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

Date: Thursday, August 22, 2014 Time: 9pm-10:30pm
Location: DAIL DDAS Conference Room B, 94 Harvest Lane, Williston
Call-In Number: 1-877-273-4202; Passcode: 9883496

Item #	Time Frame	Topic	Presenter	Attachments
1	9:00-9:05	Welcome and Introductions Approval of Minutes		1: Minutes
2	9:05-9:15	Updates from the 8/20 Workforce Workgroup meeting	Brendan Hogan and Stuart Schurr	
3	9:15-10:25	Review Draft Report	Brendan Hogan	3: Draft Report – to be distributed at a later date
4	10:25-10:30	Next Steps		

Next Meetings

- September 3; 1:00pm-2:30pm; DAIL DDAS Conference Room A, 94 Harvest Lane, Williston

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

Date: Thursday, August 7, 2014 Time: 1pm-2:30pm
Location: DAIL DDAS Conference Room A, 94 Harvest Lane, Williston
Call-In Number: 1-877-273-4202; Passcode: 9883496

Attendees: Sarah Launderville, Brendan Hogan, Denise Lamoureux, Stuart Schurr, Jackie Majoros, Gini Milkey, Susan Anderson Brown, Penne Ciaraldi, Tony Treanor, Devon Green, Audra Rondeau, Amanda Ciecior

Item #	Topic	Notes	Next Steps
1	Welcome and Introductions Approval of Minutes	Meeting was called to order at 1:05pm by Brendan Hogan. Susan Anderson Brown made a motion to approve the minutes and Sarah Launderville seconded. Minutes were approved unanimously. **<u>Vote on approval of Meeting Minutes:</u>** Sarah Launderville - yes Denise Lamoureux - yes Stuart Schurr- abstain Jackie Majoros - abstain Gini Milkey - yes Susan Anderson Brown – yes Penne Ciaraldi - yes Tony Treanor - yes Devon Green - abstain	
2	Updates on Governor's Deadlines and Workforce Workgroup	Stuart updated the workgroup on the deadlines for this subcommittee. The Workforce workgroup serves as an advisory group for the VHCIP as well as in an advisory role for the administration. Introduction to demand modeling occurred in May and an ongoing discussion around the best use of this information is occurring. The next project the WG is taking on is prioritizing spending for the administration; they are also working on	

		criteria in which to rank proposals. The workforce committee is finalizing the FY16 budget items at their 8/20 meeting. Workforce Symposium planning work is continuing. The symposium is expected to occur in November, with speakers yet to be identified. Brendan Hogan mentioned that work around demand modeling should also include direct care worker demand modeling and the workgroup agreed. Brendan Hogan and Stuart Schurr will be attending the August meeting and have time to give a brief update to the workgoup. Jackie Majoros asked about the deadline to submit proposals, if proposals from SIM funding are still available, and if not, if proposal would be related to FY 2016 funding. Current proposals to the workforce workgroup have been reviewed but not all have been funded or acted upon. Devon Green reminded the group that any FY15 state fund changes would likely affect the FY16 budget priorities. Workgroup members were asked to think about how funding could be used in relation to Direct Care Workers within the larger scope of the workforce workgroup request for FY 16 funds. This will be discussed at the next meeting on August 22, 2014.	
3	Review Draft Report	Brendan introduced the Draft Report to the workgroup, the following were comments on the report in its current form: • Susan Anderson Brown asked about what the focus of the report should be and how in depth and/or specific the report will be. Decided that a definition of DCW should be included in the report and the definition will be taken from Vermont House Bill 301. Discussion around publically and privately funded workers took place, and the availability of data and this will be referenced in the report. • Discussion followed around long term versus short term care – and who qualifies as providing long term care. Many private organizations are doing long term care, often for end of life care issues, and being missed from acknowledgment. • Discussion around licensure requirement – both person and facility,	Add a definition of DCW Workgroup members to send information to Brendan to aid in completing the report

		and what is to be included or excluded from the Report. • Stuart Schurr mentioned that it is important to ensure the definitions in previously cited works align with the one being used in this report. • The group recommended modifying some of the information around past and current efforts in Vermont, especially including the definitions of direct care workers used in previous documents to show distinctions from the H.301 definition. • Group decided to use the phrase 'career ladder' instead of lattice, and define the ladder as being multi directional. • Jackie Majoros recommended eliminating or reordering some of the key findings. • Discussion around adding Vermont specific data to estimate the number of Direct Care Workers in the State, the group agreed this was a good idea. • Jackie Majoros mentioned the importance of adding state comparison data from the Alliance for Health Reform Report. • Gini Milkey provided edits to the sections of the report that she had information about from the Coalition of Vermont Elders. • Denise Lamoureux recommended a way to consolidate the report's key findings. • The group discussed the significance of noting the VT wage increase in the report. The group decided to remove the minimum wage information, possibly to include the livable wage instead. • The group reviewed tables and charts to decide which were beneficial to the report and which needed elimination or adjustment. • Brendan Hogan commented on lack of availability of disability data and future projections of need, and how the lack of future workforce should be properly documented. • Tony Treanor discussed the process he put together to help gather information on training information by agency and how it can be	Brendan to add description of Alliance for Health Reform Report Brendan will add in all of the edits mentioned by subcommittee members into the next draft.

		best gathered from the numerous agencies across the State. • Susan Anderson Brown agreed it would be easier to use existing statistics that are provided to their agency. Also noted that gathering the types of training offered would be much easier than the cost to do so. • The group agreed that training data that is collected for HHA, Designated Agencies and other organizations can be for a specific agency as an example and the report will note that training is not exactly the same across agencies.	
4	Next Steps	Meeting adjourned at 2:37pm Next Meetings • 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	Any additional edits regarding the draft report can be sent to Brendan prior to the August 22, 2014 meeting. The report will continue to be edited during the next month.

Vermont Health Care Innovation Project

Health Care Workforce Workgroup

Sub-committee on Long Term Care

Direct Care Workforce

Draft Report

August 21, 2014

Executive Summary

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Executive Summary

Vermont's population is aging and will continue to age over the next 20 years. According to Census information, the number of Vermonters age 75-79 will increase by 156% from 15,960 Vermonters in 2010 to 40,910 by 2030. Census information also shows that 13% of the population (83,148 Vermonters) had disabilities in 2010 and will likely grow as a similar percentage of the total population in 2030 as it is in 2010.

Direct care workers play an important role in caring for elders and those with disabilities. As the population continues to age, their role will grow in importance. Direct care workers provide assistance with activities of daily living (ADLs). ADLS as defined by Vermont's Choice for Care 1115 Medicaid Long Term Care regulations include dressing and undressing, bathing, personal hygiene, bed mobility, toilet use, transferring, mobility in and around the home, and eating.[i]

H 301 also further defined direct care workers as individuals who are not providing care in settings licensed by the state, which would include the following providers/facilities that are licensed by the state:

- Assisted Living Residences
- Home for the Terminally Ill
- Nursing Homes
- Residential Care Homes
- Therapeutic Community Residences[ii]

Vermont has been fortunate to have had many grant funded efforts over the last 10-15 years to study and make improvements in the work of Long Term Care Direct Care Workforce. Details related to this history will be summarized in this paper.

Recently, direct care workers have seen increased wages through 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. Today, wages are $10.80 or an increase over previous wage by 2.5% whichever is higher.[iii]

This report will also address challenges and opportunities with recruitment, retention and training. Some limited numbers of Vermont providers are working to implement some promising practices related to recruitment, retention and training which will be discussed in this report.

Direct care worker training can be further improved in several ways:

1. Continue to review current promising practices in training and talk about ways to expand those practices.

2. Develop a comprehensive, standardized direct care worker training curriculum and require statewide implementation.

3. Discuss options to pay for training for individuals who work directly for consumers and whose payroll is handled by ARIS which is estimated to be 6850.[iv]

4. Consider licensure and/or certification for Direct Care Workers as fees tied to licensure and certification could be one source of funds for funding training. The list of professions currently licensed by the State of Vermont range from; Accountants and Acupuncturists to Tattoo Artists/Body Piercers and Veterinary Medicine. The full list is included as an attachment to this report.

1. Background

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 report will focus on direct care workers as defined in Vermont House Bill 301 Section 2 (a) (2) *"Direct care worker" shall mean an individual who is reimbursed by the State to assist adults residing in community settings not licensed by the State with activities of daily living and instrumental activities of daily living.*[v]

This subcommittee discussed other Direct Care Workers who work for institutional providers or who work for private pay home care organizations such as Hominstead or Arminstead. The group decided the focus should be on DCWs who meet the H-301 definition.

This section briefly summarizes some of this background and history to help inform the recommendations being made in 2014. This background summary section will review some programs conducted and information collected both in Vermont and nationally.

This report is not going to address Community Health Workers as defined federally as *a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.*

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.[vi]

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

This report defined Direct Care Workers as those who:

- Provide the most direct care and support
- Are at the lowest end of compensation[vii]

Using the above described criteria the list of direct care and support workers included in the study included:

- Licensed Nursing Assistants (LNA)
- Personal Care Attendants (PCA)
- Direct support professionals and community support workers
- Developmental home providers
- Resident assistants and aides
- Homemakers
- Shahbaz – caregivers in the Greenhouse model of nursing homes
- Geriatiric aide
- Privately paid professional caregivers
- Respite
- Hospice [viii]

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[ix] and made the following eight substantive recommendations:

- increase direct care worker wages;
- increase access to health insurance through group health plans;
- create accessible and affordable orientation, training, and professional development for direct care workers and their employers;
- recruit direct care workers from new sources;
- continue support for the development and full implementation

of the Direct Care Worker Registry;

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

- create standardized and portable career ladders for direct care workers; and.

- 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.

Efforts continue to improve career 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. Additional career ladder opportunities exist by increasing responsibility without additional formal 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. This career ladder exists currently through home health agencies, where employees could start as a Personal Care Attendant 1, (PCA 1) and with additional training and experience move to a PCA 2 or a PCA 3.

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, The Community of Vermont Elders, (COVE) was chosen as the host sponsor for this project.

Better Jobs Better Care defined direct care workers as: an individual who provides hands-on personal care (e.g., assistance with bathing, dressing, transferring and feeding) as a significant part of their job at a nursing facility,

home health agency, assisted living organization, adult day center or other personal care organization.[x]

Vermont built a multi-stakeholder coalition that included; policy-makers, professional organizations, educators and other stakeholders with vested interests in long-term care.[xi] 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[xii].

Vermont Association of Professional Care Providers

Through Better Jobs Better Care funding, the Vermont Association of Professional Care Providers (VAPCP) was created as a subsidiary of COVE but as its own separate 501c 3. 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.[xiii] While VAPCP folded its operations in 2010, Rewarding Works continues and 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 report discusses direct care workers using larger groups of workers including:

- Nurses Aides
- Home Health Aides
- Personal Care Aides
- Direct Support Professionals
- Psychiatric Aides[xiv]

This national report developed in 2012 included many findings. 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.[xv]

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

- In 2011, nationally, the direct care workforce totaled about 4 million workers, including an estimated 800,000 providers employed directly by consumers.[xvii] In Vermont in June of 2014, 6850 providers were directly employed by consumers.[xviii]

- 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.[xix]

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

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.[xxi] 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 including Vermont. 300 were contacted and 212 were eligible, Vermont had the

highest response rate in terms of % eligible. Out of the 163 consumers who participated in one-on-one interviews and the online survey, 40 were from Vermont.

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. Consumers should be involved in policymaking and program development.
- There is a different power dynamic at home. Consumers feel more in charge when they receive services at home rather than in institutional settings.
- Consumers often feel grateful to get any home and community-based services, and don't focus on 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.[xxii]

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.[xxiii]

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 which culminated in the Grafton Conference. Participating organizations, including all relevant state agencies and stakeholders came together to discuss improving training and employment options for Vermont's Older Workforce (those age 55 and older). Topics discussed at this conference included:

1. Flexible work strategies
2. Work place accommodations
3. Pension and other income benefits
4. Health care costs
5. Social security
6. Workforce capability[xxiv]

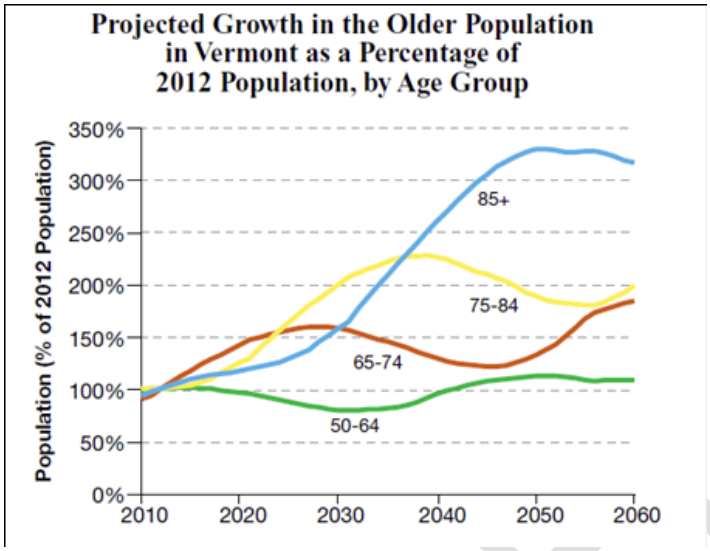
The goals from this work included:

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.[xxv]

Being employed as a Direct Care Worker as an option for older workers was discussed during the planning for the conference and at the conference.

2. Demand for LTC Direct Care Workforce in VT

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.



Source: DAIL's State Plan on Aging for Federal Fiscal Years 2015-2018.[xxvi]

Vermont begins to address wage issue

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.[xxvii]

Recent history of independent support worker wages

	Program/service			
	Choices for Care Consumer/ Surrogate -directed personal care	Choices for Care Consumer/ Surrogate -directed respite/ companion	Attendant Services Program Medicaid Participant Directed Attendant Care (first six months)	Attendant Services Program Medicaid Participant Directed Attendant Care (after six months)
Base (as of July 2009)	$10.14	$8.62	$9.00	$9.50
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
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

Commented [b1]: Try to determine statewide average discuss differences in pay for PCA 1, PCA 2 and PCA 3 – get information from Home Health

Vermont wage profiles by occupation, 2012 (statewide)

Commented [b2]: Pull definitions from data source

	Average
First-Line Supervisors/Managers of Personal Service Workers	**$18.26**
Healthcare Support Workers, All Other	**$13.75**
Home Health Aides	**$12.93**
Personal and Home Care Aides	**$10.95**
Nursing Aides, Orderlies, and Attendants	Not available

www.vtlmi.info/occupation.cfm

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

The subcommittee discussed the hope that wages for direct care workers could be raised to be in alignment with livable wages. Because direct care workers are funded through Medicaid, increased wages impact the overall State budget and to date there has been no appetite to make increases that would bring wages up to the living wage.

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

According to statistics from the 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.

VT Population Projections by Age and County, 2020, 2030 – Scenario A[xxviii]

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[xxix]

Total population	**619,928**
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%)

4. **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 (DCWs) 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 to 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.[xxx] VATD gets funding from a national program known as the Senior Community Service Employment program.[xxxi] 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 may not be possible to provide 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 initial and ongoing trainings to obtain and refine 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. [xxxii] DCW trainings have accessed these funds in the past and should continue to access these funds in the future.

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[xxxiii]

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: 88 hours (total) – 4 hours of instruction, 2 hours of homework and studies, 2 hours of workkeys – (a week/per person). Need to get definition of workkey from Sulen at AALV

4. Estimated training costs: $65,000 which is equal to $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. Wages and benefits were discussed previously in this report. Given the recent Union contract between Vermont's Agency of Human Services and the American Federation of State, County and Municipal Employees, (AFSCME) wages have seen a significant increase. [xxxiv]

According to AFSCME:

The contract allowed for a new floor for homecare workers of $10.80 an hour and a 2.5 percent raise for those currently making over that amount. This represented a 49 percent increase for the lowest paid hourly homecare workers. Respite providers currently earning $116 per day will earn $150 per day, nearly a 30 percent increase over current daily minimums and a 2.5 percent raise for those currently earning above that rate.[xxxv]

iii. Career ladders

The concept of different types of career ladders (moving from PCA to LNA to Nurse) or (moving from a PCA 1 – introductory level staff to a PCA 2 or PCA 3) with more training and responsibility. This career ladder is used by Visiting Nurse Agencies in Vermont and helps with recruitment and retention.

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. Ongoing training can be expensive. Other barriers to retention include evening and weekend shifts, emotionally and physically demanding work and lack of vacation and sick time. Summarize some training total information from above

e. Suggestions for the Workforce Strategic Plan

TBD with discussion from workgroup 2 meetings in August.

5. 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

c. **List of professions licensed by the State of Vermont**

Professions

The Vermont Office of Professional Regulation regulates the following professions:

- Accountancy
- Acupuncturists
- Allied Mental Health
- Architects
- Athletic Trainers
- Auctioneers
- Barbers & Cosmetologists
- Boxing Control Board
- Chiropractic
- Dental Examiners
- Dietitians
- Electrologists
- Engineering
- Funeral Service
- Hearing Aid Dispensers
- Land Surveyors
- Landscape Architects
- Midwives
- Motor Vehicle Racing Commission
- Naturopathic Physicians
- Nursing
- Nursing Home Administrators
- Occupational Therapy

- Opticians
- Optometry
- Osteopathic Physicians
- Pharmacy
- Physical Therapists
- Private Investigative & Security Services
- Property Inspectors
- Psychoanalysts
- Psychological Examiners
- Radiologic Technology
- Real Estate Appraisers
- Real Estate Commission
- Respiratory Care Practitioners
- Social Workers
- Tattooists & Body Piercers
- Veterinary Medicine

[i] http://dail.vermont.gov/dail-statutes/statutes-ddas-cfc-documents/cfc-regulations

[iii] 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

[v] http://www.leg.state.vt.us/docs/2014/bills/Intro/H-301.pdf
[vi] http://www.apha.org/membergroups/sections/aphasections/chw/

[ix] http://dail.vermont.gov/dail-publications/publications-legis-studies/dcw-report-exec-summary
[x] https://www.icpsr.umich.edu/icpsrweb/HMCA/studies/29064?paging.startRow=26
[xi] http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2011/rwjf70103
[xii] Ibid
[xiii] http://www.rewardingwork.org/State-Resources/Vermont.aspx
[xiv] http://www.allhealth.org/publications/Quality_of_care/Direct_Care_Toolkit_118.pdf
[xv] PHI (2012). "About the workforce." http://phinational.org/policy/states/about-workforce/
[xvi] PHI (2012). "Facts 3: America's Direct-Care Workforce." May, P. 2. www.directcareclearinghouse.org/download/PHI%20Facts%203.pdf
[xvii] PHI (2012). "Facts 3: America's Direct-Care Workforce." May, p 1.

www.directcareclearinghouse.org/download/PHI%20Facts%203.pdf
[xviii] Information effective June 30, 2014 from ARIS Solutions Fiscal Agent and Non Profit Solutions through the Vermont Department of Disabilities, Aging and Independent Living

[xix] 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).

[xx] http://issuu.com/consumervoice/docs/cprfinal
[xxi] http://issuu.com/consumervoice/docs/cprfinal
[xxii] Ibid
[xxiii] Ibid
[xxiv] http://www.windham-foundation.org/images/stories/pdfs/34tholderworkerreport.pdf
[xxv] Ibid
[xxvi] http://dail.vermont.gov/dail-whats-new/whats-new-documents/vt-state-plan-on-aging-ffy-15-18
[xxvii] 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
[xxviii] http://dail.vermont.gov/dail-publications/publications-general-reports/vt-population-projections-2010-2030
[xxix] http://factfinder2.census.gov/rest/dnldController/deliver?_ts=424356556583
[xxx] http://vermontassociates.org/
[xxxi] http://www.doleta.gov/Seniors/
[xxxii] http://www.leg.state.vt.us/jfo/appropriations/fy_2014/Labor%20-%20Narrative.pdf
[xxxiii] Information emailed from Suelen Selman at AALVT on 7/25/14
[xxxiv] http://www.afscme.org/blog/vermont-home-care-contract-will-change-our-lives
[xxxv] Ibid