



Virginia Health Science & Human Services Workforce

Strategic Recommendations Report

October 2023

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A MESSAGE FROM DR. BILL HAZEL

The Claude Moore Charitable Foundation is pleased to present this document that addresses both the need to engage individuals, especially youth, in meaningful careers and the healthcare workforce shortage in all areas from traditional healthcare to behavioral health, oral health, public health, and critical community human services. Over the past three months, 135 individuals, representing a diversity of health, education, and workforce perspectives participated in a series of meetings that were designed to help understand the landscape of health and health sciences workforce programs and priorities. Healthcare is not only an essential service, but a major employer in the Commonwealth. It offers jobs in every community.



There is no doubt that the significant shortages that exist today must be addressed urgently and that absent structural change in how the Commonwealth invests in education and training, these shortages will persist. With that in mind, this document recommends significant and immediate opportunities to “close the gaps” in critical areas and suggests an employer led and data informed strategy to compete for future workforce. The Virginia Health Workforce Development Authority (VHWDA) is a logical structure and entity to convene and champion these efforts but would require additional investments to drive this work forward. This report is complimentary to and supportive of the concurrent work being performed by the VHWDA and RAND.

Given the significant role that government plays in defining roles and responsibilities for healthcare workforce as well as regulation, payment, and direct employment, and education and training, there is no way to address the issues without the Commonwealth’s investment in both programs and infrastructure to maintain focus over time. Now is the best time to make these investments.

A handwritten signature in black ink, appearing to read "William A. Hazel".

Dr. Bill Hazel
Senior Deputy Executive Director
Claude Moore Charitable Foundation.

INTRODUCTION

This **Health Science and Human Services workforce recommendations report** was prepared by the Claude Moore Charitable Foundation with support from Deloitte Consulting using input from more than 135 healthcare, government, education, nonprofit, and economic development stakeholders across the Commonwealth of Virginia.

Five working groups were convened, and consensus was reached to support **five priority all-encompassing strategic recommendations** to address the pervasive workforce challenges in the Commonwealth. This report also includes **43 supporting priorities** that should be **continued or implemented to strengthen the workforce recruitment, retention, and experience** of health professionals.

Working Group stakeholders were comprised of the following:



Employers



Regulators & State Agencies



Legislators & Funders



Talent Developers



Behavioral Health Employers & Stakeholders



SETTING THE STAGE: WHY NOW?

Virginia continues to experience severe shortages in its healthcare and human services workforce, resulting in challenges with healthcare access, disparities in health outcomes, and suboptimal health results. There exists both an inefficient use of existing resources and an insufficient level of investment in training, education, partnerships, and data to adequately facilitate the recruitment and retention of providers and health professionals to pursue diverse and long-lasting careers in healthcare fields.

The health workforce supply in Virginia has not kept up with the growing demand for health services. The growing demand is attributed to aging baby boomers, the diabetes and obesity epidemics, an increase in health insurance coverage, and the mental health epidemic to name a few.

Increasing demand for health services

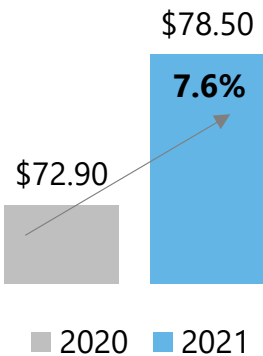


11k

Virginia hospitals are actively recruiting for more than 11,000 posted job openings.¹

40%

40% of Virginia localities have no psychiatrist or Psych NP (54 and 51 localities, respectively).²



Total annual personal health care spending in Virginia increased by 7.6% from 2020 to \$78.5 billion in 2021.³

Shortage of health workers



36

36 states have more behavioral health providers/100,000 than Virginia.⁴

27%

27% of graduates from Virginia 4-year nursing programs leave the state for employment elsewhere.⁶



70% of Virginia's 133 localities are considered to have a shortage of mental health professionals.⁵

59

59 counties and cities are designated Primary Care health practitioner shortage areas.⁷

REPORT METHODOLOGY

With findings based on a landscape analysis and 14 working group meetings, this report outlines solutions for Virginia's leaders to transform the future of the health and human services workforce across the Commonwealth.

Stakeholder feedback validated the value of collaboration



- Through surveys, interviews, and focus groups, a landscape analysis of existing workforce initiatives was developed
- Common challenges and overlapping efforts were revealed across disparate stakeholder groups, emphasizing the value of intentional, long-term collaboration

Working groups convened to assess priorities and develop recommendations

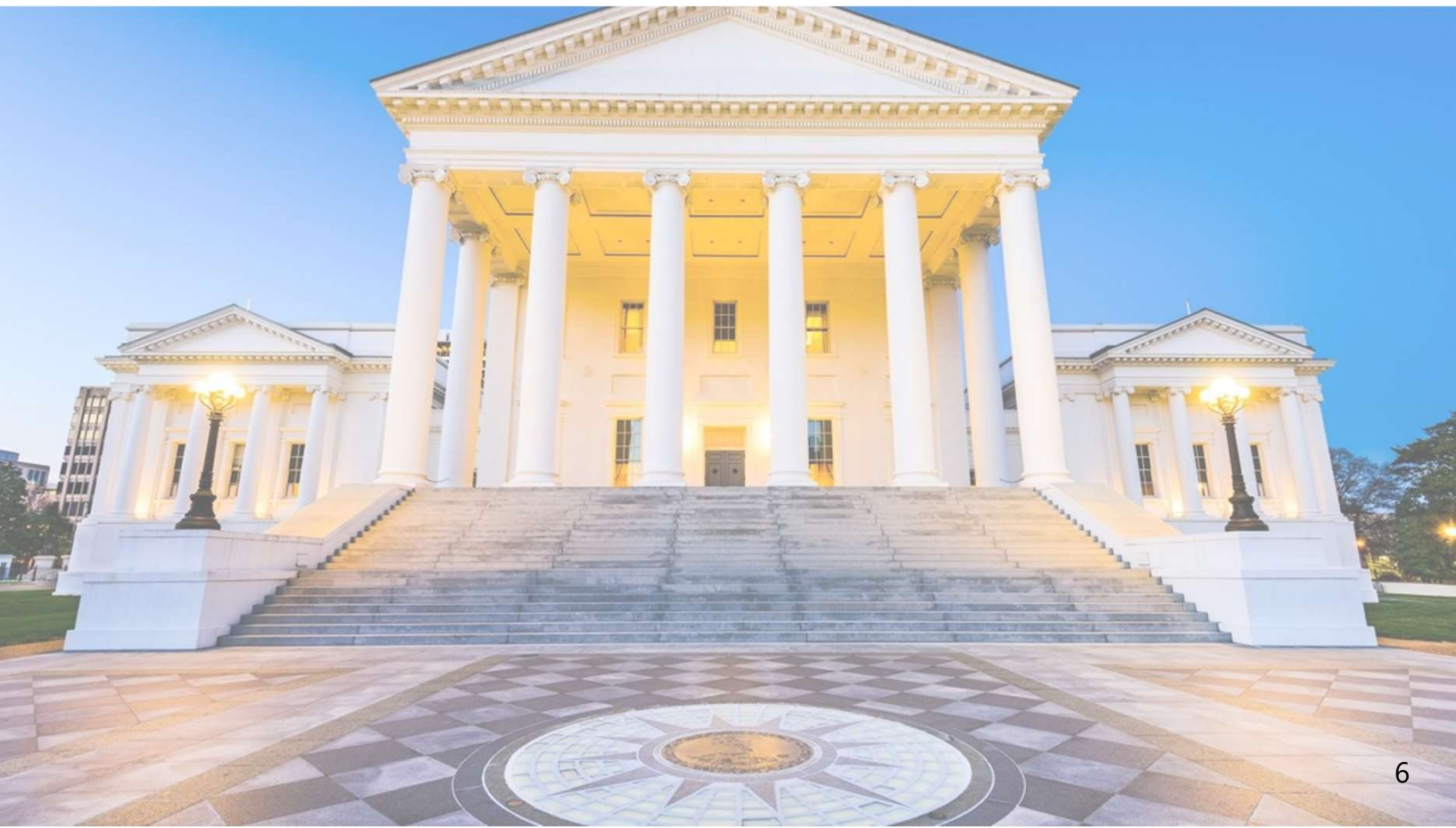


- Over the course of 14 working group sessions, Virginia healthcare, government, business, and economic leaders identified strategic priorities, tactics, owners, and metrics
- Groups were structured to ensure "cross-pollination" by including common team members across groups to build upon similar priorities and recommendations

Virginia's leaders must champion this work and advocate for investment



- The continuation of this work relies on a statewide leader(s) to champion this effort
- Recommendations in this report support:
 - Collective impact model to address workforce challenges
 - Integrated data approach to support informed regional decision making
 - Assessment, evaluation, and amendments of existing regulations to improve workforce efficiency



VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS: HOW TO READ THIS REPORT

To provide adequate context and supporting information, each of the five recommendations will include the following six elements: a concise summary of the primary **challenge** at hand, an explanation of the proposed **solution**, several near-term **action steps** to facilitate implementation, **considerations** to address potential roadblocks, an estimate of the required **investment**, and finally, the **lead stakeholder** responsible for overseeing the implementation of the recommendation.



CHALLENGE



SOLUTION



ACTION STEPS



INVESTMENT



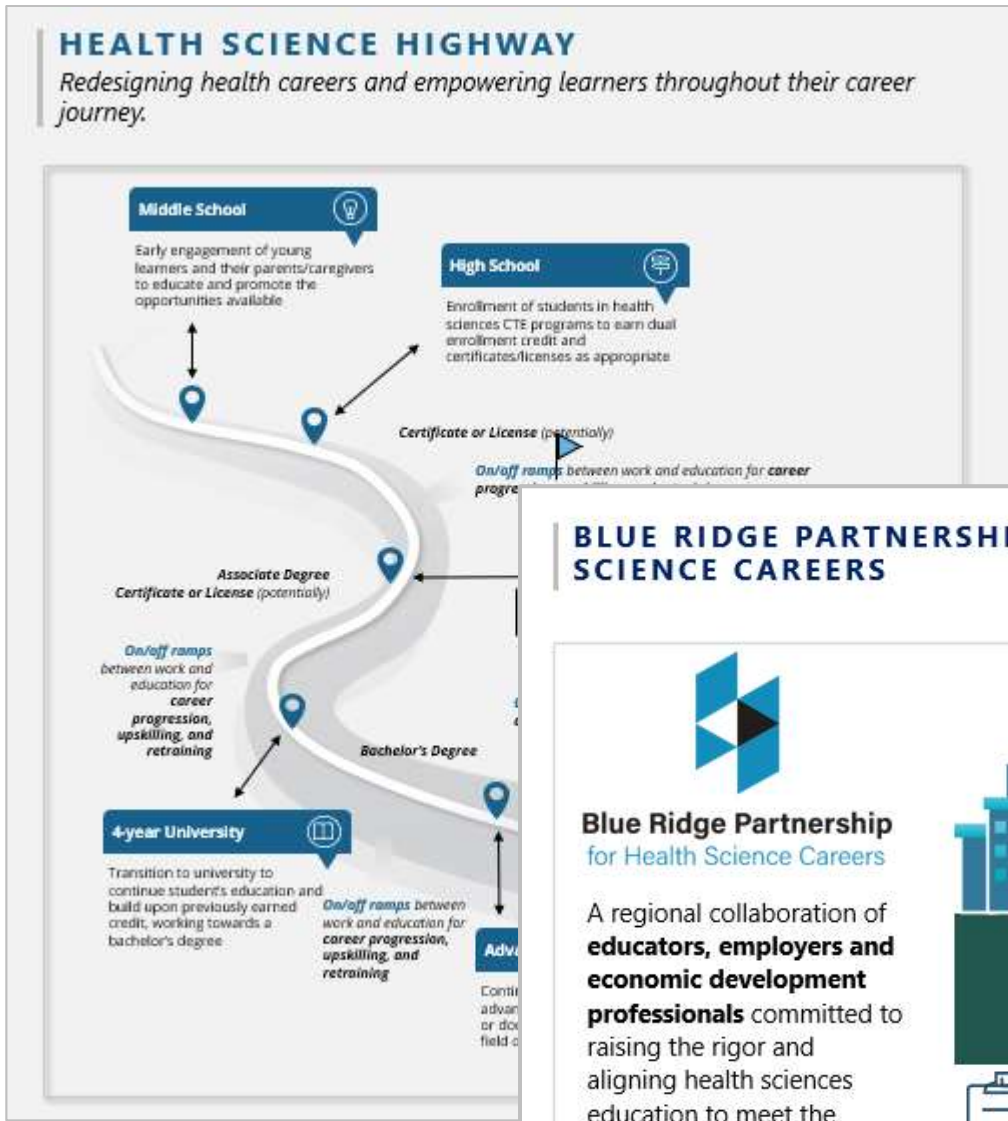
LEAD
STAKEHOLDER

When possible, supporting data, frameworks, quotes, case studies, and examples will support the recommendation, highlighting the possible impact and outcome.



FOUNDATIONAL MODELS AND FRAMEWORKS

The subsequent concepts serve as the basis for several recommendations in this report.



BLUE RIDGE PARTNERSHIP FOR HEALTH SCIENCE CAREERS

Blue Ridge Partnership for Health Science Careers

A regional collaboration of **educators, employers and economic development professionals** committed to raising the rigor and aligning health sciences education to meet the employment needs for the Health & Life Sciences industry in the Roanoke and New River Valleys, Alleghany Highlands, and greater Lynchburg (GO Virginia Region 2).

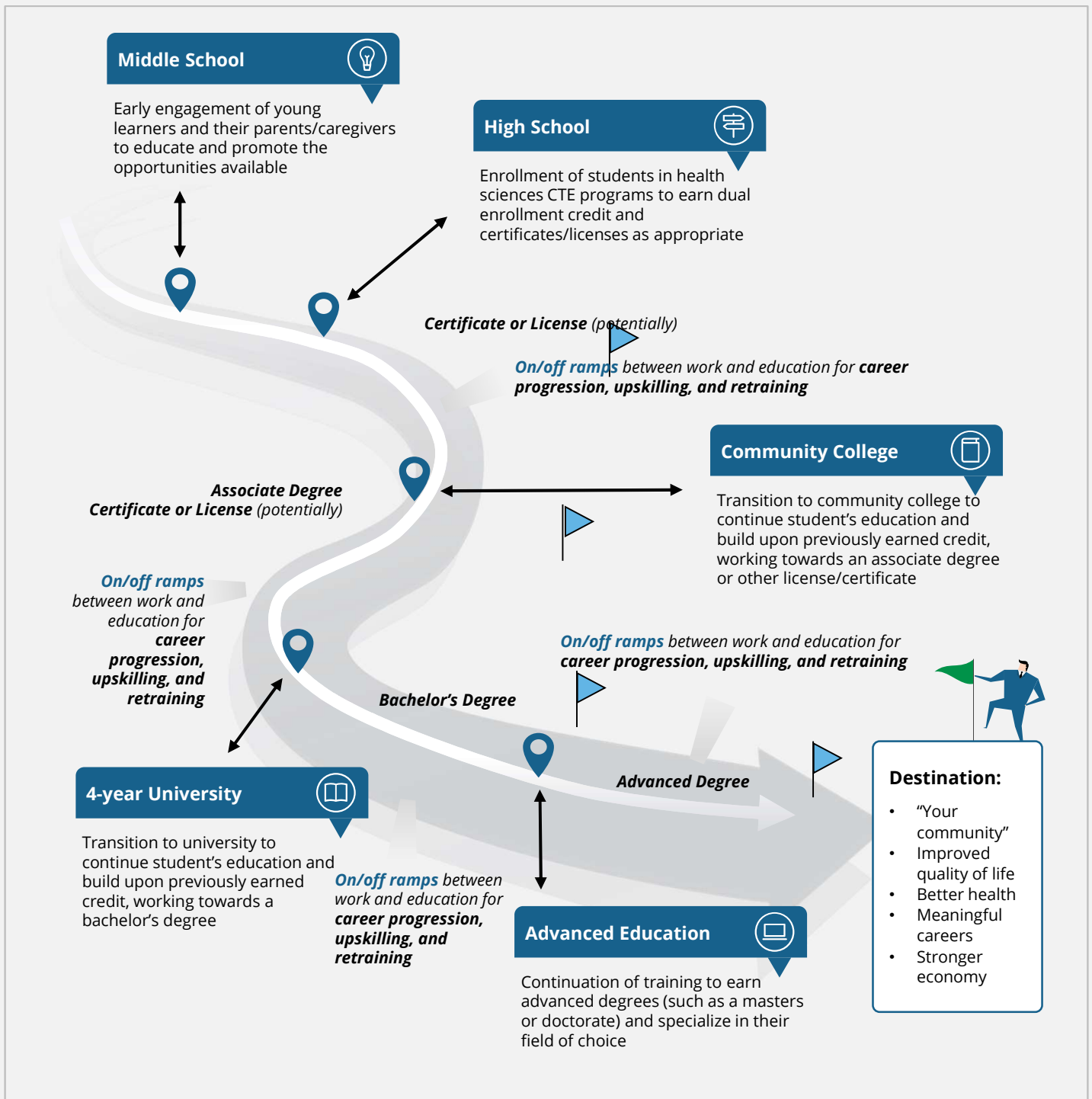
ORGANIZATIONAL STRUCTURE

Blue Ridge Partnership for Health Science Careers Board of Directors

- Finance Committee
- Student Engagement Committee
- Joint Communications Committee
- Academic Planning Committee
- Talent Pathways Committee
- IT/Analytics Committee
- Diversity Committee

HEALTH SCIENCE HIGHWAY

Redesigning health careers and empowering learners throughout their career journey.



The health science workforce highway is a **strategic framework** that is used to envision **continuous learning**, beginning with early engagement in middle school and continuing throughout with professional education. It also facilitates **on and off ramps** as students transition between school and work for **upskilling** and career change, while contributing to the **economic development** in local communities.

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ORGANIZATIONAL STRUCTURE



CAREER PATHWAY EXAMPLE: MEDICAL IMAGING

The Blue Ridge Partnership for Health Science Careers created specific career mapping information for a variety of healthcare pathways. Medical Imaging is shown below.



Start Your Career Path in Medical Imaging

Professionals in the field of imaging are trained to operate diagnostic equipment. This important role provides the healthcare team with information through images, which show the presence and extent of an injury, disease or impairment. The imaging team is key in providing valuable details that assist with treatment decisions. This rewarding career offers opportunities for specialization and paths that focus on research.

Remember, no career path is the same. While these are some of the most common imaging paths we've seen from one job to another, the skills you earn are unique to you and your goals. For the most up-to-date information, contact the school or business.

Worried About Tuition?

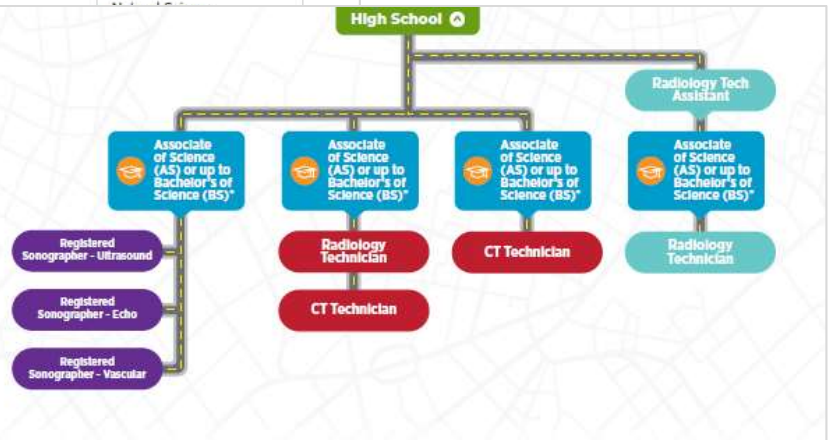
While tuition varies across programs, you may be surprised how affordable it is to start your path toward one of these careers! Tuition assistance is available. Visit virginiahealthcareers.org/financialaid or reach out to your career coach to learn more.

Where Will My Credits Take Me?

There are many institutions in Virginia offering courses. [This resource focuses on programs in GO Virginia Region 2.](#) Visit govirginia.org to learn more.

High School Curriculum | Got a Head Start!

Prefix	Course Name	Credit Hours	Course Category
BIO 101 OR SCI ELE	General Biology I or Science Elective		
ENG 111	Grammar & Composition I		
HLT 143 or HLT 230 or BIO 230	Medical Terminology I or Principles of Nutrition & Human Development		
PHI 220 or HUM ELE	Ethics of HUM Elective		
PSY 230 or PSY/SOC ELE	Developmental Psychology or PSY/SOC Elective		
SDV 100 or SDV 101	College Success Skill or Orientation to Health Professions		
ELE (TR)	Transferrable Elective		
	Total Credits		



Sonography Programs**	
Associate of Applied Science (AAS) Degree	
College	Salary Range
ECPI	\$53k-\$108k
Sovah School of Health Professions (in Roanoke)	\$53k-\$108k
CT Technology Programs**	
Associate of Applied Science (AAS) Degree	
College	Salary Range
Virginia Western Community College	\$49k-\$84k
Central Virginia Community College	\$49k-\$84k
Southside Virginia Community College	\$49k-\$84k
Radiologist Technician Programs**	
Associate of Applied Science (AAS) Degree	
College	Salary Range
Virginia Western Community College	\$27k-\$71k
Central Virginia Community College	\$27k-\$71k
Southside Virginia Community College	\$27k-\$71k

Interested in Research Positions in the Field of Imaging?

Bachelor of Science in Biology or Engineering

- Microscopy Assistant
- Microscopy Scientist
- Field Application Specialist
- Cellular Imaging and Analysis
- Computer Analyst, Biological Image Processing
- Laboratory Technician (Imaging)
- Research Specialist
- Transmission and Scanning
- Electron Microscopy Specialist

PhD with a Multidisciplinary Background

- Biology, Mathematics, Biophysics
- Advanced Microscopy and Quantitative Neuroimaging
- Research Scientist
- Senior Scientist

**Admissions process required. **For the most up-to-date information, contact the school or business.

= Education Required

Reach out to a Career Coach at your local community college, four-year college, or university. For assistance in identifying a career coach, visit: brphsc.org/career-coaches

VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS

Agree on a consistent framework for workforce and career development such as the health workforce highway

1

Convene and empower a multi-agency workgroup to address unnecessary and burdensome regulatory and payment policies

2

Immediately invest in programs to address critical shortages while developing ongoing strategies to address future workforce needs

3

Formalize a statewide health workforce development model under the VHWDA that is based on the Blue Ridge Partnership for Health Sciences Careers, aligns with the nine Go Virginia regions, and is supported by a common infrastructure.

4






5

Create a data governance and management structure that coordinates siloed health and human services workforce data



VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS

Agree on a consistent framework for workforce and career development such as the health workforce highway

- 1** to enable collective impact activity amongst stakeholders, while organizing education, training, and career development, promoting continuous learning and upskilling, and fostering employee engagement and career satisfaction. 
- 2** Convene and empower a multi-agency workgroup to address unnecessary and burdensome regulatory and payment policies 
- 3** Immediately invest in programs to address critical shortages while developing ongoing strategies to address future workforce needs 
- 4** Formalize a statewide health workforce development model under the VHWDA that is based on the Blue Ridge Partnership for Health Sciences Careers, aligns with the nine Go Virginia regions, and is supported by a common infrastructure. 
- 5** Create a data governance and management structure that coordinates siloed health and human services workforce data 



WHY A HIGHWAY STRATEGY?



CHALLENGE

Given the complex nature of the healthcare workforce and the general **lack of awareness** of the variety of workforce needs, there is a need to have an **organizing framework** for education and training that is informed by employment needs and demonstrates career opportunities.



SOLUTION

The highway model meets needs ranging from career awareness to aligning education and training with life commitments.

Principles that define success:

These 'rules of the road' are critical for ensuring that students and learners have access to healthcare career opportunities throughout their lifetime.

- Well articulated career pathways
- Early engagement
- Rigorous education and training including experiential learning
- Consistent dual enrollment opportunities
- Stackable credentials and transferrable academic credit
- Seamless on- and off-ramps that are navigable, supportive, targeted, integrated, and transparent
- Comprehensive learner support
- Financial feasibility

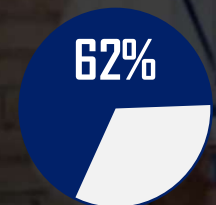
Rationale: This model was developed in 2020 to accurately depict the evolving nature of the educational experience, acknowledging that it does not universally adhere to four years of high school followed by four years of college. A better integration of work with life needs is necessary to promote lifelong learning. The highway concept includes on and off ramps to support learners as they transition between school and work for upskilling and reskilling, while contributing to the economic development in local communities. The highway provides learners with a well-defined route for skills development, credentialing, professional growth, and promotion, fostering a sense of purpose and dedication. By presenting opportunities for continuous upward mobility, Virginia employers will attract and grow a healthcare workforce that prioritizes long-term career possibilities, leading to heightened engagement and steadfast commitment within their roles.

“

With workforce shortages, it is even more important for students from rural and under-served areas to have access to educational pathways with quality steps forward for their futures. Health science fields also provide what young people are seeking: a sense of meaning in their work, variety in daily tasks, and solid compensation.”

– Kim Halterman, Superintendent, Allegheny Highlands Public Schools

”



A 2022 National Student Clearinghouse study found that only 62% of students who **start a degree or certificate program finish their program within six years**. The degree completion rate for this group was highest among students who started at four-year private nonprofit schools (78%) and lowest among those who started at two-year public institutions (42%).

“

Health sciences have become a primary economic driver for the Roanoke region and we need for our students to be prepared for the meaningful career opportunities that will continue to expand in a multitude of related fields.

– Ken Nicely, Superintendent, Roanoke County Public Schools

”

WHY A HIGHWAY STRATEGY?



ACTION STEPS

The following initial action steps are detailed below for other regions within the Commonwealth to initiate a career pathways model. The following activities are best operationalized within a regional partnership structure.

- Convene employers by region to determine workforce needs.
- Inventory available education and training resources.
- Update and enhance career pathway resources to align with region-specific needs and present them in a user-friendly format.
- Convene regional school counselors, parents, employment agencies, and employers to promote and socialize these pathways and ensure that there is visibility within the community.
- Work collectively with employers, educators, and training institutions to address regional gaps.



INVESTMENT

The application of this framework is highly dependent on stakeholder investment within the regional partnerships including that from employers, government, nonprofits, school systems, etc. Investment from the Virginia General Assembly would be helpful to support seed funding for the highway and to provide resources that are centralized at the state-level.



LEAD STAKEHOLDER

There should be state-level leadership provided to reduce duplication of efforts and provide appropriate consistency of efforts. Support and engagement from employers is essential. The Virginia Health Workforce Development Authority could be positioned to lead this work statewide if instructed in code and sufficiently resourced.

“

Learning about the highway strategy was enlightening. It is a great strategy that will provide a tremendous amount of insight and ideas on how to truly support workforce development in Virginia.

– Dr. Dorsey, Associate Vice President of Academic Affairs, HCA Healthcare

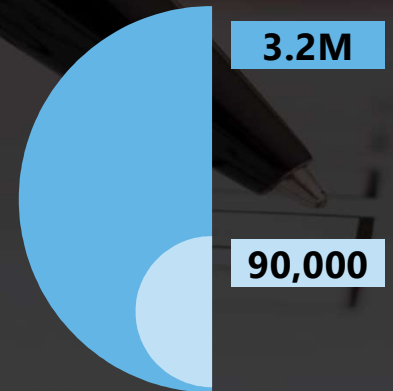
”

“

I hear from employees that they don't know how to enter the educational lane. We need 'visitors centers' on the highway.

– Beth Mehring, Earn While You Learn Manager, University of Virginia

”



“

Our target audience is not only the 90,000 students graduating high school, but also the 3.2 million Virginians who don't have a certificate or credential beyond high school.

– David Doré, Chancellor, VCCS

”





“

We need to build accessible, affordable, and equitable career pathways for current and future oral health professionals. Adopting the highway strategy is essential to achieving this goal.

– Sarah Holland, Chief Executive Officer of Virginia Health Catalyst

”

VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS

- 1** Agree on a consistent framework for workforce and career development such as the health workforce highway 
- 2** **Convene and empower a multi-agency workgroup to address unnecessary and burdensome regulatory and payment policies** to comprehensively address and align health workforce regulations, payment, and policies to positively impact the work, workforce, education, and training. 
- 3** Immediately invest in programs to address critical shortages while developing ongoing strategies to address future workforce needs 
- 4** Formalize a statewide health workforce development model under the VHWDA that is based on the Blue Ridge Partnership for Health Sciences Careers, aligns with the nine Go Virginia regions, and is supported by a common infrastructure. 
- 5** Create a data governance and management structure that coordinates siloed health and human services workforce data 





WHY CREATE A MULTI-AGENCY WORK GROUP?



CHALLENGE

The complex regulatory and payment frameworks that are overseen by multiple agencies lend themselves to **misunderstanding, conflicting and/or inconsistent regulation. Documentation and administrative requirements** divert professionals from providing services and reduce job satisfaction. In some cases, some regulations require **exceptionally long hours of supervised training** and supervision requirements limit the pool of available hours for training. Educators are needed in many areas, but educational and possibly accreditation requirements limit the pool of educators at all levels. There should be consistency in regulations promulgated by health profession boards.



SOLUTION

The formation of a multi-agency workgroup with the responsibility and authority to evaluate and address both real and perceived regulatory and policy barriers is urgent and important. The purview should include practice policies promulgated by agencies, board professional regulations, payment policies, and regulations impacting education and training.

Rationale: Healthcare requires a special policy emphasis because of the extreme involvement of government in defining health professions, the regulation thereof, and the payment policies that ultimately are the source of wages in the private sector. In addition, government is a direct payor for much of healthcare and behavioral health and is an employer of health professionals at the federal, state, and local levels. As such, a diverse working group is needed to review and recommend revisions to existing regulations in place today.

“

We do not have a good process to get consensus from each profession when regulations have not kept up with technology and evolving practices. – Regulatory Working Group Member

”

“

A formal regulatory reform process needs to be incorporated into regular review processes across all agencies. – Regulatory Working Group Member

”

“

It is necessary to clean up the regulations that get in the way of on-ramps and off-ramps for learners so that we can grow our pipeline and keep healthcare providers in the Commonwealth. – Brandie Williams, Deputy Executive Director, Rappahannock Area Community Services Board

”

WHY CREATE A MULTI-AGENCY WORK GROUP?



ACTION STEPS

The following action steps are required to stand up a Multi-Agency Regulatory and Policy Working Group:

- ❑ Identify key stakeholders from various governmental bodies, healthcare institutions, and educational entities. These stakeholders should be carefully selected to ensure diverse perspectives and expertise.
- ❑ The group should complete a comprehensive review of existing health workforce regulations and policies, pinpointing areas where inconsistencies and redundancies may exist.
- ❑ Formulate a clear and concise set of recommendations to reduce the existing regulatory which contribute to the administrative burden on the health and human services workforce.



INVESTMENT

Funding for dedicated staff from Virginia's Executive Branch would be needed to prioritize this work and ensure that process is made. Two staff are recommended to lead this effort.



LEAD STAKEHOLDER

The Governor's Office is strongly positioned to champion this work by mobilizing and coordinating across Executive Branch Agencies, including those in Education, Health and Human Resources, and Labor.



VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS

1 Agree on a consistent framework for workforce and career development such as the health workforce highway



2 Convene and empower a multi-agency workgroup to address unnecessary and burdensome regulatory and payment policies



3 **Immediately invest in programs to address critical shortages while developing ongoing strategies to address future workforce needs** to include pathway development, faculty and supervision, earn-to-learn and learner support, career awareness, and Area Health Education Center matching, with immediate funding to meet critical needs.



4 Formalize a statewide health workforce development model under the VHWDA that is based on the Blue Ridge Partnership for Health Sciences Careers, aligns with the nine Go Virginia regions, and is supported by a common infrastructure.



5 Create a data governance and management structure that coordinates siloed health and human services workforce data





WHY FUND HEALTH WORKFORCE RETENTION & DEVELOPMENT?



CHALLENGE

Virginia has a clear and immediate need to address workforce shortages in critical areas such as **nursing and behavioral health**. Because Virginia lacks capacity for education and training, there is also a clear and immediate need to address **faculty/educator shortages, clinical placements for experiential learning, and modern facilities for simulation and remote supervision**. While this problem was aggravated by the COVID-19 pandemic, it existed before, and there is no long-term strategy in place to address future healthcare and behavioral health workforce needs.



SOLUTION

The Commonwealth can immediately fund both short-term, time limited programs to close gaps in workforce, by both expanding and retaining workers while developing strategies and infrastructure to maintain the future health workforce.

The following specific areas of investment are in line with additional Virginia stakeholder recommendations and reflect the priorities of the supporting Working Group members. The priorities for immediate funding include (1) Certified Nursing Assistant (CNA) program, (2) nursing and behavioral health faculty, (3) pathway development pilot projects, (4) long-term workforce strategic planning. Pay-for-performance should be a consideration in all workforce funding.

One strategy that would enable multiple issues would be the funding of the Virginia Community College System through incentives and pay-for-performance to increase capacity for health workforce education and training.

Examples for Immediate Investment:

1. Fund a Program & Create 1,200 CNAs in Six Months

The current pipeline of participants pursuing a CNA credential in Virginia is not poised to meet the demand. Additionally, there is often a disconnect between what CNAs experience in their first role and what training they have been given. Funding is needed to develop a Certified Nursing Assistant program that offers resources and formal training to support those pursuing a CNA credential from the first day of class to the first day on the job. Students would receive tuition, fees, materials, and additional supports to cover the cost of transportation and technology. This program would accelerate the practice-readiness of new CNAs and would increase the pipeline of practice-ready new CNAs to health care employers, reduce orientation expenses and retain new graduates.

2. Increase Compensation for Nursing and Behavioral Health Teaching Faculty & Instructors

The current Virginia full-time nursing faculty vacancy rate is 11.8% for baccalaureate programs with most schools reporting clinical faculty vacancies.¹ Salary is a primary barrier to recruiting and retaining all faculty. Nursing faculty can increase their income by at least 30% by leaving a faculty position and accepting a clinical or management position. Nursing education

programs across the Commonwealth report difficulty recruiting and retaining faculty due to low salaries. To increase the recruitment and retention of academic nursing faculty and clinical instructors in undergraduate nursing education programs, a salary increase of 10% for academic nursing faculty is recommended and supported by the Virginia Nursing Stakeholder Workgroup. In 2007, Virginia state nursing faculty salaries were increased by 10% and a graduate scholarship/loan repayment fund of \$200,000 was launched for future nurse educators. This investment resulted in an additional 631 seats in Virginia's nursing programs.²

3. Expand/Replicate Pathway Development Pilot Projects

Earn-to-learn programs, on-the-job training, and apprenticeship programs play a pivotal role in providing healthcare learners with valuable exposure to the field by offering hands-on work experiences and opportunities to apply their knowledge in real-world settings. These programs not only enhance their understanding of healthcare practices, but also accelerates the practice-readiness of new graduates. Throughout Virginia, many partnerships have been developed to strengthen the experience of students in healthcare settings and expedite the training process. On average, these initiatives have been awarded grants of ~\$350,000 and a meaningful investment in this space would provide funding for 20 pilot projects over a two-year horizon (\$14 million).

4. Invest in a Long-Term Health Workforce Strategy

By code, the VHWA is this body. For it to be effective, it needs funds to do the work now and in the future. This would involve governance, AHEC funding, data management and innovation funding. In 2023, the Virginia AHECs received \$1.3 million in HRSA funding, however, the Commonwealth of Virginia does not match this funding. In a recent analysis of Virginia's peer states, one study found that all states nearly match HRSA funding on a one-to-one basis or exceed HRSA investment in the state's AHECs. By investing in the AHECs, Virginia has an opportunity to leverage this critical network as a driver for health education and regional coordination in the Commonwealth.

Note: Pages 22-23 highlights select programs, partnerships, and initiatives in Virginia that have demonstrated success and are poised for additional investment.

1. American Association of Colleges of Nursing.
2. Department of Health Professions.



WHY FUND HEALTH WORKFORCE RETENTION & DEVELOPMENT?



ACTION STEPS

After identifying priority areas or initiatives for funding, stakeholders must take the following initial action steps for success:

- ❑ **Create Stakeholder Alliance:** Form a collaborative stakeholder alliance among healthcare professionals, policymakers, and community leaders, with the following objectives: prioritize initiatives for funding, draft legislation and budget requests that would address critical healthcare workforce needs, advocate for the passage of these initiatives, and establish a sustainable, long-term mechanism for oversight.
- ❑ **Draft and Introduce Legislation:** Work with legislative experts and policy advisors to draft a comprehensive bill that outlines priorities for funding, including objectives, governance structure, funding mechanisms, and reporting requirements. Collaborate with supportive legislators to sponsor and introduce bills in the state legislature.
- ❑ **Advocate and Lobby for Approval:** Engage with healthcare lobbyists, advocacy organizations, and community groups to champion the bill's merits and benefits during the General Assembly Session when it is introduced. Schedule meetings with legislators, both in committees and individually, to present a compelling case for the fund's necessity and its potential positive impact on the state's healthcare workforce.
- ❑ **Secure Funding and Oversight Mechanisms:** Once the bill is approved, establish clear oversight mechanisms and governance structures for funds to promote transparency and accountability in project selection, execution, and evaluation. Review the criteria for evaluating the effectiveness of pilot programs, including measurable metrics and regular reporting.



INVESTMENT

Funding is needed not only from Virginia's General Assembly, but also from local stakeholders. To enhance the impact of these efforts and investments, and to support strong employer and local buy-in, state funds should be matched with private resources from foundations, employers, educators, and others.



LEAD STAKEHOLDER

Various healthcare associations and organization such as the Virginia Hospital and Healthcare Association (VHHA), Virginia Health Care Association (VHCA), and Virginia Association of Community Services Boards (VACSB), would be tasked with evaluating funding requests for investment and allocating funding accordingly.

INVESTING IN PROVIDER WELL-BEING: SAFEHAVEN CASE STUDY



PURPOSE

SafeHaven ensures clinicians can seek support for burnout, career fatigue, and mental health reasons without the fear of undue repercussions to their medical license.

HISTORY

SafeHaven was founded by the Medical Society of Virginia (MSV) after recognizing a greater need to provide physicians and PAs the support they need to stay well and prevent burnout. In 2020, MSV introduced new legislation to Virginia's General Assembly help support physicians and PAs. In response, Governor Ralph Northam signed into effect HB115 and SB120, providing for the creation of the SafeHaven program. The program was later expanded to include nurses and pharmacists; as well as medical, nursing, PA, and pharmacy students.

OFFERINGS & SUPPORT

SafeHaven's approach is founded on the expertise and Clinician Well-Being Resources of VITAL WorkLife. Providers have access to the following services:

- ✓ Counseling Sessions
- ✓ Leadership Development
- ✓ WorkLife Concierge
- ✓ Virtual Assistant
- ✓ WorkLife App
- ✓ Peer Coaching
- ✓ Financial Resources
- ✓ Well-being Advocates



You can't have an efficient health care system if you don't have a workforce that feels good about themselves, that is competent, that has physical health and mental health. – John Whyte, MD, MHP, Chief Medical Officer, WebMD





SELECT PATHWAY DEVELOPMENT PILOT PROJECTS FOR INVESTMENT CONSIDERATION (1 of 2)

Notable programs, partnerships, and initiatives impacting Virginia's health workforce have demonstrated success and are poised for additional investment and scaling.

Additional investment in **community colleges** through similar programs such as these existing efforts could generate quick results for the Commonwealth.

Paraprofessional Counseling Certificate

Germanna Community College and the Rappahannock CSB developed a community college mental health assisting certification 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 3 hours of lectures per week with Germanna CC. The students are paid \$15 per hour. At the end of the course, students can interview for a role at the CSB. Students can also earn a healthcare credential at the completion of the course.



Patient Care Technician Program

Rappahannock Community College, in partnership with Germanna Community College developed and delivered a non-credit Patient Care Technician workforce development program that produces an advanced level of patient care across all clinical sites. As of June 2022, the program trained 120 students, provided credentials to 82 students and filled 62 jobs.



Nursing RN to BSN Program

George Mason University offers an RN to BSN program that allows registered nurses to progress quickly through the BSN program while meeting the objectives of the undergraduate curriculum. RNs can complete the BSN program in as little as two semesters. The Co-enrollment BSN program allows students to begin taking online classes toward a Bachelor of Science in Nursing degree while enrolled in an Associate of Applied Science nursing degree program at a partner Virginia community college.





SELECT PATHWAY DEVELOPMENT PILOT PROJECTS FOR INVESTMENT CONSIDERATION (2 of 2)

Notable programs, partnerships, and initiatives impacting Virginia's health workforce have demonstrated success and are poised for additional investment and scaling.

Support for additional programs and partnerships sponsored by **Virginia's universities and employers** could yield quick results, increasing recruitment into various health professions.

CNA Apprenticeship Program

VHS's apprenticeship program is done in partnership with Argentum and Hamilton-Ryker, with help from a grant from the Department of Labor. The six-week course that includes classroom education and clinical skills labs. The program also covers the cost of the state certification exam to be a CNA.



Virginia Partnership for School Mental Health

Launched in 2020, the VPSMH works to strengthen school mental health services by building the capacity of school mental health professionals and developing a pipeline of graduate student trainees to work in high-need school divisions in Virginia. The partnership supports Virginia school districts by providing professional development, tele-mentoring, and research support to school districts. Due to a recent grant, the VPSMH will engage an estimated 300+ school mental health professionals in 9 school divisions across the state that serve over 100,000 students.



Emergency Medical Services Fellowship

The Virginia Tech Carilion EMS Fellowship program is a university-based program in southwest Virginia between the Blue Ridge and Allegheny Mountains. The fellowship program offers field experiences to develop fellows into qualified EMS field physicians. The program offers a multi-system and agency experience through paid, volunteer and private EMS agencies. Fellows will operate as an associate medical director to both metro and rural systems, responding in a dedicated, marked, licensed response vehicle.



EXPANDING THE CNA WORKFORCE IS URGENT AND CRITICAL, REQUIRING AN IMMEDIATE INVESTMENT

In 2022, the Minnesota Office of Higher Education developed the Next Generation Nursing Assistant Initiative, training 1,000 new nursing assistants.



BACKGROUND & CONTEXT

Nursing assistants are the sixth highest in-demand job in the state of Minnesota¹. The current pipeline of participants pursuing a CNA credential is not poised to meet the demand. To address this need, the Minnesota Office of Higher Education convened a work group of state agencies, higher education institutions, and long-term care providers to implement a recruiting and training program.

PURPOSE & DESCRIPTION

The Nursing Assistant Initiative (NA Initiative) was created to offer resources and supports to those pursuing a CNA credential from the first day of class to the first day on the job. The NA Initiative provides funding for tuition, fees, materials, and additional supports to cover the cost of transportation and technology. The program provides up to 10 high schools with funds for lab equipment necessary to offer nursing assistant training classes on site. The initiative is made possible through federal American Rescue Plan funds.

Member organizations of the workgroup include the following: Care Providers of Minnesota, Leading Age MN, Minnesota Department of Education, Minnesota Department of Employment and Economic Development, Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Department of Labor and Industry, Minnesota Department of Veterans Affairs, and the Minnesota Office of Higher Education.

IMPACT

In 2022, the Next Generation Nursing Assistant Initiative recruiting and trained 1,000 new nursing assistants. Subsequently, the initiative received additional funding and offered a second round of free training. During the 2023 Legislative Session, the Next Generation Nursing Initiative received funding to continue the program into 2025.

During the 2022 grant period, the below items were the primary expenditures of the grant program:

Classes: \$2.2M

CNA classes were provided to participants at no cost. Classes included required books/materials, scrubs, and exam fees.

Support: \$688K

Additional support such as coaching/mentoring and technology support was provided to eligible participants.

Admin: \$232K

Grant administration included staff time, indirect costs, training and support for faculty, marketing, and project management.

Marketing: \$40K

A marketing campaign was tailored to students, parents, school counselors, teachers, and faculty to increase enrollment.

Tech: \$40K

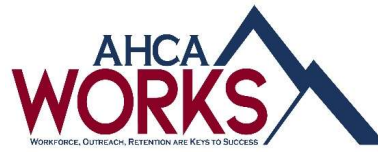
Technology resources were provided to operating CNA classes at participating institutions.

1. Minnesota Department of Employment and Economic Development.

EXPANDING THE CNA WORKFORCE IS URGENT AND CRITICAL, REQUIRING AN IMMEDIATE INVESTMENT

Arizona invested in recruiting frontline staff through additional training and partnerships with educational providers, impacting 1,300+ employees and improving retention.

ARIZONA



OVERVIEW

The Arizona Health Care Association (AHCA) Workforce, Outreach & Retention are Keys to Success (WORKS) is designed to assist skilled nursing facilities and assisted living centers statewide in workforce development. Through a grant provided by the office of former Governor Ducey and funded by ARPA, AHCA increased support for recruitment, training, and retention of frontline staff (CNAs and caregivers) in long-term care facilities over a two-year period. To receive funding, AHCA WORKS employer partners are required to meet key milestones in their development of their training programs, development of preceptors on staff and participation in monthly retention training as these are program requirements.

OBJECTIVE

The grant was developed to bring 1,500 new CNAs and caregivers to Arizona's skilled nursing facilities and assisted living centers, between May 2022 and May 2024. AHCA WORKS partners with NAHCA to provide recruitment assistance and a certified preceptor course to assist with retention of the new CNA or caregiver.

KEY COMPONENTS

This following elements were foundational to the employer partnership program:




- Seed funding per building to help facilities become employer partners and develop onsite training programs for either CNAs or caregivers.
- Model curriculum that a facility may utilize to seek approval from the Arizona State Board of Nursing or the NCIA Board for the development of an onsite frontline training program.
- AHCA WORKS developed a preceptor program and offer ongoing retention training.

IMPACT



AHCA WORKS currently partners with 208 employer partners and 20 educational partners across the state of Arizona. To-date, 1,303 students have enrolled in CNA or caregiver training with a retention of ~70% > 30 days.



VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS

- 1 Agree on a consistent framework for workforce and career development such as the health workforce highway 
- 2 Convene and empower a multi-agency workgroup to address unnecessary and burdensome regulatory and payment policies 
- 3 Immediately invest in programs to address critical shortages while developing ongoing strategies to address future workforce needs 

Formalize a statewide health workforce development model under the VHWDA that is based on the Blue Ridge Partnership for Health Sciences Careers, aligns with the nine Go Virginia regions, and is supported by a common infrastructure

- 4 to promote cooperation, coordination, and innovation between employers and educators, with the goal of improving job readiness, placement, and fostering economic development in the region. This model is unified by a common umbrella and supported by centralized infrastructure. 
- 5 Create a data governance and management structure that coordinates siloed health and human services workforce data 



WHY SCALE A REGIONAL, EMPLOYER-LED PARTNERSHIP MODEL?



CHALLENGE

The Commonwealth faces a significant challenge in responding to its **diverse regional needs** with distinct and region-specific healthcare investments. Virginia's nine economic development regions consist of multiple local jurisdictions that are geographically and demographically unique, **encompassing nuanced workforce and healthcare needs**. Meeting these unique needs necessitates **tailored resource allocation**, presenting a complex challenge for an effective statewide response. Additionally, across the state, **numerous isolated initiatives exist**, offering fragmented responses to the ongoing health workforce crisis.



SOLUTION

A regional, employer-led partnership, under a common umbrella, is critical to ensure a workforce-ready talent pool fulfills regional employer needs for health science and human services career occupations.

Rationale: Because employer demand varies by region, the partnership structure and solutions must be tailored to fit each region. Best practice indicates that aligning this framework with the nine GO Virginia-defined regional geographies will most effectively address this issue. By expanding the successful workforce development efforts of the Blue Ridge Partnership for Health Science Careers in GO Virginia Region 2, other economic regions within Virginia will be better equipped to address the health workforce shortages that are prevalent throughout the Commonwealth. Ultimately, in service of this purpose, the alignment of the Virginia Area Health Education Centers (AHECs) with the GO Virginia regions will be a necessary next step. Not only does the Blue Ridge Partnership actively share its work product and guide employers and educational institutions in other areas of the Commonwealth, but it is also currently engaged with GO Virginia Region 3 to establish the Southern Virginia Partnership for Health Science Careers. This public-private partnership solution aligns the priorities of numerous stakeholders including educators, employers, and economic development professionals to address Virginia's shortage of health professionals.



PARTNERSHIP SPOTLIGHT

During the COVID-19 pandemic, **Mary Washington Healthcare** entered into an academic practice partnership with **Germanna Community College** to meet workforce and clinical needs for the future. 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 CNAs**. 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.



PARTNERSHIP SPOTLIGHT

In 2022, with support from the U.S. Economic Development Administration's Good Jobs Challenge, the Hampton Roads Workforce Council launched the **Regional Workforce Training System** focused first on augmenting workforce development in the regional maritime industry. This initiative is the first structured workforce ecosystem in the Hampton Roads region of Virginia. Designed to **align workforce efforts** across Hampton Roads, the system includes **30+ partners** from industry, education, and community organizations working together to capture the real-time needs of the maritime industry while developing both immediate and future talent solutions.

IMPACT

Through the Regional Workforce Training System, training capacity and recruitment has been augmented to support **~1,000 new maritime professionals** over the next three years. Efforts have begun to **expand this model in healthcare, technology, and manufacturing** as well.



WHY SCALE A REGIONAL, EMPLOYER-LED PARTNERSHIP MODEL?



ACTIVITIES

The following initial action steps outline the tactical next steps to establishing a regional, employer-led partnership.

- ❑ Identify a healthcare employer who will serve as the champion for the regional partnership.
- ❑ Determine the specific and unique labor demands among the region's employers.
- ❑ Identify and support existing initiatives that accelerate the training and credentialing of students that align with in-demand healthcare jobs in the region.
- ❑ Evaluate what funding is needed and the source of funding to scale and expand workforce development programs in high priority health sectors.



INVESTMENT

The costs of establishing and implementing the Blue Ridge Partnership for Health Science Careers is a relevant approximation of the investment needed to replicate this in other regions throughout Virginia. While region-specific nuances exist, the below expenses serve as guidelines for expanding this model on an annual basis:

- **Staffing**, comprised of a Regional Executive Director, Administrative Project Manger, and Communications Coordinator: \$250,000
- **Travel, Equipment, and Supplies:** \$50,000
- **Other Administrative Support:** \$50,000

This model would be funded by a combination of state and private funds, with the goal of localized investment to match funds provided by the state. In year one, three regions should receive funding (\$150k each) with additional funding provided in year two to support three additional regions. The expanded BRPHSC model is a cost-effective way to address the shortage of health professionals in Virginia and would leverage the state to train new health professionals and create new jobs in the healthcare sector.



LEAD STAKEHOLDER

VHWA is positioned to lead this work statewide if so directed and sufficiently resourced. The BRPHSC can play an instrumental role in the replication of the partnership model statewide.

Blue Ridge Partnership for Health Science Careers Early-Stage Initiatives

These initial achievements have been effective and impactful in support the health workforce in Region 2 and could be replicated and scaled throughout other regions in the Commonwealth.

PROFESSORS OF PRACTICE

This shared appointment model for instructors allows industry professionals the ability to teach in K-12 or post-secondary schools while remaining employed.

SCHOLARS

High school seniors or undergraduate students have the opportunity to participate in a clinical or non-clinical multi-year learning experience with a life sciences or healthcare employer. The program includes mentorship, financial assistance, leadership training, and a guaranteed job interview with preferred consideration.

REGIONAL SONOGRAPHY PROGRAM

The Roanoke Higher Education Center partnered with Sovah Health to deliver sonography training in Roanoke. RHEC previously secured state funding for lab equipment and, with the assistance of the Partnership, researched capacity for Region 2 to deliver instruction and determined that leveraging Sovah's existing program was the most cost effective and efficient. This illustrates collaboration between regions.

REGION-WIDE HEALTH SCIENCE CAREER ADVISORY SUMMIT

The Partnership has focused on reaching school counselors, career coaches, and community mentors to provide pathways information and include these stakeholders in the Partnership structure. In October 2022, an inaugural summit was held for this audience and as a result, the Student Engagement Committee established area workgroups to provide localized activities with schools and employers.

EXEMPLAR MODEL: BLUE RIDGE PARTNERSHIP FOR HEALTH SCIENCE CAREERS

FORMATION, STRUCTURE, & PURPOSE

- Formed in 2019, the Blue Ridge Partnership for Health Science Careers is a **regional collaboration** of educators, employers and economic development professionals committed to raising the rigor and aligning health science education to meet the employment needs for the Health & Life Science industry in GO Virginia Region 2.
 - In 2023, the Partnership was formally established as a **501(c)(4) organization** and has engaged all 17 School Districts in GO Virginia Region 2.
- Governed by a board of directors, along with an advisory group, the partnership includes the following **seven committees**: Finance, Student Engagement, Joint Communications, Academic Planning, Talent Pathways, IT/Analytics, and Diversity.
- The key objectives include: (1) rapidly meeting the needs of regional employers, (2) supporting the region's emerging Life Science & Health ecosystem, and (3) enhancing the region's appeal as a magnet for attracting established companies within the evolving cluster.

INITIATIVES & ACCOMPLISHMENTS

- Development of the Region's Cross-Sector Partner Network
- Initiated Employer Workforce Needs Analyses
- Expansion of Targeted Career Pathway Programs for Youth and Adults
- Development of Education-to-Employment Pathway Illustrations
- Service Alignment/Resource Braiding
- Increased Employer Work-Based Workforce Training
- Established a System for Future Program Evaluation and Performance Review

MISSION

The Partnership's mission is to foster widespread collaboration between businesses and education, leveraging existing resources to align curricula and training with the current needs and future growth strategies of Life Science & Health employers through trans-disciplinary innovation. The Partnership aims to enhance job readiness, placement, and support economic development.

VISION

To create a dynamic, adaptable, and sustainable model for health workforce development for the Commonwealth of Virginia characterized by widespread business-education collaboration.

GOALS

- | | |
|--|--|
| 1. Raise the Rigor and Align Health Science Education | High-Need Jobs |
| 2. Establish a Rigorous, Standardized K-16 Health Science Curriculum | 5. Establish a Shared Work Appointment Model |
| 3. Address Current and Future Qualified Health Workforce Needs | 6. Address Employee Retention and Career Advancement |
| 4. Accelerate Certifications and Degrees in | 7. Reduce Barriers to Education and Training |



PARTNERSHIP MODEL: PILLARS OF SUCCESS

The Blue Ridge Partnership for Health Science Careers developed a tested model with core principles that can be replicated throughout the commonwealth. While nuances exist within each GO Virginia region, these foundational best practices are foundational elements of any regional model.

EMPHASIZE THE ROLE OF INDUSTRY EMPLOYERS

Within each region, the active participation of industry employers in the Partnership is vital for success. Both in-kind contributions and funded efforts play an equally important role for driving process.

FORMALIZE ORGANIZATIONAL STRUCTURE

Establishing a formal organizational structure with accountability mechanisms ensures the Partnership's long-term viability and enables potential translation to other industries.

ENGAGE STAKEHOLDERS IN AN ORGANIZED STRUCTURE

Establishing a neutral fiscal agent and a strong champion are both crucial for effective coordination. The inclusive mix of committee chairs and members from all constituencies builds trust and fosters a collaborative environmental for meaningful work.

ESTABLISH A COMMON DATA FRAMEWORK AND ENSURE DATA QUALITY ASSURANCE

Developing a common data framework for decision-making ensures that all stakeholders have access to relevant and reliable information.

ADVOCATE FOR INITIATIVES AND RETURN ON INVESTMENT

Advocacy for the Partnership's initiatives and demonstrating ROI are essential for garnering support and sustaining funding and value to the Region.

"The Blue Ridge Partnership for Health Science Careers has been a transformative initiative, leveraging existing successful programs at NRCC, CVCC, MGCC, and VWCC and accelerating the training and credentialing of high school and community college students into available, good paying health science jobs that are in demand in our region. The BRPHSC can be a model for other regions in the state to combine public and private investment, and to scale up programs in high demand clusters, particularly for high school students in community college health sciences dual enrollment career and technical education tracks."

John Capps, President, Central Virginia Community College
Pat Huber, President, New River Community College
John Rainone, President, Mountain Gateway Community College
Robert Sandel, President, Virginia Western Community College

"The Blue Ridge Partnership for Health Science Careers is a community coalition to be admired, replicated, and most of all enacted. By putting leaders of school districts, systems of higher education, healthcare employers, workforce experts, and other key community stakeholders together, the BRPHSC is marshaling the collective energies of our area in ways that serve individuals, employers, economies, and the health and wellbeing of our beautiful Roanoke Valley region."

Shannon Latkin Anderson, Director, Strategic Health Initiatives Coordinator, Public Health Studies, Associate Professor of Sociology, Roanoke College

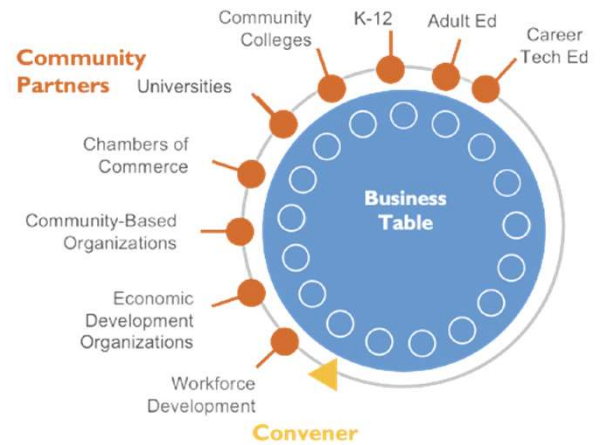
EXEMPLAR MODEL: NORTHERN COLORADO HEALTH SECTOR PARTNERSHIP

FORMATION, STRUCTURE, & PURPOSE

The Northern Colorado Health Sector Partnership (HSP) is a group of business leaders from the healthcare and behavioral health industries operating under the Next Generation Sector Partnerships model.¹ The Next Generation Sector Partnership model is a:

partnership of businesses, from the same industry and in a shared labor market region, who work with education, workforce development, economic development and community organizations to address the workforce and other competitiveness needs of the targeted industry.²

Northern Colorado Health Sector Partnership has used the sector partnership model to identify industry needs and priorities and leverages educators, workforce developers, economic developers, and community organizations to collaboratively address those needs.



INITIATIVES & ACCOMPLISHMENTS

Nursing Industry-Education Consortium¹

The HSP convenes nurse education and industry partners to focus on solving challenges around the lack of clinical education opportunities and workforce shortages. The current priorities revolve around nursing burnout, nurse health and well-being, and clinical placements and clinical instructors. The group held their first annual Nurse Well-Being Conference in February 2023 and is researching funding opportunities to support industry and education partnerships to focus on improving education and practice outcomes.

'Get into the Guts'

In a half-day program, students are connected with healthcare professionals and educators for experiences,

exhibits, and tours to expose students to careers in healthcare. HSP estimates there is a \$22 cost per student, and as a result, 90% of students report that they are more interested in taking classes related to healthcare and pursuing a career in healthcare. In the 2022-23 school year, 463 students participated, up 204% from the previous year.


See Yourself in Behavioral Health

HSP published a series of informational videos of local behavioral health professionals sharing insight into the field and their career. HSP encourages educators and career counselors to share the series as a resource and provide ideas for reflection and assignment activities.

- <https://www.nocohealthsector.org/about>
- <https://www.nextgensectorpartnerships.com/aboutnextgenerationpartnerships>



VIRGINIA HEALTH WORKFORCE STRATEGIC RECOMMENDATIONS

- 1 Agree on a consistent framework for workforce and career development such as the health workforce highway 
- 2 Convene and empower a multi-agency workgroup to address unnecessary and burdensome regulatory and payment policies 
- 3 Immediately invest in programs to address critical shortages while developing ongoing strategies to address future workforce needs 
- 4 Formalize a statewide health workforce development model under the VHWDA that is based on the Blue Ridge Partnership for Health Sciences Careers, aligns with the nine Go Virginia regions, and is supported by a common infrastructure. 
- 5 **Create a data governance and management structure that coordinates siloed health and human services workforce data** to provide up to date information on evolving employer needs as well as monitoring the potential supply of workers on the highway. 





WHY CREATE A DATA GOVERNANCE STRUCTURE?



CHALLENGE

The absence of an **aligned and well-governed system for organizing health workforce data** in Virginia impedes effective decision-making and problem-solving. In the absence of a unified data repository, healthcare 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.



SOLUTION

A centralized data governance structure would allow for transparency, accountability, and data-driven decision-making within health workforce development in Virginia.

Rationale: Investing in a centralized data governance model and platform would provide a trusted and centralized resource for statewide health workforce data and best practices, fostering increased reliance on health workforce data. Serving as the backbone entity for each partnership model, this model would help tailor the initiatives within each region to meet workforce demand. Examples of data that could be collected in this model include, but are not limited to: the number of participants enrolled, program completion rates, employment outcomes, retention rates, evaluations from participants, turnover, vacancy rates, etc. Data that is collected would be utilized to analyze and evaluate health workforce development efforts, inform policy decisions, and promote improvements in the health workforce system. Establishing a centralized data repository is imperative to provide a holistic view of the healthcare workforce, enabling evidence-based decisions that can optimize resource allocation, improve workforce distribution, and ultimately enhance the quality of patient care.





WHY CREATE A DATA GOVERNANCE STRUCTURE?



ACTION STEPS

The following initial action steps to invest in a centralized data structure are detailed below:

- ❑ Develop working group to advise coordinating body and identify where coordination among various entities is feasible.
- ❑ Conduct an inventory of the existing workforce data that is being collected statewide and the resources required to align existing efforts.
- ❑ Review the list of occupations that are in high demand within the Commonwealth and determine the necessary funding to support those pathways.
- ❑ Secure funding to create a centralized data governance structure that incorporates data from the Virginia Office of Education Economics, the Department of Health Professions, the Virginia Department of Health, the Virginia Longitudinal Data Set, and the Mason Center for Health Workforce.
- ❑ Utilize AI for skills-to-jobs matching and curate training programs to meet specific job requirements.
- ❑ Determine the number of new staff needed to support programmatic expansion.
- ❑ Strengthen the information management functions to both streamline data management and increase the use of data for decision making.



INVESTMENT

Funding from Virginia's General Assembly is required to support the salaries of additional staff members along with product development costs. Investment in the maintenance of various dashboards and back-office support is also required.



LEAD STAKEHOLDERS

The Virginia Health Workforce Development Authority is one option to lead the effort with the engagement of additional agencies and stakeholders.

Illustrative Health Workforce Data Analyses

Robust State Data Sources

Virginia Longitudinal Data System

Federated system to merge data across participating State agencies (longitudinal)

Social Determinants of Health

Health Needs of State and Regional Populations

- Information that includes infrastructure, level population
- Information to
- Information to needs (beyond
- Longitudinal da

Workforce Demand

- Traditional estimates of labor projections (state, federal), turnover, and wages
- Estimates of employer demand based on recent job ads (e.g., last 30 days, 6 months, or year) **across multiple data sources**
- Survey to identify more specific and timely needs of employers (U of Washington WF Center Collaboration)

State & Regional Analysis

Using state, county, and regional data

Employed	25,477
5-Year Empl Change	1,820
5-Year Ann % Change	1.5%
1-Year Demand	2,874
1-Year Exits (left occupation)	887
1-Year Transfers (new job)	1,585
5-Year Net Growth	462
1-Year Ann % Growth	1.6%
Online Job Ads (last 30 days)	2,266

- Provide data and analyses by GO Virginia (economic development) and other substate areas (e.g., workforce development area, Counties, Tobacco regions, AHEC areas) to support Workforce planning, policy and program evaluation

MASON CENTER FOR HEALTH WORKFORCE CASE STUDY

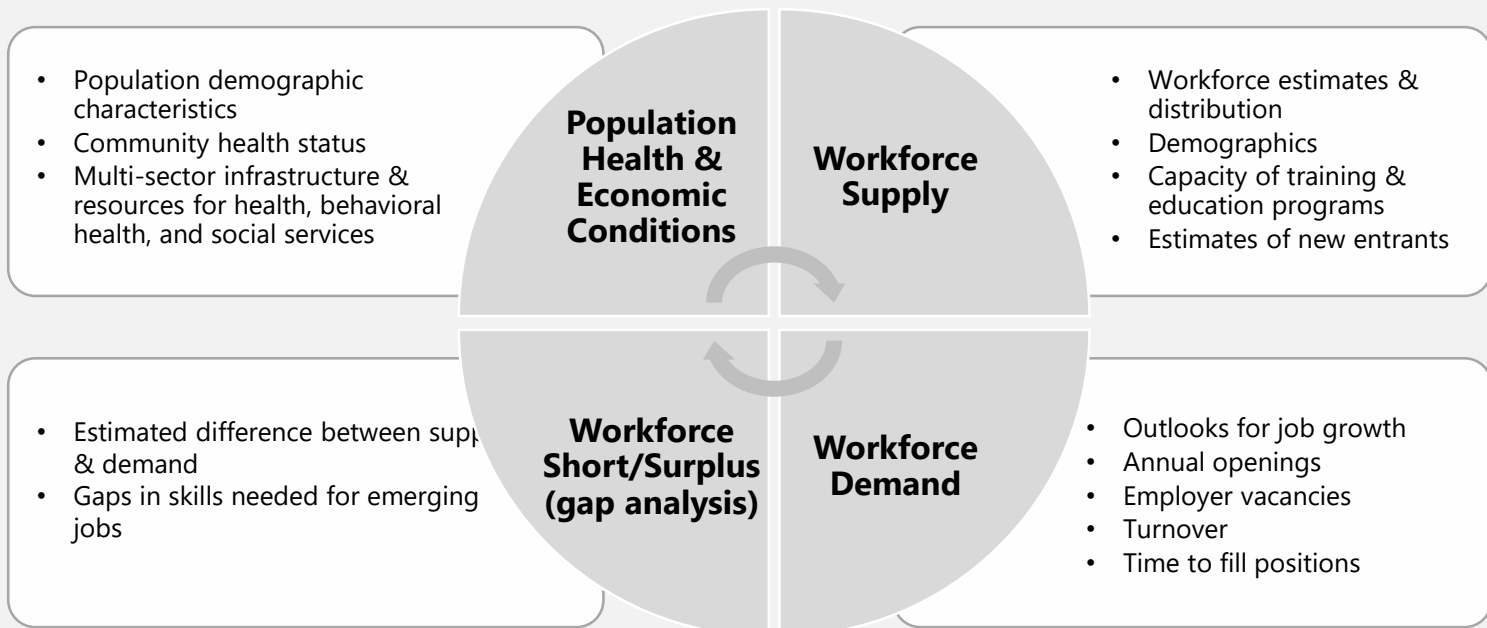
FORMATION, STRUCTURE, & PURPOSE

- Established in 2021 with support from the Claude Moore Charitable Foundation, the Center for Health Workforce was designed to provide workforce data, program evaluation, and guidance to the Claude Moore Scholars Program.
- Today, the Center now engages grantees in over 50 school divisions and works closely with the Virginia Health Workforce Development Authority.
- The Center maintains a learning management system that delivers a broad library of courses. It also maintains a social networking technology that supports “communities of practice.” The combination of the two platforms provides a powerful tool to support workforce development.
- The purpose of the Center includes the following:
 - Support the development and delivery of public/private education and training **strategies to optimize health workforce development**
 - Serve as **technical assistance** center for health workforce policy, planning and educations based on actionable data
 - **Conduct longitudinal research** on health, health science occupations supply, demand and retention and career development
- Center Vision: As a catalyst and facilitator of community action, the Center collaborates with health professional and educational organizations, policy makers, community planners, and other regional stakeholders to understand issues related to the supply, demand, distribution, and employment of health workers in Virginia.

PRIMARY GOALS

1. Expand the health workforce to meet evolving community needs.
2. Improve the distribution of the health workforce to reduce shortages.
3. Enhance healthcare quality through professional development, collaboration, and evidence-informed practice.
4. Conduct data analysis and visualization to support state and substate policy, planning and evaluation.

UNIQUE MODEL FOR HEALTH WORKFORCE ANALYSIS





Supporting Strategic Priorities

The following working groups identified a host of strategic initiatives and priorities for Virginia's health science and human services workforce, with Legislative & Funding implications noted where applicable.



Employers



Regulatory & State Agencies



Talent Pathways



Behavioral Health



Legislative & Funding
(Cross-Cutting Enabler)





WORKING GROUP SUPPORTING STRATEGIC PRIORITIES SUMMARY

OVERVIEW

The four key stakeholder Working Groups – Employers, Regulatory & State Agencies, Talent Pathways, and Behavioral Health – arrived at **43 strategic recommendations** that are outlined in the following pages. Working Groups were also tasked with evaluating potential **Legislative and Funding implications**, which are consolidated at the conclusion of this section.

Working Group members specifically identified priorities and action steps that they estimated can be achieved in the short-term (6-12 months), intermediate term (1-2 years), and long-term (3-5 years). **The below priorities span multiple stakeholder groups** and are likely to require **coordination across diverse organizations**. In some cases, efforts have already begun and can continue to make progress with further support.

RECURRING THEMES



Wraparound Supports for Learners and Employees

- Both employers and talent developers recognized the need of many employees for a variety of supports in order to work.
- Together, these stakeholders can partner to identify best practices and assess the investment required.



Marketing to Improve Perception of Health Careers

- Several groups highlighted the importance of raising awareness about high-demand health professions and career opportunities through enhanced engagement, outreach, and marketing.
- Employers and talent developers could partner for the widest possible reach.



Earning and Learning

- All stakeholder groups were aligned on the importance of experiential learning opportunities and the need to support students through this often time-consuming process.
- Additional public and private sector funding is required to institutionalize this approach.



Regulatory Consistency & Flexibility

- Across a complex regulatory landscape, all groups identified one or more areas where increased regulatory flexibility could be beneficial.
- These included such areas as team-based models of care, virtual supervision, and international medical graduates.



EMPLOYER RECOMMENDATIONS (1 OF 3)

QUICK WINS (6 – 12 months)

Strategic Priorities		Tactics	Investment	Owner(s)	Evaluation Metrics
1	Identify regional champions to replicate the Blue Ridge Partnership throughout the Commonwealth.	<ol style="list-style-type: none"> Facilitate presentations of the BRPHSC model within each GO Virginia region. Organize meetings with flagship healthcare employers in each region to identify potential partners. 	<\$25k	Workforce development boards; Healthcare providers/representatives; BRPHSC	<ul style="list-style-type: none"> GO Virginia regions that identify a champion Total number of healthcare employers met with
2	Promote and implement data sharing practices among regional employers.	<ol style="list-style-type: none"> Partner with the Mason Center for Health Workforce and apply learnings from GO Virginia Region 2 to other regions. Host convening with representatives from each region to discuss data sharing best practices. Share data with academic institutions to prioritize course offerings to meet regional demands. 	\$100k-\$250k	Mason Center for Health Workforce; Healthcare providers; representatives	<ul style="list-style-type: none"> Number of private sector attendees to data-sharing convening New data-sharing agreements with academic institutions
3	Develop “share fairs” within each region for ongoing discussion of best practices around healthcare workforce development and curriculum design.	<ol style="list-style-type: none"> Raise awareness across regions of existing VASS conferences to broaden their reach. Invite educators and employers to share best practices. 	<\$25k	Virginia Association of School Superintendents	<ul style="list-style-type: none"> Number of conference attendees Number of GO Virginia regions represented Share fairs completed



EMPLOYER RECOMMENDATIONS (2 OF 3)

QUICK WINS CONTINUED (6 – 12 months)

Strategic Priorities	Tactics	Investment	Owner(s)	Evaluation Metrics
4 Develop external marketing campaign on the health and life sciences industry; partner with camps, high schools, community colleges, and nonprofits to raise awareness of career opportunities in the industry.	<ol style="list-style-type: none"> 1. Within partnership model, strengthen communications between employers and education providers. 2. Share job postings, career fairs, and other exposure opportunities with schools and colleges. 3. Promote VHWDA catalog to high school students and parents. 	\$100k-\$250k	Healthcare providers/representatives	<ul style="list-style-type: none"> • Campaign page traffic • Number of recipients on listserv (i.e., receiving communications) • Communications click-through rate
5 Enhance the employee experience by expanding engagement activities such as retention interviews, listening sessions, engagement surveys, and feedback mechanisms.	<ol style="list-style-type: none"> 1. Create a retention plan and framework – including an implementation roadmap - that can be shared with Virginia healthcare employers to support staff retention. 	\$50k-\$100k	Healthcare providers/representatives	<ul style="list-style-type: none"> • Information Sessions with employers/ number of attendees to review framework • Number of framework adoptees
6 Expand internal communications and periodic outreach that promotes new and existing benefits of the industry employer.	<ol style="list-style-type: none"> 1. Develop marketing materials that target diverse demographic populations. 2. Engage Gen-Z and Millennial populations and request feedback on communications. 	\$50k-\$100k	Kaiser Permanente; Healthcare providers/representatives	<ul style="list-style-type: none"> • Number of recipients on listserv (i.e., receiving communications) • Communications click-through rate
7 Incorporate all career paths into the health sciences highway model so that employees are aware of career development and advancement opportunities.	<ol style="list-style-type: none"> 1. Replicate the health sciences highway career paths for all careers in each region. 	\$50k-\$100k	Employers; Education providers; VCCS; VHWDA	<ul style="list-style-type: none"> • Number of highway graphics developed
8 Advocate for team-based models of care .	<ol style="list-style-type: none"> 1. Support and advocate for reducing barriers to and promotion of team-based care. 2. Raise awareness across healthcare employer of values of team-based model. 	<\$50k	Healthcare providers/representatives; Patient advocacy groups	<ul style="list-style-type: none"> • Policy change

EMPLOYER RECOMMENDATIONS (3 OF 3)

INTERMEDIATE TERM (1 – 2 years)

Strategic Priorities		Tactics
7	Partner with community colleges, 4-year institutions, and other training providers to create a pipeline of instructors , inclusive of faculty sharing programs, and supply Professors of Practice to allow employees a reprieve from care delivery.	<ol style="list-style-type: none"> 1. Develop a statewide dashboard to assess workforce vacancy rates for faculty and healthcare providers.
8	Replicate successful earn-while-you-learn and on-the-job-training models and support employers in developing flexible training models that engage students.	<ol style="list-style-type: none"> 1. Identify skills-based learning models that have been most effective within the Commonwealth. 2. Prioritize and advocate for additional investment and expansion of these models.
9	Increase funding for paid internships and registered apprenticeships that provide meaningful opportunities for students as early as ninth grade.	<ol style="list-style-type: none"> 1. Align specific recommendations with those of the Business Higher Education Council.
10	Reimagine and redesign schedules to incorporate flexible and part-time employees for traditionally full-time jobs, broadening the candidate pool.	<ol style="list-style-type: none"> 1. Determine current state of flexible/part-time employee arrangements in the Commonwealth and best practices nationwide. 2. Identify feasibility of regulatory changes.
11	Publicize SafeHaven as one program that employers can implement to improve retention and employee well-being.	<ol style="list-style-type: none"> 1. Share the outcomes and impact from the SafeHaven program with employers and associations in Virginia.

LONG-TERM (3 – 5 years)

Strategic Priorities		Tactics
12	Implement task shifting to ensure providers are operating at the top of their license.	<ol style="list-style-type: none"> 1. Invest in future models of care that include virtual models and increased use of technology.
13	Expand wraparound supports such as housing and childcare services to retain healthcare employees.	<ol style="list-style-type: none"> 1. Research best practices and successful models for wraparound supports to healthcare employees. 2. Determine feasibility of additional investment.
14	Expand team-based models of care and evaluate payment policies to support team-based care.	<ol style="list-style-type: none"> 1. Invest in pilot projects to demonstrate the impact and feasibility of team-based model, with emphasis on alternative staffing models that promote flexibility and virtual opportunities.

REGULATORY & STATE AGENCY (1 OF 3)

QUICK WINS (6 – 12 months)

Strategic Priorities	Tactics	Investment	Owner(s)	Evaluation Metrics
1 Develop ongoing collaboration of healthcare and behavioral health regulatory bodies, payors, and employers to address regulatory hurdles impacting workforce.	<ol style="list-style-type: none"> Review work that the Virginia Center for Health Innovation has done in the primary care space to increase collaboration. Establish working group. 	<\$15k	Secretary of HHR Office (to give directive); Department of Health Professions; Department of Education	<ul style="list-style-type: none"> Effective implementation of regulatory change
2 Reduce the barriers to staffing mobile crisis units throughout the Commonwealth.	<ol style="list-style-type: none"> Develop innovative mobile crisis unit staffing models to allow for increased creativity with existing resources (especially in rural areas). Work with Secretary of HHR to identify and reduce regulatory barriers. 	Existing resources	Secretary of HHR Office; Department of Behavioral Health and Developmental Services; Community Service Boards, etc.	<ul style="list-style-type: none"> Successful and timely staffing of mobile crisis units Number of new mobile crisis units/staff
3 Establish a group to review and revise existing QMHP requirements and documentation.	<ol style="list-style-type: none"> Review the recommendations that have been made to the Virginia Board of Counseling. Establish working group to meet the following goals: (1) Create a pathway for additional degree types, including associate degrees, to qualify to become QMHPs, (2) eliminate the distinction between QMHPa and QMHPc, and (3) allow experienced QMHPs to provide supervision. 	<\$15k	DHP; Virginia General Assembly	<ul style="list-style-type: none"> Number of revisions made to existing QMHP requirements Legislation enacted to implement recommendations



REGULATORY & STATE AGENCY (2 OF 3)

QUICK WINS CONTINUED (6 – 12 months)

Strategic Priorities		Tactics	Investment	Owner(s)	Evaluation Metrics
4	Have working group (#1) evaluate potential regulatory strategies to enhance cross-supervision for related fields ; raise awareness about current opportunities for cross-supervision.	<ol style="list-style-type: none"> 1. Review existing supervision requirements in all fields and areas where cross-supervision is allowed. 2. Raise awareness about allowable cross-supervision where possible 3. Develop set of potential recommendations for expanding bidirectional supervision opportunities across fields in collaboration with stakeholders, including Behavioral Health Coalition. 	<\$15k	Department of Health Professions; Social Work and Behavioral Health stakeholders	<ul style="list-style-type: none"> • Successful re-regulation to allow for cross-supervision
5	Have working group (#1) evaluate potential regulatory strategies to expand virtual supervision options when obtaining licensure.	<ol style="list-style-type: none"> 1. Evaluate the virtual supervision measures that were allowed during the COVID-19 pandemic to determine feasibility post-COVID. 2. Develop set of recommendations for regulatory changes in collaboration with stakeholders. 	<\$15k	DHP; Secretary of Health and Human Resources Office	<ul style="list-style-type: none"> • Expansion of virtual supervision options

REGULATORY & STATE AGENCY (3 OF 3)

INTERMEDIATE TERM (1 – 2 years)

Strategic Priorities		Tactics
6	Develop a formalized path for pre-licensure reimbursement , including a clinically qualifying and billable college-level internship or provisional licensure.	<ol style="list-style-type: none"> 1. Draft documentation that clarifies existing myths surrounding professional licensing and compensation. 2. Draft and introduce bill that establishes a formalized path for pre-licensure reimbursement. 3. Develop a clinically-qualifying and billable college-level internship or provisional licensure that is state approved to benefit both the student and the agency.
7	Reduce barriers for out-of-state professionals who are licensed and in good standing in their home state to practice in the Commonwealth.	<ol style="list-style-type: none"> 1. Review the licensing changes that were made by the Board of Social Work to serve as a model for other professions. 2. Establish Virginia as a participant in the APRN compact. 3. Consider universal licensure for health professions.
8	Refine job descriptions for healthcare faculty to support Professors of Practice roles and advocate for accreditation bodies to adjust requirements for Professors of Practice.	<ol style="list-style-type: none"> 1. Evaluate teaching requirements that restrict qualified instructors from entering workforce.
9	Standardize the number of field hours that are required for licensure and ensure consistency with national standards.	<ol style="list-style-type: none"> 1. Decrease the number of supervision hours required by the Board of Counseling (3,500+ hours) to align with neighboring jurisdictions. 2. Evaluate other opportunities to align Virginia's licensure requirements with those of other states.
10	Update telehealth regulations to increase access.	<ol style="list-style-type: none"> 1. Conduct assessment to evaluate whether Virginia is maximizing the CMS waivers available. 2. Develop recommendations to CMS to allow for increased virtual visits to increase patient access and care.
11	Explore avenues for participation in the workforce for individuals with barrier crimes .	<ol style="list-style-type: none"> 1. Build relationships with advocacy groups and explore partnerships with external organizations (including academic institutions) to streamline hiring. 2. Identify any policy and/or legislative revisions required to employ carefully screened formerly incarcerated individuals.

TALENT PATHWAYS RECOMMENDATIONS (1 OF 3)

QUICK WINS (6 – 12 months)

Strategic Priorities		Tactics	Investment	Owner(s)	Evaluation Metrics
1	Prioritize earn-while-you-learn programs for state workforce funding.	<ol style="list-style-type: none"> Evaluate industries that would benefit most from increased part-time opportunities. Establish funding proposal and implementation plan for expansion of part-time opportunities. 	\$500k+	VCCS; DBHDS; DMAS; VDH	<ul style="list-style-type: none"> Number of programs receiving funding Number of new opportunities established
2	Develop a map of existing funding sources for the healthcare workforce.	<ol style="list-style-type: none"> Assess the sources and recipients of health workforce funding within the Commonwealth. Identify gaps and innovative potential funding mechanisms. 	<\$15k	Virginia Health Workforce Development Authority	<ul style="list-style-type: none"> Resource developed
3	Within each region, market success stories of (1) individuals who have advanced along the highway, and (2) successful regional models to increase visibility for various pathway opportunities.	<ol style="list-style-type: none"> Utilize working group network to collect stories that already exist through Claude Moore Scholars. Engage with counselors and advisors to spotlight student success stories Use engagement with GOVirginia Regions and other partnerships to source regional models. 	<\$15k	Claude Moore Charitable Foundation; Blue Ridge Partnership for Health Science Careers; Virginia Health Workforce Development Authority	<ul style="list-style-type: none"> Number of stories published Number of views on social media Number of counselors or advisors engaged



TALENT PATHWAYS RECOMMENDATIONS (2 OF 3)

QUICK WINS (6 – 12 months)

Strategic Priorities		Tactics	Investment	Owner(s)	Evaluation Metrics
4	Expand candidates in talent pipeline by marketing opportunities to diverse workforce segments such as veterans, immigrants, and underrepresented populations through partnerships with community organizations.	<ol style="list-style-type: none"> 1. Build relationships with advocacy groups to reach these populations and disseminate career marketing materials to increase exposure to health fields. 2. Build strong partnerships with the community organizations serving the populations and invite in early in the process. 	\$100k-\$250k	Virginia Health Occupations Students Association; AHECs	<ul style="list-style-type: none"> • Number of students, learners, or Virginia residents exposed to health careers
5	Scale the tools that the BRPHSC has developed to support school counselors and advisors , strengthening the connections between K-12 and employers.	<ol style="list-style-type: none"> 1. Collect supply and demand data by profession for each region. 2. Develop educational materials by region outlining career ladders and educational/training requirements for various healthcare professions. 3. Update the Healthcare Occupational Roadmap that was last revised 2/2021 (DHP). 	<\$50k	Regional partnerships	<ul style="list-style-type: none"> • Number of school counselors exposed to resources
6	Develop the pathways and lanes within the health sciences highway by designing training and career progressions for students and adult learners.	<ol style="list-style-type: none"> 1. Categorize and cluster professions that comprise the lanes of the highway. 	<\$50k	VHWDA	<ul style="list-style-type: none"> • Resource developed

TALENT PATHWAYS RECOMMENDATIONS (3 OF 3)

INTERMEDIATE TERM (1 – 2 years)

Strategic Priorities		Tactics
7	Increase compensation for healthcare and behavioral health faculty and instructors based on the results of a market analysis compensation study by region.	<ol style="list-style-type: none"> 1. Invest in supplemental support for teachers of dual credit classes. 2. Identify which HR, education, and government stakeholders to engage in the process.
8	Develop a standardized model for Professors of Practice and joint appointments with healthcare employers.	<ol style="list-style-type: none"> 1. Do review of success stories / best practices from other states on models for use of Professors of Practice. 2. Develop standardized model in collaboration with key stakeholders.
9	Remove barriers and create a more efficient pathway for international medical graduates (IMGs) , with potential incentives to practice in underserved areas.	<ol style="list-style-type: none"> 1. Review current regulations for international medical graduates (IME) and compare to neighboring states to identify potential areas for improvement. 2. Map current pathway of IMGs and develop improved pathway; identify regulatory barriers to implementation.
10	Identify funding streams and expand Virginia's investment in financial mechanisms to support learners such as low-interest loans, loan forgiveness, internships, and scholarship programs for students in healthcare fields.	<ol style="list-style-type: none"> 1. Decrease the burden of different schools having different standards and develop a comprehensive approach to onboarding for internships and scholarship programs.
11	Increase partnerships and investment in the Virginia Department of Veteran Services Military Medics and Corpsmen Program to help veterans transition to civilian healthcare roles.	<ol style="list-style-type: none"> 1. Review work at VCCS to develop a cross-walk from Corpsman roles and experience to the civilian sector.

LONG-TERM (3 – 5 years)

Strategic Priorities		Tactics
12	Expand wraparound supports such as housing and childcare services to support interns, students, and apprentices.	<ol style="list-style-type: none"> 1. Research best practices and successful models for wraparound supports to healthcare students. 2. Determine feasibility of additional investment.

BEHAVIORAL HEALTH RECOMMENDATIONS (1 OF 2)

QUICK WINS (6 – 12 months)

Strategic Priorities		Tactics	Investment	Owner(s)	Evaluation Metrics
 	<p>1</p> <p>Develop gap-free billable pathways that enable organizations to pay for services performed under supervision.</p>	<ol style="list-style-type: none"> 1. Along the highway, identify positions for peer coordinators to gain additional certifications and credentials. 2. Complete a talent pipeline management process and map which skills that are required for behavioral health roles to specific jobs and determine what regulations can be modified to expand existing credentials. 	\$500k+	Multi-agency approach including DMAS, DBHDS, DHP	<ul style="list-style-type: none"> • Individuals employed in each pathways
	<p>2</p> <p>Develop clear guidelines for paraprofessionals and bachelors' level behavioral health professionals to work within their scope of education and training.</p>	<ol style="list-style-type: none"> 1. Clearly define the roles of paraprofessionals (i.e., parents support partners, behavioral aids, etc.). 2. Determine which tasks require the supervision of a licensed professional and which tasks can be completed interpedently. 3. Develop expanded scopes that are tied to training and competency levels. 	\$100k-\$250k	Training providers; educators; employers	<ul style="list-style-type: none"> • Individuals employed



BEHAVIORAL HEALTH RECOMMENDATIONS (2 OF 2)

INTERMEDIATE TERM (1 – 2 years)

Strategic Priorities		Tactics
3	Determine which state agency or stakeholder entity will champion this effort long-term.	1. Assess which priorities require regulatory revisions or changes in code.
4	Expand insurance payments to cover behavioral health services provided by supervised interns and residents in training, and supervisees for licensure.	<ol style="list-style-type: none"> 1. Convene working group to address the expansion of insurance payments. 2. Review insurance practices for states that allow for provisionally licensed and intern reimbursement. 3. Raise awareness across insurance providers of the opportunity to create more robust networks. 4. Raise awareness of the quality and safety of services provided under supervision. 5. Expand definitions in provider manuals to include supervised interns as approved providers.
5	Increase the number and type of funded, behavioral health internships .	1. Assess the state consortia for expanding paid internships.
6	Advocate for flexibility for human services workers who are in good standing in other states to be employed in Virginia through compacts or universal licensing.	1. Review the requirements of neighboring states and consider how to increase recruitment of behavioral health providers from WV, MA, NC, D.C.
7	Create protections that support the safety and well-being of human service workers.	<ol style="list-style-type: none"> 1. Expand employers' commitment to workforce safety by increasing the number of office base safety protocols, crisis call buttons, psychological safe supports, and other policies to protect employees from workplace violence in the community. 2. Increase effective clinical supervision and targeted training available to human services professionals. 3. Increase opportunities for peer supervision and foster a culture of empathy and support. 4. Expand EAP services provided for human services professionals and prioritize wellness tools and resources for the workforce.
8	Decrease burdensome documentation and administrative requirements.	<ol style="list-style-type: none"> 1. Streamline service authorizations and registration forms required by DMAS. Expand the levels of providers who can complete each form. 2. Consolidate the systems required for critical incident reporting (DMAS, MCOs, DBHDS). 3. Convene working group to identify and prioritize additional regulations and policies that negatively impact the employee experience.

LEGISLATIVE & FUNDING RECOMMENDATIONS (1 OF 2)

The four key stakeholder groups consulted for this Report – Employers, Regulators & State Agencies, Talent Developers, and Behavioral Health Leaders– arrived at a host of recommendations to support the Commonwealth’s healthcare workforce and address common statewide challenges. **Many of these may require support from the Virginia General Assembly, either through legislative or budgetary action.** The legislature’s support will be critical to the success of this effort, both to develop the infrastructure for a stronger healthcare workforce as well as demonstrate the state’s collective commitment to workforce transformation.

LEGISLATIVE & FUNDING REQUESTS

Recommendation Source	Strategic Priorities (<i>numbers refer to corresponding strategic priorities within Working Group recommendations</i>)	Request Type
Employers (#9)	Increase funding for paid internships and registered apprenticeships.	
Employers (#13)	Expand wraparound supports such as housing and childcare services to retain healthcare employees.	
Employers (#14)	Expand team-based models of care and evaluate payment policies to support team-based care.	
Regulators (#2)	Reduce the barriers to staffing mobile crisis units throughout the Commonwealth.	
Regulators (#4)	Evaluate regulatory strategies to enhance cross-supervision for related fields.	
Regulators (#5)	Evaluate potential regulatory strategies to expand virtual supervision options when obtaining licensure.	
Regulators (#6)	Develop a formalized path for pre-licensure reimbursement , including a clinically qualifying and billable college-level internship or provisional licensure.	
Regulators (#7)	Reduce barriers for out-of-state professionals who are licensed and in good standing to practice in the Commonwealth.	
Regulators (#8)	Refine job descriptions for healthcare faculty to support Professors of Practice roles and advocate for accreditation bodies to adjust requirements for Professors of Practice.	
Regulators (#9)	Standardize the number of field hours that are required for licensure and ensure consistency with national standards.	
Regulators (#10)	Update telehealth regulations to increase access.	

LEGISLATIVE & FUNDING RECOMMENDATIONS (2 OF 2)

Recommendation Source	Strategic Priorities <i>(numbers refer to corresponding strategic priorities within Working Group recommendations)</i>	Request Type
Talent Partners (#1)	Prioritize earn-while-you-learn programs for state workforce funding.	
Talent Partners (#7)	Increase compensation for healthcare and behavioral health faculty and instructors.	
Talent Partners (#8)	Develop a standardized model for Professors of Practice and joint appointments with healthcare employers.	
Talent Partners (#9)	Remove barriers and create a more efficient pathway for international medical graduates , with potential incentives to practice in underserved areas.	
Talent Partners (#10)	Identify funding streams and expand Virginia's investment in financial mechanisms to support learners such as low-interest loans, loan forgiveness, internships, and scholarship programs for students in healthcare fields.	
Talent Partners (#11)	Increase partnerships and investment in the Virginia Department of Veteran Services Military Medics and Corpsmen Program to help veterans transition to civilian healthcare roles.	
Talent Partners (#12)	Expand wraparound supports such as housing and childcare services to support interns, students, and apprentices.	
Behavioral Health Partners (#1)	Expand the ability to fund and support roles as they enter the behavioral health profession with the objective of developing a gap-free billable pathway with stackable credentials.	
Behavioral Health Partners (#2)	Develop clear pathways for paraprofessionals and bachelors' level behavioral health professions and allow licensed staff to operate at the top of their license.	

APPENDIX: WORKING GROUP CONTRIBUTORS

Thank you to members at the following organizations for contributing to this report.

Alexandria/Arlington Regional Workforce Council

B2L Consulting

Ballad Health

Bay Consortium Workforce Investment Board

Behavioral Health Commissioner

Bon Secours

Business Higher Education Council

Carilion Clinic

Centra Health

Central Virginia Health Services Petersburg

Chesapeake Health Department

Chesapeake Public Schools

Children's Hospital of The King's Daughters

City of Fairfax

Commonwealth Care

Delta Dental Foundation

Eastern Healthcare Group

Fairfax County Deputy County Administrator

GMU Center for Health Workforce

Grafton Integrated Health Network

Greater Roanoke Workforce Development Board

Hampton Roads Workforce Council

Hampton University

Healthy Chesapeake Inc.

Inova

Isle of Wight Public Schools

Kaiser Permanente

Lamar Consulting

Laurel Ridge Community College

Licensing Board of Counseling

LifeSpire of Virginia

Loudoun County

Mary Washington Hospital

Marymount University

Medical Society of Virginia

NAMI Virginia

National Association of Social Workers of Virginia

New Horizons Regional Education Center

Norton City/Wise County

Poplar Springs Hospital

Radford University

Rappahannock CSB

Riverside Health System

Roanoke County

Roanoke-Blacksburg Technology Council

Sentara Healthcare

Shenandoah University

Sovah Health Martinsville

St. Francis Medical Center

UVA Cooper Center/GO VA Region 3

UVA Health

Virginia Association of Community Services Boards

Virginia Association of School Superintendents

Virginia Bio

Virginia Board of Pharmacy

Virginia Chamber of Commerce

Virginia Coalition of Private Provider Associations

Virginia Community College System

Virginia Department of Behavioral Health and

Developmental Services

Virginia Department of Education

Virginia Department of Health

Virginia Department of Health Professions

Virginia Department of Medical Assistance Services

Virginia Economic Development Partnership

Virginia Health Care Association – Virginia Center

for Assisted Living

Virginia Health Services

Virginia Hospital & Healthcare Association

Virginia State Council of Higher Education

Virginia State University

Winchester City

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CHARITABLE FOUNDATION