



**Testimony of Neil Richardson, Coordinator  
DC Coalition on Long Term Care**

Council of the District of Columbia  
Public Oversight Hearing

Adult Workforce Education in the District  
Committee of the Whole

Council Chairman Mendelson

**Thursday, November 20, 2025**

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**Testimony to the DC City Council**

**INTRODUCTION**

The DC Coalition on Long Term Care is a 30-year-old collaboration uniting consumers, advocates, and healthcare providers to partner with the District government on long-term care policies and programs. Our mission is to ensure that low-income Washington, DC, residents with chronic conditions and disabilities can age in their communities safely, with dignity, and with access to quality care.

I bring decades of experience in policy development and strategic planning, having served three District mayors. I was the founding Director of Continuing Education at the University of the District of Columbia and previously served as Deputy Director at DC Appleseed. As a lifelong Washingtonian whose family has lived here for over a century, I am proud to call Ward 1 home. I am honored to serve as Coordinator of the Coalition.

**BACKGROUND**

The District is facing a critical workforce shortage in the home and institutional healthcare sector, disproportionately affecting low-income residents who rely on these services to age in place. Low wages and the increasing demand for care, driven by our aging population, have created an urgent need for workforce development solutions. Additionally, the city lacks sufficient training providers to meet the growing demand for skilled caregivers, further exacerbating the crisis.

Currently, the city has a fractured, confusing, and disjointed array of training providers and a weak community college. The Office of the State Superintendent and the Deputy Mayor for Education have helped spark a robust set of career and technical options for students in District

public schools. The District is collecting better data, led by the Office of Education Through Employment Pathways, and the Advanced Training Center is establishing strong and relevant Career and Technical programs for high school students who will be ready to begin their vocations upon graduation. CityWorks, a non-profit organization, is infusing new ideas and sparking a renewed focus on apprenticeship options for students. These are exciting times for high school students. However, there is a vast drop-off for students seeking coherent post-secondary options.

Other states and cities bridge high school students to a comprehensive community college that serves as a central hub for youth and adults seeking to advance their careers. The District lacks a strong or comprehensive community college. Healthcare careers, beginning with direct support aides, provide pathways to career advancement, including Licensed Practical Nurse and Registered Nurse roles. Our healthcare workforce crisis will only be addressed by creating a coherent post-secondary pathway. The DC healthcare system is desperate for workers, from hospitals to nursing homes to home care.

### **The Problem: We Don't Have a System—We Have a Patchwork**

Right now, DC residents navigate a maze of training programs, adult-ed providers, charter options, and colleges with little alignment or transferability. Our outcomes reflect that fragmentation:

- Of every 100 DC ninth-graders, only about **eight** complete a post-secondary credential within six years.
- Training programs often operate without meaningful employer input.
- Black and Brown residents—who make up most of our long-term care workforce—are **least likely** to complete college or earn stackable credentials.
- Leadership is siloed across OSSE, the Workforce Investment Council, UDC, and dozens of nonprofit providers. No single entity is accountable for results.

This is not a system. It is a patchwork, and residents—especially working adults—pay the price.

### **Why This Matters for Long-Term Care**

Long-term care providers across the District are experiencing a severe workforce shortage. If we want better pay, stronger credentials, and real career mobility for home care aides, CNAs, medication aides, and other direct-care workers, we must build an education and training pipeline that actually works.

Without a functional post-secondary ecosystem, DC simply cannot recruit, train, or retain the workforce needed to support our aging population and people with disabilities.

### **What DC Must Do: Eight Actions to Build a Coherent System**

#### **1. Establish a DC Postsecondary and Workforce Coordinating Council.**

Create a permanent cross-agency body under the Deputy Mayor for Education with the authority to align goals, funding, and accountability across OSSE, WIC, UDC, and employer partners. Require annual public reporting on credential attainment and employment outcomes.

## **2. Build clear, stackable career pathways.**

Map career ladders in high-need sectors—especially health care—and require publicly funded programs to show how each credential leads to the next. Develop a unified credit-transfer system across DC institutions. We applaud the work of the DC Healthcare Partnership being shepherded by the DC Hospital Association.

## **3. Strengthen UDC and the Community College as DC’s anchor...or create partnerships with Montgomery College, PG Community College or Northern Virginia Community College**

Fund UDC-CC to be the central hub for workforce preparation. Support direct partnerships with high schools, adult-ed programs, and apprenticeship providers. Tie funding to outcomes—completion, retention, and employment—not just enrollment. In the short term, borrow the capacity and quality of regional community colleges to provide quality training and coherent education pathways...which we DO NOT HAVE currently.

## **4. Link funding to outcomes and workforce demand.**

Pool WIOA, OSSE, and DCPS career education funds into a “Career Pathways Innovation Fund.” Incentivize employer partnerships that guarantee interviews or tuition assistance. Target Medicaid and DC Health resources toward training the direct-care workforce.

## **5. Build a unified data and accountability system.**

Expand DC’s longitudinal data system to follow learners from K–12 into college and the workforce. Report outcomes by ward, institution, and demographic group to drive equity-centered decision-making. We applaud Office of Education Through Employment Pathways work and we need to support and USE it.

## **6. Support adult learners and returning students.**

Create a “DC Comebackers Network” for residents who have credits but no credential. Provide success coaches, childcare support, transportation assistance, and credit for prior learning—especially in caregiving roles.

## **7. Integrate apprenticeships and employer-led training.**

Expand earn-while-you-learn models in health and human services. Require joint curriculum design between employers and education providers to ensure training leads to actual jobs. We applaud the work of CityWorks DC and its advocacy for expanded apprenticeship opportunities and for its vision to create a coherent DC talent pipeline.

## **8. Make equity a measurable commitment.**

Set clear, public goals for credential attainment among under-represented populations. Require racial-equity impact assessments for all new post-secondary initiatives. Fund community-based organizations that provide culturally responsive supports.

## **The Vision**

If we do these things, DC can create a post-secondary ecosystem where every resident—regardless of age, income, or background—has a clear, affordable pathway to credentials that matter.

For long-term care specifically, a coherent system means:

- A more highly skilled and better-paid workforce.

- More stable staffing for providers.
- Improved quality of care for seniors and residents with disabilities.

DC has the institutions, talent, and resources to build this system. What we need now is coordination, accountability, and a commitment to connecting education with real careers.

The DC Coalition on Long Term Care urges the Council to take these steps so that every resident—and especially those who care for our most vulnerable neighbors—can succeed.

Thank you for your time and for your continued leadership. I am happy to answer any questions.

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