

**Overview of Participant Engagement Meetings on Direct Care Workforce Issues
Held December 3, 2015 at AARP Maine, Portland**

Prepared for the Commission to Study Long Term Care Workforce Issues

Background: The John T. Gorman Foundation funded the Maine Council on Aging to host and support the Speaker's Roundtable Discussions on Aging in 2013 and the first Maine Summit on Aging in 2014. The recommendations that came out of those targeted conversations resulted in the MCOA's publication of the Blueprint for Action on Aging in March 2014, which called for the creation of several working groups focused on specific recommendations. Again with support of the Gorman Foundation, the MCOA launched the Maine Aging Initiative, in partnership with Speaker of the House Mark Eves, in September 2014. A series of working groups met throughout that year and reported on their progress at the 2nd Summit on Aging, held in September 2015. This 2nd Summit was also an opportunity to focus attention on issues that been identified in the Blueprint, but not addressed by the working groups, including the direct care workforce.

At the Summit on Aging in 2015, there was a facilitated conversation on *Strategies for Improving Collective Impact of Home Care Workers*. Participants were charged with exploring how Maine can build a sustainable and strong direct care workforce through incentives, training, and other tools. Three broad strategies emerged from this session:

- **Increase Pipeline In (high school, college, caregivers, retirees)** Create a recruitment/incentive strategies for targeted groups of workers
- **Identify Career Pathways** Build career ladders/lattices tied to health care jobs
- **Create Quality Work Settings (leads to retention)** Focused not just on increased pay, benefits and predictability, but include training, supervision and advancement opportunities

Recommendations and ideas generated from the Summit discussion helped inform a series of three multi-hour conversations that were hosted by the MCOA and Speaker of the House Mark Eves on December 3, 2015. The John T. Gorman Foundation paid for the facilitation of these meetings by Sarah Griffen, a workforce development specialist with focus on career ladders and specific experience in creating healthcare and long term care pathways in Massachusetts. Each group met for three hours and each conversation was focused on one of the broad strategies. The purpose was to identify short and long term actions that could begin to resolve the DCW shortage as well as key players needed to take action.

Pipeline Issues & Recommendations:

- **Rebranding the Image:** Change the view of the profession from "dead-end" to "critically important" especially with career center staff but also using PSAs and advertisements. Use family members and "champion workers" in ads.

Jess Maurer

- **Start young**, in High School/College and begin to tie participation in direct care workforce to access to other careers.
- **Create incentives to join the workforce for different groups of potential workers**, including work study opportunities, free training, student loan forgiveness, tuition incentives (for both young and old), access to child care credit/subsidies, earn while you learn programs, etc.
- **Expectations matter** and we need to prepare workers for the actual demands of the job through mentoring, job shadowing and apprentice programs.
- **Credentialing and licensing** across sectors and with different worker populations should be streamlined. Create universal worker categories who can easily transition from one setting to another. One set of criteria for all workers across settings, including age limits. Fast track credentialing for New Mainers with credentials and experience from other states and shorten waiting periods for immigrants and refugees joining this workforce.
- **Training:** Cross-training specifically between transferrable fields; training leadership to be coaches and mentors, establish peer led professional association and peer support groups.
- **Regulatory:** Regulatory environment/issues has impact on worker wages. State funding requirements affect criminal background requirements, age designated for home to home, overtime hour requirements, etc. A thorough review of impact and increased compensation for regulatory mandates would allow for increased wages.
- **Wages/Benefits:** Beyond raising salaries, workers need access to health insurance and time off. One opportunity is to support collaboration between employers to pool healthcare and time off and increased hours.

Career Pathways Issues & Recommendations

Career Pathways are a series of articulated steps to move up a pathway toward a specific job, or laterally toward increased job responsibility, satisfaction and wages. Could include work based learning, internships, etc. Other occupations could blend in and out of the pathway (occupational therapy aide, surgical technician could be parallel). Pathways often represent the most linear representation toward a specific job.

- **Establish clear pathways for current workforce to advance**, mapping, linkages between training, articulation, and work experience credit, and establishing lateral moves (increased certification within a role i.e. eldercare specialty, dementia care specialty or increased responsibility) as well as career moves, particularly into health care jobs.
- **Establish increased reimbursement rates for specialty services and advanced certifications.**

- **Pathways map should include access to financial assistance to enter and advance along pathway.**

Quality Jobs – Direct Care Workforce

The work is hard – physically demanding and emotionally draining, there is a mismatch of jobs and locations and hours- can't guarantee hours so jobs aren't FT; clients throughout the state; lack of benefits; structure of work -7 days a week, split shifts 3-11 shifts; summer job drain; inequality of the wage structure in the health care field; inadequate training for MH/SA/Dementia; differences between the facility and home based workers. Providers lack the time and resources to provide training opportunities which results in workers who don't feel qualified to deliver the services. Staffing ratios don't actually meet staffing needs, especially with increasing acuity of residents.

- **Employers collaborate to increase the quality of the work** – results in different relationship – perhaps pilot such a project to get to ROI and quality of care
- **Create ongoing training opportunities for incumbent workers** at state level, not through individual employer.
- **Create way to pool workers so they can gain access to FT employment, benefits and training.**
- **Create real-time interactive scheduling.**
- **Create clear peer-to-peer support and peer-led professional association.**

After these larger brain-storming sessions that created these ideas, the groups voted to prioritize short and long term actions on the various issues. Here are the results:

Issue: Unpredictably of hours/work

Short Term Actions (1-2 years)

Form worker coop for the state (must explore legal ramifications)

Long term actions (3-5 years)

Create interactive web based scheduling tool

Issue: Wages/Benefits/Reimbursement

Short Term Actions (1-2 years)

Increase wages - Pay proper PSS fully implemented rated model (happened, but outdated)

Pass expansion (happened)

Annual rate setting adjustment reviews (pending)

Explore options for pooled benefits (retirement, health, sick, vacation, dental)

Long term actions (3-5 years)

Create a rate model for FT living wage with benefits – the model considers all the costs of delivering one hour worth of service
Implement regular COL adjustments
State adequately funds for regulatory mandates

Issue: Hard work, little supervision, no access to technology & support

Short Term Actions (1-2 years)

Create worker-to-worker mentoring program - worker to worker
Create working team leads
Create peer specialty supports (dementia, MH, SA, etc.)
Develop competencies (clinical and leadership)

Long term actions (3-5 years)

Partner with HC/SNF/NF for shared supervision, peer mentoring and training
Increase supervisor contact with DCW (through use of technology)
Reduce caseload burden on supervisors
Develop critical debriefing teams

Issue: Right Fit/Right Shift

Short Term Actions (1-2 years)

Train leadership on floor to be coaches/mentors
Mentor/mentee piece through training
Employers collaborate with other employer service providers to pool workers and per diem
Pooled EAP for all staff for support, short screening tool (online)
Create job shadowing and apprenticeship opportunities before going into the training
Pair new workers with experienced worker for a period
Create Grief/support
ID shift gaps and right populations of workers

Long term actions (3-5 years)

Increased wages and income supports (childcare, adult transportation, technology, computer training)
Create interactive web based scheduling tool
Create peer led professional associations and/or peer support groups (could this be done online?)
Better training for opportunity for advancement into a care professional
Use retired workers to do intergenerational recruitment

Issue: Regulatory

Challenges Must verify home health/direct care worker not on CNA registry w/finding, but registry isn't up-to-date; board don't share discipline with employers; federal and state

regulations burdensome; RNs can't work below license. Unfunded mandates that attach to direct care workforce providers – these items aren't built into the reimbursement rate.

Short Term Actions (1-2 years)

Educate potential workers receiving government assistance (SSI, SSDI, MPERS, MSP, TANF, etc.) on the amounts they can earn without losing benefits
Review MaineCare policy to ensure flexibility of deploying workers
Articulation between state required credentialing programs
Expedite CNA registry online - license and history

Long term actions (3-5 years)

Fast track for credentialing for people with licenses from other states
Shorten waiting period for asylum seekers who have qualifications
Childcare credit for personal care workers
Increase amounts can earn if working in this field without losing benefits (TANF, MSP, etc.)

Issue: Image - Career Maps and Pathways

Short Term Actions (1-2 years)

Create clear career ladder
Share consumer stories - value of work
Target retired workers

Long term actions (3-5 years)

Re-brand. Include career center advisors
Funding for and development of equipment and supplies to address physical challenges of work

Issue: Recruitment

Short Term Actions (1-2 years)

Advertising campaign/social media using “champion workers” and family members as spokespeople (build brand/mission, vision, values)
Increase wages/reimbursement
Build relationships/trust with immigrant community leaders
Build career ladders/share with workers
Focus attention on early retirees, laid off workers and caregivers who've left the workforce to care

Long term actions (3-5 years)

Statewide workforce recruitment strategy to bring workers to Maine overall
Long term image ad campaign (storytelling)
Create a universal worker with statewide standardization of roles
Create regional or national compact for HSA/CNA

Meeting Participants:

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Heather Stott, Goodwill NNE
Joy Gould, Coastal Counties Workforce, Inc.
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Melissa Morrill, Volunteers of America NNE
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Mollie Baldwin, Home Care for Maine
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