VT Health Care Innovation Project
Health Care Workforce Work Group Sub-Committee on Long Term Care
Meeting Summary

Date: Wednesday, July 16, 2014 Time: 10:30am-12:00pm
Location: DAIL DDAS Conference Room A, 94 Harvest Lane, Williston
Call-In Number: 1-877-273-4202; Passcode: 9883496

Attendees: Gini Milkey**,** Penne Ciaraldi**,** Martha Richardson, Sarah Launderville, Sherry Callahan, Marlys Waller, Peter Cobb, Susan Anderson-Brown, Tony Treanor, Jen Woodard, Brendan Hogan**,** Denise Lamoureux, Amanda Ciecior

Item #	Topic	Notes	Action Steps
1	Welcome and Introductions	Brendan Hogan welcomed attendees and called the meeting to order at 10:36.	
2	Updates on Governor's Deadlines and Workforce Workgroup	Jen Woodard updated the workgroup on past Workforce workgroup meetings and other subcommittee members also made comments. • Presentation was provided by Tim Dahl in May on demand modeling. There is a large focus on medical care workforce. • Discussion occurred about the Workforce symposium in November. • Continued discussion occurred on prioritizing workforce proposals to the governor, and how proposals would be funded. A decision was made to request a pool of funding and have a process for prioritizing how the funding would be spent. • Comment made that the workforce workgroup had a very medically focused discussion. • Janette Kahn was introduced as a Naturopath and a new workgroup member. • Betty Rambur, GMCB, provided the group with a payment reform presentation at the June meeting. • Beth Tanzman, from DVHA/ Blueprint, gave a presentation at the July meeting around current enrollment and other updates about the program.	

		• There was also additional discussion on the budget and the fall workforce symposium	
3	Review Draft Report	Brendan presented the draft report outline. The following were questions or comments: Executive Summary • Recommendation to change order: Recruitment, Training and Retention • Summary should potentially include projected need • Provide a few recommendations from this workgroup regarding recruitment, training and retention. Background • Brief pieces of info that are most relevant to this workgroup will be highlighted from the of background documents • Peter Cobb suggested including information from a previous workforce report to legislature, which was written by Craig Stevens from JSI. • Grafton Foundation publication on workforce might provide some relevant information • Remove the curriculum portion from where it is in the outline and perhaps, create a new section on curricula Current Data • Updated projections from the Vermont Department of Labor, VT DOL, will be available this month • VT DOL data may not track the entire direct care workforce, DCW. Need to verify what is and what is not tracked and document that in the report. • Current data on DCW will be easily accessible, but it will be more challenging to project how the workforce will change over time. • Include statistics around new Vermonters, such as individuals who previously lived in Bosnia or Africa. • Use Bureau of Labor and Statistics website for forecasting purposes • Developmental Disability DCW data has not been very good, whereas elder	Brendan will begin drafting the report and will continue to look for relevant reports for background section

		care DCW data is much more robust Projected Need • Dawn Philibert at the Vermont Department of Health is a good resource. • VT Center for Rural Studies at UVM has easily accessible Census data. • Review prior Department of Disabilities, Aging and Independent Living, DAIL reports Summary of Findings/Recommendations Recruitment • Add recruitment of New Vermonters Training • How to calculate training numbers – new or incumbent or scope/frequency • Vermont Center for Independent Living, Association for Africans in VT training to be added • Curriculum section discussed about potentially fitting here, decided needs to be own section. Brendan feels the State needs to know who is not getting needed training, and how can we get them the training, as well as info on the cost, and the timing • Include training for non-employees • Need consistency around time frames and who is to be included in training to make sure the data is comparable. I.e., data that is July-June • Agreed upon Format: Data from July 1 to June 31. New and incumbent/ongoing training. Training described in number of hours for a single person which includes classroom and hands on (new and incumbent). The number of participants includes the number of people going through the training. Costs are averaged per person to train. Retention • Issues of job turnover for individuals working directly for consumers rather than for an agency, when a consumer dies , how to find additional employment Suggestions for Workforce strategic plan	Training information from Home Health, Mental Health and Developmental Services, Community College of Vermont, Vermont Health Care Association and Vermont Center for Independent Living will be sent from workgroup members to Brendan Brendan will follow up with workgroup members about population data/ summaries

		• Emphasis on direct care workers/ non-medical • Marlys Waller wants to include a recommendation that there needs to be some kind of financial investment in State direct care workforce. It should be made upfront to see the return • Substance abuse and mental health services should also be included. • Add information to the executive summary about Federally defined Community Health Workers Conclusion/ Next Steps • Re-emphasis and context focused • Hyperlinks to other sites, legislation, training, membership list, VHCIP site	
4	Comments on Upcoming November Workforce Symposium	Mandy Ciecior to include a one page summary with the minutes to send out to the workgroup subcommittee members	
5	Next Steps	Please send all items discussed to Brendan for addition to his Report Next Meetings • August 7; 1:00pm-2:30pm; DAIL DDAS Conference Room A, 94 Harvest Lane, Williston • August 22; 9:00am-10:30am; DAIL DDAS Conference **Room B**, 94 Harvest Lane, Williston • September 3; 1:00pm-2:30pm; DAIL DDAS Conference Room A, 94 Harvest Lane, Williston	

Vermont Health Care Innovation Project

Health Care Workforce Workgroup

Sub-committee on Long Term Care

Direct Care Workforce

Draft Report

July 29, 2014

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b. **Workgroup membership list**
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Executive Summary/Summary Recommendations from the LTC Direct Care Workforce (LTC DCW) to the Healthcare Workforce Workgroup Committee regarding LTC DCW including:

a. **Recruitment**
b. **Training**
c. **Retention**

This will be written once we have additional discussion during two meetings in August.

2. **Background/summary information on LTC DCW in Vermont from the following sources:**

Analyses of, evaluations of and recommendations for the long term care direct care workforce have occurred over many years both in Vermont and nationally. This section briefly summarizes some of this background and history to help inform the recommendations being made in today. This background summary section will review some programs conducted and information collected both in Vermont and nationally.

Report of LTC DCW from the Vermont Department of Disabilities, Aging and Independent Living- 2008

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) through assistance from Flint Springs Consulting, developed the 2008 Legislative Study of the Direct Care Workforce in Vermont[i] and made the following eight substantive recommendations:

#1: increase direct care worker wages;

#2: increase access to health insurance through group health plans;

#3: create accessible and affordable orientation, training, and professional development for direct care workers and their employers;

#4: recruit direct care workers from new sources;

#5: continue support for the development and full implementation of the Direct Care Worker Registry;

#6: promote recruitment and retention through the use of evidence-based tools and promising approaches;

#7: create standardized and portable career ladders for direct care workers; and.

#8: establish a workgroup responsible for developing protocols and methods for collecting needed direct care workforce data.

There has been some progress in implementing these recommendations. Perhaps most importantly, some Direct Care Worker wages have increased. Through the Affordable Care Act individuals who work as Direct Care Workers can purchase health insurance as an individual and, depending on their household income, may qualify for subsidies towards the purchase of that coverage. Training programs have been created and implemented and new recruitment sources have been identified as discussed below

Efforts continue to improve career ladders and lattices for direct care workers. Career ladders allow an opportunity for a direct care worker to be employed as a personal care attendant (PCA) with additional education and experience can become a licensed nursing assistant or a registered nurse over time. There is the ability to increase responsibility without additional education by becoming more specialized over time and working with specific populations such as individuals being served through hospice or through the developmental services program.

Robert Wood Johnson Foundation funded Better Jobs Better Care project

From 2008-2011, Vermont was one of five states that participated in the Robert Wood Johnson Foundation's Better Jobs Better Care project, with assistance from Atlantic Philanthropies, $15.5 million research and demonstration program. Through Better Jobs Better Care, Vermont built a multi-stakeholder coalition that included; policy-makers, professional organizations, educators and other stakeholders with vested interests in long-term care.[ii] Some key findings from this work include:

● Workers who perceive their organization as culturally competent reported higher levels of job satisfaction.
● Good frontline supervision is a key factor influencing the commitment of nursing assistants to their jobs.
● Commitment to the consumer, flexibility and competitive wages and benefits are critical to attract and retain home-care workers.
● Turnover rates among direct-care workers were lower at sites that employed a retention specialist trained to systematically address low job satisfaction and turnover.
● Mature workers (55+) are interested in direct-care work but need training and support to overcome barriers, such as the lack of technological knowledge and age-related functional limitations.
● Individuals who have provided care to family members and friends could add significantly to the pool of caregivers, but more outreach and targeted information is needed to recruit them.
● Managers, supervisors and nursing assistants who used a 33-hour curriculum focused on clinical and interpersonal skills reported a positive impact on job satisfaction, morale and quality of care.
● Tailored, ongoing training can improve job satisfaction while personal and job-related stressors are the most powerful predictors of dissatisfaction[iii].

Vermont Association of Professional Care Providers

Through Better Jobs Better Care funding, the Vermont Association of Professional Care Providers (VAPCP) was created VAPCP was instrumental in assisting with developing trainings for Direct Care Workers as well as development of the online direct care workforce registry Rewarding Works.[iv] Rewarding Works allows both consumers in need of a direct care worker and direct care workers in need of work to search and connect. Over 1000 individual consumers/employers have registered and over 1600 direct care worker employees have registered.

Alliance for Health Reform Direct Care Worker Report – 2012

This national report created in 2012 had many findings, however the most relevant findings from the report were:

- Direct care workers provide a variety of services to clients, such as help with eating, bathing, dressing, toileting, food preparation, medication management and light housekeeping.[v]

- The majority of direct-care workers are employed in home & community based settings rather than in large institutions such as nursing homes or hospitals.[vi]

- In 2011, nationally, the direct care workforce totaled about 4 million workers, including an estimated 800,000 providers employed directly by consumers.[vii]

- Turnover tends to be high among direct care workers, in part because of low pay. The median pay nationally for home health and personal care aides in 2010 was $9.70 per hour, or $20,170 per year.[viii]

Consumer Perspectives on Quality Home Care – National Consumer Voice for Quality Long Term Care – 2012

The National Consumer Voice for Quality Long Term Care produced a report called Consumer Perspectives on Quality Home Care – National Consumer Voice for Quality Long Term Care in September 2012.[ix] Consumer Voice used to be called the National Citizens Coalition for Nursing Home Reform or NCCNHR. This project was supported by grants from the SCAN foundation and the Atlantic Philanthropies. The project had a State "Consumers for Quality Care No Matter Where" project advisory council in 5 states; California, New Mexico, Ohio, Vermont and Virginia.

The project surveyed consumers who received home based care in 14 states. 300 were contacted and 212 were eligible. Survey eligibility criteria included consumers who needed to; reside in their home, receive paid care services, and receive more than home delivered meals.

What was learned from this project?

- Consumers have a voice and want to be heard. Programs should include consumers in policymaking, program development, advocacy and at decision making table.
- There is a different power dynamic at home. Consumers feel more in charge when they receive services at home rather than in institutional settings.
- The bases are yet to be covered. Consumers often feel grateful to get any home and community based services they don't think about the quality of care or quantity of services being provided.
- Home is viewed as better than a nursing home. Consumers from this report perceive care at home as being better than Nursing home care.[x]

The policy recommendations that came out of this research included:

- Ensure adequate, continued funding of critical programs like Medicare and Medicaid
- Make home and community-based services a mandated Medicaid service
- Enact policies that increase training, wages and benefits for home care workers
- Require that consumers have the right to choose their workers and schedules for care and service
- Carry out background checks on all home health workers
- Support home care ombudsman demonstrations.[xi]

Optimizing the Potential of Vermont's Older Workers – Report of the 34th Grafton Conference – November 9-11, 2008

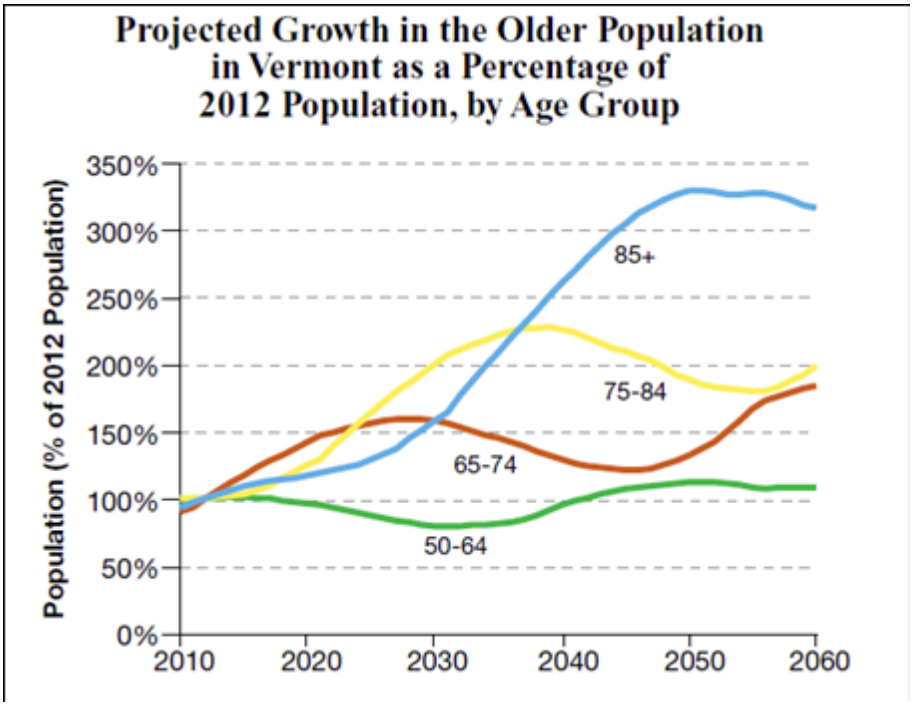
This report was a product of the work of the Governor's Commission on Healthy Aging in 2008. Many state departments including: Banking, Insurance, Securities and Health Care Administration; Disabilities, Aging and Independent Living; Labor; Taxes; Health; and the Vermont Agency for Commerce and Community Development. Non-state agencies included AARP and the Vermont Associates for Training and Development. All of the organizations came together to discuss improve training and employment options for Vermont's Older Workforce.

The goals from this work included:

1. Increase retention of older workers.
2. Develop recruitment strategies for older workers.
3. Increase productivity of employees.
4. Expand labor pool.
5. Retain institutional memory and skills.[xii]

3. Current Data on LTC Direct Care Workforce in VT

The Chart below is from DAIL's State Plan on Aging for Federal Fiscal Years 2015-2018.[xiii] Given the fact that Vermonters are living longer and the percentage growth in the population is highest among individuals who are 85 years old or older, the demand for Direct Care Workers is likely going to dramatically increase.



Direct Care Workers have seen wage increases under the collective bargaining agreement reached between the Vermont Agency of Human Services and Vermont Homecare United American Federation of State, County and Municipal Employees, Council 93, Local 4802. The wages primarily have been an increase to $10.80 or an increase by 2.5% whichever is higher.[xiv]

Collective Bargaining Information – Discuss with workgroup what data to include in the report

Recent history of Vermont minimum wage

1/1/2008: $7.68/hour
1/1/2009: $8.06/hour
1/1/2011: $8.15/hour
1/1/2012: $8.46/hour
1/1/2013: $8.60/hour
1/1/2014: $8.73/hour

http://www.labor.vermont.gov/Portals/0/UI/WH-11%20Minimum%20Wage%20Rate.pdf
http://www.labor.vermont.gov/Portals/0/UI/WH-11%20Minimum%20Wage%20Rate%202013.pdf

Recent history of independent support worker wages

	Program/service			
	CFC CD/SD personal care	CFC CD/SD respite/ companion	ASP Medicaid PDAC (first six months)	ASP Medicaid PDAC (after six months)
Base	$10.14	$8.62	$9.00	$9.50

(as of July 2009)				
8/5/2012	$10.53	$8.97	$9.15	$9.65
1/6/2013	$10.68	$9.12	$9.30	$9.80
11/10/2013	$11.00	$9.40	$9.56	$10.12

Notes: Wages for other independent support workers (including DS) are not established by DAIL. CPCS wages are established by VDH.
http://www.ddas.vermont.gov/ddas-publications/publications-ddas/publications-ddas-default-page

'Career ladders'

ASP wage structure contains a six-month 'bump' (see wage table above)
Occupational Projections for Vermont, 2010-2020 *(released August 2012)*

Job Title	2010 employment	2020 employment	Avg hourly wage 2011	Education needed	Typical on-the-job training needed to attain competency in the occupation
First-Line Supervisors of Personal Service Workers	826	899	$ 17.78	High school diploma or equivalent	None
Healthcare Support Workers, All Other	382	404	$ 14.06	None	Short-term on-the-job training
Home Health Aides	927	1,299	$13.02	Less than high school	Short-term on-the-job training
Nursing Aides, Orderlies, and Attendants	3,149	3,349	$12.33	Postsecondary non-degree award	None
Personal Care Aides	7,973	11,595	$ 10.74	Less than high school	Short-term on-the-job training

http://www.vtlmi.info/public/occprjvt.xls

Vermont wage profiles by occupation, 2012 (statewide)

	Average	10%	25%	**Median**	75%	90%
First-Line Supervisors/Managers of Personal Service Workers	**$18.26**	$12.43	$15.14	**$17.04**	$19.90	$25.99
Healthcare Support Workers, All Other	**$13.75**	$8.99	$9.88	**$11.65**	$17.34	$20.66
Home Health Aides	**$12.93**	$9.93	$11.04	**$12.63**	$14.05	$15.73
Personal and Home Care Aides	**$10.95**	$9.51	$9.98	**$10.73**	$11.48	$12.94
Nursing Aides, Orderlies, and Attendants	Not available	Not available	Not available	Not available	Not available	Not available

www.vtlmi.info/occupation.cfm

Maine wage profiles by occupation, 2012 (statewide)

	Average	25th percentile	**Median**	75th percentile
First-Line Supervisors/Managers of Personal Service Workers	**$16.80**	$12.81	**$15.05**	$18.48
Healthcare Support Workers, All Other	**$14.66**	$11.13	**$15.32**	$17.45
Nursing Assistants	**$11.68**	$10.06	**$11.32**	$13.28
Home Health Aides	**$10.90**	$9.70	**$10.72**	$11.79
Personal Care Aides	**$10.25**	$9.02	**$10.12**	$11.19

http://www.maine.gov/labor/cwri/oes1.html

New Hampshire wage profiles by occupation, 2012 (statewide)

	Average	Entry	**Median**	Experienced
First-Line Supervisors/Managers of Personal Service Workers	**$16.87**	$12.67	**$15.99**	$18.97
Healthcare Support Workers, All Other	**$14.99**	$10.83	**$14.43**	$17.06
Nursing Assistants	**$13.78**	$10.81	**$13.54**	$15.27
Home Health Aides	**$11.63**	$10.21	**$11.31**	$12.34
Personal and Home Care Aides	**$11.13**	$9.16	**$10.81**	$12.12

http://www.nhes.nh.gov/elmi/products/2012-may/Statewide%20and%20Substate/TOC001.HTM

2012 Livable Wage Rates

The Vermont Livable Wage is defined in statute as the hourly wage required for a full-time worker to pay for one-half of the basic needs budget for a two-person household, with no children, and employer-assisted health insurance, averaged for both urban and rural areas. **The 2012 Vermont Livable Wage is $12.48 per hour** (this is the average of the urban and rural rate for Two Adults with No Children).

Family Type	Urban	Rural
Single Person	$15.81	$15.74
Single Parent with One Child	$25.29	$23.41
Single Parent with Two Children	$29.82	$28.03
Two Adults with No Children	**$12.46**	**$12.51**
Two Adults with Two Children (One Wage Earner)	$29.10	$30.12
Two Adults with Two Children (Two Wage Earners)	$18.56	$18.72

http://www.leg.state.vt.us/reports/2013ExternalReports/285984.pdf

2011 Average Wages

UI Covered Wages - Private Industry
Vermont: $39,491 (82.6% of US)
US: $47,815
http://www.vtlmi.info/wage.htm

UI Covered Employment and Wages*

New England and United States

2011

	Employment	Total Wages	Annual Average Wage
United States	129,411,095	$ 6,217,285,905	$ 48,043
New England	6,731,843	$ 372,018,554	$ 55,263
Connecticut	1,612,292	$ 98,584,051	$ 61,145
Maine	579,838	$ 22,045,523	$ 38,020
Massachusetts	3,189,753	$ 190,336,517	$ 59,671
New Hampshire	605,853	$ 28,645,351	$ 47,281
Rhode Island	448,570	$ 20,501,696	$ 45,705
Vermont	**295,537**	**$ 11,905,416**	**$ 40,284**

** Includes Private Industry and Government Activity*

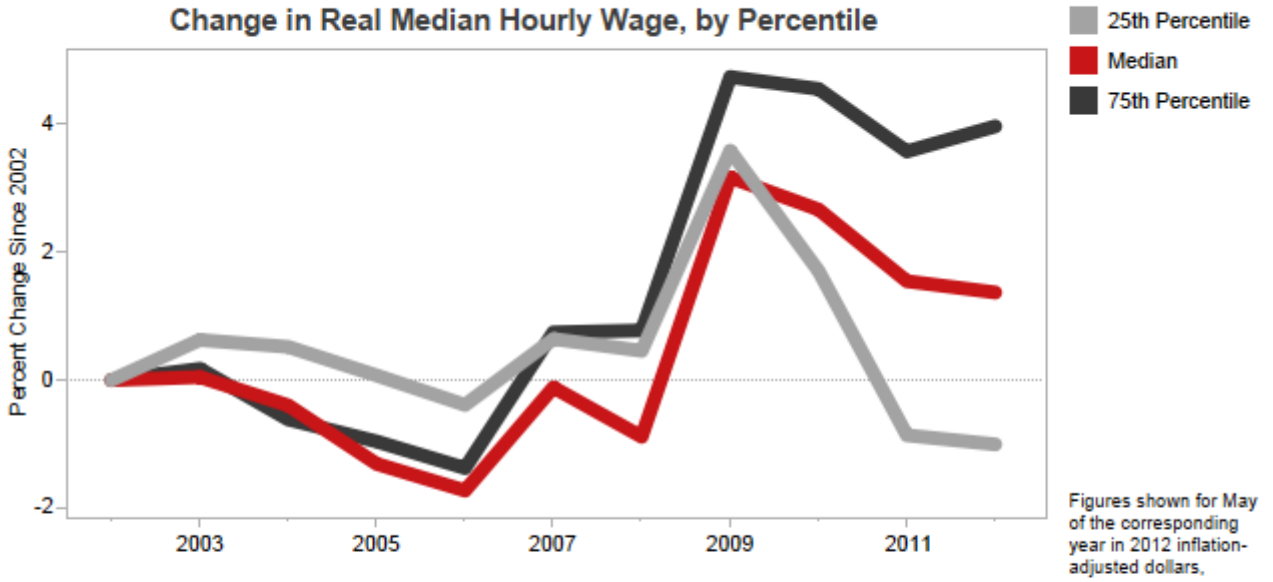
Source: Quarterly Census of Employment and Wages
U.S. Bureau of Labor Statistics, http://stats.bls.gov/cew/
Vermont Department of Labor,
http://www.vtlmi.info/indareanaics.cfm

Last updated on 10/15/2012

by Richard Willey
http://www.vtlmi.info/national.htm

State Median Wage Data

Select State:
Vermont



Vermont Data

	2002	2003	2004	2005	2006	2007	2008	2009	2
Real Median Annual Wage	$34,076	$34,103	$33,944	$33,633	$33,491	$34,050	$33,778	$35,162	
Real Median Hourly Wage	$16.39	$16.39	$16.32	$16.17	$16.10	$16.37	$16.24	$16.90	

Source: Governing analysis of Occupational Employment Statistics data, all occupations

tableau

4. Projected need for additional direct care workers in the future

According to statistics from the United States Census projecting large increases in older Vermonters and coupled with the demand for more services provided in a home and community based setting, there is a demand for additional direct care workers in Vermont.

The following is data from the United States Census about growing population of older Vermonters.

Vermont Population Projections by Aga and County, 2020, 2030 – Scenario A[xv]

Ages	2010 Census	2020 estimate	% change from 2010	2030 estimate	% change from 2010
65-69	29,390	47,672	62.2%	50,168	70.7%
70-74	20,148	38,677	92.0%	50,579	151.0%
75-79	15,960	24,908	56.1%	40,910	156.3%
80-84	12,783	14,802	15.8%	28,701	124.5%
85+	12,797	16,157	26.3%	23,707	85.3%

Disability data for Vermont from United States Census Bureau[xvi]

Total population	619,928	Percent
Total with a disability	83,148	13.4%
Total population under 18	123,563	
Total population under 18 with a disability	6,820	5.5%
Total population age 18 to 64	401,075	
Total population age 18 to 64 with a disability	46,401	11.6%
Total population age 65 and older	95,290	
Total population age 65 and older with a disability	29,927	31.4%

5. Summary of Findings and Recommendations – based on workgroup discussions and data collection efforts

Need to discuss if a separate section for Recruitment, Retention and Training from a client's perspective is needed or add into existing sections

a. Recruitment

i. Best practice ideas

In recruiting Direct Care Workers, it is important to develop a multi-pronged strategy to attract potential employees. The state has seen some success in using internet-based recruitment strategies, including Craigslist, care.com, and rewardingwork.com. Organizations that pay higher salaries and offer benefits to their Direct Care Workers are likely to be more successful in recruitment and less likely to have high employee turnover.

It is important that Direct Care Workers have a full understanding of the job responsibilities prior to starting work. Some organizations conduct a pre-hire orientation which includes the opportunity to work directly with consumers and assist with activities of daily living such as; eating, bathing, dressing, toileting and transfer. When recruiting to serve an individual with specific needs, it is important to be clear of any specific skills required as part of the job-posting.

ii. How to recruit DCWs and generational recruitment differences

According to discussion at several subcommittee meetings, the best way to recruit DCWs falls squarely along some generational boundaries. If a DCW is being recruited through a local paper or ad in a regional paper that individual might be more likely to be part of the baby boom generation themselves.

However if you want recruit individuals age 18, millenials or generation X, to work as a DCW, social media is an easier and more effective approach.

iii. Hiring mature workers or workers with disabilities to help as DCWs

Some organizations and some consumers themselves are hiring mature workers or workers with disabilities as direct care workers. VT Associates for Training Development, VATD, offers training and job assistance for mature workers who are looking for work.[xvii] VATD gets funding from a national program known as the Senior Community Service Employment program.[xviii] This program provides job training for low income seniors.

iv. Barriers to recruitment

As was previously stated, newspaper ads are helpful for some people who are applying for DCW jobs, but would be a barrier for others. The same could be said for social media. Rates of pay can be a barrier to recruitment, as well as lack of benefits in some instances. Other challenges include how to reach out and include new Americans. Need to add data about new Americans from Denise

Another barrier to recruitment is that the work of a DCW is not always a day shift/ 9-5 type of job. Individual consumers who need assistance often need assistance during the evening or on weekends. This can be a barrier for employment for those most interested in and able to help with daytime weekday hours. It could also be an incentive for those who want to work nights and weekends.

In addition, it is not possible to provide any job shadowing options for direct care workers given confidentiality concerns unless a client consents to the job shadow.

b. Training - best practices

The workgroup members recommend both having standards for training and to continually improve upon standards for training. Direct Care Workers should be paid to attend trainings and employees should be provided with continued educational opportunities focused on DCW skills, such as how to properly cook for someone else or how to bathe someone safely. Training should also include soft skills such as; writing notes in a care plan, being a professional, and dealing with conflict.

Vermont has a workforce and training fund through the Department of Labor.

The Workforce Education and Training Fund (WETF) receives approximately $1.2M from the Next Generation Fund, and supports workforce training, internships, regional workforce initiatives, adult technical education centers, and other initiatives. [xix] DCW trainings have accessed these funds in the past.

c. Training Information from existing programs

i. Community College of Vermont

1. **Type of training**
2. **#of participants**
3. **Hours of training**
4. **Estimated training costs**

To be gathered by CCV - Penne

ii. VNAs of Vermont

1. **Type of training**
2. **# of participants**
3. **Hours of training**
4. **Estimated training costs**

To be gathered by VNA – Susan

iii. Vermont Council for Developmental and Mental Health Services

1. **Type of training**
2. **# of participants**
3. **Hours of training**
4. **Estimated training costs**

To be gathered by VT Council - Tony

iv. Vermont Health Care Association

1. **Type of training**
2. **# of participants**
3. **Hours of training**
4. **Estimated training costs**

To be gathered by VHCA - Sherry

v. Vermont Center for Independent Living

1. **Type of training**
2. **# of participants**
3. **Hours of training**
4. **Estimated training costs**

To be gathered by VCIL - Sarah

vi. Association of Africans Living in Vermont[xx]

This information reflects the September 30, 2012 – February 28, 2014 period –over the course of the grant from the Department of Labor

1. Type of training: Both new employee and incumbent training
2. # of participants: 52 completions
3. Hours of training: 88hrs (total) – 4hrs of instruction, 2hrs of homework and studies, 2hrs of workkeys – (a week/per person). Need to get definition of workkey from Sulen at AALV
4. Estimated training costs: 65,000. ~1,250. Per person. (This course is free of charge to participants).

d. Retention

i. Best practice ideas

The subcommittee talked from experience about best practices that include and are not limited to; setting clear expectations with DCWs, having a positive work environment, empowering the DCW to be part of a care team, have DCWs involved in decision making or at least have input into decision making, having a varied work schedule is positive for those who want to have flexibility.

ii. Wages and Benefits

When wages and benefits can be increased, retention of DCWs can occur. Which charts from DAIL/DOL above best represent wage increases that could be inserted here – talk with the group at the august meetings.

iii. Career ladders and lattices

The concept of a career ladder (moving from PCA to LNA to Nurse) or a career lattice (moving from a PCA 1 – introductory level staff to a PCA 2 or PCA 3 – with more training and responsibility is something that is currently being used by Visiting Nurse Agencies in Vermont.

Talk with Penne about what information best describes the differences and how it works.

iv. Barriers to retention

Job shadowing is a barrier because of confidentiality. Training can be expensive.
Summarize some training total information from above

e. Suggestions for the Workforce Strategic Plan

TBD with discussion from workgroup 2 meetings in August.

6. Conclusion/Next Steps

TBD with discussion from workgroup – 2 meetings in August

Attachments

a. **State of Vermont House Bill 301 – An act relating to a task force on direct care workers**

http://www.leg.state.vt.us/docs/2014/bills/Intro/H-301.pdf

b. **Workgroup membership list**

Mandy is drafting the list – will confirm information with members of the group

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[i] http://dail.vermont.gov/dail-publications/publications-legis-studies/dcw-report-exec-summary
[ii] http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2011/rwjf70103
[iii] Ibid
[iv] http://www.rewardingwork.org/State-Resources/Vermont.aspx
[v] PHI (2012). "About the workforce." http://phinational.org/policy/states/about-workforce/
[vi] PHI (2012). "Facts 3: America's Direct-Care Workforce." May, P. 2. www.directcareclearinghouse.org/download/PHI%20Facts%203.pdf
[vii] PHI (2012). "Facts 3: America's Direct-Care Workforce." May, p 1. www.directcareclearinghouse.org/download/PHI%20Facts%203.pdf
[viii] Bureau of Labor Statistics, U.S. Department of Labor. "Occupational Outlook Handbook, 2012-13 Edition, Home Health and Personal Care Aides" http://www.bls.gov/ooh/healthcare/home-health-andpersonal-care-aides.htm (visited September 25, 2012).
[ix] http://issuu.com/consumervoice/docs/cprfinal
[x] Ibid
[xi] Ibid
[xii] Ibid
[xiii] http://dail.vermont.gov/dail-whats-new/whats-new-documents/vt-state-plan-on-aging-ffy-15-18
[xiv] http://humanservices.vermont.gov/news-info/collective-bargaining-agreement-between-the-state-of-vermont-and-afscme-relating-to-independent-direct-support-providers/collective-bargaining-agreement-between-the-state-of-vermont-and-afscme-relating-to-independent-direct-support-providers-effective-7-1-14/view
[xv] http://dail.vermont.gov/dail-publications/publications-general-reports/vt-population-projections-2010-2030
[xvi] http://factfinder2.census.gov/rest/dnldController/deliver?_ts=424356556583
[xvii] http://vermontassociates.org/
[xviii] http://www.doleta.gov/Seniors/
[xix] http://www.leg.state.vt.us/jfo/appropriations/fy_2014/Labor%20-%20Narrative.pdf
[xx] Information emailed from Suelen Selman at AALVT on 7/25/14