



**New Hampshire Health Care
Workforce Coalition**

March 23, 2022

Governor Christopher T. Sununu
State House
107 N. Main Street
Concord, NH 03301

Commissioner Lori Shibinette
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Commissioner Taylor Caswell
NH Department of Business and Economic Affairs
100 N. Main Street
Concord, NH 03301

RE: Update on the Health Care Workforce Proposal

Dear Governor Sununu, Commissioner Shibinette, and Commissioner Caswell:

On November 16, 2022, a group of more than 50 health care organizations reached out to you to request consideration of a proposal to support needed workforce investments which would be funded from elements of the American Recure Plan Act (please see the attached letter). As you will recall, our approach was, and is, that investments be made quickly within mainly existing programs. The goal is to “jump start” efforts in a fashion which will complement long-term investments and to fund programs which are under development.

We would respectfully request a more formal response to our request, so that guidance can be offered on these important workforce investments; and to provide a better understanding of the efforts New Hampshire state government will be taking to address them.

While we certainly recognize that the State has made important investments in workforce, and that some of the items listed in our November 16th letter have seen some activity, our workforce challenges continue to grow. In addition, we know that other workforce programs have been undertaken, including an important investment of employment stabilization funding for most CFI providers that is in the works and will be available soon.

Regarding the 12 areas of focus of the November 16th letter, we are aware of some developments which might affect next steps regarding the requests. Below please find some additional questions and observation regarding these developments which should serve as an update to our requests:



New Hampshire Health Care Workforce Coalition

- a. Regarding item 3, regarding additional funds for recruitment programs: We are aware that the DHHS released an RFP to address long-term recruitment programs for out of state efforts which also included an invitation for proposals to evaluate the State's workforce needs. While it is our understanding that that RFP was withdrawn for now, we do believe the need continues for both areas of the RFP; and we would urge the Department to consider separating those items as two distinct RFPs.
- b. Regarding item 7, which addresses enhanced investments in LNA education and supports: Please find attached a more detailed proposal on this matter. This proposal was submitted to the Governor's Office and GOFERR recently by members of our Coalition.
- c. Regarding item 9, Electronic Visit Verification Systems: We are aware that an RFP for a vendor to operate this system was issued, and that the RFP invites bidders to address approaches and costs for needed provider equipment. However, the RFP is unclear whether such equipment, as was requested in our letter, will be part of the award. We continue to urge the Department of Health and Human Services and the State to find funding in the ARPA to support the cost of this equipment for providers who will be required to purchase these devices.
- d. Regarding health care workforce background checks: Meaningful progress has been made on this front by the Department of Safety allowing for better and faster checks from the system for State background checks. Most users find the system easy to navigate and receive prompt checks.

We recognize that the list above may not be complete; if we have not included any information or funding effort on items included in our November 16th letter, please make us aware as soon as possible.

The NH Health Care Workforce Coalition certainly recognizes that managing the volume of federal funding which is available through the ARPA is complex and that the recent winter surge in COVID-19 in New Hampshire required that both funding and management resources be focused on those issues. However, the health care workforce crisis not only continues, but has worsened in recent months. The investment in the "jump start" efforts we have outlined is needed just as much today as they were in November when they were first offered to you.

As a next step, we would like to ask that a process be undertaken for the State to offer some additional information about the status of these requests; what next steps are needed; and any other programs which might help with the workforce crisis that under consideration. We are happy to facilitate either written feedback or group meetings to facilitate this request.



**New Hampshire Health Care
Workforce Coalition**

Thank you for your continued consideration of this matter and we look forward to hearing from you soon.

Sincerely,

James Monahan,
The Dupont Group

Kristine Stoddard,
Bi-State Primary Care Association

NH Health Care Workforce Coalition Members

Ammonoosuc Community Health Services, Inc.
Amoskeag Health
Ascentria In-Home Care
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Mental Health Center of Greater Manchester



**New Hampshire Health Care
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Merrimack County
Monadnock Family Services
New Futures
NH Alcohol & Drug Abuse Counselors Association
NH Alliance for Healthy Aging
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NH Oral Health Care Coalition
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Riverbend Community Mental Health, Inc.
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Community
Seacoast Mental Health Center
Strafford County
Waypoint
Weeks Medical Center
West Central Behavioral Health
White Mountain Community Health Center



New Hampshire Health Care Workforce Coalition

November 16, 2021

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State House
107 N. Main Street
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NH Department of Health & Human Services
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RE: Health Care Workforce Proposal

Dear Governor Sununu, Commissioner Shibinette, and Commissioner Caswell:

The COVID-19 pandemic put serious strains on an already challenged health care workforce in the Granite State. Across the health care sector, the difficulty to recruit, retain, and fully staff facilities and programs is seriously impinging on patients' access to care and deepening financial stress for our state's health care providers. The health care workforce includes a broad spectrum of personnel, from direct support professionals and behavior specialists to more traditional health care workers, to meet the diverse needs of New Hampshire citizens.

Fortunately, the new resources within the American Rescue Plan Act (ARPA) offer an unprecedented opportunity for health care leaders to address our industry's immediate workforce needs and invest in building a long-term pipeline to support future demands of New Hampshire's communities. We recognize there are several groups working collaboratively on a long-term, systemwide approach to bolster our health care workforce, and the proposal outlined below is not intended to supplant that important work. Rather, this proposal is intended to supplement those projects with immediate investments using ARPA resources.

To efficiently allocate these ARPA funds within the limited timeframe we have, members of the NH Health Care Workforce Coalition have crafted a two-phase strategy, outlined in this proposal:

- Phase 1: This phase focuses on “jump-start” investments in existing programs and deployment of several proposals that were included in SB 308 but not funded in the SFY 2020-21 budget.
- Phase 2: This phase will begin by assisting existing workforce commissions and work groups to bring forward solutions for mid- and long-range efforts that utilize ARPA funds in the early stages. We will work with these commissions and groups to craft a set of Phase 2 recommendations in the coming weeks.

Phase I – Jump-Start Investments Plan:

- 1) State Loan Repayment Program (SLRP) – \$10.5 million: SLRP is an established program that offsets student loan payments for health care professionals who contract with the State to work in areas where there is a shortage of health care professionals. Over time, the program demonstrated a notable 80% retention rate for providers even after their loan payment contracts had been satisfied.

As a result of this Coalition’s advocacy, the NH Legislature appropriated more than \$6 million to the program in 2019; however, the Department of Health and Human Services (DHHS) did not use these funds for SLRP, and, consequently, the growth envisioned by the Legislature to address serious workforce shortages was not brought to fruition as planned. Under normal circumstances, the expansion of the program can have a lengthy ramp-up, as DHHS’s Division of Public Health must establish eligibility and issue contracts for the program; and so, it is important to provide the following additional supports for the Division to ensure that the spending is timely:

- Appropriate \$5 million in ARPA funds for SLRP contracts with firm deadlines for deployment based on identified need from 2019;
 - Appropriate an additional \$5 million based on increased COVID-19 related needs;
 - Target the program to critical areas of need as identified by stakeholders in 2020, including bachelor level staff at community mental health centers and other settings, and seek assistance from the industry in soliciting candidates; and
 - Invest \$500,000 to provide the Division of Public Health with the necessary staff to get the program in place in a timely manner.
- 2) Health Care Workforce Housing Subsidies – \$10 million: New Hampshire’s housing crisis makes it increasingly difficult to recruit out-of-state providers. Housing subsidies for the health care workforce will be tremendously helpful in attracting a qualified health care workforce and easing a major financial burden on workers’ quality of life. This program will be available to all members of the health care workforce, including entry-level clinical staff and direct support professionals.
 - 3) Expansion of the Recruitment, including the existing Recruitment Center and other recruitment activity – \$5 million: The State’s existing contracts with the Recruitment Center, the only non-profit health care recruitment agency in the state, provide a scope of services to health care organizations; however, these programs are limited based on available resources. \$3 million in additional funding for the Recruitment Center will allow the rapid expansion of services to providers that includes:
 - Enhanced marketing capacity;
 - Facilitating employee engagement training for all levels of health care staff to support retention; and

- \$2 million to create a recruitment support fund which will offer recruitment offsets to critical providers who invest in recruitment through vendor or in-house programs. This effort will be designed similarly to the IDN recruitment offset program that was discontinued in 2020.
- 4) Community Health Workers (CHWs) – \$3 million: A critical element of the ARPA funding is connecting with individuals and families to ensure they have proper supports to manage their health and the social determinants of health that impact their quality-of-life outcomes. CHWs are the bridge between clinical and community-based services; they will play a key role in making sure that the ARPA investments are meeting the needs of Granite State citizens. This funding for CHWs is designed to support our state’s direct care workforce by advancing opportunities for individuals of diverse backgrounds, cultures, races, genders, and religions; reducing barriers for diverse businesses and nonprofits; and promoting diversity, equity, and inclusion in the state’s workforce and in public and private hiring. Here is our plan:
 - Invest \$3 million to fund 15 Community Health Workers for a 2-year period;
 - Deploy CHWs at community health centers where existing supports and administrative programs are already in place;
 - Fund an ARPA training program for CHWs to ensure this workforce is fluent in the ARPA programs and other existing supports.
 - 5) Bachelor Level Mental Health Providers – \$4.5 million: HB 143, enacted in June 2021, created a new health care certification for bachelor level social workers and social worker associates. This effort is designed to provide a retention strategy and support long-term pipeline investments in “growing” a more robust mental health care workforce from within the state. This funding, for both the regulatory requirements of the workers and the employee training costs for providers, is necessary to jump-start this program:
 - \$500,000 to support licensing costs for new licensed social workers and social worker associates; and
 - \$4 million to support the cost of supervision.
 - 6) Increase the Number of Entry-Level Clinical Staff – \$7.5 million: The NH Area Health Education Centers’ mission is to improve access to care, particularly in rural and underserved areas, by enhancing the health and public health workforce in the state. The NH AHECs, which include the Northern AHEC, the Southern AHEC, and the main office at Dartmouth Institute for Health Policy & Clinical Practice, aim to achieve a high-quality, cost-effective health care system by joining the intellectual resources of academic institutions with the needs of practitioners in rural and underserved communities.

Here is our plan for utilizing innovative AHEC programs to cultivate our future workforce:

- Provide the NH AHECs \$3 million to craft a surge of activities and “prime the pump” for workforce pipeline activities, such as the following middle and high school educational programs:
 - Middle School STEM-Health Career Summer Camps Students: NNH AHEC offers Health Careers Summer Camps in the North Country for outgoing 7th and 8th grade students, allowing them to explore various health careers by participating in hands-on workshops and field trips;

- Middle School Health Career Presentations: NNH AHEC works with students and teachers to foster interest in health careers by providing informative health career presentations and hands-on experiences delivered at North Country schools. Presentations vary from less than one-hour to a large-scale, hands-on rotation option featuring different health and dental careers;
 - High School Summer Health Career Camps: SNH AHEC offers summer health career camp experiences that highlight health and behavioral health careers for 8th and 9th grade students;
 - High School STEM Enrichment: SNH AHEC offers Manchester high school youth engagement in an enhanced science curriculum, career exploration, and mentoring experience, focusing on schools with high populations of refugees and immigrants;
 - High School Health Careers Institute at Dartmouth (HCID): This is a week-long residential program for rising 10th, 11th, and 12th graders to learn about health care careers while spending the week living in the Dartmouth College dorms and exploring life on a college campus. Students meet Dartmouth faculty and health care professionals from the surrounding areas and participate in hands-on experiences at medical settings, including Dartmouth-Hitchcock Medical Center, the Veterans Administration Hospital in White River Junction, VT, and in more rural settings such as Littleton Regional Healthcare in Littleton, New Hampshire; and
 - Experimental Learning Opportunities for Health Professions Students: The NH AHEC Program operates the NH AHEC Health Service Scholars Program. AHEC Scholars explores the first-hand population health issues and disparities for those who are experiencing poverty, living in isolated rural environments, coping with a substance use disorder, or facing barriers to health care on account of linguistic or cultural differences. Scholars represent a variety of health professions from academic institutions across the state. In addition, the AHEC Centers facilitate clinical community rotations or placements for health professions students to gain the hours needed for graduation, certification, and/or licensing.
- Invest \$4.5 million to expand the entry-level clinical and other direct care workforce and reduce barriers to employment using evidence-based initiatives, such as on-the-job training opportunities; support for apprenticeships; “Grow Your Own” approaches through internal advancement strategies within the workplace; and educational and childcare scholarship programs, that will make opportunities more accessible to our current and future health care workforce.
- 7) Establish an LNA Education and Supports Fund – \$28.1 million: New Hampshire’s long-term care providers were significantly impacted by the Covid-19 pandemic, which left a lasting impact on our long-term care workforce. A dearth of staff, including licensed nursing assistants (LNAs), nurses, and dietary and maintenance staff, resulted in reduced capacity across all long-term care settings, including home care agencies, hospice, adult day programs, home- and community-based services, and nursing homes. These valuable positions in long-term care require critical investments and incentives for people to choose these roles as a career path. While wages pose the largest impediment to strengthening the long-term care workforce, the short-term nature of the ARPA funding suggests that, while necessary, wage supports truly need to be a part of the larger State general fund and Medicaid strategies. However, right now, we can utilize ARPA funding to make

education-related investments that will help with retention and recruitment. We propose the following investments:

- \$15 million LNA education fund to pay for tuition in LNA programs and allow health care organizations, including community mental health centers, community health centers, and home health care organizations, to offer paid time for staff on educational time;
- \$10 million targeted debt relief or tuition assistance to be used for nursing assistants and nurses working in nursing homes, assisted living facilities, continuing care retirement communities, and other critical settings. This effort will provide educational supports for nursing home staff to advance their education in exchange for a 2-3 year commitment to stay in a long-term care setting in New Hampshire following graduation. This program will reimburse up to 50% of the student debt or tuition assistance for Registered Nurses (BSN/ASN) and Practical Nurses (LPNs) and 100% of the community college debt or tuition for LNAs;
- \$2 million to fund indirect health care staff supports. Financial supports for administrative, dietary, and maintenance staff will ensure both retention and recruitment, with the hope of encouraging these workers to remain a part of long-term care and perhaps seek career advancements; and
- \$1.1 million in stipends to incentivize nurses to become LNA, LPN, and RN instructors for a total of \$1,500 per LNA class; and \$5,000 per LPN or RN class.

- 8) Expand Building Futures Together – \$1.2 million: Building Futures Together is a Department of Labor apprenticeship program for individuals with lived experience, those from racial and ethnic minorities, refugees, and low-income populations. Trainees complete classroom instruction and on-the-job training to become enhanced care coordinators and family support workers for children, youth, and families impacted by behavioral and substance use disorders. The program provides intensive mentoring and stipends throughout the process as incentives for participants to remain in their jobs and seek to move into credit-bearing college programs if they choose. This funding will allow the UNH Institute on Disability to expand the program to an additional 25 participants per year.
- 9) Electronic Visit Verification System – \$1.5 million: Under emerging rules from CMS, health care organizations must use electronic record management equipment to record and be reimbursed for services via the electronic verification visit system. We propose the creation of a telehealth technology fund to assist with the capital costs of the telehealth equipment necessary to comply with this rule. The cost of equipping staff with tablets and smart phone devices is not a reimbursable charge. Use of ARPA funds to assist in these capital expenses will both offset costs that might burden organizations' operating budgets and add efficiency and long-term value to the health care workforce.
- 10) Health Care Workforce Background Checks: In other New England states, background checks for health care workers are completed online, with a 24-hour turnaround. The current system used by the NH Department of Safety has struggled to meet the needs of the health care industry and causes serious delays in hiring and onboarding staff. New Hampshire employers would benefit greatly if ARPA funding were utilized to support the NH Department of Safety as they develop a new online system and fund additional staff to prepare for and stand up a new system. In addition, additional staff capacity could be deployed to accelerate the current system for background checks.

- 11) Planning Grants and Career Ladder Training for Emerging Phase II Effort – \$2.15 million: We propose the following investments in professional development and leadership-building programs:
- \$1.5 million to expand career ladder training by funding Live, Learn, and Play in Northern NH. This is a program of the Northern NH AHEC/North Country Health Consortium that offers health professions students quality training experience in medically underserved areas of northern New Hampshire. Students learn about the social determinants of health in rural communities, including the impact of substance use disorders. At the same time, students experience New Hampshire’s most awe-inspiring scenery and outdoor recreation and complete a community service project.
 - \$250,000 for health care providers to stand up Career Ladder training and leadership programs within their organizations. Planning funds can be allocated in the early phase of this workforce initiative to assess provider needs and design a leadership program.
 - \$300,000 for Planning Grants. Field-based operations are designed to attract new health care providers using internships and residency programs. Early research will explore provider needs, existing capacity, and similar programs in regional states.
 - \$100,000 for the creation of High School Direct Support and Paraprofessional education and training program. This initiative would create an advocacy program for inclusion, curriculum, and materials for implementation in technical and public high schools.
- 12) Establish Health Care Workforce Transportation Subsidies \$2,000,000: Health care workforce challenges include rate of pay, affordable housing, and transportation. New Hampshire has a shortage of public transportation, especially in rural areas. Many positions not only require the health care workforce to rely on their own transportation to travel to work, but also necessitate the use of their personal vehicle for work purposes. The proposed transportation subsidies could be applied for the maintenance of existing vehicles and support for alternative transportation and public transportation, where applicable, to ensure that the health care workforce is able to reach available positions.

Phase 2 – Short-term investments in support of long-term strategies:

The second part of this health care workforce effort should explore how to strengthen the pipeline of new workforce capacity. This part of the planning process will necessitate polling and focusing our ongoing efforts on developing a long-term plan, which can be partially funded through ARPA funds.

This phase will include the following:

1. Forward Plan crafted by the Endowment for Health: This group’s work and planning includes critical development of a New Hampshire baseline of the current status of the NH Health Care Workforce. The group’s initial report is expected in the fall of 2021 and can help guide future needs and direct investments.
2. Legislative Commission on the Interdisciplinary Primary Care Workforce
3. Governor’s Mental Health Workforce Commission

Next steps: Members of the Coalition will develop a timeline for collecting recommendations from various groups and assembling a health care-governmental team to quickly evaluate options and

structure financing using ARPA funds. Our Phase 2 planning goal is to agree upon and develop a major funding strategy at the beginning of 2022, with a 2-to-4-year implementation horizon.

About Us: The NH Health Care Workforce Coalition, which has transitioned to the NH Health Care Consumers and Providers COVID-19 Coalition, is comprised of over 50 health care and social service advocates and providers. The Coalition was formed in 2019 to develop bipartisan, system-wide solutions to expand our state's health care workforce and improve access to care for Granite Staters.

We look forward to working with you on this once-in-a-lifetime opportunity to invest in the Granite State's health care workforce.

Sincerely,

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