



Agency Recommendation Summary

Long-term care (LTC) staffing challenges are creating situations that place those needing this critical care at risk. These challenges are expected to worsen due to an increased demand for services coupled with a shrinking workforce. The LTC Workforce Initiative is a multi-organization collaborative of professionals that has spent the last two years focused on LTC policy development, comprehensive research, and the launch of a pilot LPN registered apprenticeship. Funding for this work ends in June of 2025. This request is seeking funding to continue the focused efforts of the Initiative, including continued support for prerequisite courses for potential LPN apprentices.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Staffing						
FTEs	3.6	3.6	3.6	3.6	3.6	3.6
Operating Expenditures						
Fund 001 - 1	\$983	\$899	\$1,882	\$899	\$899	\$1,798
Total Expenditures	\$983	\$899	\$1,882	\$899	\$899	\$1,798

Decision Package Description

Proposal Summary

There is no one solution that will remedy the staffing challenges facing the long-term care (LTC) industry. This multifaceted set of barriers and needs requires focused engagement from stakeholders to continue working toward solutions. Over the past two years, the Long-Term Care Workforce Initiative (Initiative) at the Workforce Board has been working as a consortium of LTC professionals identifying, researching, and supporting policy, program, and partnership solutions related to workforce training, education, recruitment, and retention, with the goal of improved patient care outcomes. The Governor and Legislature recognized the importance of this work and provided project funding in the 2022 Legislative Session. But that support ends June 30, 2025, and with it, the staff expertise, research focus, and 150+ member coalition that has been focused on solution-finding for the last two years. The group has made tremendous progress in just over two years—a comprehensive research report on the state of LTC in Washington, partnership in development of a registered apprenticeship in LTC, and the launch of a prerequisite program for front-line LTC workers seeking higher-level nursing roles in this field. Funding is needed to continue the Initiative for an additional four years, retain the expertise and capacity of the staff and stakeholders, and continue to build on the Initiative’s past successes with expanded research and policy development. Funding would support the continued efforts of the Workforce Board working closely with a diverse group of individuals and organizations representing LTC interests. This request reflects continuation funding for both the Initiative and prerequisite components of the LPN Registered Apprenticeship program (both funded in 2022), building on prior success and ensuring that progress is not interrupted in program development.

With input from its many contributors, the Initiative is working to develop new and improved strategies for training, education, and worker retention to mitigate challenges facing the LTC workforce. The Initiative is a coalition of stakeholders broadly representing the LTC industry, supported by a team of academic and agency researchers that is uniquely structured to provide qualitative and quantitative policy research to identify the root cause of barriers and structural challenges. The information provided by the research support guides the coalition members in the development of actionable recommendations for workforce improvement. To ensure that Washington can meet its residents’ increasing demand for LTC services and the industry’s need for more improved recruitment, retention, and training of its workers, it is critical that the efforts of the Initiative continue.

Background

“Long-term care involves a variety of services designed to meet a person’s health or personal care needs when they can no longer perform everyday activities on their own.” (National Institute on Aging)

Washington aims to help people with disabilities and seniors live independently and in a setting of their choice. These settings include in-home care, residential care, i.e., adult family homes and assisted living facilities, and skilled nursing facilities, which typically cater towards those with the most acute, complex needs.

The composition of caregivers differs depending on the setting. LPNs and RNs provide direct services as well as leadership in managerial and oversight roles. Unpaid caregivers (often family) and home care aides (HCAs) are most prevalent in residential care and in-home settings, the

most common type of setting. Nursing assistants (NACs) constitute the backbone of direct care in skilled nursing but also play a significant role in assisted living and adult family homes. Average annual turnover rates for HCAs and NACs are around 50 percent (Bureau of Labor Statistics). Staffing shortages and high turnover are directly linked to reduced quality of care outcomes, delays in receiving essential care, and increased hospitalization rates for those needing LTC services (Center for Medicare Advocacy).

Turnover costs employers as much as 150 percent of a direct care worker's annual salary to fill a required staff vacancy (FQHC Associates, 2014). Contributing to the urgency about LTC staffing are new federal rules establishing minimum staffing ratios in nursing homes. Short-term staffing agencies are used all too frequently to fill immediate vacancies—a practice that disrupts care continuity for those receiving care and at a high cost. Other measures used to address vacancies include mandatory overtime and working in short-staffed environments, both of which can lead to stress and burnout for the LTC workforce.

“Direct care workers represent the paid frontline of support for millions of older people and people with disabilities” (PHI National, 2021)

A 2023 report by PHI underscored both the need for a stable direct care workforce and the challenges associated with providing that workforce. Long hours, low pay, a competitive job market, and difficult working conditions have all contributed to the workforce crisis that now exists in the LTC industry. Growth in the workforce has been unable to keep pace with a growing population of those needing care. Currently, 14,000 home care aide positions and 12,750 nursing assistant positions in Washington need to be filled by 2030 to fill separation vacancies and meet the rising demand for workers in LTC. The situation is made worse by high levels of turnover, employee burnout, and a lack of social recognition and respect for direct care workers within the LTC sector (Deloitte).

Stakeholders involved with the Initiative have shared their experiences in the LTC industry and its workforce needs as subject matter experts. These dedicated individuals offer their support, expertise, and insight into operational strategies that can be used to develop policies that address the staffing challenges in the LTC workforce while they fulfill their concurrent professional responsibilities. Many of the stakeholders in the Initiative have worked on previous LTC efforts with the Nursing Care Quality Assurance Commission (now the Board of Nursing) and have returned to continue to work on this topic, recognizing the value the Initiative brings to solutions to improve LTC workforce challenges.

The Workforce Board and Initiative members are requesting funding for Washington to continue its commitment in supporting this work, uninterrupted, for the next four years. As a sustained effort, this work can lead to solutions to build and maintain a robust, well-trained LTC workforce. This request will continue the ongoing work of the Workforce Board, collaborating agencies, and professionals who recognize the critical workforce needs of the LTC industry across Washington. Initiative staff and members will continue to develop opportunities for increased access to career advancement while also working to establish recommended policies supportive of the operational efforts to recruit, retain, train, and support the LTC workforce now and into the future.

LTC Workforce Initiative Accomplishments

The Initiative has built on the work of previous state efforts and has seen strong positive outcomes, including:

1. LPN Registered Apprenticeship Pilot Launch

The Home Care Aide/Nursing Assistant-Certified (HCA/NAC) to Licensed Practical Nurse (LPN) Registered Apprenticeship Program, the first of its kind in the country, has made strides toward establishing an alternative career pathway to traditional nurse training. The LPN Registered Apprenticeship Program creates opportunities for entry-level staff (NACs) in the LTC sector to move into positions of greater responsibility and financial success while remaining employed during training.

The program has made significant progress during the first two years that the Workforce Board has managed state implementation funding. The Washington Health Care Association (WHCA) was selected as the apprenticeship sponsor in 2023, and has been working closely with the Workforce Board, the Board of Nursing, and the Department of Labor and Industries (LNI) toward the Fall 2024 launch date for the first apprenticeship cohort at Edmonds College. The LPN apprenticeship program staff are developing a sustainability plan to continue the apprenticeship program after state funding ends in 2025 and are not currently asking for continuation funding through the state decision package process.

For the past year and a half, a group of potential apprenticeship candidates has been advancing through nursing prerequisite coursework in anticipation of this launch date. Three employers (Pennant Group, Hyatt Family Facilities, and Brookdale Senior Living) with over 50 facilities across the state and two community colleges (Edmonds College and Yakima Valley College) have committed significant time and resources to this project development.

2. DVA Apprenticeship / DVA Sponsorship

An ongoing partnership between the Washington Department of Veterans Affairs (DVA) and the Workforce Board is facilitating the development of a second LPN Registered Apprenticeship Program specifically for direct care workers at DVA's four LTC facilities.

Since January 2023, the Workforce Board, the Board of Nursing, and LNI have provided expertise and support to DVA's efforts to establish a pilot apprenticeship program in one of their four facilities for Washington's veterans needing LTC services.

The DVA apprenticeship program will be distinct from the registered apprenticeship being developed by WHCA because of the vastly different facility type and state and federal regulations but will draw from the experiences and lessons learned of that effort. DVA is also working to develop a new job classification for their facilities: nursing technician. This classification is a key component for and NACs seeking to transition to LPN roles and ensures wage growth for DVA's future apprentices. DVA's effort is strongly supported by the Workforce Board, and this request includes funding to continue that support.

DVA has recognized the immediate need for nurses and has launched a pre-nursing sponsorship as well as an LPN sponsorship program with the understanding that apprenticeship development can take time. While DVA continues developing an LPN registered apprenticeship, they have put these sponsorships in place as interim programs to ensure the continued development of new DVA facility nursing staff. In partnership with Olympic College in Bremerton, Washington, five students are working toward completing their prerequisite coursework, and three will begin training in Fall 2024 through the DVA supported sponsorship program. Further, in collaboration with the Workforce Board, DVA is looking toward expanding this program across the state to their other three LTC facilities.

3. Engaging Collaborations Across the State

The LTC Workforce Initiative was initially convened in 2022. Many of the early Initiative contributors had worked on previous efforts with the Board of Nursing, the Workforce Board's Health Workforce Council, and DSHS's Aging and Long-Term Services Administration (AL TSA) and committed to continuing this work. This Initiative brings together the lessons learned from the previous efforts. Over the past year and a half, over 150 contributors representing the LTC industry, healthcare, business community, educators, advocates, direct care providers, and state/federal agencies have committed their time and expertise to find holistic solutions to the challenges associated with LTC staffing. These partners represent the broad spectrum of communities across the state including urban, rural, isolated, underserved, and marginalized communities. Initiative members are a diverse group of individuals representing skilled nursing, assisted living, adult family homes, home care services, and independent providers. The Initiative is supported by four distinct subcommittees and guided by a leadership committee and has considered a range of workforce topics related to licensing, education, leadership support, regulatory oversight, and promising practices in the state.

Initiative Subcommittees

Long-Term Care Ecosystem

The Long-Term Care Ecosystem Subcommittee has focused on regulatory and operation aspects of the LTC workforce. One example is how the group is reviewing strategies to expand the use of technology to support direct care workers: freeing critical staff to provide patient care.

HR & Worker Support

The HR & Worker Support Subcommittee's conversations have primarily focused on direct care worker retention, as it is more cost-effective for facilities and better for workers when employers focus on retention as the priority rather than just continued recruitment. These conversations include the development of leadership training for supervisors of direct care workers to improve worker morale and workplace culture.

Education & Career Pathways

The Education & Career Pathways Subcommittee have discussed many of the barriers to workers' entry and advancement in the LTC field. Conversations have included topics such as delays in credentialing, LTC nursing preceptorship programs, and a LTC nursing residency program.

Rural & Underserved Communities

The Rural and Underserved Communities Subcommittee has specifically focused on the impact of workforce shortages upon communities that do not have access to the same resources available in more populated areas. Discussions have focused on "grow your own" strategies for developing workforce talent, innovative strategies for recruitment and staffing, and factors associated with training and education.

4. Development of Proposed Recommendations Needed to Support the LTC Workforce in Washington

A key role of the Initiative partners is the identification of the conditions that are impacting the industry staffing needs and development of strategies that can have a significant influence on reducing the staffing shortages. As noted, four Initiative subcommittees and the leadership committee have led discussions about the challenges facing the industry and contributed to the development of the proposed policy recommendations to address challenges. These contributors have been responsible for the recommendations in the [2023 report](#) and this year's policy recommendations in development.

5. LTC Workforce Summit

On July 9, 2024, over 100 stakeholders from across the state convened for the first LTC Workforce Summit, which was co-sponsored by the Workforce Board and the Department of Social and Health Services (DSHS). This one-day, in-person meeting of leaders in the LTC sector met in SeaTac, WA. The Summit featured a keynote address from Dr. Kezia Scales, Vice President of Research and Evaluation at PHI and a panel discussion on the LTC workforce presented by representatives of federal agencies. The most compelling aspect of the Summit was a facilitated discussion with nine direct care providers offering insight into the caregivers' lived experiences and challenges in their daily work. During the Summit, contributors had an opportunity to network with colleagues and complete critical tasks for the Initiative's efforts; namely, the discussion and prioritization of key policy recommendations to bring much needed relief to Washington's LTC workforce. These recommendations will be included in the policy report that will be released in late Fall.

6. Prerequisite Support and Coming Soon: LTC WA529 GET Fund

The Workforce Board has established a Guaranteed Education Tuition fund (GET funds, or WA529 funds) that will support NACs pursuing nurse training with a goal of applying for the LPN Registered Apprenticeship Program. The fund was established to support students engaged in the mandatory prerequisite coursework for LPN program admission and serve as a bridge to more permanent solutions that can support this need. Program requirements mandate a two-year waiting period from the date the fund account is established before disbursements can be made. In June of 2026, the WA529 GET funds will be available for distribution to candidates. The Workforce Board is developing policies and protocols for fund administration and for awarding funds to qualified students.

Current state funding for the LPN Registered Apprenticeship allows the Workforce Board to support employed NACs with tuition, fees, and other education expenses as they are completing the 35 credits needed prior to application to the LPN apprenticeship program. All participants are required to submit their FAFSA/WAFSA; these funds are a last mile support for the students. The Workforce Board will continue this aspect of the program through the end of FY25 with existing funds. To continue this key component of LPN apprenticeship preparation, the Workforce Board is requesting funding for FY26 that will be used for tuition, books and other education related fees. Currently, there are fourteen students still actively enrolled in the prerequisite program with an interest in applying for the LPN apprenticeship. The employers working on the apprenticeship have reported that there are other NACs who have expressed interest in the apprenticeship and want to begin the pre-requisite coursework. Continuation funding of this component through FY26 will allow stable funding for students beginning the program in 2024 to complete their pre-requisite coursework. Without the additional financial support this program will be paused at the end of FY25, until the WA529 GET funds are available to support this part of the apprenticeship program.

7. Research Efforts supporting the Long-Term Care Workforce Initiative

The Initiative's efforts are supported by research conducted by a LTC Senior Researcher at the Workforce Board in partnership with the University of Washington's Center for Health Workforce Studies, with support from multiple state and federal agencies. The LTC Researcher was a key recommendation of the previous Nursing Commission's (now Board of Nursing) work in the LTC workforce space. Since joining the Initiative, this Senior Researcher has served as the lead for the Workforce Board in LTC research in coordination with our research partners. These research efforts were designed as a collaboration between multiple agencies and geared toward comprehensive examination of the LTC workforce. The research has included both quantitative and qualitative approach to this on-going assessment of the LTC workforce. The research team looks for trends, factors influencing the workforce situation, innovative solutions that could impact the state's workforce needs and evaluates the impact of existing efforts on the workforce and the quality of patient care. The results of these research efforts support the work of the Initiative and offer the contributors direction when attempting to develop solutions to the state's workforce challenges. Future research will seek to monitor and evaluate certain policies and programs have had on alleviating the LTC workforce crisis.

8. Marketing effort for LTC and Rural Communities

In ESSB 5582 (2023), the Legislature authorized \$250,000 for a marketing campaign with a focus on recruitment of nurses into the LTC field and/or into rural and underserved communities. A contract to procure marketing services was awarded to Quinn Thomas, a full-service marketing agency in Seattle, WA. In partnership with the Workforce Board and with input from Initiative contributors (including current related marketing campaigns through the University of Washington Nursing School and DSHS (AL TSA) workforce initiative), Quinn Thomas is developing and executing a marketing campaign to inform potential and current nursing staff at all levels of the opportunities and benefits that come from working in LTC and rural communities. Quinn Thomas is considering a wide range of options for the distribution of information to the broadest audience to promote opportunities in nursing. This effort will continue through FY25.

We are proposing that Washington State continue its commitment for the next four years, through policy and financial resources, supporting the uninterrupted work of the LTC Workforce Initiative as a sustained effort that can build and maintain a robust, well-trained workforce of caregivers.

The role of these caregivers at all levels is critically important – meeting the complex and diverse needs of the residents of the state who need any of a variety of long-term care services. The challenge facing this state, and others, is that the solution is not simple. It will require a multifaceted approach with program implementation as well as ongoing input from the team of contributors offering a combination of traditional and innovative solutions to the challenges facing the industry.

Meeting the growing needs of a stable, well-trained LTC workforce requires an ambitious, innovative, and multifaceted approach that is consistent and sustained. Across the state, multiple organizations and employers have been independently working toward solutions to the needs of the LTC industry. Coordinating these efforts through communication and collaboration is cost-effective, productive, and efficient. Professionals associated with different aspects of the state's LTC industry, and its workforce have coalesced around the LTC Workforce Initiative, which is built on principles of communications and collaboration. Funding promising practices such as registered apprenticeship development at DVA, recognizing and continuing the work of the Initiative as the focal point for communication and coordination, while allowing other agencies to continue their efforts will streamline all efforts, thereby making it easier to meet the needs of those seeking and providing LTC services.

The work of this Initiative is a complex effort that involves hundreds of thousands of LTC workers and the Washingtonians in need of services. The Initiative is an assembly of highly qualified professionals who are actively engaged with the LTC workforce and recognize the impact that the current situations have on the care delivery system. Recognizing both the challenges and the needs, the Initiative has developed a set of goals which are dynamic and adapt to the changing workforce. These goals also recognize the complexity of the workforce and the people that the direct care workers serve. The goals of the LTC Workforce Initiative include:

1. Incorporate all communities and Washington residents that are either currently, or in the future, needing LTC services into the scope of the Initiative.
2. Facilitate and promote open communication and collaborative efforts to remedy the challenges associated with LTC workforce shortages.
3. Provide support for ongoing efforts to develop policy solutions for recruitment, retention, education, licensing, and service delivery models associated with the delivery of LTC services across the state. Encourage open discussion among contributors that lead to improved service delivery and workforce development.
4. Engage the input of individuals and family members who are receiving services regarding their observations and needs related to their care by LTC providers.
5. Continue providing support for potential apprenticeship candidates with their prerequisite coursework.
6. Continue and expand research collaboratives across the state with an expanded focus on:
 - a. Quality outcomes for those receiving LTC services.
 - b. Impact of efforts on the workforce.
 - c. Impact on communities and providers that are part of the continuum of healthcare services in the state.
7. Establish the Initiative as a national model, building on the recognition enjoyed by this state as a leader in efforts to meet the needs of the LTC workforce.
8. Initiate preliminary discussions about the potential establishment of a Direct Care Worker Center. The discussions should include:
 - a. Strategic mission and vision
 - b. Leadership
 - c. Contributing partners
 - d. Research of existing models
 - e. The role of the center
 - f. Plans for development and sustainability

This Initiative has successfully engaged the community to address some of the most challenging aspects of the LTC workforce, through open dialogue that recognizes and respects the values and opinions of contributors. Should the existing effort be allowed to lapse, the progress will be lost, and efforts to meet the growing need for LTC services detailed in this request are significantly set back. Continuation funding will enable the Workforce Board to maintain staffing, continue supporting prerequisites for apprenticeship nursing programs, and to support the Initiative's sustained efforts to develop policy solutions that:

- Collaborate with responsible agencies to improve the efficiency and effectiveness of licensing and testing processes,
- Improve LTC worker conditions and compensation,
- Expand career development opportunities within the LTC and healthcare sectors,
- Support LTC employer efforts to recruit, train, and retain workers,

- Promote LTC as a career destination with significant growth potential, and
- Proactively develop and implement innovative strategies for LTC workforce growth and maintenance.

The Initiative is facilitating a grassroots dialogue with LTC stakeholders. Direct caregiving workers, managers, employers, facility administrators, trainers, educators, regulatory agencies, and clients all have a ‘seat at the table’ to share their stories, voice concerns, and participate in developing program and policy recommendations.

Stakeholder dialogue in conjunction with both qualitative and quantitative research—e.g., focus groups, surveys, analyzing available data, and existing research—empowers the Initiative to identify problems, conduct root cause analyses, discover, and disseminate best workforce development practices, and develop evidence-based and actionable policy and program solutions. Continuing this focus will be essential to monitoring and evaluating program and policy changes.

Continued funding will provide tuition/enrollment support to HCAs and NACs who are completing prerequisite coursework needed for advancement into the LPN Registered Apprenticeship Program. It will also provide funds to support the Department of Veterans Affairs’ (DVA) developing LPN registered apprenticeship program, allowing them to expand the program into all Veterans Homes in the state.

Finally, recognizing the need for open communication and transparency, the Initiative will sponsor an annual stakeholder summit, co-hosted by the Workforce Board and DSHS/ALTSA. At the summit, contributors will hear updates from participating agency supporters, supporting research, input from caregivers and community members receiving care services, and consideration of developing recommendations prior to publication in the annual report to policymakers.

Impact

The LTC Workforce Initiative’s work impacts the entire LTC ecosystem and, ultimately, the entire healthcare system. LTC workers and those receiving care are the most directly affected by Initiative recommendations and subsequent policy and/or program changes. The work needed to address challenges in the LTC industry must be sustained and dynamic. Success requires responsive, evidence-based, and actionable policymaking that can be informed by the Initiative.

A lapse in the Initiative’s funding will result in delays and interruptions in the momentum attained by the contributors committed to addressing the LTC workforce crisis. Ultimately it will be LTC workers, clients, and their families that will feel the impact of our failure to improve the workforce needed to provide quality long-term care.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

As noted, this proposal is recommending continuation of portions of two budget provisos – the Long Term Care Workforce Initiative, and portions of the LPN Registered Apprenticeship program that are not already funded by other sources. Funding was provided for the Initiative at \$772,000 in FY22, \$564,000 in FY23, and in the current FY24 at \$573,000. The LPN apprenticeship was funded at \$1.2M per year in FY22-23, and \$1.1M in FY24.

Detailed Assumptions and Calculations:

Program Support and Operations

Prerequisite support for LPN apprenticeship candidates: \$168,000 in FY26, \$84,000 in FY27-29.

This funding includes tuition and enrollment support for NACs interested in pursuing LPN registered apprenticeship. Funding would support up to 40 students receiving an average amount of \$1,050/quarter, and as noted previously, is “last mile” funding – meant to supplement gaps in state or federal financial aid. 20 students each would be supported from the following organizations:

- Department of Veterans Affairs (DVA): \$84,000 annually, FY26-29. This interagency agreement supports the continued funding of prerequisite courses necessary for student participation in the future LPN Registered Apprenticeship program for employees at all four DVA LTC facilities (expanding from the Washington Veterans Home in Port Orchard).
- WHCA LPN Apprenticeship candidate prerequisite support: \$84,000, for FY26 only. The Workforce Board is currently providing financial support for the NACs who are actively engaged in prerequisite coursework prior to applying for the LPN apprenticeship. Beginning in July 2026 (FY27), this support will come from the funds available in the WA529 GET fund managed by the Workforce Board.

Workforce Board Initiative Staff

See Workforce Assumptions, below.

Stakeholder facilitation: \$30,000/year. Stakeholder participation is critical to the success of the Initiative. The Workforce Board is currently

working with a contracted facilitator to help convene LTC Workforce Initiative stakeholders and facilitate meetings, prepare documentation, and assist in the development of the formal policy, program, and partnership recommendations. This service frees up Workforce Board staff to participate and engage with the stakeholders, rather than focus of meeting management and facilitation.

LTC Workforce Summit: \$30,000/year. Each year, the Workforce Board and DSHS will co-host a meeting of the contributors to share updates from the research group, hear from direct care workers and LTC employers, and learn about LTC workforce efforts from state and federal agencies who are involved in the Initiative. This meeting brings the stakeholders together to review the progress of the Initiative and engage in open dialogue about the strategies that are intended to impact the LTC workforce needs in the state. This meeting is a significant factor in maintaining the momentum of the Initiative. Funding provides for a venue and other expenses necessary to host the annual summit to convene these contributors and stakeholders in person.

University of Washington Center for Health Workforce Studies: \$150,000/year. This contract supports an interagency agreement for ongoing research, amplifying the reach of the in-house research staff. The Center for Health Workforce Studies (CHWS) is recognized as a leader in the research aspects of the LTC industry. This research is multifaceted and includes both a quantitative and qualitative aspect. The quantitative research focuses on the data sets available from a variety of sources many of which require complex agreements for data sharing. CHWS will also coordinate the qualitative studies which involve surveys, interviews and focus groups with caregivers and families involved in the delivery or receipt of LTC services. This novel research has a specific focus on Washington and its LTC needs.

Program Support and Operations

Workforce Assumptions:

Workforce Board Staff

Deputy Executive Director (WMS3), .05 FTE, is a senior leadership position responsible for overall supervision as well as being the liaison between the Governor's office and the Legislature.

Long-Term Care Policy Manager (WMS2), 1.0 FTE, is the lead staff at the Workforce Board for the LTC Workforce Initiative. This role is responsible for overseeing project/program direction and deliverables such as annual reports to policymakers. The role also serves as the subject matter expert to the Initiative and represents the Workforce Board on related committees across the state. This role provides extensive outreach and interaction with various public and private sector stakeholders, state and federal agencies, and public forums.

Healthcare Workforce Senior Researcher (WMS2), 1.0 FTE, is the lead researcher for the LTC Workforce Initiative. This role is responsible for developing and conducting supporting research as well as the monitoring, evaluation efforts, and performance management of the LPN Registered Apprenticeship Program and other policy and program changes resulting from the Initiative's work. This includes identifying, collecting, and analyzing relevant data for the purposes of establishing baseline and ongoing performance metrics and program outcomes. This role is also responsible for the research components of the Initiative's annual reports to policymakers.

Long-Term Care Policy Associate (MA4), 1.0 FTE, a management analyst role tasked with providing research, analysis, and policy work in support of the LTC Workforce Initiative. This position will also continue to support student navigation services, particularly logistical support to the NACs enrolled in pre-requisite coursework prior to enrollment as an LPN apprentice.

Administrative Assistant (AA5) 0.5 FTE is a role providing ongoing logistical support to the staff and project. This includes scheduling meetings for the Initiative and various public-private sector stakeholders, supporting hybrid meetings, meeting documents and minutes, travel arrangements, etc.

Historical Funding:

There is no funding that carries forward for this work after June 30, 2025.

Strategic and Performance Outcomes

Strategic Framework:

The Governor's Results Washington goals are aligned with the goals of this program. The workforce crisis in the LTC industry is creating significant challenges in all areas of healthcare across the state. Facility closures, diminished availability of care services, and impacts on personal and business finances are only some of the consequences created by workforce shortages in LTC. The LTC Workforce Initiative explores a range of recruitment, retention, training, credentialing, and leadership opportunities aimed at stabilizing the workforce in LTC.

Goal Area/Priority: Prosperous Economy

The Initiative promotes the professional growth of LTC workers through education and training opportunities, which in turn advances their skills, professional responsibilities, careers, and income. The availability of a well-trained LTC workforce increases the availability of services for Washington residents needing care and creates opportunities for growth in the LTC service industry. The availability of high-quality LTC helps ensure that workers can maintain their employment while vulnerable family members receive needed care.

Goal Area/Priority: World Class Education

The Initiative and LPN apprenticeship promotes meaningful, real-world job experiences to individuals already working in LTC facilities, helping them to earn-as-they-learn and receive clinical credit for their work.

Goal Area/Priority: Healthy and Safe Communities

The ultimate purpose of this proposal is to guarantee that a well-trained healthcare workforce is available in sufficient numbers to meet the care needs of the public, particularly those receiving LTC services. This proposal supports and affords the best opportunity for continued policy development in support of the health and safety of our most vulnerable populations.

Goal Area/Priority: Efficient, Effective, Accountable Government

Finally, this proposal emphasizes the significance of a robust plan for data collection and analysis to quantify the demands upon the workforce, evaluate progress and trends, and inform decision-making to ensure the current and future needs of our state are being met. This approach confirms that the valuable resources of the state are being used in ways that are effective and efficient.

How this package supports the agency's strategic plan

The Workforce Board is described as "the hub" of the state's workforce training system, acting as a central coordination point that gives Washington strategic direction toward a dynamic workforce. The LTC Workforce Initiative aligns with the agency's strategic direction by creating opportunities to meet the growing needs of the state's LTC workforce.

The Workforce Board's strategic plan, Talent and Prosperity for All (TAP), is the 2024-28 strategy that guides state and federal investments to help workers access living wage jobs while providing employers with a skilled workforce. The LTC Workforce Initiative is particularly relevant to two of the five TAP strategic priorities:

- Industry: Supporting sustainable and equitable industry growth in LTC, building, and expanding career pathways, and expanding the definition of worker support.
- Job Quality: Ensuring pathways to competitive wage jobs that are critical to communities and expanding career opportunities in LTC specifically and in healthcare generally.

Performance Outcomes:

Our ultimate goal for the LTC workforce is to improve a range of longstanding issues and barriers in recruitment, retention, and training, with the goal of improved patient outcomes with the enactment/funding of proposed recommendations and program expansion. We have a robust research team between our in-house staff and the University of Washington Center for Health Workforce Studies that is engaged in various research for both qualitative and quantitative methods of investigation related to workforce and care outcomes.

The Initiative members, as noted previously in this decision package, have been working toward recommendation and solution development to address many of the critical barriers and challenges facing the LTC workforce. The Workforce Board and Initiative team believes that continuing this work is important to keep the focus on meeting the LTC workforce needs in the state. The impact of the LPN apprenticeship programs and prerequisite support is already seeing qualitative benefits, in the interest and excitement from employers and workers in participating in this work, even though we are still in the pilot stage. We expect to see even more enthusiasm for this earn and learn model as the programs launch.

In terms of the research methods to evaluate progress and success for programs and policies originating from the Initiative, the research staff have outlined the following process:

Step 1: Exploratory – the team has already been engaged in identifying indicators to measure impact and change.

Step 2: Establishing a baseline for impact – this is in progress now.

Step 3: Ongoing monitoring of measures.

Step 4: After enough time has passed between baseline and measurement, engage in an evaluation to identify measurable impacts that are associated with programs and policies spearheaded by the Initiative. This would be late in the 4-year continuation request to best understand impact and where expansion is possible.

Measures include:

Qualitative: Through focus groups and surveys, the Initiative research team has been looking at measures related to job satisfaction, professional and career development opportunities, a sense of feeling valued, and being properly trained to do the job and the tools to do the job.

Quantitative: The research team has been looking into administrative data sets that contain information collected by state and federal government programs. These measurements show objective changes in training, employment, and care outcomes, whereas qualitative measures provide more context and the why of the quantitative information.

Quantitative measures include: Wages, turnover rates, staff counts, federal performance measures, staffing ratios, licensing certification tests attempted and success rates, enrollment numbers, number of programs available, completion rates, and more. We will also be doing a study of education program output compared to industry needs to determine if programs are resulting in more longevity of employees within LTC/healthcare.

Equity Impacts

Community Outreach and Engagement:

The Initiative is driven by the contributions of the community partners. Routinely, the leadership is reaching out to community partners to conduct frank conversations about what has been learned from their communities, innovative programs, and insight into how they can contribute to this effort. Diversity among the participants is a key reason that the discussions and solutions are so robust.

Direct care workers who provide the services that are described in the background section of this request are of particular interest to the Initiative team in engaging in both the research and policy development components. The Initiative has provided compensation for lived experience for these workers as they help shape the work of the Initiative.

Disproportional Impact Considerations:

There are no negative disproportional impacts expected from this proposal. Policy development focused on improving working conditions, compensation, and career development opportunities is essential to addressing racial/ethnic, immigration status, and gender-based equity gaps within the healthcare workforce.

Target Communities and Populations:

Across the state, LTC services are offered through a range of venues and a diverse population of staff, paid and unpaid. The Initiative recognizes the importance of all LTC caregivers and explicitly includes them in all aspects of the research and policy development aspects of this work. Though this diverse workforce is providing quality care for those needing LTC services, there are inequitable disparities among the various groups making up this workforce. As an example, there is a racial and ethnic imbalance highlighted by direct care workers with the least formal educational attainment, as greater racial and ethnic diversity is typically found in lower-wage, entry-level positions. Research on the demographics and income of direct caregivers demonstrates why the Initiative's efforts to address recruitment and retention, improve career advancement, and improve wage outcomes are also matters of promoting racial, ethnic, gender, and economic equity in the LTC workforce.

The LTC workforce is diverse, employing large numbers of individuals from communities traditionally underrepresented in healthcare professions. For example, according to 2022 US Census data, those self-identifying as Black or African American make up a disproportionate number of workers in LTC compared to the racial composition of all workers (aged 18-65) in the state and compared to healthcare workers writ large. Yet the number of Black, Indigenous, and People of Color in nursing positions (across all healthcare areas) decreases as the educational requirements for those nursing positions increase, such as for LPN and RN positions. This disparity is especially stark for Hispanics/Latinos (of any race), who, though they are 13.7 percent of Washington's population (WA Board of Nursing), are only 3 percent of RN positions. Additionally, a disproportionate number of immigrants, both US citizens by naturalization and non-US citizens, are working in LTC. As an example, US citizens by naturalization and non-US citizens make up 19 percent and 14 percent, respectively, of HCAs and NACs in the LTC sector in Washington. Finally, women represent about 85 percent of the LTC workforce, according to the latest US Census data.

Issues facing the LTC workforce also relate to poverty as median earnings for direct care workers are low. According to the US Census, per capita personal income for all Washington adult residents was \$75,332 in 2022. However, the median annual earnings for all direct care workers in the state was less than one-half of that (approximately \$34,000). These earnings result in over one-third of direct care workers falling within 200 percent of the Federal Poverty Level, which qualifies them for public assistance such as Medicaid, cash transfers, and food and nutritional assistance. Additionally, PHI—a leading research and policy institute on direct care workforce studies—found that in 2021, 36 percent of direct care workers were housing cost-burdened, meaning that their housing costs (including rent, mortgage payments, and/or utility bills) exceeded 30 percent of their household's total income. The Initiative is working to develop solutions to reduce poverty in the direct care workforce, including in the population of unpaid caregivers, such as those caring for disabled children, partners, or other family members who are not always able to earn an income working outside the home due to their caregiving responsibilities.

Overall, every aspect of the Initiative's work is connected to addressing issues of diversity, equity, inclusion, and belonging in the LTC workforce. For example, the Initiative's work developing opportunities for workers to advance in their careers and receive higher credentials, such as registered apprenticeships, grow-your-own programs, and investment in prerequisite programs, we believe will result in increased diversity in higher wage and higher responsibility professions. Developing other policy solutions with the goal of improving worker conditions and compensation in LTC, including ways to support unpaid caregivers, will increase levels of economic security in these populations that have historically been marginalized and underrepresented in the health workforce.

Community Inputs and Incorporation:

Initiative members were briefed about the components of the proposal and the Workforce Board's intention to submit the request for continuation funding. The Initiative has added another key population to its research and policy work – the LTC workforce needs of direct care workers who are providing services to people with disabilities, based on feedback from participants.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not applicable.

Puget Sound Recovery:

Not applicable.

State Workforce Impacts:

Not applicable.

Intergovernmental:

No impacts.

Stakeholder Impacts:

The Initiative enjoys a broad coalition of stakeholders across the LTC delivery system. Stakeholders were briefed about this request and supported the inclusion both as a decision package and in the upcoming 2024 LTC report. No opposition was raised to this request.

State Facilities Impacts:

Not applicable.

Changes from Current Law:

Not applicable.

Legal or Administrative Mandates:

Not applicable.

Governor's Salmon Strategy:

Not applicable.

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Obj. A	\$360	\$360	\$720	\$360	\$360	\$720
Obj. B	\$124	\$124	\$248	\$124	\$124	\$248
Obj. C	\$114	\$30	\$144	\$30	\$30	\$60
Obj. E	\$102	\$102	\$204	\$102	\$102	\$204
Obj. G	\$13	\$13	\$26	\$13	\$13	\$26
Obj. N	\$234	\$234	\$468	\$234	\$234	\$468
Obj. T	\$36	\$36	\$72	\$36	\$36	\$72

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