Report to
The Vermont Legislature

Mental Health, Developmental Disabilities, And Substance Use Disorder Workforce Report

In Accordance with: Act 82, Sec. 9.

Submitted to: **Senate Committee on Health and Welfare**

House Committees on Health Care and Human Services

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VERMONT
AGENCY OF HUMAN SERVICES

Table of Contents

Section 1: Report Requirements..... 1

Section 2: Introduction 2

Section 3: Opportunities and Practices for Training, Recruiting and Retaining Health and Other Service Providers

1. Loan Repayment.....7
2. Licensing Reforms.....9
3. Tax Abatement..... 10
4. Long-Term Employment Agreements.....11
5. Funded Training Models 11
6. Internships.....13
7. Rotations.....13
8. Other Tools.....14

Section 4: Appendices.....16

SECTION 1: REPORTING REQUIREMENTS

Section 9 of Act 82 requires the Agency of Human Services to support a Workforce Study Committee to examine best practices for training, recruiting, and retaining health care providers and other service providers in Vermont, particularly with regard to the fields of mental health, developmental disabilities, and substance use disorders in order to address ongoing workforce shortages. The Committee is to weigh the effectiveness of loan repayment, tax abatement, long-term employment agreements, funded training models, internships, rotations, and any other evidence-based training, recruitment, and retention tools available for attracting and retaining qualified health care providers in the State.

Response:

Rather than establish a new group, the Agency of Human Services worked with the already constituted Governor's Health Care Workforce Work Group established by Executive Order in 2013 in accordance with the Health Care Workforce Strategic Plan. This Health Care Workforce Work Group includes representatives for multiple government, nonprofit, and private sector entities. In addition, the Agency leveraged several existing health care workforce groups (See Attachment A) and existing reports that continue to analyze current and future demand while developing ideas, including the strategies listed in this legislation, to strengthen Vermont's workforce (See Attachment B).

SECTION 2: INTRODUCTION

Attracting and retaining qualified health care providers to Vermont, including for mental health, developmental disabilities, and substance use disorders (other service providers) is an important component of an efficient, innovative and sustainable human service delivery system.

There are many challenges facing the workforce including demographic shifts that make it important to retain workers and recruit new workers to our labor market. Since 2010, Vermont's Labor force has been shrinking by six workers each day. According to the Vermont Department of Labor, Vermont is estimated to lose approximately 2,200 participants in the labor market each year.

Vermont is one of the most rural states in the country. Rural communities often face additional challenges in maintaining an adequate health and social services workforce, making it difficult to provide needed care or to meet staffing requirements for their facilities. Therefore, rural healthcare and social service organizations need to be proactive and strategic about recruiting and retaining personnel.[1]

Recruitment and retention are closely linked. Recruiting healthcare and social service providers and acclimating them to a community and facility are often expensive, and lengthy endeavors. It is important to recruit workers who are well-suited to the community in which they will work, and to be proactive in retaining those providers. This is called recruiting for retention. Successful recruitment and retention practices can minimize the number and duration of staff vacancies, which can, in turn, save money, improve quality of care, and ensure that services are provided in the community.

In addition, Vermont must commit to, and prioritize programs and initiatives that close gender, employment, and education gaps, and which build pathways to employment for women, minorities, persons with disabilities, low-income and at-risk youth and adults, mature workers, persons with barriers to employment, and those who have been marginalized or under-valued through biases in the system or its administration.[2]

Vermont expects to see a continued growth in demand for healthcare services. This is driven both demographically, from Vermont's aging population, as well as regionally, from Vermont's proximity to two large medical facilities. While growth is expected in healthcare services, the rate is not expected to match growth nationally. Currently, Vermont has an existing healthcare infrastructure and has historically been a strong supplier of healthcare services. While pockets of the U.S. economy have been identified as underserved healthcare areas, Vermont is not one.[3]

Between 2012 and 2022, the occupational group with the fastest rates of growth are Personal Care and Service, where employment is expected to increase by approximately 22%. This compares with a 16% projected growth rate in the US. Other fast-growing occupational groups include: Community

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[1] The 2011 *Journal of Rural Health* article "If Only Someone Had Told Me…": Lessons From Rural Providers discusses the challenges and rewards of rural practice as identified by current rural healthcare providers.

[2] Vermont Workforce Education and Training Report: Report to The Vermont Legislature, 2016

[3] Ibid

and Social Service (15% growth in Vermont); Healthcare Support (15%); Protective and Services (12%); and Life, Physical and Social Sciences (12%).[4]

To address the current needs in the health and social service field and the increasing and projected need for new workers, this report, in addition to what was asked in the legislation, outlines the challenges, trends and opportunities by way of introduction.

A. Health Care Work Force Challenges

- Population Demographics — Vermont's population is in some estimates declining. Between 2017 and 2030, Vermont is projected to experience a static or slightly declining population (-.9%). Although Vermont has one of the highest high school graduation rates, U.S. Census reports about 55,000 residents, over the age of 25, are without a high school diploma. Additionally, many participants are seeking entry level employment. Vermont is the second oldest state in the country, with that trend projected to continue. Since 2010, the percentage of people over 65 has increased from 14.6% to 18.1% (113,050) with the forecast that the population of people over the age of 65 is to increase to 135,000 by 2020 and 170,000 people by 2030[5]. As Vermont's population ages so does its workforce with the share of jobs held by people age 55 to 64 rising between 2005 to 2015 to nearly 20% and the share of people 65 or older almost doubling from 3.5% to nearly 7%. The Joint Fiscal Office projects this percentage to rise to 10.3% by 2025 (Joint Fiscal Office, 2017).

- Competition for Trained Workforce — There is industry and organizational competition for a trained workforce that will continue with a declining and aging population if additional recruitment, retention, and workforce development strategies are not implemented.

- Educational Debt — This is a barrier for entering the health care workforce including the increasing bar for licensing and credentialing mental health and substance use disorder clinicians.[6]

- Staff Vacancies — Quality of care is harder to maintain when the facility is understaffed. In some cases, vacancies can even result in certain services not being available in the community until the position is filled. Vacancies also increase costs due to overtime pay for other staff or other temporary or traveling personnel. Vacancies increase the costs of recruitment and training of new personnel.

- Rural Landscape — Although workforce programs are highly accessible, some areas of the state still suffer from a lack of physical and technological infrastructure, which makes serving these populations more difficult. Additionally, outside of the larger municipalities, it can be difficult to amass populations with a common need and focus. Economic variable

[4] Ibid
[5] United States Census, 2015
[6] Vermont Care Partners Barriers and Gaps in Services and Workforce Challenges, July 25, 2017

and job opportunities differ in each small region. The question of going to scale becomes a challenge.[7]

- Coordination and Collaboration — State agencies and private sector organizations largely administer workforce development programs without coordination, common standards, or adequate measures of success.

- Maintaining a Skilled Workforce — According to the Vermont's 2014 CEDS report, many employers in the state have difficulty recruiting individuals from outside the state due to : (1) a narrow range of employment alternatives; (2) a shortage of satisfactory employment opportunities for spouses; (3) a shortage of available and affordable housing; and (4) a relatively high cost of living compared with wages. Additionally, many graduates of the state's colleges move to other states to take advantage of job opportunities and, in some cases, to return to their home state or region.

- Administrative, Technological and Funding Infrastructure — Vermont needs infrastructure including systems and policies to integrate mental health, substance use and primary care.

- Systems Integration — Vermont will need to integrate the existing mental health and substance use disorder services and infrastructure into the Accountable Care Organization and the All Payer Model.[8]

- Adequate Compensation — Cost of living increases is an important component to stabilizing workforce and attracting new workers.[9]

B. Health Care Work Force Trends

There are many variables to tracking trends over time due to the variable and fluid nature of health care policies, funding models, and practices.

- High Labor Force Participation — Vermont's labor force participation rate is higher than the national labor force participant rate (+3%).

- Low Unemployment Rate — The low unemployment rate will influence supply and demand in the health care sector.

[7] The 2011 *Journal of Rural Health* article "If Only Someone Had Told Me…": Lessons From Rural Providers discusses the challenges and rewards of rural practice as identified by current rural healthcare providers
[8] Vermont's Designated and Specialized Service Agency System – A Workforce at Risk, 2016
[9] Ibid

- Strategic Focus on Developing the Labor Force — The State's efforts to increase the labor force will include sustaining current workers, and increasing the number of available workers, and matching strategies to comply with and leverage federal funding.

- Stable Workforce — Data does not support claims that a statistically significant number of workers are relocating out of state.[10] Vermonters, in general, are leaving the workforce because of retirement, personal choice, or a barrier to employment (health, childcare eldercare).

- Aging Population — Vermont's aging population and workforce will necessitate a long-term, strategic approach to expanding the labor market and to utilizing our mature workforce strategically to meet the state's needs.

- Increase Demand for Mental Health, Substance Use, and Development Disability Services — There will be increasing demand for mental health, substance use disorder services, and services for individuals with developmental disabilities in addition to increasing demand for long-term services and supports for older Vermonters and Vermonters with physical disabilities. This will put pressure on our community provider system including Designated and Specialize Service Agencies.[11]

- Recruitment and Retention in the Designated and Specialized Service Agency System DAs and SSAs — The DA/SSA system serves many low-income individuals with mental health conditions, substance use disorders and developmental disabilities. The Designated Agencies may continue to face challenges with respect to recruitment and retention of direct service staff in part due to low wages and the inability to guarantee raises. Staff report leaving the DA system for other higher paying fields such as health care.[12]

- Older Vermonters and Increasing Need — There will be increasing demand for health care and social services particularly among the 65 and older population. This includes demand for direct care services professions, including nurses' aides (47%) and home health aides (41%).[13]

- Shift to Community and Home-based Services — There will continue to be a steady shift from inpatient and institutional settings to community and home-based settings that will continue, and which is necessary to honor choice and ensure cost-effective alternatives to care.

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[10] Vermont Care Partners Barriers and Gaps in Services and Workforce Challenges, July 25, 2017
[10] Ibid
[11] Reforming Vermont's Mental Health System, DMH Report to the Legislature, September 1, 2017
[12] Vermont's Designated and Specialized Service Agency System – A Workforce at Risk, 2016
[13] Current and Projected Future Health Care Workforce Demand in Vermont, HIS Markit, June 16, 2017

- Payment Reform — The design and implementation of value-based payment models that will influence the delivery of health care services with a focus on performance and return on investment. It is unknown at this time how value-based payments may affect the workforce.

- Telemedicine — There will be an increasing use of telemedicine and health information technology.

- Social Determinants — There is an increasing recognition that social determinants influence healthcare and that the workforce should be adequately aligned to address health holistically.[14]

- Peer Services — There is likely to be an increased focus on expanding peer services particularly for mental health and substance use disorders.

- There will be a continued need to better support family caregivers particularly as an avenue to address workforce shortages.

- Health and Social Service Integration — There will be a need to align and integrate our workforce development system and strategy with housing, childcare, transportation, education and healthcare systems and strategies to retain and attract employees.

SECTION 3: OPPORTUNITIES AND PRACTICES FOR TRAINING, RECRUITING AND RETAINING HEALTH AND OTHER SERVICE PROVIDERS

The practices listed in the legislative request and addressed below, including others we added, need robust advertising to be fully effective. This advertising is an additional practice listed below. Vermont should market health, developmental disabilities, mental health, substance use disorder and other social service careers, along with existing and newly developed state incentives and programs. A robust marketing and communication program tied to real incentives will help to retain newly licensed professionals in the state, attract out-of-state professionals, and may encourage younger residents to pursue these rewarding careers.

The legislative language asked the Workforce Committee to weigh the various strategies. This was not possible to do with any degree of accuracy due to the varied nature and possibilities within each strategy as well as degrees of adherence to a model or method of implementation. Despite this limitation these are ranked in the following broad categories based on discussions and a literature review.[15]

- Low Effectiveness

[14] Vermont Care Partners Barriers and Gaps in Services and Workforce Challenges, July 25, 2017
[15] This ranking is based on the Workforce Work Group discussion rather than evidence.

- Moderate Effectiveness
- High Effectiveness

A. Loan Repayment (Moderately Effective)

There are different types of loan repayment programs or forgiveness programs. Eligibility usually depends on your job after graduation, or pertains to a disability that prevents you from repaying your loans. Some states have programs that allow student loans to be completely forgiven — requiring no repayment at all. The state of Vermont offers Vermont Educational Loan Repayment Programs for primary care practitioners and dentists, this loan repayment opportunity is funded through the Vermont Department of Health. The goal is to help meet the ever-changing needs of those in the underserved populations of Vermont. The requirements for this loan include, but are not limited to Vermont residency, practicing in a qualified medical field, including being a physician, nurse midwife, nurse practitioner of primary care or of psychiatry, a physician assistant or dentist.

All the New England states, except for Connecticut have loan programs for primary care and or dental providers. Of the states in our area, only New York had a licensed social worker loan forgiveness program that offers individuals in the social work field an opportunity to earn funding toward student loan debt. To receive funding, a social worker in the state of New York must be licensed to work in critical areas of the field.

Existing research on teacher and physician loan forgiveness and service scholarship programs suggests that, when the financial benefit meaningfully offsets the cost of professional preparation, these programs can successfully recruit and retain high-quality professionals into fields and communities where they are most needed.[16]

According to a March 2016 story in "U.S. News & World Report," research supports the idea of using student loan repayment as a benefit for hiring. For instance, 76% of the people who responded to American Student Assistance's "Life Delayed" survey said their decision to take a job would be affected by the option of a tuition repayment program.[17]

The Workforce Committee noted that loan repayment is more of an in-state incentive and that they may not be the right tools for outside recruitment as they are abstract and delayed rewards. The Committee noted that it is difficult to raise awareness of these programs to out-of-staters which points to needed goal for additional marketing.

The Committee suggested the Federal Public Service Loan Forgiveness (PSLF) program is a potential resource for incentivizing movement into the field for non-profit and public sectors, but noted that the program is new (began in 2007, with first forgiveness happening in 2017), and that not many know enough about it.

[16] *How Effective Are Loan Forgiveness and Service Scholarships for Recruiting Teachers?* by Anne Podolsky and Tara Kini

[17] Dane Checolinski, For USA TODAY NETWORK-Wisconsin Published 11:12 a.m. CT April 1, 2017

In addition, the Committee recommended that the Designated Agencies and Specialized Service Agencies go through the process of determining if they qualify as a designated mental health shortage area, because there might be a loan repayment provision attached to that designation.

To conclude, existing research on loan forgiveness which if limited primarily to research on educational and primary care loan forgivingness programs suggests that, when the financial benefit meaningfully offsets the cost of professional preparation, these programs can be successful in both recruiting and retaining workers. Research suggests that the following five design principles could guide the development of loan forgiveness programs:

1. Covers all or a large percentage of tuition.
2. Targets high-need fields.
3. Recruits and selects candidates who are academically strong, committed to health care and social services, and are well-prepared.
4. Commits recipients to work with reasonable financial consequences if recipients do not fulfill the commitment (but not so punitive that they avoid the benefit entirely).
5. Bureaucratically manageable for participating workers, districts, and higher education institutions.

Studies suggests that loan repayment programs are often confusing, underutilized, conflicting, and, at times, are even detrimental to the long-term finances of workers who apply for them. To truly recruit and retain the best health and social service workers Vermont would need to simplify and consolidate programs into a single offer. For instance, if you work in a health or social service field we will pay your student loan payments, up front, every single month, until you leave your agreed upon position.[18]

Importantly, research finds that these loan repayment programs are effective at attracting strong workers into the profession generally and into high-need fields. Research also finds that these programs are somewhat successful in promoting retention. Loan forgiveness programs may provide states with options for addressing the high rate of attrition at health and social service agencies that occurs when organizations recruit candidates without the preparation or incentives that would strengthen their commitment.[19]

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[18] United States, Department of Education, National Center for Education Statistics, Web Tables, "Early K-12 Teaching Experiences of 2007-08 Bachelor's Degree Recipients," p. 70, November 2012. Accessed August 12, 2014. Available at: http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2013154

[19] See, e.g., David M. Miller, Mary T. Brownell, and Stephen W. Smith, "Factors that predict teachers staying in, leaving, or transferring from the special education classroom," *Exceptional Children* 65, no. 2 (1999): 201-218; Erling E. Boe, Lynne H. Cooke, and Robert J. Sunderland, "Attrition of Beginning Teachers: Does Teacher Preparation Matter?," *Research Report No. 2006-TSDQ2* (Philadelphia, PA: Center for Research and Evaluation in Social Policy, Graduate School of Education, University of Philadelphia, 2006).

B. Licensing Reforms (Highly Effective)

Occupational licensing is a process in which governments establish qualifications required to practice a trade or profession, so that only licensed practitioners are allowed by law to receive pay for doing work in the occupation. This form and the rapid growth of regulation has become a significant factor affecting the labor market and access to certain services. In the health care and social service fields there may be little consistency, uniformity, or portability from one state license to another or even within related experience or training within the same state. Evidence suggests that relicensing policies imposes burdens and costs on workers looking for jobs they want in another state.[20]

Policy considerations including state licensing standards that would allow workers to move across state lines with a minimal cost for retraining or residency requirements. In addition, Vermont could allow relevant experience to be credited toward professional licensing. Ideas include:

1. Licensing — Continue the work with the Office of Professional Regulation (OPR) and other State licensing bodies to, where appropriate, simplify and streamline licensing for mental health and substance use disorder services.[21] A next step could be the Licensed Clinical Mental Health Credential utilizing the recently reviewed and simplified Licensed Alcohol and Drug Credential as a framework.[22]

2. As the barriers of entry for credential are eased, establishing an MOU process between OPR and higher education to ensure standardization of the educational programs and associated requirements will assure a simplified application process for prospective professionals.[23]

3. Continue Strategies to promote the availability and quality of clinical supervision toward licensure and professional development, including tele-supervision.[24]

4. Build on the work of the Opioid Coordinating Council to develop a committee that will engage higher education institutions, mental health and substance use disorder service organizations, and others to continue work on developing the substance use disorder workforce, with additional recommendations developed by June 2018.[25]

5. Military Medic to LNA/LPN Licensing — Vermont does not credit military experience towards professional health care licensing. This prevents veterans from using relevant training for post-service gainful employment, in a highly demanded field.[26]

[20] Kleiner, M; The Hamilton Project; Reforming Occupational Licensing Policies, December 2015
[21] Opioid Coordinating Council Report, September 2017
[22] Ibid
[23] OCC Report/Governor's Summit, 2017
[24] Ibid
[25] Ibid
[26] MMR; Workforce Enhancement Proposal, September 2017

6. Psychiatric Nurses — Fast track psychiatric Advanced Practice Registered Nurses for credentialing (18 months). This could have a positive impact on the work force.

7. Expand the Recovery Coach Workforce — Vermont currently employs over 100 Certified Recovery Coaches in hospital emergency departments, treatment and recovery centers, correctional facilities, and transitional and recovery housing throughout the state. Support from Recovery Coaches with lived experience is a powerful source of human connection to health, employment, housing and social resources/supports as well as engage in community.

To conclude, the Committee was in consensus regarding the need for licensing reforms to lower compliance costs and administrative burden on health and social service professions. For example, the current training structure for some professions such as Licensed Alcohol and Drug Abuse Counselors results in providers spending too much time processing paperwork at the expense of direct client interaction. Streamlining administrative processes, building upon experience and simplifying the credential process will make it more attractive to practice in the State.

C. Tax Abatement

There are a variety of tax strategies that states have used to recruit and retain work force. The Workforce Committee thought it was hard to determine which strategies might be effective, and furthermore which would be politically and financially feasible. The broad tax incentive categories might include the following:[27]

1. Training — Offering tax credits to health and social service workers for the cost of training and education up to some period (i.e. four years) if the person is employed as a health or social services provider following their training during a pre-determined amount of time.

2. Tuition assistance — Offer tax credits to employers that provide tuition assistance to employees for health and social service education and training.

3. Compensation based — Offer tax credits to health and social service employers for a percentage or dollar amount of the compensation paid to health and social service workers.

4. Student loans — Offer tax credits to Higher Education Institutions that fund student loan reduction programs and /or provide payment match to employers as a contribution to salary for post-graduate employment.

5. Other work supports — Tax credits for work supports such as childcare can help attract and retain workers at varying wages. Vermont offers tax relief to employees who have dependent care expenses in order to stay in the workforce. Taxpayers have two options for a

[27] MMR: Workforce Enhancement Proposal, September 2017

child and dependent care credit: Credit for Child and Dependent Care or the Low-Income Child and Dependent Care Credit.

6. Enterprise Zone Tax Credit – Develop incentives for creating new, well-paying jobs in health and social services.

D. Long-Term Employment Agreements

There are advantages of employment agreements or contracts. The first is the ability to hang onto good employees. Organizations can add terms into the employment contract that limit the reasons that an employee can use to leave your company. Employment agreements can also be used to lure high quality employees. In long term agreements, employees enjoy enhanced job security and stability and the organization can benefit from greater commitment and loyalty. Employees are more likely to get involved in long-term projects and you reduce the risk of losing talent prematurely. Employees in long term agreements may help to create a more engaged, cohesive team. Lastly, having an employment contract provides more control over how employees work. Permanent employees generally advance, adopt more responsibilities and help grow the business as they get more efficient at their jobs through familiarity with the processes. By laying out the specific standards for employees, organizations have an easier time disciplining or firing an employee that is not meeting those standards.

There are disadvantages to employment agreements. Long term agreements can limit an organization's flexibility to shift its staff and talent as needed. Recruiting efforts can also be more expensive and time-consuming. Organizations also have obligations within the agreement. If an employee is not meeting the organization's needs, or if the needs of the organization change, the organization may need to re-negotiate the employment contract. Another disadvantage of employment agreements is that, once under the terms of the contract, organizations must act in good faith and in accordance with the terms of the contract with legal implications if there is a breach of contract.

The working committee cautioned that long-term employment agreements come with certain risks, and may not be worth it, citing privileging issues, credentialing issues, probationary issues, and even difficulty in defining "long-term". They suggested this strategy could keep unhappy people in their job and further litigation risks. Members did acknowledge that these agreements could be used to persuade an entire family to move back to the state, and guarantee some stability after the move but generally agrees that the risks may outweigh the benefits.

E. Funded Training Models (Highly Effective)

The need for middle-skill jobs, requiring more postsecondary education or training particularly in health care, are growing. Organizations, on the other hand, have difficulty filling the vacant middle-skill jobs they now have. Vermont should continue to develop a set of policies that have some

chance of improving the skills of its health and social service workforce over time. Included in this is developing a workforce that includes individuals with disabilities, youth, and other vulnerable populations. This should include:

1. Provides Access to High Quality Training:
    - Training that leads to industry recognized post-secondary credentials is emphasized.
    - Using career pathways to provide education and employment and training assistance to accelerate job seekers' educational and career advancement.
    - Develop local procurement vehicles for training to increase customer choice and quality, including individual training accounts, pay for performance contracts, and direct contracts with higher education.
    - Secondary Education: Align secondary education course work with skills necessary to enter the mental health, substance use, and developmental disabilities fields.
    - Improve career technical education and adult technical education. Technical education can provide effective and low-cost career training, and can open a wide array of work opportunities.

2. Improves Services to Individuals with Disabilities to prepare them for competitive employment in the health and social service fields.

3. Consider key investments in serving disconnected youth and other vulnerable populations to prepare vulnerable youth and other job seekers for successful employment health and social services.

4. Utilize Progressive Employment Options: Introduce employers and potential workers through a variety of flexible workplace placements including company tours, job shadows, internships, work experiences, on-the-job training and subsidized employment options.

5. Continue and expand the Talent Pipeline Management Effort to develop trainings in the five key sectors including Healthcare.

6. Continue and expand the incumbent worker training programs to strengthen the skills of current workers to meet business and organizational needs.

7. Continue the use of Workforce Investment Opportunity Act funds through Department of Labor for training with a strong emphasis on the health and social services sectors.

8. Consider a Rural Training Track (RTT) residency programs specifically designed to train healthcare and social service clinicians for rural practice. Research suggests that over 35% of graduates of RTT residency programs were practicing in rural areas during the seven years after graduation.[28]

[28] Family Medicine Rural Training Track Residencies: 2008-2015 Graduate Outcomes

To conclude, the Workforce Committee noted many areas of success with certain training models noted above and thought the expansion of these models where feasible would be important.

F. Internship (Highly Effective)

The Workforce Committee thought there were many benefits to internships. These include: finding future employees; test driving the talent; increasing productivity rates; increasing retention rates; enhancing perspective; lowering labor costs; and benefiting students. Some strategies include:

1. Develop and formalize the path to connect college graduates with internships followed by subsequent employment in Vermont in the health and social services fields.

2. Work with colleges in a more formal and methodical way to connect graduates to health and social service jobs in Vermont, and to establish a "headhunter" approach in matching Vermont graduates with Vermont Jobs.

3. Utilize and develop new pathways to create experiential learning opportunities in health and social service organizations this can range for internships to in-school learning.

4. Apply new internship programs to psychiatric settings for nurses [for nurses], where nursing students would intern as psychiatric technicians in a well-developed, nurturing program that sets them up to be psychiatric nurses upon graduation.

5. Consider internships being counted toward licensure-required hours so that exploration of the field is rewarded and incentivized.

To conclude, there seemed to be consensus that internships are worth growing and fostering for the long-term sustainability of the health and social services sectors. It is a low-cost approach to engaging new people while providing an organizational benefit.

G. Rotations

The Workforce Committee realized that proper preparation of the health and social service workforce involves ensuring that employees are well-educated, well-trained, and have had experiences that expose them to and prepare them for practice. Several studies revealed that student experiences particularly in rural setting predicted future employment. In general, medical students completing rural rotations were three times more likely to practice in a rural community compared with the national average. Students in self-report studies felt that their skills significantly increased in areas such as chronic disease management and ability to handle acute problems, with the largest

gain in understanding health systems and the community during their rotation in a rural primary care clinic.[29]

The Workforce Committee agreed and thought that a more formal and efficient way of directing students to underserved rotation locations would help grow the workforce. It was suggested that a person or entity facilitate the administrative aspects of rotations, as underserved locations and practices often don't have the resources to do this internally.

H. Other Tools:

1. Mission driven — Rural healthcare facilities and underserved communities can help job candidates consider some of the rewards that balance out the challenges of a rural position. Rural practitioners can experience a greater sense of mission and accomplishment because they serve in an area of need. They may also find they can develop stronger relationships with patients whom they come to know in many other contexts in the community. There are also personal rewards for both providers and their families: a lifestyle that has a slower pace, greater access to the outdoors, and other factors that make rural life an appealing choice.[30]

2. Registered Apprenticeship — Apprenticeship programs are an effective workforce training model. Apprenticeships combine technical classroom instruction and paid, hands-on training under a qualified employer and are usually tied to employment.

3. One Stop Employment — Vermont should continue to create a one-stop employment delivery system to streamline access to employment. This will help people wanting access to the healthcare and social services fields. Centers are fully accessible for individuals with disabilities and have access to a variety of specialized equipment to help these individuals. Continuity of Benefits and Labor or Services in the Designated System - The Workforce Committee suggested that in order to retain and recruit employees in and to the designated system that there should be continuity of benefits from one contractor to another especially with benefits like vacation and sick-time accruals. The Committee also suggested shared labor approach and cited one member cited work at Utah's psychiatric hospital, which transfers its own teams to the correctional facilities as resources when needed.

4. Work Supports — The Workforce Committee said that the cost of living including housing and transportation, are barriers to students and new professionals. The Committee suggested offering a housing allowance or use of a state or company car might incentivize more movement into the work force.

[29] Ibid

[30] The 2011 *Journal of Rural Health* article "If Only Someone Had Told Me…": Lessons From Rural Providers discusses the challenges and rewards of rural practice as identified by current rural healthcare providers.

5. Telehealth and other Technology — Using technology to lessen isolation and provide support to the rural health workforce can make working in a rural setting more attractive. Having electronic health records and other health information technologies in place can be an important factor for younger providers who have learned to practice medicine with those tools in place. [31]

6. Continue to Integrate Vermont's Workforce System — In 2014 the Vermont Legislature passed Act 199 requiring the Commissioner of Labor to develop "an integrated system of workforce education and training in Vermont."

7. Leverage Resources to Increase Educational Access — increase access to education to all Vermonters and use every available resource to do so. Leverage Workforce Investment Opportunity Act, Vocational Rehabilitation, Pell Grants, public and private grants, and other resources to assist participants in their educational goals.

8. Improve Access to Post-Secondary Credentials — The Vermont General Assembly recently enacted legislation requiring flexible pathways toward college and career readiness for all Vermont public students (Act 77, 2013). We should continue and expand upon these educational pathways to work.

[31] The 2011 *Journal of Rural Health* article "If Only Someone Had Told Me…": Lessons From Rural Providers discusses the challenges and rewards of rural practice as identified by current rural healthcare providers.

APPENDIX A – Existing Health Care Workforce Groups

Name of health care workforce group	How the group came to be (EO/Statute, etc…)	Date group started (and duration)	Membership (name and affiliation)	Meeting minutes; Charter; Workplans	Reports produced	Strategic Plan(s)
Governor's Health Care Workforce Work Group	EO No. 07-13 Provide statewide direction and planning for health workforce initiatives and activities; monitor health workforce trends and needs; develop strategic health workforce objectives and activities that could be pursues; advise on workforce supply, demand, and performance measurement.	8/1/13	AOA Secretary appoints members. State government interagency representation, health care employers, clinicians, membership organizations, secondary and higher education, and other relevant interest groups. Associate Dean of Graduate Medical Education, UVM Medical Center Physician Assistant in private practice Economics & Labor Market Information Chief, Dept. of Labor Deputy Executive Vice President, Vermont Medical Society Doctor of Psychology in private practice; President of Vermont Psychological Association Director, Office of Professional Regulation, Secretary of State Research and Statistics Chief, Dept. of Health Assistant Clinical Professor, Dept. of Medical Laboratory and Radiation Sciences, University of Vermont Pharmacist, Lawyer Acupuncturist in private practice Dental Hygiene Program Director, Vermont Technical College Director of Physician Practices, Northeastern Vermont Regional Hospital Dentist in private practice Principle, Integrative Consulting	Here is the website with all of this information. They hosted a Symposium in 2014.	Microsimulation Demand Model Report Health Care Workforce Supply Data Long Term Care Report on Direct Care Workers	Workforce Strategic Plan

				Director of Operations, Dept. of Disabilities, Aging and Independent Living (DAIL) Associate Dean for Primary Care, University of Vermont College of Medicine Doctor, Biologic Healthcare Director, VT/NH Recruitment Center, Bi-State Primary Care Association Associate Professor, UVM College of Nursing & Health Sciences CTE & MOA Coordinator, Agency of Education Director, Human Resources, Health Care and Rehabilitative Services Director, Human Resources, Vermont State Colleges Assistant Director, Vermont Blueprint for Health Nurse practitioner in private practice AOA Designee				
Substance Use Disorder Workforce: Affordability/Professional Development	EO 02-17: Opiate Coordination Council • Student debt/loan repayment • Models for Supervision • Funded training models • Long-term employment agreements	(EO in effect in January 2017); workforce group: April 24, 2017		Ph.D., LCSW, Social Work Program Dir., Champlain College Graduate Faculty, Goddard College Special Projects SBIRT Manager, UVMHN, CVMC UVM Office of Primary Care and AHEC Program VCPI Executive Director Concerned mother Reach-up Program Manager Vermont Recovery Coach Academy, Vermont Association for Mental Health and Addiction Recovery Executive Director, NASW-VT Community Engagement Liaison, Drug Prevention Policy/Opioid Coord. Council		Available for May and June meetings 2017	N/A- preparing recommendations for Opioid Coordination Council's consideration	

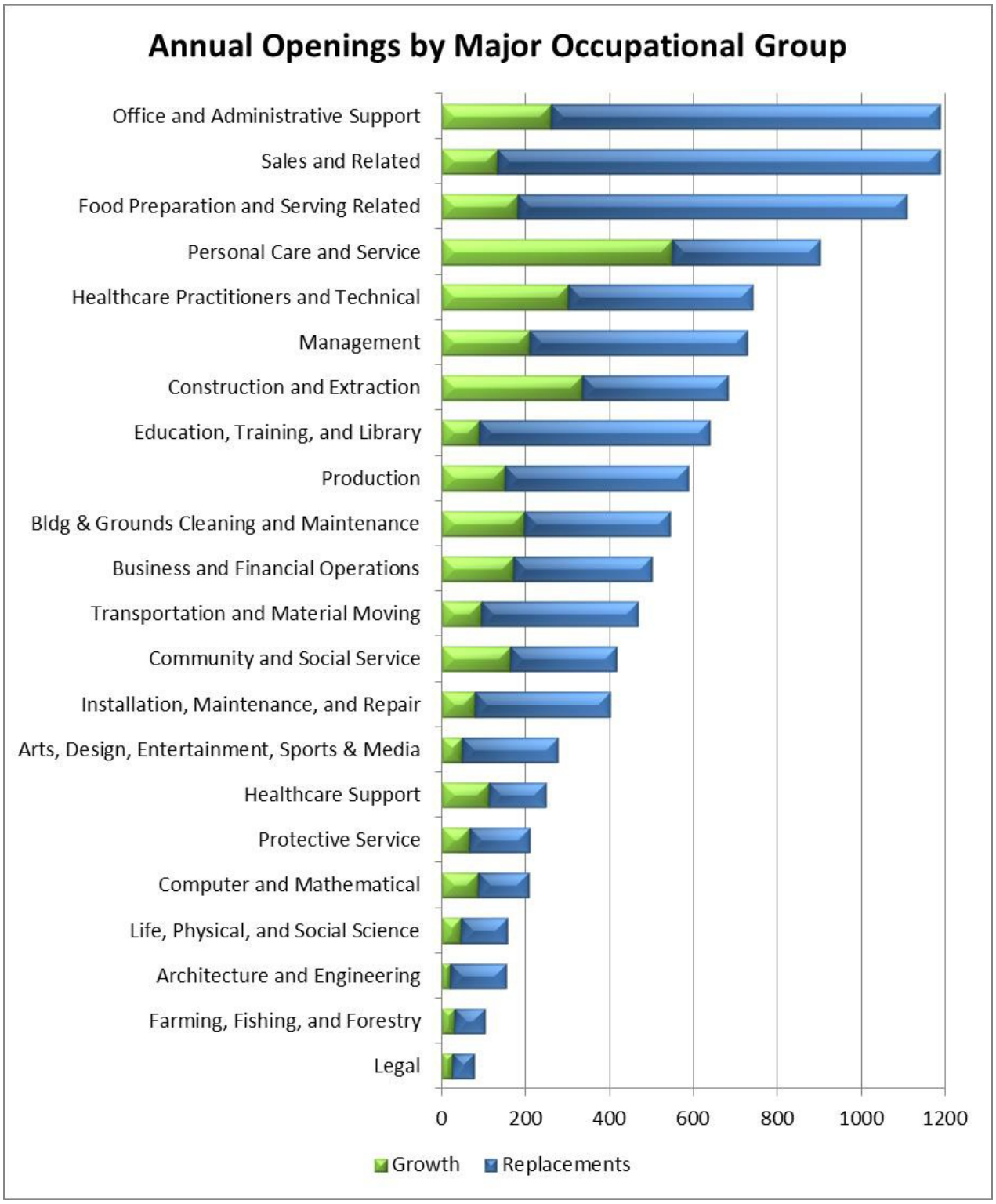
				Private Practice, VTMHCA-LCMHC/LADC/EMDR Director, Drug Prevention Policy/Opioid Coord. Council Dean of Students, Norwich University ADAP Rep to Working Group 1 Director, Camp Daybreak AAP Clinical Case Manager/Apprentice Addictions Professional, Behavioral Health and Wellness Center/CHSLV Case Manager, Mandala House Howard Center, Chittenden Clinic Director of HR/Clara Martin Center			
Substance Use Disorder Workforce: Higher Education and Licensure	EO 02-17: Opiate Coordination Council • Streamlining initial licensure and renewal requirements. • Aligning educational programs and licensure with treatment and recovery staffing career pathways • Recovery and peer coaching • Integrative health	(EO in effect in January 2017); workforce group: April 24, 2017		Psy.D., LADC (on HC Wkfc Group, etc.) Centerpoint Director, Office of Prof. Regulation Kingdom Recovery Center Exec. Dir. Turning Point Center of Addison Co. Southern New Hampshire University Graduate Faculty, Goddard College Manager, UVM HN-CVMC Clinician VCPI Executive Director Clinical Social Worker, UVMMC Concerned mother Clara Martin Center Burlington School District Assist.Technology Consultant (OT) VT Recovery Coach Academy	Available for May and June meetings 2017	N/A- preparing recommendations for Opioid Coordination Council's consideration	

				Champlain College Executive Director, NASW-VT Community Engagement Liaison, Drug Prevention Policy/OCC DMH Representative CCV Central VT Substance Abuse Service MSW Ph.D., UVM School of Nursing UVM Med.Ctr. Clinical Spvr, Day 1 COCCO, DART, KRC MD ADAP/Recovery Programming Director, Drug Prevention Policy/Opioid Coord. Council Missing Link Occup. Therapy Svcs RN, Mt. Ascutney Hospital MD MD MA Student/Hopefiend Counseling LADC, NKHS Case Manager Howard Center DMH Representative Castleton University LCSW UVM Medical Center Ctr for Health&Learning, ExecDir./VT Suicide Prevention Ctr. ADAP Rep to Working Group 2 Springfield Prevention Coalition			

			VT House of Representatives Director of HR/Clara Martin Center Habit OPCO, Brattleboro ACSW, LICSW, Assoc. Prof. Psychology & Human Services, College of St. Joseph VTATP Working Fields			
Talent Pipeline Management Health Care Collaborative	VT Business Roundtable/regional chambers of commerce, economic development orgs/ACCD US Chamber of Commerce, employer-led approach based on supply-chain principles. Impacting multiple sectors, but this is the one focused on health care.	6/27/17	ACCD, VT Business Roundtable (not sure who else is on this). The list below is invitees: Grace Cottage Hosp. Northeastern VT Regional Hosp. Gifford Medical Ctr. Howard Center Porter Medical Ctr. Rutland Regional Med Ctr Mt. Ascutey Hosp. and Health Ctr. Central VT Medical Ctr VA Medical Center UVMHN Northwestern Med Ctr Southwestern VT Med. Ctr Springfield Hospital Brattleboro Memorial Hosp. Brattleboro Retreat North Country Hosp. Copley Hospital Dartmouth Hitchcock UVM Medical Center Vermont Health Care Association Genesis Health Care Corporation Visiting Nurse Chittenden Cty	N/A	N/A	N/A

			Community Health Center Burlington Wake Robin and Linden Residential Care Mayo Rehab/Residential Care Converse Home Cedar Hill Continuing Care Community Franklin County Rehab North Country Hospital The Manor Northwestern Medical Center Rutland Health Care & Rehabilitation Center Mountain View Center The Pines Shard Villa Union House Franklin County Home Health (our VNA type org, including hospice) Northwest Counseling & Support Services (NCSS)			
Career Pathways Coordinator Group	S. 135 sec. E.3 (2017) Create a series of career pathways; curriculum development (incl stakeholder engagement)	SFY18 Budget Enactment	DOL, AHS, ACCD, AOR, Statewide Workforce Development Board, Career Tech Ed Centers, Employers, Post-Secondary Partners, related entities.	N/A	N/A	N/A
Mental Health, Developmental Disabilities, and Substance Use Disorder Workforce Study Committee	S. 133 sec. 9 (2017) Examine best practices for training, recruiting, and retaining health care providers and other service provider sin Vermont, particularly with regard to the fields of mental health, developmental disabilities, and substance use disorders. Include review of loan repayment, reimbursement.	By 7/1/17 and ends 12/31/17	AHS Secretary (Chair), DOL, DMH, DAIL, VDH, Vermont State Colleges, Governor's Health Care Workforce Work Group (listed above), person affected by current services, rep of the families of persons affected by current services, VCP, Dir of Substance Abuse Prevention, AHEC, anyone else the Chair invites.	Due 12/15/17		

APPENDIX B


Annual Openings by Major Occupational Group
Office and Administrative Support
Sales and Related
Food Preparation and Serving Related
Personal Care and Service
Healthcare Practitioners and Technical
Management
Construction and Extraction
Education, Training, and Library
Production
Bldg & Grounds Cleaning and Maintenance
Business and Financial Operations
Transportation and Material Moving
Community and Social Service
Installation, Maintenance, and Repair
Arts, Design, Entertainment, Sports & Media
Healthcare Support
Protective Service
Computer and Mathematical
Life, Physical, and Social Science
Architecture and Engineering
Farming, Fishing, and Forestry
Legal
0
200
400
600
800
1000
1200
Growth
Replacements