Within this 44%, a noteworthy 11.7% of respondents reported experiencing the highest possible level of burnout, which is a score of 10 out of 10.[8]

1. UNC School of Nursing, "The North Carolina Nursing Workforce: Realities, Challenges, Opportunities"; 2. NC Board of Nursing Licensure Statistics; 3. UNC Sheps, "What the Data Say About the Nursing Workforce," Fraher, 2023; 4. Bureau of Labor Statistics, "Occupational Employment and Wage Statistics,"2021; 5. NICOM Nursing Taskforce - Key informational interview, 2023; 6. North Carolina Nurses Association, "Survey: Nurses Burning Out at Unsustainable Rate" 2022; 7. American Association of Colleges of Nursing, "AACN Nursing Faculty Shortage Fact Sheet," 2023"; 8. NCNA Survey: NC Nurses Overwhelmed and Burning Out, 2022

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Nursing | Existing Solutions

While North Carolina faces a severe nursing workforce shortage, important current initiatives and investments exist to help alleviate ongoing challenges. Select efforts include:

How North Carolina is Addressing these Challenges Today

Recruit & Train

- **NC Area Health Education Center (AHEC) Scholars Program:** This program selects applicants to participate in a two-year educational program. Scholars are eligible to receive a subsidy, subject to academic or institutional approval. The AHEC Scholar Certificate sets students apart by providing health care education, training, and certification to scholars.[1]
- **Financial Incentives:** Various scholarship and loan forgiveness programs in North Carolina incentivize students in participating in the nursing workforce.[2]
- **Task Force on the Nursing Workforce:** This North Carolina Institute of Medicine task force examined the need for nurses, their requisite skills and qualifications, the capacity of the state's educational institutions to produce adequate numbers of qualified nurses, barriers to career advancement, and the workplace environments within which nursing is practiced.[3]

Retain & Innovate

- **NC AHEC Nurse Refresher Program:** This program helps nurses who have left the profession or want to return after a long break. The program provides refresher courses and clinical experiences to update knowledge and skills, thereby increasing employability and retention.[4]
- Data collection in North Carolina is facilitated through the Health Professional Data System, Sentinel survey, and NurseCast model, supported by the **Cecil G. Sheps Center for Health Services Research** (Sheps Center)**.** *Please see page 18 for profile on the Sheps Center.*
- The **NurseCast model**, focusing on RN/LPN dynamics, provides analysis of factors such as supply, demand, and diversity in the nursing workforce.[5]

How Can North Carolina Learn from Leading National Peers



Colorado offers loan repayment for nursing faculty (up to $50,000 full-time, $25,000 part-time) with at least master's degrees who teach for two years.[6]



Virginia's General Assembly established a $500,000 Nursing Preceptor Incentive Program to provide financial incentives for practitioners who serve as otherwise uncompensated preceptors for APRN students to help increase access to care, address the primary care shortage, handle mental health crises, and manage chronic diseases.[7]



The California Healthcare Workplace Violence Prevention Act requires health care employers conduct a risk assessment, implement a violence prevention plan, and provide training responding to workplace violence. A study found that Californian hospitals had a 32% reduction in workplace violence as a result.[8]



In Virginia, the SafeHaven program was established to provide confidential peer coaching and counseling to health care workers suffering from stress and burnout.[9]

Note: Additional North Carolina nursing workforce initiatives are included in the appendix.

1. NC AHEC Scholars Program; 2. North Carolina State Education Assistance Authority, Higher Education Forgivable Loan Programs; 3. North Carolina Institute of Medicine, NCIOM.org; 4. NC AHEC Nurse Refresher Program; 5. UNC Sheps Nursecast; 6. Colorado Department of Public Health & Education; 7. Virginia Department of Health Nurse Preceptor Incentive Program; 8. Impact of the California Healthcare Workplace Violence Prevention Act on Workplace Violence in Hospitals, JAMA Internal Medicine, Taylor, Himmelstein, Woolhandler, December 2019 9. MSV Safehaven

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Nursing | Recommendations

Caregiving Workforce Strategic Leadership Council Action Areas

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

INITIATIVE #1: Establish volunteer academic coaches for community college students

CHALLENGE

According to research conducted by the UNC System, the second most common reason why students left their nursing programs was academic issues or nursing course failure (the first reason being personal or financial circumstances).[1]

STRATEGY

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

IMPACT

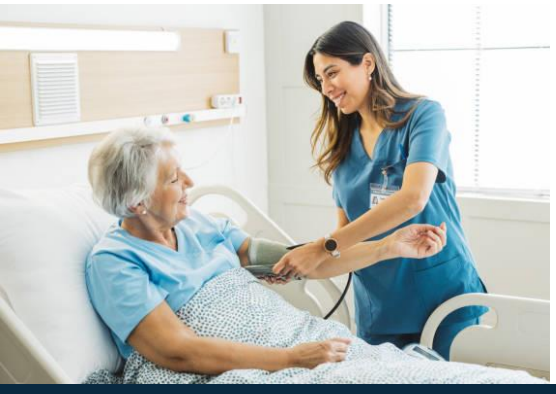
This initiative aims to establish a dynamic network of retired nurses and graduate students who will empower community college students with personalized academic support, ultimately enhancing academic performance, fostering timely graduation, and strengthening collaboration with faculty to ensure the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

ACTION STEPS

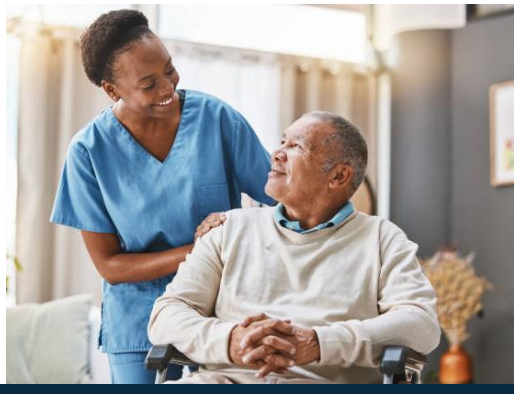
1. Partner with NCCCS to identify community colleges at which to pilot academic coach expansion.
2. Identity funding for community colleges to train volunteer coaches.
3. Develop a plan to identify, recruit, and train volunteer coaches through partnerships with community colleges, local associations,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

LEVEL OF EFFORT

While developing this plan and funding a point of contact at each community college may require a moderate amount of funding, this initiative primarily relies on volunteer coaches. Funding will be needed to market the program to students, and maybe allocated from pre-existing budgets. It is recommended that this program begin as a pilot program at one community college to determine the investment needed and subsequent ROI.







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

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Nursing | Recommendations

INITIATIVE #2: Enhance and invest in academic employer partnerships

CHALLENGE

In North Carolina, challenges exist for nursing students to access opportunities for upskilling and credentialling within the field, given the prohibitive cost of nursing education. Key limiting factors in producing more enrollees include employing increased numbers of teaching faculty and retaining existing faculty, providing increased opportunities for clinical placements, and constructing new instructional space or repurposing existing instructional space.[1] Once enrolled, based on average historical attrition rates, every 100 additional nursing enrollees at a UNC System institution will yield approximately 86 additional nursing graduates. At a NC community college, every 100 additional enrollees will yield approximately 56 additional graduates.

STRATEGY

AHEC should secure additional funding to support the expansion of the existing NC AHEC Nursing Clinical Instructor Partner Program. Dedicated funding is essential for marketing the program and identifying additional stakeholders to participate in the program.

IMPACT

The intended impact is to increase educational capacity and increase the number of nurses who are trained and licensed each year. Additionally, partnerships would improve the retention of RNs and APRNs by allowing them a sabbatical from the bedside and opportunity to teaching in nursing programs.

ACTION STEPS

1. Communicate the success stories, metrics, and ROI from the existing NC AHEC Nursing Clinical Instructor Partner Program.
2. Identify future cohort of partnerships and the necessary resources to launch new partnerships and/or sustain current partnerships.
3. Expand the funding pool for the NC AHEC Nursing Clinical Instructor Partner Program.

LEVEL OF EFFORT

In the short term, resources are needed to secure funding for the existing partnership program and its continuation. As the partnerships are expanded throughout the state, additional support, resources, and funding will be required.

PARTNERSHIP SPOTLIGHT

Duke Health and Durham Technical Community College formed a partnership with the goal of addressing nursing shortages across North Carolina.[3] This Academic Practice Partnership consisted of three key objectives: (1) **expand enrollment and retention at Durham Tech**, (2) **create new pathways** to nursing employment at Duke Health, and (3) **advance equity and diversity** in hiring. Clinical staff from Duke Health assumed faculty roles at Durham Tech, providing students with opportunities for mentorship and career exploration, while new equipment and dedicated roles were introduced to support Duke Health employees pursuing education at the college.

IMPACT

This collaborative effort **expanded educational capacity** at Durham Tech, helping more students gain access to nursing careers and improved student retention. It introduced innovative pathways to nursing employment within Duke Health, fostering career growth for health care professionals.

PARTNERSHIP SPOTLIGHT

During the COVID-19 pandemic, Virginia's **Mary Washington Healthcare** entered into an academic practice partnership with **Germanna Community College** to meet workforce and clinical needs for the future.[2] Their partnership accelerated practice readiness by bridging the gap between education and clinical practice while addressing the demand for more nurses.

IMPACT

This partnership employed Germanna Community College **nursing students as Certified Nursing Assistants.** Today, the program now includes a **joint appointment partnership model,** allowing Mary Washington Healthcare to hire one instructor from Germanna. This model is being considered for other clinical roles, like surgical technologists, and other non-clinical roles.

1. University of North Carolina & North Carolina Community Colleges, "Recommendations on Increasing Nursing Graduates in Response to SL 2022-74," 2023; 2. University of Mary Washington, "UMW, Germanna, Mary Washington Healthcare Partner to Improve Nursing Education," 2014; 3. Durham Tech, "Durham Tech, Duke University Health System Partner to Create Nursing Talent Pipeline," 2023

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Nursing | Recommendations

INITIATIVE #3: Improve employee retention and engagement

CHALLENGE

The challenge of nursing retention and engagement in the health care sector deserves paramount concern. New graduate RNs are confronted with substantial turnover rates, ranging from 39.8% within their first year and a staggering 58.7% within the first two years of their careers.[1] These statistics underscore the significant challenges that health care institutions face in retaining and engaging their nursing staff, which both leads to financial burdens and impacts the quality of patient care. Addressing this challenge is imperative for the long-term sustainability and effectiveness of health care systems.

STRATEGY

To increase the retention of the nursing workforce in North Carolina, two strategic approaches should be considered. In the short term, adjusting public sector nursing salaries to match inflation rates would help address immediate concerns and provide an incentive for nurses to remain in the workforce. Adjustments would also serve as an example for the private sector to follow. In the long term, investing in the NC AHEC Practice Support Program, which is a partnership with NCDHHS, is recommended to tackle deeper issues related to workplace culture, fostering an environment that is more conducive to nurse retention and job satisfaction. This program provides coaches who are able to support primary care practices that are interested in adding community health workers to their teams.

IMPACT

Implementing these strategies establishes a sustainable and supportive work environment that not only retains nurses, but also enhances their job satisfaction and overall quality of care in North Carolina's health care system.

ACTION STEPS

1. Convene a working group to conduct a nurse compensation study.
2. Determine the amount of raises necessary and identify the funding mechanism to fund the increase in compensation.
3. Form a collaborative stakeholder alliance among nursing professionals, policymakers, and community leaders to draft legislation and budget requests that would improve nursing workforce retention and improve workplace culture.
4. Identify a working group to expand the Support Coach Program.
5. Evaluate other investments in the employee experience such as retention interviews, listening sessions, engagement surveys, and feedback mechanisms.
6. Reimagine and redesign schedules to incorporate flexible and part-time employees for traditionally full-time jobs, broadening the candidate pool.
    a) Determine current state of flexible/part-time employee arrangements in the state and best practices nationwide.
    b) Identify feasibility of regulatory changes.
7. Implement task shifting to ensure that nurses are operating at the top of their license.
8. Invest in future models of care that include virtual models, thus increasing telehealth.

LEVEL OF EFFORT

Over the course of the next 12 months, a multi-stakeholder approach will be required to advocate for increases in nurses' compensation. Long-term, additional investments will be needed to support and expand the NC Practice Support Coach Program.

LPN Shortage Estimates[2]:



Today: ~1,300

2033: ~5,000

70%

of UNC survey respondents report that Chief Nursing Officer turnover is a "moderate/urgent problem"[3]

49%

of UNC survey respondents report intent to leave the CNO role in 3 years[3]

2 years

average time at the bedside for a new nurse before leaving[1]

1. NSI Nursing Solutions, "2023 NSI National Health Care Retention & RN Staffing Report," 2023; 2. NC Nursecast. 3. UNC 2021 survey (Jones, Havens, Kim, Munn)

Nursing | Recommendations

INITIATIVE #4: Invest in social resource centers (NCCARE360 expansion)

CHALLENGE

Numerous barriers hinder access to essential healthcare services for many North Carolinians, potentially exacerbating health disparities and poor health outcomes. These obstacles, which include limited access to transportation, childcare, and healthcare resources, alongside the lack of health insurance, disproportionately affect under-resourced communities. It is important to note that similar challenges also arise for students pursuing nursing education and training, impacting their ability to focus and succeed academically. Addressing the social determinants influencing health necessitates that nurses themselves feel supported and can meet their basic needs, as this is crucial for their academic success and future contributions to healthcare.

STRATEGY

To support nursing students both at community colleges and 4-year institutions, additional investment is needed for social services such as transportation, childcare, food security and housing. To deliver these services in a more streamlined and effective manner, the state should invest in the expansion of unmet social needs through a tool such as NCCARE360 that offers a network of health and social services providers, including monitoring capabilities to ensure participants are receiving the care they need.

IMPACT

By making investments, this social support ecosystem will alleviate the navigation and scheduling burdens on nursing students. By investing in essential needs to support nursing students, NCDHHS can increase accessibility, reduce barriers, and strengthen the education pipeline. Streamlining services with tools like NCCARE360 can improve support efficiency, potentially boosting student retention and graduation rates.

ACTION STEPS

1. Identify the specific region or area where there is a need for intervention or support.
2. Determine the investment in NCCARE360 needed for addressing the identified need. Assess the feasibility of additional investment and identify both public and private funding sources.
3. Partner with NCCARE360 to determine the funds and resources needed to effectively address the identified need. This collaboration will help ensure a comprehensive and well-supported approach to addressing the issue.
4. Identify any additional partners that provide an interconnected network of both health and social services.

LEVEL OF EFFORT

In the short-term, NCDHHS should work with NCCARE360 to identify one region to pilot this initiative in Spring 2024.





Nursing | Recommendations

INITIATIVE #5: Increase the number and availability of nurse and faculty loan repayment programs and stipends

CHALLENGE

As noted in the Future of Nursing report published by the National Academy of Sciences, cost is a main component in decisions about nursing education for most students. Underrepresented minorities are particularly impacted by financial barriers to entering the nurse field. As the cost of obtaining a degree and the subsequent student debt remains the greatest barrier to pursuing a degree, potential nursing students can face insurmountable barriers to entry.[1]

STRATEGY

North Carolina currently maintains several loan repayment programs relevant to nursing students. This includes the state-funded Nurse Education Scholarship Loan Program (NESLP), Nurse Educators of Tomorrow (NET), and Nurse Scholars Program (NSP/MNSP), in addition to the Health Resources and Services Administration-funded State Loan Repayment Program (SLRP).[2,3] Loan repayment programs can incentivize and support those unable to dedicate full energy or resources to a traditional education period. By understanding existing programs' utilization, capacity and funding, current advertising strategies, program barriers and constraints, eligibility requirements, and demographic breakdown would give a holistic viewpoint into an important lever for equity and evolve the programs to match the needs of intended users.

IMPACT

By reviewing loan repayment program utilization and understanding barriers, NCDHHS can help the state evolve an existing high-impact lever for increasing accessibility into careers in nursing, particularly for those already working in the caregiving field.

ACTION STEPS

1. Partner with the North Carolina State Education Assistance Authority (state-funded programs) and program owners from the NCDHHS SLRP.
2. Conduct a data call for program utilization, capacity and funding, current advertising strategies, eligibility requirements, and demographic breakdown.
3. Conduct limited interviews with the North Carolina State Education Assistance Authority (NCSEAA) and NCDHHS program owners to understand program constraints.
4. Consider a survey to loan repayment program applicants to further understand program constraints.
5. Consider informational interviews with financial aid subject matter experts or education administrators from the NCCCS, UNC system, and nursing education programs.
6. Develop and analyze nurse loan repayment program usage and constraints to make recommendations for increasing program reach and impact.
7. Develop an approach for funding requests from the North Carolina General Assembly.

LEVEL OF EFFORT

Develop an analysis including a dollar value of loan repayments and recommendations to be included with the next state budget request. Cost considerations for this initiative include NCDHHS staff time to review, analyze, and develop recommendations about loan repayment programs.



1. National Academy of Sciences, "The Future of Nursing 2020-2030," 2021; 2. North Carolina State Education Assistance Authority – State-Funded Loans; 3. NCDHHS - State Loan Repayment Program

Nursing | Recommendations

INITIATIVE #6: Readjust nurse faculty salaries and schedules

CHALLENGE

The American Association of Colleges of Nursing cites several key reasons for faculty shortages: increasing average age of faculty members and associated increasing retirement rates, high compensation in alternate settings that attracts current and potential nurse educators, and an insufficient pool of graduates from master's and doctoral programs.[1] A 2020 National Advisory Council on Nurse Education and Practice report calls the faculty shortage a "long-standing crisis threatening the supply, education, and training of registered nurses" and recommends federal efforts as well as a coordinated private–public response to address the shortage.[2] According to a Sheps Center report, there is a projected gap of 8.9% or 132 RN educators by 2033, with the possibility of a 22.6% gap of 297 educators should retirements occur five years early.[3]

STRATEGY

The state can retain and attract more faculty to the profession to support the education of future nurses through competitive salaries and flexible schedules, such as evening classes. A compensation study is also needed to understand the gap between clinical and faculty positions. Once the gaps are identified by region, funding could be determined either through setting minimums and/or creating blended funding opportunities for public and private institutions. In addition to raising pay, as a part of receiving funding, institutions will be required to review and report on availability of demand for evening and non-traditional scheduling for classes.

IMPACT

By focusing on compensation, North Carolina can address the primary barrier to working in nurse education: low pay. The state can both incentivize new entrants to nurse education and retain those currently working in the field who, due to inadequate compensation, may face choosing between a clinical or educational salary.

ACTION STEPS

1. Assemble a committee of private and public nursing educational institution representatives.
2. Ahead of approaching the General Assembly for funding, the committee may:
    a) Conduct a compensation study with a focus on regional and equitable insights to understand the regional pay gaps between faculty and clinical staff, also considering the type of institution, work schedules, hours worked, and other benefits.
    b) Conclude what a reasonable difference should be between faculty and clinical staff compensation.
    c) Using the current pay difference between faculty and clinical staff and the optimal future state, calculate funding requirements for a raise for UNC and Community College System faculty, with a grant pool and criteria for private educational institution faculty.
    d) Study barriers of current faculty schedules and consider tying schedule recommendations to funding requirements if a true barrier to recruitment and retention is revealed.
3. Detail a plan for the General Assembly:
    a) Tie nurse faculty pay to market-rates via an annual compensation study.
    b) Use faculty retention rates provided by educational representatives combined with research to reveal salary as a key driver for faculty turnover and a roadblock to recruitment.
    c) Pose the option of becoming nurse faculty against the aging nurse workforce, for whom teaching could provide balance.
    d) Provide the amount of funding required based on the committee's compensation study.
    e) Highlight any future recommended action for the General Assembly, such as differentials for working non-traditional hours, incentives for underrepresented demographics, etc.

LEVEL OF EFFORT

Once the level of pay increases has been confirmed, NCDHHS will present an appropriations request to the General Assembly for the FY 2025 cycle.

1. American Association of Colleges of Nursing, "Fact Sheet: Nursing Faculty Shortage"; 2. National Academy of Sciences, "The Future of Nursing 2020-2030," 2021; 3. UNC Sheps, "What the Data Say About the Nursing Workforce," Fraher, 2023

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Behavioral Health | Context

Background

North Carolina is currently experiencing a behavioral health crisis marked by a surge in demand and a shortage of healthcare professionals in the field. Two in five of North Carolinians live in a mental health professional shortage area. Beyond that, 22 counties have no practicing psychiatrists. Rural counties in North Carolina have 0.58 psychiatrists for every 10,000 residents, and 68 counties do not have a child and adolescent psychiatrist present. [1]

Kaiser Family Foundation reports a national increase in depression, anxiety, and opioid use since the beginning of the pandemic.[2]

The 2021 youth suicide rate among ages 10 to 17 is its highest in two decades.[3]

52% Of the 14.2% of youth in North Carolina who were diagnosed with a major depressive episode in 2022, 52% did not receive mental health services.[1]

13% North Carolina mental health providers only meet 13% of the mental health needs in the state compared to the national average of 28% demand that is met by providers.[4]

Considerable demand strains the already limited workforce

Challenges

North Carolina's behavioral health workforce is experiencing numerous challenges, including low reimbursement rates, high administrative burden, lack of visibility surrounding career paths, limited career advancement opportunities for unlicensed professionals.

Low reimbursement rates

In North Carolina, reimbursement rates have not been updated since 2013.[5] Lower Medicaid payment rates (relative to other payers) as well as and mental health providers limit participation in Medicaid and further exacerbate existing workforce shortage.

Administrative burden

Administrative burdens can inhibit providers from accepting insurance. Often, the administrative burdens are higher for Medicaid than other payors.[6]

Barriers to entry & return on investment

Licensed behavioral health professional positions require a master's degree in counseling, psychology, social work, family therapy, or other human services related field. These degree programs often leave students with significant student loan dept.[5]

Limited opportunities for advancement in unlicensed positions

For the unlicensed behavioral health workforce, including qualified professionals, associate professionals, and paraprofessionals, career progression exist, but is not clearly articulated nor based on certification. Talented employees can feel stagnant without advancement options and leave for higher paying roles elsewhere.[7] The current certification process for peer support specialists can be difficult to navigate in NC. There are currently only four to six approved curriculums and few agencies hiring peer support specialists.[7]

1. UNC, "Responding to North Carolina's Behavioral Health Workforce", 2023; 2. Kaiser Family Foundation, "The Implications of COVID-19 for Mental Health and Substance Abuse," 2023; 3. Child Fatality Task Force Annual Report to the Governor – North Carolina, 2023; 4. Kaiser Family Foundation, Mental Health in North Carolina; 5. NCDHHS, "Investing in Behavioral Health and Resilience," 2023; 7. Kaiser Family Foundation, "A Look at Strategies to Address Behavioral Health Workforce Shortages," 2023; 8. North Carolina Department of Behavioral Health and Developmental Disabilities, Key informational interview, 2023

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Behavioral Health | Existing Solutions

While myriad challenges exist that negatively impact North Carolina's behavioral health workforce, various solutions have been developed to help alleviate ongoing challenges. Select efforts include:

How North Carolina is Addressing these Challenges Today

Recruit & Train

- **Department of Public Instruction NC School Mental Health Initiative (NC SMHI):** The NC SMHI is a multi-disciplinary partnership of stakeholders related to the provision of mental health services to children and youth. This initiative aims to provide policy/legislative support and recommendations for accessible, high-quality, and coordinated mental health services.[1]
- **State Loan Repayment Program:** SLRP focuses on behavioral health providers who provide psychiatric care to people in rural and underserved communities. The Office of Rural Health receives federal funds to administer this program.[2]

Retain & Innovate

- **NCDHHS Addition Education Minority Fellowship Program:** The Division of Mental Health, Developmental Disabilities and Substance Abuse Services provides an opportunity for institutions to for tuition scholarships for students from ethnic/racial minority groups to pursue degrees that support work in the addiction prevention, treatment, and recovery fields.[3]
- **NCDHHS Expansion of Practitioner Education:** The Division of Mental Health, Developmental Disabilities and Substance Abuse Services developed an initiative to expand the integration of substance use disorder education into the standard curriculum of relevant health care and health services education programs.[3]
- **NC Medicaid Expansion:** As of December 1, 2023, Medicaid will be expanded to provide healthcare access to 600,000 North Carolinians. The expansion is expected to deliver better healthcare services, bolster rural hospitals, and infuse the state's economy with substantial funding.[4]

How North Carolina can Learn from Leading National Peers

Recruit & Train



In Arizona, the state offers a tax credit to employers who hire behavioral health workers who meet certain qualifications.[5]



In Massachusetts, student loan repayment includes a competitive application to pay between $30,000-$50,000 for behavioral health providers in exchange for a commitment to practice in a community-based setting for four years.[6]

Retain & Innovate



In Maine, the state's Office of Substance Abuse and Mental Health Services (SAMHS) reduced the number of required assessments for Substance Use Disorder Treatment, allowing providers to spend more time with patients and less on documentation.[7]



In California, the state's Department of Health Care Services (DHCS) expanded reimbursement for telehealth services provided by behavioral health providers, which can reduce the need for in-person visits.[8]

Note: Additional North Carolina nursing workforce initiatives are included in the appendix.

1. NC Department of Public Instruction, School Mental Health Initiative; 2. NCDHHS - State Loan Repayment Program; 3. NCDHHS Invests in Growing and Training NC's Substance Use Workforce to Better Treat Those Struggling with Substance Use Disorders, 2022; 4. NCDHHS, NC Medicaid Expansion Will Launch on Dec. 1, 2023, 2022; ; 5. Arizona State Senate. Fact Sheet for SB 1142; 6. Massachusetts Loan Repayment Program for Health Professionals; 7. Comprehensive Behavioral Health Plan for Maine. Department of Health and Human Services; 8. California Department of Health Care Services. Telehealth

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Behavioral Health | Recommendations

Caregiving Workforce Strategic Leadership Council Action Areas

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

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

CHALLENGE

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

STRATEGY

Continued expansion of the Sheps Center key priorities is necessary, harnessing connections within the Caregiving Workforce Strategic Leadership Council to combine multiple data sources and create data lakes. Sheps Center currently tracks health workforce data for many health professions, including psychologists and psychological associates for behavioral health. Supporting the expansion to the broader community of behavioral health workers would unlock new insights into this diverse field.

IMPACT

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

ACTION STEPS

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

LEVEL OF EFFORT

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

Cecil G. Sheps Center for Health Services Research

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

MISSION

The Cecil G. Sheps Center for Health Services Research seeks to improve the health of individuals, families, and populations by understanding the problems, issues, and alternatives in the design and delivery of health care services. *This includes a key focus on behavioral health.*

PRIORITIES

1. Evaluating the behavioral health workforce disparities by occupation across the state
2. Investigating workforce composition, data, needs, sufficiency, distribution
3. Assessing service delivery methods

APPROACH

The Center maintains an interdisciplinary program of research, consultation, technical assistance, and training that focuses on questions concerning the accessibility, adequacy, organization, cost, effectiveness, and equity of health care services and the dissemination of this information to policymakers and the public.

FUNDING

This project is supported by the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration

1. . UNC, "Responding to North Carolina's Behavioral Health Workforce", 2023; 2. UNC Sheps Center

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Behavioral Health | Recommendations

INITIATIVE #2: Define the unlicensed behavioral health workforce and professional pathways

CHALLENGE

The behavioral health field is made up of a multitude of career options, both licensed and unlicensed (see below). By working to understand the menu of career options that students and workers have when learning about behavioral health careers and career pathway points of entrance, the state can better socialize and support promotion of both those entering and continuing in the field.

STRATEGY

In order to enhance the recruitment and advancement of the unlicensed behavioral health workforce, NCDHHS should create a set of comprehensive materials to help learners, academic counselors, employers, and other stakeholders understand professional pathways and opportunities for advancement within the behavioral health field.

IMPACT

Already demonstrating a dedication for the field, unlicensed workers specifically have the potential for investment as one facet of the future behavioral health licensed workforce. Supporting unlicensed workers also offers the option of supporting diverse talent who may be unable to dedicate years of focused time to formal education without supplemental income.

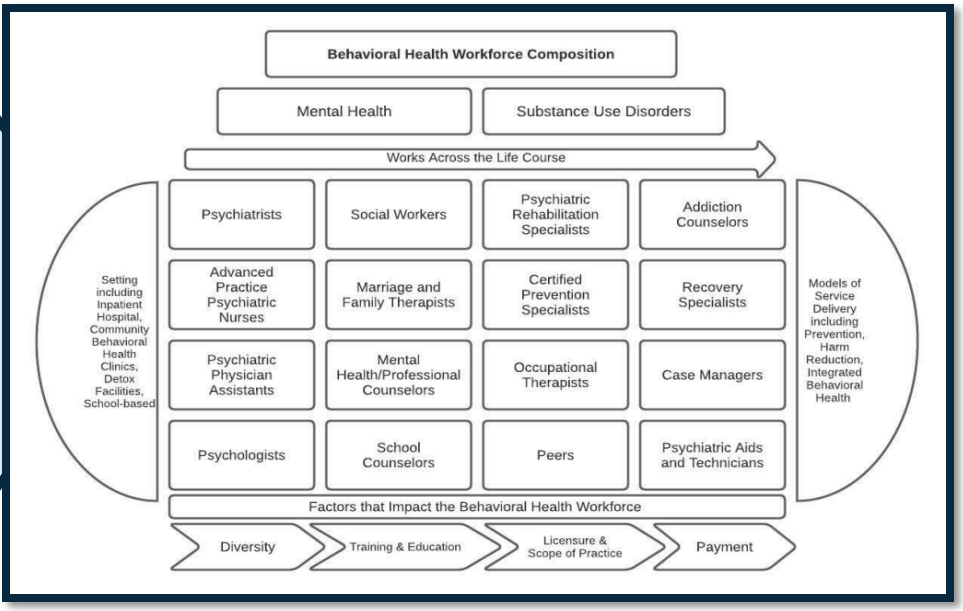
ACTION STEPS

1. Assemble community college faculty and directors to map associate degree programs to the potential roles that graduates could fill.
2. Partner with employers and NCDHHS to map out places of employment and opportunities for professional advancement.
3. Consider conducting surveys to understand 1) where graduated students are employed and 2) certification, licensure, and career pathway awareness.
4. Develop a map of entrance and exit points into unlicensed behavioral health roles and into licensed ones to understand North Carolina's behavioral health career pathways.
    a) Identify points of attrition along the career pathways and initial mitigation recommendations.
5. Support NCCCS in developing a mental health certification program for community college students.

LEVEL OF EFFORT

Given the existing financial investment and commitments to the behavioral health workforce in North Carolina, the level of investment should remain minimal. Over the next six months, NCDHHS should partner with the Sheps Center to address these action steps. Additional stakeholders such as NCCCS and AHEC should be engaged in this process.

As displayed by the **UNC Behavioral Health Workforce Research Center**[1], there are many settings and licensed and unlicensed behavioral health career options. Further understanding the various entry points would enable the state to support the entirety of the workforce.



1. UNC Sheps, "Advancing Behavioral Health Workforce Research and Policy," 2023

Behavioral Health | Recommendations

INITIATIVE #3: Incent recruitment and retention for publicly funded mental health roles, including both licensed and unlicensed professionals

CHALLENGE

Public sector behavioral health professionals and providers work in demanding and difficult environments that include challenges like large and complex caseloads, ongoing workforce shortages, high acuity of care needs, lack of quality supervision and connection with other professionals. All of this has contributed to increasing burnout and fatigue. Additionally, nationally, pay increases for state and local government employees have not kept pace with those of private workers, who generally have enjoyed much stronger gains in recent years. A 2022 Pew Charitable Trust analysis of Labor Department data shows that the year-over-year growth rate for hourly private sector salary and wages in each of the past four quarters has exceeded that for state and local governments by the largest margin on record.[1] Concerns over pay have compounded an already difficult situation for governments in recruiting and retaining staff and put additional strains on public services.

STRATEGY

NCDHHS should garner support and funding for debt relief, competitive compensation, professional development, quality supervision, and career advancement.

IMPACT

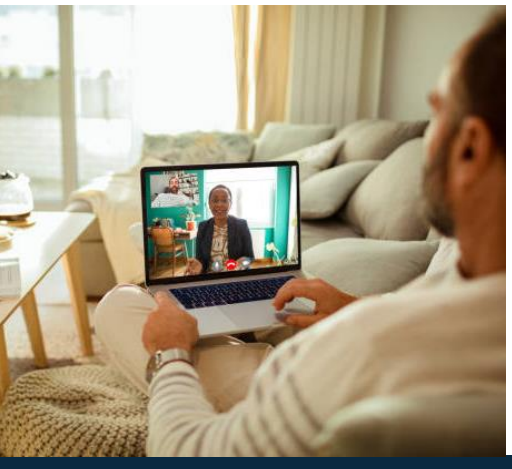
Enhancing the overall well-being and career satisfaction of public sector mental health providers will ultimately improve successful recruitment and retention efforts for this workforce.

ACTION STEPS

1. Understand the disparities in pay and other benefits between private and publicly funded mental health roles, to help develop a business case for increased pay and benefits.
2. Expand the candidate pipeline of peer support specialists to include diverse workforce segments such as carefully screened formerly incarcerated individuals, individuals with disabilities, veterans, and immigrant populations through partnerships with external organizations.
    a) Build relationships with advocacy groups to reach these populations, disseminate career marketing materials, and explore partnerships with external organizations (including academic institutions) to streamline hiring.

LEVEL OF EFFORT

Initial research and coordination of stakeholders could be accomplished within three months, while designing and implementing programs across the public sector and developing partnerships to expand the pipeline would extend efforts through 2024.





1. Pew Charitable Trusts, "Government Wage Growth Lags Private Sector by Largest Margin on Record," 2022

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Behavioral Health | Recommendations

INITIATIVE #4: Increase training and credentialing for peer support professionals

CHALLENGE

There is a lack of qualifications and consistent credentialing for peer support professionals in North Carolina, who provide a significant level of mental health care without specific qualifications or credentials.

STRATEGY

The Departments should offer free training programs specifically designed for peer support professionals to enhance their skills, knowledge, and competencies. State agencies should develop a set of criteria and core competencies that define the qualifications and skills required peer support professionals, ensuring consistency in the understanding and application of these criteria across the state.

IMPACT

Providing standardized credentialling for peer support professionals will help eliminate barriers to entry to the field, ultimately expanding the unlicensed workforce and enabling individuals to enhance their core competencies. This strategy not only fosters professional growth but also ensures uniformity in qualifications, contributing to the overall standardization and effectiveness of the behavioral health workforce.

ACTION STEPS

1. Under NCDHHS's lead, identify the benefits agencies could expect if they support their unlicensed workforce in participating in these trainings.
2. Map and tie the high impact roles that peer support professionals occupy that, with training and credentialing, could be made publicly available and serve as springboards to licensed career-track positions.
3. Identify the training the state would need to provide to connect unlicensed workers to licensed careers and outline cost, time, and resource considerations.
4. Identify regulatory barriers, if necessary, where unlicensed workers are barred from using reasonable experience as a qualification for certification.

LEVEL OF EFFORT

This initiative would span multiple years due to the partnerships, training identification and development, and regulatory considerations. However, a more targeted pilot effort could occur within 2024.

SPOTLIGHT: PEER SUPPORT TRAINING

Peer support specialists are those who have experienced mental health issues, trauma, and/or substance-use issues and through training help others through similar situations.

Massachusetts's Department of Mental Health offers a free Peer Support Training and Certification Program to become a Certified Peer Specialist. Twice-weekly classes meet for 5.5 weeks for several cohorts throughout the year.[1]

New York created PeerTAC, funded by the state's Office of Mental Health and led by NYU and Rutgers University along with other peer-run organizations. PeerTAC was organized to provide training for Peer Support Services as a billable service.[2]

IMPACT

By leveraging the peer support services training model for peer support services and other pathways, North Carolina can provide targeted support to unlicensed workers delivering behavioral health services with training opportunities that advance their careers in a free and flexible way.

REIMBURSEMENT BEYOND PEER SERVICES

A 50-state scan found that North Carolina's Medicaid Agency reimburses for peer services and community/rehabilitative supports from its non-licensed substance use disorder workforce.[3] Other states also reimburse for crisis intervention, screening, evaluation, and assessment, case management/care coordination, and counseling services.

1. Massachusetts – Peer Support Training; 2. Introducing PeerTAC; 3. National Academy for State Health Policy, "50-State Scan: How Medicaid Agencies Leverage their Non-Licensed Substance Use Disorder Workforce," 2019

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Behavioral Health | Recommendations

INITIATIVE #5: Establish regular intervals for behavioral health rate adjustments

CHALLENGE

With rising operation costs and inflation, the cost of providing care has increased. Yet, reimbursement rates have not been updated since 2013 according NCDHHS in March 2023. The pressure of stagnated income and rising expenses strains providers' abilities to remain in business, particularly in rural areas. Stagnated reimbursement rates, along with administrative burden, also can hinder providers' choice to accept insurance. NCDHHS estimates that the three-year cost of increased Medicaid rates would cost $225 million.[1]

STRATEGY

To address stifled rates, key stakeholders should develop an agreement that behavioral health rates will be regularly reviewed and adjusted over specified time periods as necessary to ensure competitive rates and increase practitioner retention.

IMPACT

Increasing government insurance reimbursement rates, and thus salaries of behavioral health workers, will impact the recruitment and retention of workers to the field. It would also impact practitioners choosing to take insurance instead of operating as cash-only, which would also increase access to care.

ACTION STEPS

1. Engage both the NCDHHS and NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans that manage the calculation of three-year Medicaid rate increases.[1] (see reference #1)
2. Launch a study to understand the operating expenses for Medicaid-reimbursable behavioral health services.
    1. Conduct interviews and focus groups to further understand financial constraints.
    2. Compare North Carolina's behavioral health rates with those of peer states as well as inflation rates.
    3. Determine the financial need and funding avenues for increasing rates, as well as the measures to tie regular increases to (e.g., inflation, peer state rates, market).
3. Develop an approach and request funding increases from the General Assembly.

LEVEL OF EFFORT

This initiative requires NCDHHS to conduct and complete a study in 2024 and subsequently determine the funding required from the General Assembly in the following budget cycle.



RATES IN THE NEWS

NCDHHS announced that effective December 1, 2022, three psychiatric collaborative care codes under Medicaid reimbursement would receive an increase to 120% of the Medicare rate, an indicator of the state's dedication to behavioral health.[2]

What's next?

Behavioral health more broadly, beyond psychiatric collaborative care, would benefit from rate increases.

Why act?

Kaiser Family Foundation notes that lower Medicaid payment rates as well as disparities in pay between physical and mental health providers could limit participation in Medicaid and exacerbate workforce shortages.[3]

1. NCDHHS, "Investing in Behavioral Health and Resilience: A comprehensive plan to strengthen North Carolina's mental health and substance use disorder treatment system," 2023; 2. NCDHHS, "NC Medicaid Enhancements to Integrated Physical and Behavioral Health," 2022; 3. Kaiser Family Foundation, "A Look at Strategies to Address Behavioral Health Workforce Shortages," 2023

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Direct Care| Context

Background

According to PHI, an organization focused on strengthening direct care, North Carolina will be required to fill 186,000+ direct care worker (DCW) openings from 2018 to 2028. That includes nearly 21,000 new jobs to meet rising demand and 165,500 vacancies due to attrition from the existing workforce. Low wages and poor working conditions have been the primary drivers leading workers to seek alternative career opportunities.[1]

119,000 There are approximately 119,000 direct care workers providing care to the citizens of North Carolina.

61% People of color make up a significant 61% of the direct care workforce.[2]

92% Women make up 92% of the direct care workforce in North Carolina.

$13.62 For 2022, the median wage of DCWs in North Carolina was $13.62.[6]

Challenges

Faced with low wages, safety concerns, and a lack of recognition, the direct care workforce has experienced disproportionate levels of attrition and turnover. Beyond these challenges directly related to the job, these workers also may have limited prospects for advancement, with no clear career path.

Low wages

In 2022, median hourly wages for DCWs in North Carolina was $13.62.[6] This includes Nursing Assistants, who earned a median wage of $15.31 and Home Health and Personal Care Aides, who earned $12.06 per hour. It is important to note that these are median figures, and thus many DCWs earn significantly less than this.

Lack of benefits

In 2021, 17% of DCWs in North Carolina had no health insurance, and 25% relied on public coverage.[3] Just half of DCWs obtained health insurance through their employer or union.[6]

Inadequate training

DCWs often perform tasks outside the scope of their limited training, since there are few federal or state training requirements for many categories of DCWs. Furthermore, few states require DCWs to participate in the continuing education that would increase their skill sets over time.[4]

Lack of professional advancement

DWCs do not have a clear trajectory or career ladder. Most DCWs do not have official credentials or certifications and report that the experience and training they do earn or complete does not garner higher wages or follow them if they change jobs.[4]

Lack of respect and value

The services that DCWs provide to individuals across the country are essential yet are often undervalued by society.[5] During the COVID-19 pandemic, all states immediately identified hospital workers as a priority for the distribution of Personal Protective Equipment. However, that designation frequently failed to include DCWs in nursing homes or home and community-based care settings.[4]

Aging population

As the aging population continues to grow, there is a significant increase in the number of individuals who will require direct care services in the coming years. This demographic shift poses a pressing demand for well-trained and dedicated direct care workers to meet the evolving healthcare needs of the elderly.

1. PHI, "Time to Lift up North Carolina's Direct Care Workers," 2021; 2. PHI, "Essential Jobs, Essential Care North Carolina," 2022; 3. PHI, "Resolving North Carolina's Direct Care Workforce Crisis," 2021; 4. Millbank Memorial Fund, "Direct Care Workforce Policy and Action Guide," 2022; 5. The Frameworks Institute, "Public Thinking About Care Work in a Time of Social Upheaval," 2021; 6. PHI, Workforce Data Center

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Direct Care| Existing Solutions

While the direct care workforce is challenged to recruit and retain workers, various investments and solutions have been developed both in North Carolina and nationwide. Select efforts include:

How North Carolina is Addressing these Challenges Today

Recruit & Train

- **WECARE:** Workforce Engagement with Care workers to Assist, Recognize and Educate. This initiative will address areas of concern in building communities that are inclusive of people with Intellectual and Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), physical disabilities, and older adults with support needs in the State of North Carolina, including affordable, accessible housing, transportation, direct support workers, and natural supports.[1]
- *[Deloitte requested additional recruitment and training initiatives from NCDHHS]*

Retain & Innovate

- **NC Medicaid:** NC Medicaid increased direct care worker wages for approximately 60,000 workers through the provider rate increases, including for Intermediate Care Facilities, Skilled Nursing Families, and Home and Community-Based Services.[2]
- **NC Four Phase Comprehensive Training and Competency Program for Direct Care Workers:** Under the Personal and Home Care Aide State Training Program Grant in 2015, NCDHHS developed a four-phase training program to advance DCW competencies in partnership with the North Carolina Community College System.[3]

How Can North Carolina Learn from Leading National Peers



Missouri has a direct care workforce development program called "Caring for Missourians" which aims to increase the number of qualified health care professionals, including direct care workers, in the state.[4]



Rhode Island has a Behavioral Health Certificate Training Program that offers up to $100,000 to support various care agencies. It includes $500 per employee for completing the RI College Behavioral Health Certificate program and an additional 15.7% for associated payroll and administrative expenses.[5]



Six states are using funding from the American Rescue Plan Act to provide pay increases to direct care workers who complete specific courses and trainings.[6]



California's Data Dashboard on Aging tracks the number of direct care workers by type (including home health aids and personal care aids) and created a visualization that shows licensed workers per 1,000 older adults by county and where to focus their recruitment efforts.[7]

Note: Additional North Carolina nursing workforce initiatives are included in the appendix.
1. Duke School of Public Policy, WECARE; 2. NCDHHS, "Special Bulletin COVID-19 #239: Update on Temporary Rate Increases," 2022; 3. NC Community Colleges, "NC Four Phase Comprehensive Training and Competency Program for Direct Care Workers"; 4. Missouri State Board of Nursing Newsletter, Volume 14, No. 1; 5. State of Rhode Island "Behavioral Health Training for HCBS Direct Care Workers: Program Guidance", 2020; 6. Advancing States Analysis of State ARPA Plans, 2021; 7. Let's Get Healthy California, "Caregiving that Works"

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Direct Care | Recommendations

Caregiving Workforce Strategic Leadership Council Action Areas

The Direct Care Working Group met virtually five times to discuss potential avenues for enhancing and strengthening the DC workforce. Comprising leaders from the NC Department of Commerce, NC Division of Mental Health and Developmental Disabilities, Department of Public Instruction, UNC System, NC Community College System, NC AHECs, and the Sheps Center, they engaged in extensive discussions and collaboratively crafted four recommendations to enhance North Carolina's DCWs.

INITIATIVE #1: Define what the direct care workforce is

CHALLENGE

The challenge of defining the direct care workforce in various instances has become increasingly complex, with different settings making it difficult to establish a standardized framework. With more than five registries in North Carolina alone and the absence of Standard Occupational Classification (SOC) codes for these roles, there is a pressing need for the allocation of resources to create an overarching framework that can effectively categorize and track diverse DCWs to ensure comprehensive and accurate data collection and analysis.

STRATEGY

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

IMPACT

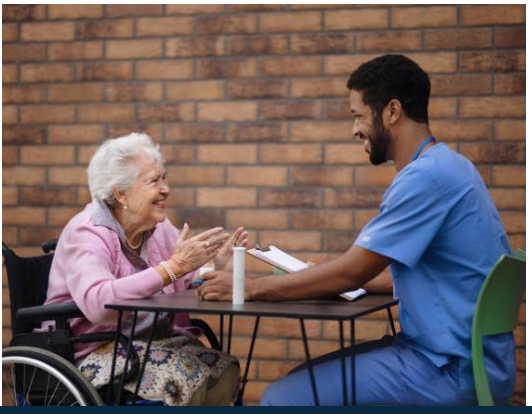
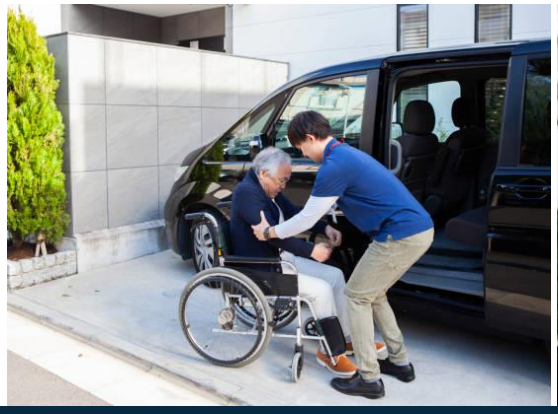
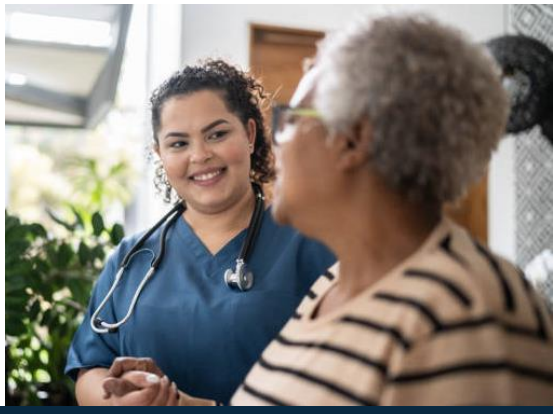
A direct care workforce inventory will serve as a foundation to improve data collection, career advancement, and pay equity, ultimately improving recruitment and retention of direct care professionals.

ACTION STEPS

1. NCDHHS will define the state funded roles within nursing facilities, intermediate care facilities, and home and community-based services and expand to other sectors (i.e., aging, childcare, etc.) and payers (private insurance).
2. NCDHHS will create a survey which will serve as the basis for the direct care workforce inventory.
3. NCDHHS will partner with public and private employers to standardize job descriptions and credentials for direct care professions.

LEVEL OF EFFORT

This initiative requires a multi-stakeholder approach and support from organizations and entities such as WECARE, the Division of Aging and the Division of Health Benefits. While the initial action steps can be quick wins and achieved within the next 12 months, additional time and investment will be required to engage existing DCWs and ensure that employers adopt standardized definitions and job descriptions for each role.

Direct Care | Recommendations

INITIATIVE #2: Advance the data landscape for the direct care workforce

CHALLENGE

North Carolina lacks reliable and actionable data surrounding its direct care workforce. To effectively address the numerous challenges impacting the direct care workforce, the state must first amass vital information regarding DCW employers, demographics, compensation, and other relevant information.

STRATEGY

The state should continue to support the work of the Sheps Center, harnessing connections within the Council to create avenues for sourcing data and develop a repeatable model to regularly collect and analyze data.

IMPACT

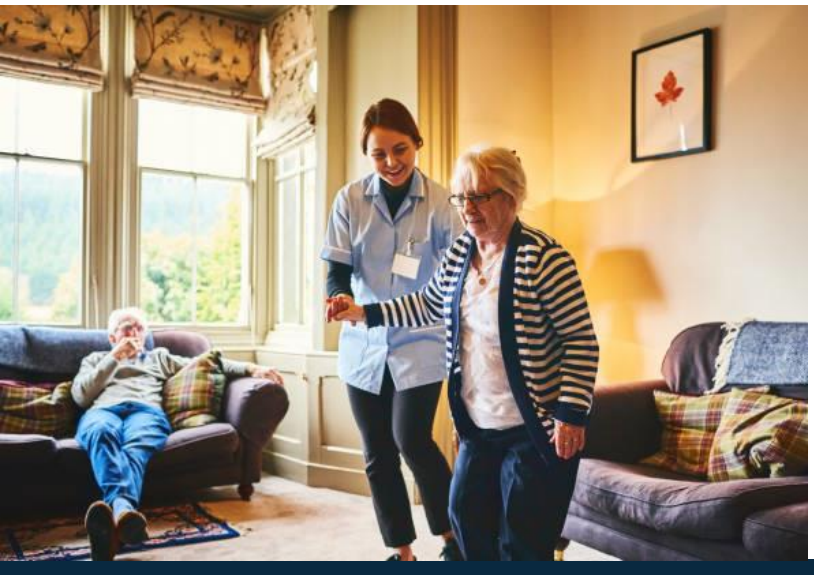
DCWs are not currently tracked or understood in a consistent way. Defining the workforce, followed by planning for thorough data collection, will allow the state to develop targeted solutions to challenges that can only be revealed by more clearly knowing the workforce.

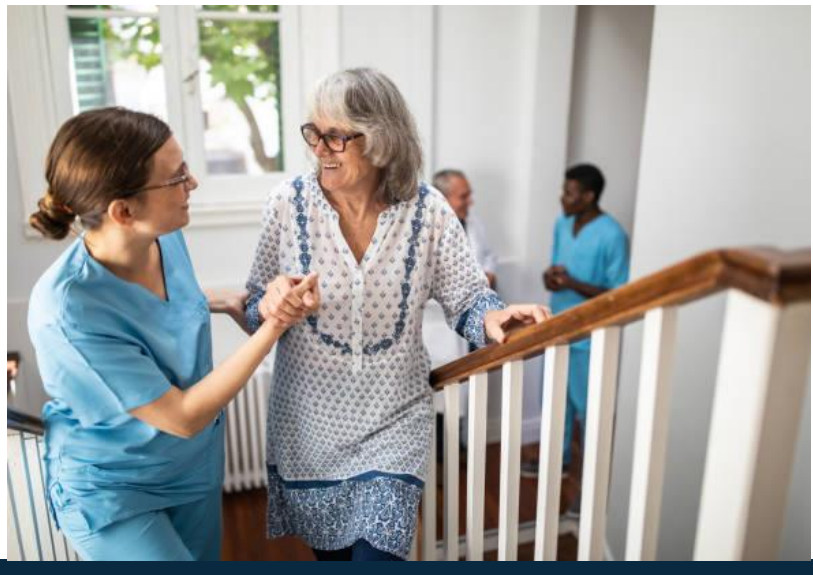
ACTION STEPS

1. Use the definitions created in Initiative #1 to develop a model for collecting workforce data that would exist outside of the employee licensure process (i.e., through employers and employees).
2. Develop a plan to scan employers with DCWs, such as through leveraging business licenses.
    a) Consider partnership with PHI National and the North Carolina Coalition on Aging, which has begun work in tracking DCWs in North Carolina.
3. Create the categories of data to harness, with tailored methodologies for DCW challenges (e.g., a special focus on turnover, job satisfaction, pay, and whether employees leave for another field).
4. Once data calls are made and the data is analyzed, convene the Council and direct care representatives for review and discussion, developing an understanding of workforce challenges along with solutions to those challenges.

LEVEL OF EFFORT

Due to the process of creating a methodology for collecting data and gathering buy in from a decentralized base of data sources, the Council should target collecting data by the end of 2024.





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Direct Care | Recommendations

INITIATIVE #3: Expand apprenticeship programs

CHALLENGE

To attract DCWs through apprenticeship programs, it is necessary to streamline the transition from high school or community college to direct care employment. In many cases, DCWs experience challenges related to both development within the direct care profession as well as advancement to other health care fields and occupations such as nursing.

STRATEGY

To support the expansion of apprenticeship programs, NCDHHS should leverage the Council's network and collaborate with both DPI and ApprenticeshipNC at NCCCS. Additionally, NCDHHS should work with local workforce development boards to increase the number of direct care apprenticeships. Existing apprenticeship models that rely on partnerships between academic institutions and employers within the caregiving field can serve as examples for DCWs.

IMPACT

By investing in and expanding earn-while-you-learn projects, North Carolina can cultivate a pipeline of lifelong employees. Learners who are provided with clear career progression pathways and the opportunity to earn high school credits are able to seamlessly transition into community college or 4-year education and promising career paths, thereby promoting an integrated and sustainable approach to both education and career development. The investment into apprenticeship programs is essential to address workforce shortages, provide valuable training opportunities, and ensure high-quality care for the future.

ACTION STEPS

1. Create connections and foster relationships with hospitals, local health departments, and long-term care administrators so DPI can continue to expand existing efforts.
2. Partner with various associations, including the NC Hospital Association and the NC Association of Public Health Nurse Administrators, to engage private sector employers in apprenticeship programs.
3. Provide financial incentives or stipends for participants to support their participation in apprenticeship programs.

LEVEL OF EFFORT

Earn-to-learn and apprenticeship programs are already underway, but continued investment and resources are needed to cover staff, programmatic, and potential physical infrastructure costs for resources related to implementation.

APPRENTICESHIP SPOTLIGHT

In Virginia, the Germanna Community College and the Rappahannock Community Service Board developed an entry-level mental health technician program that results in employment at the end of the program. Students work up to 24 hours per week for Rappahannock CSB and participate in three hours of lectures per week at the community college. The students are paid $15 per hour. At the end of the course, they can interview for a role at the CSB. Students can also earn a health care credential at the completion of the course.[3]

GERMANNA COMMUNITY COLLEGE

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Research from the Harvard Project on Workforce studied apprenticeship participants and found the following:

- **64%** of participants transitioned to employment, postsecondary education, or both, **offering multiple pathways** for youth and a high return on investment for employers.
- In year two, apprentices were rated **70% as productive** as traditional full-time trained employees. [2]

1. Durham Tech. Surgical Technology; 2. Harvard Kennedy School, "Apprenticeships multiply the pathways to education, jobs, or both," 2022; 3. Germanna Community College Mental Health Paraprofessional Counseling Certificate

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Direct Care | Recommendations

INITIATIVE #4: Create a living wage for direct care workers

CHALLENGE

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

STRATEGY

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

IMPACT

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

ACTION STEPS

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

LEVEL OF EFFORT

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

TENNESSEE INVESTING IN DCW TRAINING

In Tennessee, the state Medicaid agency and Board of Regents partnered to develop the QuILTSS Workforce Development Training program for DCWs. The program offers training in areas like cultural competency and patient-centered care and provides higher compensation for workers supporting TennCare's long-term services and supports programs.

ACCREDITED TRAINING CURRICULUM: DIRECT SUPPORT PROFESSIONAL

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

TRAINING STANDARDS FOR PERSONAL CARE AIDES: ARIZONA

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

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

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North Carolina Caregiving Workforce Initiatives

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Nursing| Existing Solutions *(1 of 2)*

Organization/Entity/Program	Description
North Carolina Institute of Medicine (NCIOM) - Task Force on the Nursing Workforce	This North Carolina Institute of Medicine task force is developing an actionable vision for enhancing and supporting North Carolina's nursing workforce by developing recommendations related to nursing education, career progression, workforce diversity, retention, and health care payment models.
NC Area Health Education Center (AHEC) Scholars Program	This program selects applicants to participate in a two-year educational program who may receive a subsidy, subject to academic or institutional approval. The AHEC Scholar Certificate sets students apart by announcing that each student that has completed the program has developed the knowledge, skills, and attitude necessary to make a difference in health care.
UNC System Recommendations on Increasing Nursing Graduates	This UNC System study provides recommendations on the methods and timeline for increasing the number of public postsecondary nursing graduates by 50%.
NC Works	NCWorks Online is a one-stop online resource for job seekers and employers in North Carolina. Job seekers can search for jobs, create resumes, and find education and training resources. Employers can find candidates, post jobs, and search labor market information.
Sheps Center Nursecast	NC Nursecast is an interactive, web-based tool that forecasts the future supply and demand for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) in various practice settings in North Carolina. The tool draws on historical data from the NC Board of Nursing/Health Professions Data System, population data from the NC Office of Budget and Analysis, and expert input from an advisory committee to provide baseline estimates of how many nurses NC will have and how many nurses will be demanded in NC by region and by setting.
NC Caregiving Workforce Strategic Leadership Council	The Caregiving Workforce Strategic Leadership Council will use data and expert input to identify strengths and challenges facing this critical workforce and to develop coordinated action. The first three focus areas are the direct care, nursing and behavioral health segments.
North Carolina Forgivable Education Loans for Service (FELs)	This program provides financial assistance to qualified students committed to working in critical employment shortage professions in North Carolina.
Nurse Education Scholarship Loan Program (NESLP)	This program provides loans to qualified North Carolina residents who are committed to working full-time as nurses in North Carolina.
NC Rural Practice Incentive Programs	This initiative focuses on state loan repayment programs with tax-free funds for loan repayment made available through the North Carolina Office of Rural Health and Community Care's administration.

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Nursing| Existing Solutions *(2 of 2)*

Organization/Entity/Program	Description
Nurse Educators of Tomorrow Program (NET)	The NET Program provided forgivable loans to North Carolina students pursuing master's and doctoral degrees to become nursing instructors at North Carolina public and private colleges. Recipients must complete loan forgiveness within seven years of graduation, excluding periods of approved deferments.
Health, Science and Mathematics Student Loan Program (HSM)	The HSM Program provided forgivable loans to qualified North Carolina residents who are committed to working full-time in medicine, allied health, nursing, or as science and mathematics educators in North Carolina.
Nurse Scholars Program (NSP/MNSP)	The NSP/MNSP Program provided merit-based loans to North Carolina students who commit to work as registered nurses or nurse educators in North Carolina. Recipients must complete the loan forgiveness obligation within seven years of graduation from the program, excluding periods of approved deferment.
Duke: Promoting Resilience and Mental Health Among Health Professional Workforce	The purpose of this program is to provide support to entities providing health care, health care providers associations, and Federally Qualified Health Centers (FQHCs), taking into consideration the needs of rural and medically underserved communities, to establish, enhance, or expand evidence informed or evidenced-based programs or protocols to promote resilience, mental health, and wellness among their providers, other personnel, and members, collectively known as the "Health Workforce."
U.S Department of Labor's Nursing Expansion Grant Program	The U.S Department of Labor's Nursing Expansion Grant Program is designed to support nursing training programs to diversify the pipeline of nursing professionals able to fill these jobs and improve the nation's health care system.
NC Future of Nursing Action Coalition	States across nation created Action Coalitions to act on the mission of the RWJ Foundation. In NC the Coalition developed the Equity Minded Nurse Imitative as a major communication and engagement campaign to "foster and unleash the power of Equity-Minded nurses to advance health equity and disrupt structural racism."
NC Center on Workforce for Health	The NC Center on the Workforce for Health will provide a forum for health employers, workers, educators, regulators, policymakers, and others throughout North Carolina to convene, discuss challenges and opportunities, share best practices and lessons learned, identify potential solutions and metrics for success, and monitor progress toward addressing these challenges.
Center for Health Equity through Nursing (A-CHEN) Ambassadors program	The Center for Health Equity through Nursing (A-CHEN) Ambassador Program is a group of individual nurse leaders with a sphere of influence who are committed to leveraging their position to address the structural systems that contribute to health inequity, strengthen and diversify the nursing workforce, improve access to care, services and benefits, and serve as volunteer advocates for the work of A-CHEN.
NC Business Committee for Education Pre-Nursing Youth Apprenticeship	The NC Business Committee for Education developed a pre-apprenticeship program designed to expose high school students to the nursing field through both education and on-the-job-learning. Before high school graduation, students receive their CNA certification and upon graduation, students complete instruction in order to obtain either an LPN or RN degree.

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Behavioral Health| Existing Solutions *(1 of 2)*

Organization/Entity/Program	Description
North Carolina Forgivable Education Loans for Service (FELs)	This program provides financial assistance to qualified students committed to working in critical employment shortage professions in North Carolina.
State Loan Repayment Program (SLRP)	SLRP focuses on behavioral health providers who provide primary and psychiatric care to people in rural and underserved communities. The Office of Rural Health receives federal funds to administer this program. This program is different from the North Carolina Loan Repayment Program (NC LRP), though the names are similar.
NC Area Health Education Center (AHEC) Scholars Program	This program selects applicants to participate in a two-year educational program who may receive a subsidy, subject to academic or institutional approval. The AHEC Scholar Certificate sets students apart by announcing that each student that has completed the program has developed the knowledge, skills, and attitude necessary to make a difference in health care.
Duke: Promoting Resilience and Mental Health Among Health Professional Workforce	The purpose of this program is to provide support to entities providing health care, health care providers associations, and Federally Qualified Health Centers (FQHCs), taking into consideration the needs of rural and medically underserved communities, to establish, enhance, or expand evidence informed or evidenced-based programs or protocols to promote resilience, mental health, and wellness among their providers, other personnel, and members, collectively known as the "Health Workforce."
Primary Care Training and Enhancement - Residency Training in Mental and Behavioral Health (PCTE-RTMB) for adjacent support	The purpose of the PCTE-RTMB program is to train primary care residents in the prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral health conditions for pediatric, adolescent, young adult, and other populations who are at-risk or have experienced abuse, trauma, or mental health and/or substance use disorders.
NC Caregiving Workforce Strategic Leadership Council	The Caregiving Workforce Strategic Leadership Council will use data and expert input to identify strengths and challenges facing this critical workforce and to develop coordinated action. The first three focus areas are the direct care, nursing and behavioral health segments.
Department of Public Instruction (DPI): NC School Mental Health Initiative (NC SMHI)	The NC School Mental Health Initiative (NC SMHI) is a multi-disciplinary partnership of stakeholders related to the provision of mental health services to children and youth. NC SMHI reflects partnerships across disciplines, including community mental health providers, educators, advocates, lawyers, university officials, and parents, with the goal to provide policy/legislative support and recommendations for accessible, high-quality, and coordinated mental health services.
North Carolina Community Health Center Association (NCCHCA) Behavioral Health Working group	NCCHCA convenes a workgroup of behavioral health providers, administrators, and staff from FQHCs and partner organizations. The Behavioral Health Workgroup meets quarterly to discuss behavioral health and to contribute ideas, experiences and share best practices.
NC Psychiatry Access Line	NC-PAL is a free telephone consultation and education program to help health care providers address the behavioral health needs of pediatric and perinatal patients.

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Behavioral Health| Existing Solutions *(2 of 2)*

Organization/Entity/Program	Description
NC STAR Network	The NC STAR Network is a statewide initiative with an overarching goal of expanding access to addiction treatment for all citizens of North Carolina through utilization of a Hub and Spoke model. The Hubs are academic centers with a strong focus on providing addiction treatment and education.
Connection to Peer Support	This 3-year grant totaling $1.65 million was awarded to Cumberland County Hospital System (Cape Fear Valley Health) to provide peer support services for consumers presenting to emergency departments with distress related to behavioral health. The pilot project aims to provide improved coordination of ongoing treatment and recovery and to reduce future utilization of ED services for behavioral health needs.
Governor's Institute scholarships for SUD training	The Governor's Institute, through the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, will fund limited and approved requests for continuing education in an effort to further enhance knowledge, skills, and abilities of treatment providers for individuals seeking recovery from substance use disorders.

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Direct Care| Existing Solutions

Organization/Entity/Program	Description
North Carolina's State Budget included one-time bonuses to DCW	NC Medicaid provided >62,000 Direct Care workers and support staff (employed by 2,500 providers) with legislated bonuses of $2,100 in recognition of their work and ongoing efforts during the COVID-19 Pandemic [NCDHHS; NC DHB DCW]
NC Four Phase Comprehensive Training and Competency Program for Direct Care Workers	Under the Personal and Home Care Aide State Training Program Grant in 2015, NCDHHS developed a four-phase training program to advance direct care worker competencies through partnership with the North Carolina Community College system.
NC Caregiving Workforce Strategic Leadership Council	The Caregiving Workforce Strategic Leadership Council will use data and expert input to identify strengths and challenges facing this critical workforce and to develop coordinated action. The first three focus areas are the direct care, nursing and behavioral health segments.
NC Alliance of Direct Support Professionals (NCADSP)	Goals include to establish a North Carolina chapter of the National Alliance for Direct Support Professionals (NCADSP) to engage and empower direct support professionals (DSP) and providers in greater collaboration; to increase access to nationally recognized and well-constructed educational experiences – e.g., training, continuing, and higher education for each professional; to build connections and collaboration among the DSP community statewide; to promote value in this line of work; and to work toward professional standards.
The Direct Care Worker Equity Institute within the Paraprofessional Healthcare Institute, Inc. (PHI)	PHI's Direct Care Worker Equity Institute strives to address the structural inequities and profound disparities facing direct care workers to ensure that every one of them can thrive personally and professionally, while deliver the care that millions of older adults and people with disabilities need and deserve.
North Carolina provided time-limited rate increases for Direct Care during the COVID-19 pandemic	NC Medicaid increased direct care worker wages for approximately 60,000 workers through the provider rate increases, including for Intermediate Care Facilities, Home and Community-Based Services, and Skilled Nursing Families.
WECARE	Workforce Engagement with Care workers to Assist, Recognize and Educate. This initiative will address areas of concern in building communities that are inclusive of people with Intellectual and Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), physical disabilities, and older adults with support needs in the State of North Carolina, including affordable, accessible housing; transportation; direct support workers; and natural supports.
NC Olmstead Plan Priority Area on Addressing the Direct Support Professional Crisis	The Olmstead Plan is a cross-population blueprint, addressing the health and well-being of children and families, youth, adults, and elders with disabilities.
NC Coalition on Aging	The Coalition is a dynamic group of organizations and individuals that work collaboratively to give voice to issues that affect older North Carolinians. The Coalition engages in a variety of activities and efforts that focus on issues of common interest across our membership.
NC Council on Developmental Disabilities	The NCCDD works to promote public policies that improve the quality of life for individuals with developmental disabilities, as well as to educate the public about the needs and abilities of people with developmental disabilities.

Appendix

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Caregiver Workforce Strategic Leadership Council

Secretary Kody Kinsley, NC Department of Health and Human Services

Secretary Machelle Sanders, NC Department of Commerce

Department of Public Instruction

- Melissa Leeds
- Barbara Burt
- Kristie VanAuken

Independent Colleges and Universities

- Kathy Neal
- Tom West

NC AHEC

- Jill Forcina
- Hugh Tilson

NC Department of Commerce

- Jeff DeBellis

NC Community College System

- Lori Byrd

NCWorks Commission

- Annie Izod

Sheps Center

- Brianna Lombardi

State Board of Education

- John Blackburn

The Economic Development Partnership of North Carolina

- Christopher Chung

UNC Health

- Jill Radding
- Andy Willis

UNC School of Medicine

- Cam Enarson

UNC System

- David English

NC Department of Health and Human Services

- Deputy Secretary Mark Benton
- Karen Wade
- Emily McGee
- Kelly Crosbie
- Mike Leighs
- Susan Little
- Jonathan Kappler

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Nursing Working Group Members

Name	Organization	Name	Organization
Erin Fraher	Carolina Health Workforce Research Center	Melissa Leeds	Department of Public Instruction
David English	UNC System	Barbara Burt	Department of Public Instruction
Lori Byrd	NC Community College System	Jill Forcina	NC AHEC

Behavioral Health Working Group Members

Name	Organization	Name	Organization
Kelly Crosbie	NCDHHS	Charlene Wong	NCDHHS
Carrie Brown	NCDHHS	Michael Leighs	NCDHHS
Lori Byrd	NC Community College System	Kevin FitzGerald	NC AHEC
Brianna Lombardi	Sheps Center	Keith McCoy	NCDHHS
Sandra Terrell	NCDHHS	Yvonne Copeland	NCDHHS
Karon Hardy	NCDHHS	John Blackburn	State Board of Education

Direct Care Working Group Members

Name	Organization	Name	Organization
Hugh Tilson	NC AHEC	Melissa Leeds	Department of Public Instruction
Jeff Debellis	NC Commerce	Barbara Burt	Department of Public Instruction
Lori Byrd	NC Community College System	Jill Forcina	NC AHEC
Talley Wells	NCDHHS	Caroline Collier	NC AHEC
Emma Sandoe	NCDHHS	Karen Burkes	NCDHHS
Michael Leighs	NCDHHS		

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Additional Opportunities for Consideration

The following ideas and solutions were discussed amongst each working group; however, they were not prioritized for investment.

Direct Care	Behavioral Health	Nursing
Heath Care Career Day (Virtual or In-person)	Provide Education Debt Relief	Propose Legislation to mitigate workplace violence
Stipends for Direct Care workers	Decrease Administrative Burden	Incentives to decrease workplace burnout
Technological enhancements to moderate demand	Integrated Care Models	Funding for recurring Nursecast supply/demand projections
Outreach to Direct Care Workers who may benefit from coverage under Medicaid Expansion	Provide Clinical Care to Populations of Interest	Recruiting men into Nursing