

Committee on Direct Care Workforce Issues
WI Council on Long Term Care Reform

Meeting of September 28, 2004 – Draft Minutes

Members present: Lynn Breedlove, Tom Moore, Chuck Wilhelm, Amy Ambrose, Karen Secor, Mark Sager, LaVerne Jaros, Nancy Leipzig, and Jo Ellen Kilkenny

Others present: Susan Duvall, Ellen Felix, Janice Smith, Dan Johnson, Judy Zitske, Ruthanne Landsness, Julie Whitaker, Howard Mandeville, Lorraine Barniskis, and Glenn Silverberg

Meeting call to order.

Chair Lynn Breedlove called the meeting to order at 9:35 a.m.

Worker Education Training and Assistance (WETA)

Mark Sager presented information about the WETA initiative. (See PowerPoint handout provided.) This one-year project involved 72 assisted living (CBRF) facilities and one home health agency in Wisconsin. Workers and supervisors who agreed to remain on the job for the duration of the program received 6 days of interactive education/training, primarily in interpersonal skills, plus a \$200-\$300 bonus. Facility managers were responsible for ensuring that training was transferred to the workplace. Surveys were conducted to collect information about wages, years of service, job satisfaction, and evaluation of the training.

Key findings are summarized in the handout. Dr. Sager's proposal for workforce development, based on study findings, includes the following strategies:

- Pay LTC providers according to the education and training, experience and retention of their workforce. I.e., reward providers who make investments in their workers.
- Develop a system of education, training and assistance that will do the following:
 - Improve skills needed on the job.
 - Provide skills/education needed to move up a career ladder, and if desired, out of long-term care.
 - Be of sufficient value to attract new workers into the LTC system.

There was some discussion about the difficulty of implementing these strategies in assisted living facilities for the elderly, where a large percentage of funding is from private-pay sources.

Milwaukee Aging Consortium Caregiver Retention Project

Amy Ambrose and Susan Duvall provided information about the Milwaukee Aging Consortium and its caregiver retention project, which is part of the Connecting Caring Communities project in Milwaukee County funded by the Robert Wood Johnson Foundation. (See handout on project goals.) The caregiver retention project began with an

18-month planning process designed to determine what factors make caregivers stay in their jobs. Activities included a literature review, community collaboration to build diversity and leadership for the project, focus groups and forums to define the problem, a caregiver survey (very similar to the WETA survey), and developing an action plan.

The caregiver survey included workers in homecare, assisted living, adult day care facilities, and nursing homes. Top concerns identified were pay and benefits, quality of supervision (including issues related to cultural differences between workers and their immediate supervisors), the insufficiency of training and advancement opportunities, and life issues such as transportation and child care.

Now in its implementation phase, the project is building on best practices already in place in the Milwaukee area. Activities are grouped into three major areas, each of which is overseen by a task force. (1) The Work-Life Task Force addresses caregiver concerns outside of work that affect retention (e.g., money/health/time management, transportation, childcare, stress management). (2) The Agency Task Force addresses issues concerning agency programs and structure (e.g., leadership and team development, mentoring and training, cost-benefit analyses, respect and recognition, best practices). (3) The LTC Industry Task Force addresses industry-wide concerns (e.g., testing and registration of CNAs, pay and benefits, career ladder development).

The Consortium will be sending a survey to all area providers soon. This will be shared with the committee.

Kenosha County workforce efforts and WI LTC Workforce Alliance

LaVerne Jaros presented several handouts and other information about the Kenosha County LTC Workforce Alliance, which was evolved from a task force initiated by the Kenosha County Aging Unit about ten years ago. The impetus for the task force was the belief that consumers' idea of quality has a lot to do with the quality and continuity of the workers who provide care.

The Alliance includes representatives from the full range of LTC providers, the county, the technical school and high schools. Over the years, they have undertaken a variety of activities, including: an annual worker recognition luncheon and other recognition and educational events; a community-wide worker image campaign; recruitment efforts, including direct mail postcards to targeted groups of potential workers; bi-annual legislative forums; advocacy on selected issues (e.g., development of a Spanish-speaking CNA class). Evidence of success includes: positive results from pre-and post-intervention worker satisfaction surveys; better turnover rates in Racine County than in other counties served by the same homecare agency; and increased applications to the local technical school for CNA training.

LaVerne also provided information about the Wisconsin LTC Workforce Alliance. This coalition, which grew out of a task force active during the Year of the Long Term Care Worker in 1999, is now more formally organized. Active participants include counties, providers of residential and homecare services, educational institutions, worker unions,

and consumer advocacy groups. The Alliance recently received a Bader Foundation grant to fund a project designed to expand and strengthen local workforce coalitions. The Alliance serves as a clearinghouse of information about LTC workforce issues and best practices, does some advocacy work where interests of its members converge, and is interested in replicating Kenosha County's worker image campaign statewide, perhaps through local workforce coalitions. The Alliance has also produced and disseminated two brochures (one on developing and maintaining local workforce alliances and one on worker image campaigns) and has plans to develop several more this year. (See two handouts provided.)

WIN A STEP UP

Lorraine Barniskis highlighted points from the handout on North Carolina's Workforce Improvement for Nursing Assistants: Supporting Training, Education, and Payment for Upgrading Performance program (WIN A STEP UP). This program is similar to the WETA project, providing financial incentives to workers for completing training modules and staying with an employer for a specified period. The program also provides financial incentives to nursing homes for their participation. It is funded by civil monetary penalty fines collected from nursing homes, which are earmarked for use in improving nursing home quality.

Committee business

With several clarifications, the minutes of the meeting of August 24th were approved by consensus.

Suggestions for future agenda items included:

- Discussion of data collection efforts (postponed from today's meeting)
- How to calculate the cost of turnover (Susan Duvall, Ruthanne Landsness and Ellen Felix all offered to provide information.)
- More focused information about promising strategies employed by counties through the Community Links projects.
- Information about the retention survey of workers providing services to people with developmental disabilities and the evaluation of the training project that followed.
- Hearing from community providers about successful strategies they have employed to improve retention and reduce turnover.
- Focused discussion of strategies to improve conditions for independent workers.
- Focused discussion of strategies aimed at the needs of paid and unpaid family caregivers.
- Information about the worker resource center in Arizona.

Preliminary recommendations development

The committee spent time generating additional ideas for possible committee recommendations. This discussion is reflected in the draft outline for the committee report, provided separately.

Workforce survey of counties

Julie Whitaker highlighted the findings of her survey of county COP/CIP agencies about how workers are organized (see survey report sent prior to the meeting). She noted that:

- There is considerable variation among counties about:
 - Whether they will pay family members for caregiving
 - Whether independent providers are available to consumers in their programs
 - Whether they go through a formal RFP process to contract with agency providers.
- Many counties use only agency-employed workers and have no arrangements for paying independent workers.

Julie said that some counties are reluctant to utilize independent workers because the workers could be construed as county employees, with implications for benefit programs and liability. She noted that independent workers who are not affiliated with a fiscal agent are not covered by Workers Compensation; they are thus personally liable for medical costs related to any injury on the job. Glenn Silverberg (DHFS staff) noted that the Workers Compensation issue cannot be fixed without workers having some employer of record, which could be a worker cooperative, a fiscal agent, an Authority like the California model, or some other mechanism.

Julie recommended that DHFS standardize important program policies in COP/CIP (e.g., consumer choice to hire independent providers, payment for family members, etc.). She also recommended that a standardized system be in place requiring counties to collect information about such items as worker turnover, retention, wages and benefits from the providers with whom they contract. (See also lengthy report from Julie provided as a follow-up to her presentation.)

Meeting adjourned at 3:00 p.m.