

# *VT Health Care Innovation Project*

## *Health Care Workforce Work Group Sub-Committee on Long Term Care*

### *Meeting Minutes*

**Date: Monday, May 05, 2014    Time: 1:00-2:30 pm**  
**Location: Pavilion, 4<sup>th</sup> floor conference room, 109 State St, Montpelier**  
**Call-In Number: 1-877-273-4202; Passcode: 7289626**

*Attendees:* Jackie Majoros, Gini Milkey, Jim Durkin, Penne Ciaraldi, Sherry Callahan, Janelle Blake, Marlys Waller, Peter Cobb, Susan Anderson-Brown, Tony Treanor, Jen Woodard, Martha Richardson, Audra Rondeau, Brendan Hogan, Devon Green, Marisa Melamed

| Item # | Topic   | Minutes :   | Action # |
|--------|---|---|----------|
| 1      | Welcome and introductions   | Meeting and conference call began at 2:00. Devon Green, staffing for the Administration, gave an introduction.  |          |
| 2      | Housekeeping<br><ul style="list-style-type: none"> <li>- Subcommittee charge</li> <li>- Identify subcommittee leads</li> <li>- Terminology</li> </ul> | Brendan Hogan gave an overview of the agenda. The charge of the sub-committee is to focus on recommendations to the workforce work group for recruitment, retention and training of direct service long-term care workers. No volunteers came forward as subcommittee leads; though Jackie, Stuart and Sarah were suggested as possibilities (only Jackie was present today). The group decided to table the terminology discussion regarding how to refer to recipients of services. "Beneficiaries" was suggested as an option.   |          |
| 3      | Review and provide comments to draft work plan  | The discussion document prepared by Brendan starts to compile data sources to review for the report required by this sub-committee in early fall. This work follows up on recommendations from VT House Bill H.301. The document is an initial compilation of existing data on the direct care workforce including information on the workforce population, recruitment, retention and training. The objective is to look at data on who are the workers and determine best practices that exist currently.<br><br>Brendan walked through the work plan and acknowledged that it is a tight timeframe. The timeframe also needs to be tight enough for the SIM structure which involves recommendations going through the Workforce Committee to the Steering Committee to the Core Team. Devon will check with Georgia on the SIM timeframe and if there is flexibility for extending the Sept. 30 <sup>th</sup> report deadline chosen by Brendan (#1). | #1<br>#2 |
| 4      | Discussion on project scope and collecting data   |   |          |

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|   |  | <p>Through discussion the group defined the purview of this sub-committee as long term care, direct care worker specific. For training the group is talking about non-licensed/non-certified, independent direct care workers. The training focus is on non-licensed direct care workers in positions that do not require a license (even though the worker may have one). There are also some workers who are registered with the state but are not licensed.</p> <p>The group agreed to collect job titles of the various positions that fall within the purview of their charge and send to Brendan for summation. Job titles can be found through the Secretary of State's Office of Professional Regulation; ARIS (an intermediary service organization the state contracts with to provide payroll for direct care workers that work in programs the state administers); state departments who work with direct service providers, the designated agencies, and Vt Department of Labor, ONET. The goal is to capture all the people providing these services including titles and magnitude of number of workers (e.g. ARIS = ~7500).</p> <p>This data collection would include gathering information from Armistead, Home Instead, ARIS, private duty, developmental, mental health, pediatric mental health, nursing home, residential care, Bayada, and TBI providers (#2).</p> <p>There was discussion of including children's services or not. H.301 just looks at adults. Pulling out children's services presents obstacles to collecting the data. After some discussion of the obstacles, there appeared to be consensus that the data should remain inclusive of children for now and not to make the distinction too early on in the process.</p> |  |
| 5 | Identify additional information on recruitment, retention and training | <p>The group brainstormed "what works" and "barriers" in the three areas of Recruitment, Retention and Training – for direct care workers only, keeping in mind that the inverse of the positives may be negatives or the inverse of positives may be negatives.</p> <p><b>RECRUITMENT –</b></p> <p><i>What works:</i> Craigslist works great for some; various social media works, some examples of websites mentioned include care.com, job registry through the state of Vermont, rewardingwork.com; pre-hire orientation; recruiting to meet clients' needs; employment with benefits</p> <p><i>Barriers:</i> Newspaper ads do not work for some, but work for others; the pay and benefits are often a barrier; it is difficult to raise wages when reimbursement rates do not change; challenges in reaching new Americans; challenges with multi-generational issues; how do you recruit for flexibility for clients and workers; challenges to job shadowing (confidentiality)</p> <p><b>RETENTION –</b></p> <p><i>What works:</i> Clear expectations and awareness; opportunity for raises; a positive</p>  |  |

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|   |   | <p>work environment; involvement in decision making; empowerment; revamped training programs; opportunities on a career ladder or lattice; a client centric model; flexible or varied work schedule can be a plus; workers can claim deductions for mileage that isn't reimbursed</p> <p><i>Barriers:</i> New workers may be unsure what they are getting into; jobs are physically and mentally difficult and demanding; transportation issues e.g. access to a reliable vehicle with good gas mileage is challenging for people with entry level wages; losing clients; challenges of working independently with no colleagues around; hours of work may include on call, nights, weekends, early mornings; when do clients want services (early/late)</p> <p>TRAINING –</p> <p><i>What works:</i> universal training standards if everyone gets it; training on communication; continued educational opportunities; paid trainings; nutrition training; cooking; coordination of training to increase access and control costs; making use of technology for training; workforce training fund (Mass), Vermont has workforce and training fund through DOL; two week training through home health; train to the specific person</p> <p><i>Barriers:</i> Shadowing is inhibited by confidentiality (confidentiality is a positive); training is expensive; do not want to lose services in order to have training; access to technology for training may present challenges</p> <p>The discussion also included a brainstorm of client needs for the purpose of recognizing the intersection with recruitment, retention and training of workers.</p> <p>CLIENT NEEDS – Continuity and consistency of staff; flexibility; someone to listen and care about their specific needs; do not want constant turn over; clients want services on their schedule, not the agency's schedule; funding for their specific needs</p> |          |
| 6 | Next steps, wrap-up and future meeting schedule | <p>Brendan will draft an information/data collection plan for review by the subcommittee to collect existing data regarding recruitment, retention and training efforts in Vermont. Before the next meeting in June, Brendan will ask for comments on the draft, finalize the data collection plan, begin to collect data and draft an outline of the subcommittee report (see the draft work plan)(#3). Marisa will schedule future meetings through September 2014 and send out a poll to help determine best scheduling and location (#4). Please see action items 1-4 below.</p>  | #3<br>#4 |

| OPEN ACTION ITEM LOG |               |  |  |  |             |
|----------------------|---------------|--|--|--|-------------|
| Date Added           | Action Number | Assignee   | Action /Status   | Due Date                               | Date Closed |
| 5/5/14               | #1            | Devon/<br>Georgia/<br>Brendan                            | <ul style="list-style-type: none"> <li>Adjust due dates for draft report and comments to align with SIM structure and extend into October if possible</li> </ul>   | June mtg                               |             |
| 5/5/14               | #2            | Everyone,<br>Brendan<br>will compile                     | <ul style="list-style-type: none"> <li>Collect job titles and number of people employed in these jobs and send to Brendan - home health (Peter), nursing homes (Sheila), assisted living and residential care (Sheila), developmental services/mental health/pediatric mental health (Tony)</li> </ul>   | Before June mtg                        |             |
| 5/5/14               | #3            | Brendan,<br>comments<br>required<br>from<br>participants | <ul style="list-style-type: none"> <li>Brendan will draft an information/data collection plan for review by the subcommittee to collect existing data regarding recruitment, retention and training efforts in Vermont (5/12). See end of these notes for that draft plan Before the next meeting in June Brendan will ask for comments on the draft (5/19), finalize the data collection plan, begin to collect data and draft an outline of the subcommittee report (last 2 weeks of May). Please see the subcommittee draft work plan.</li> </ul> | 5/12<br>5/19<br>End of May<br>June mtg |             |
| 5/5/14               | #4            | Marisa   | <ul style="list-style-type: none"> <li>Schedule June meeting before the end of this week. Schedule future meetings through September 2014 ASAP.</li> </ul>   | 5/9                                    |             |

Information/data collection plan – high level/draft for review and edits by 5/19

1. Job titles for direct care workers from various meeting attendees and numbers of people in those positions
2. Federal job titles for direct care workers
3. Collect census data about projected population changes and needs in the future. This would include projected age and disability cohort information.
4. Collect information about existing training programs at home health agencies, nursing homes, residential care homes, and designated agency providers. Should this information gathering be a series of interviews and/or a set of questions sent to providers via electronic survey?
5. Clarify what about these specific recruitment strategies that do and do not work.
6. What training is currently offered through Vermont Technical Centers?
7. What training is currently offered through Vermont Community Colleges?
8. What are the best practices for recruitment of direct care workers?
9. What does not work for recruitment of direct care workers?
10. What are the best practices for retention of direct care workers?
11. What does not work for recruitment of direct care workers?
12. For all of the above discuss what data is quantitative vs. qualitative or both?
13. Who can help collect this information?