

# Long-Term Care (LTC) Workforce Initiative Continuation

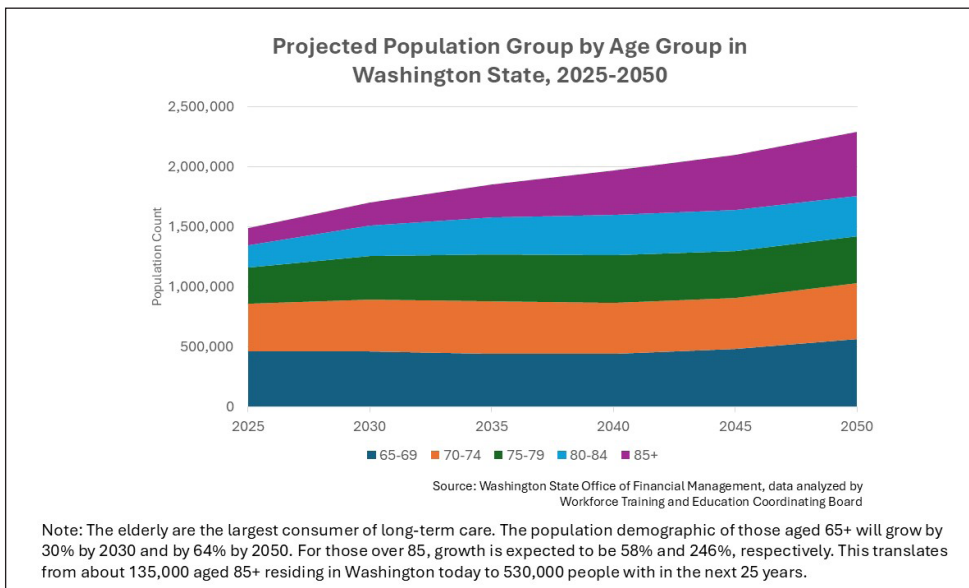


The Long-Term Care Workforce Initiative is focused on a simple theory: Better workforce outcomes mean better patient outcomes. We're focused on critical gaps and challenges in recruitment, retention, and training, and elevating LTC careers to benefit Washington workers and families.

## Caring for the future of Washington

The Workforce Board seeks continuation funding to support this multi-stakeholder initiative to keep the focus on major societal changes that are poised to impact all Washington communities in the near future. The research supports policy development focused on the long-term care workforce, including an annual report for lawmakers, and a yearly LTC Workforce Summit.

Continuation funding will also align with the creation of a new LPN apprenticeship program for long-term care careers and supports the prerequisite coursework and supports for nursing assistants seeking to enroll in the program.



## Impact Highlights

Research shows strong links between a stable, well-educated workforce and high-quality care that LTC residents and their families are satisfied with. Demand forecasts for LTC services far outpace the availability of qualified professionals necessary to provide essential care. Strategies include:

- Continue working toward improved health outcomes for LTC residents by developing policies to strengthen a pipeline of qualified care providers sufficient to meet growing demand.
- Build on our current work by exploring ways to meet the needs of individuals also needing LTC beyond the scope of elder and memory care.
- Promote innovative policies and programs to support workers' training and retention.
- Continue to coordinate and facilitate public-private and interagency state partnerships to enhance the quality of LTC in Washington.

## Project Costs

\$983,000 for FY26. \$899,000 ongoing.

These funds will support 3.55 FTE, funding for nursing prerequisite programs, and provide research-based policy support for initiative partners' program development and growth.



**Contact: Nova Gattman**  
Deputy Executive Director  
(360) 709-4600  
nova.gattman@wtb.wa.gov

Some accomplishments to-date include some of the following items such as:

- Launched a first of its kind practical nursing apprenticeship (NAC to LPN) designed specifically for the LTC sector. Now in its first cohort, this apprenticeship offers entry level nursing assistants, many of whom come from historically underserved communities, the ability to continue to earn in their current caregiving role while also providing a clear, debt-free pathway to career advancement.
- A parallel effort is underway with the Washington State Department of Veterans Affairs to expand a developing apprenticeship model to all four of Washington’s Veterans LTC Care facilities beginning in fall 2024.
- Leveraged funding for the sole purpose of assisting care providers already working in LTC to obtain the college level prerequisites required to apply for the NAC to LPN Apprenticeship.

**170,000**

people living with intellectual or developmental disability in Washington (1-3% of state population). Most need some form of long-term care or social assistance.

**53,000**

are clients of the Developmental Disabilities Administration (DDA)

**55.5%**

of DDA clients live with and receive care from a parent or a relative-often unpaid

**13,000+** TBI

emergency visit room a year. Traumatic Brain Injuries (TBI), typically from accidents like falls, are a leading cause of catastrophic injuries that result in people needing LTC, rehabilitation support, or social assistance.

Estimating the numbers of individuals needing care related to TBIs can be difficult. In 2023, there were more than 13,000 TBI emergency room visits, hospitalizations, and incidents of death in Washington, and statistics indicate that the risk of TBI is dramatically increased for those over the age of 60. In 2023, there were 3,000 TBI cases for this age group alone.

- Coordinated a multi-agency effort to remove barriers to training, testing and licensing of NACs and HCAs.
- Developed a targeted marketing strategy focused on encouraging current and future healthcare professionals to find their career in LTC. Initial campaign expected launch January 2025.
- Brought more than 130 stakeholders representing business, labor, higher education, and government agencies to consensus on two sets of

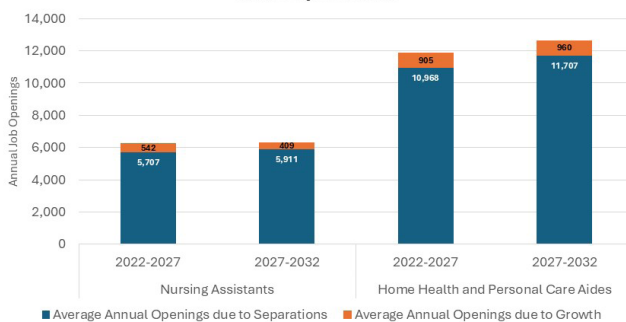
- thoroughly researched, data driven, industry approved recommendations to address this crisis for lawmakers to consider in the upcoming legislative session.
- Partnered with DSHS to hold the first ever Washington State LTC Workforce Summit convening providers and agencies to promote open discussion for workforce solutions in LTC.

## Opportunities to advance

The time is now to build on the momentum of this initiative and continue our work to overcome LTC workforce challenges. Some solutions being explored are:

- Integrating highly trained and qualified members of the refugee/immigrant community into the LTC workforce.
- Formalizing structures for direct care workers to contribute input to improved job satisfaction and workforce stability strategies.
- Crafting a sustainability plan for the LTC Workforce Initiative to continue supporting the growing number of frail and vulnerable Washingtonians, by navigating the complexities of the LTC ecosystem and facilitate solutions to providing quality care for a growing number of Washingtonians.
- Determining the feasibility of establishing a Direct Care Worker Center that promotes the needs of this critical workforce.

Projected Annual Job Openings by Growth and Separations



Source: Washington State Employment Security Department, data analyzed by Workforce Training and Education Coordinating Board

Note: Nursing Assistants-Certified and Home Health & Personal Care Aides are the backbone of direct care for the long-term care services and supports healthcare sub-sector. These workers are often underpaid, overworked, and undervalued. The annual turnover rate for these workers is around 50%, which has detrimental affects on quality care outcomes for patients and residents.