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Direct Service Workforce Activities of the Systems Change Grantees

Final Report

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LIST OF ACRONYMS

ADL	activities of daily living
CMS	Centers for Medicare and Medicaid Services
COVE	Community of Vermont Elders
CPASS	Community-Integrated Personal Assistance Services and Supports
DACUM	Developing a Curriculum [process]
IADL	instrumental activities of daily living
FY	Fiscal Year
NFT	Nursing Facility Transitions (grant)
RC	Real Choice (grant)
RCSC	Real Choice Systems Change (grant)

EXECUTIVE SUMMARY

Long-term care providers currently report very high job vacancies and worker turnover rates. Increasingly, federal and state policy makers and the long-term care industry are acknowledging a labor shortage crisis, with its potentially negative consequences for the quality of care and quality of life for people with disabilities and their caregivers. These shortages are likely to get worse over time as the need for services increases.

The Centers for Medicare and Medicaid Services (CMS) have awarded the Real Choice Systems Change (RCSC) Grants to states and other entities working to improve state long-term care systems. Three types of RCSC Grants were awarded: Real Choice (RC), Community-Integrated Personal Assistance Services and Supports (CPASS), and Nursing Facility Transitions (NFT). Of the grantees awarded funding under CMS's Fiscal Year (FY) 2001 solicitation, 20 have one or more initiatives to improve the recruitment and retention of direct service workers (see **Table ES-1**). This report focuses on the workforce initiatives of these 20 Grantees, with an in-depth look at 7 Grantees, with whom RTI conducted site visits.

Table ES-1. States with Workforce Initiatives by Type of Grant, FY 2001

Real Choice (RC)	Community-Integrated Personal Assistance Services and Supports (CPASS)	Nursing Facility Transitions (NFT)
Arkansas	Alaska	Alaska
Florida	Arkansas	Georgia
Guam	Michigan	Wisconsin
Kentucky	Minnesota	
Maryland	Montana	
Maine	New Hampshire	
North Carolina	Nevada	
New Jersey		
Oregon		
Vermont		

Types of Grantee Workforce Initiatives

Grantees have focused on activities to improve five types of workforce initiatives: (1) recruitment efforts, (2) extrinsic rewards, such as wage improvements and health benefits, (3) training and career ladders, (4) changes in culture, and (5) systems administration and planning. Grantee recruitment initiatives are quite diverse. For example, New Hampshire is developing a backup system for consumer-directed direct services with college students using Medicaid funds when students provide services to consumers and federal work-study funds when

students are on call. Several Grantees are developing public awareness and recruitment campaigns that include television advertisements, websites, and various print media listing toll-free phone numbers for interested individuals to obtain information on job types and availability. A few Grantees tried to recruit seniors or persons with intellectual disabilities as workers, with limited success, so far.

Grantees are also working to increase the wages and health benefits that workers receive, as well as other types of benefits such as access to credit unions. No Grantees have yet been able to increase wages because of state budget deficits, but some Grantees are working on wage recommendations that they hope will be enacted over time. In New Hampshire, one provider agency is providing funds to community health centers to pay for a limited package of health care services for workers. Arkansas (RC) is studying health insurance recommendations made for low-income populations to see if they can be tailored to meet the needs of direct service workers.

Several Grantees are developing new training courses to meet preservice requirements or to provide specialized skills to improve quality of care, reduce worker burnout, and potentially provide a mechanism for job advancement. Kentucky is developing preservice training modules for delivery through the state's community college system via distance learning. North Carolina is developing training for their medication aide and geriatric nurse aide job categories to provide a career ladder for workers and to meet the needs of provider agencies. Montana is developing regional training assistance centers to provide statewide access to new training courses and to standardize the training that workers receive.

Given that workers often report that their work environment and relations with supervisors are just as important as fair wages, some Grantees are working to improve the organizational culture that workers experience in their jobs. North Carolina and Vermont are developing worker associations to provide educational benefits and support to workers, and to give them a presence in policy development. Montana is developing caregiver support groups to improve worker morale and provide educational information on various topics. North Carolina is developing a consumer-directed service pilot that will change the relationship between workers and consumers.

Some Grantees are developing resources to aid systems administration and planning or to evaluate their activities. North Carolina is analyzing turnover data from its Nurse Aide Registry and training registries to identify active and inactive nurse aides over time and how wages compare with other industries. Arkansas (CPASS) will evaluate the effect of its new training program by conducting a survey of individuals who remain on the job after 90 days. Alaska (CPASS) and Kentucky plan to conduct end-of-course training evaluations to determine how training can be improved. Alaska (CPASS) also plans to identify skills and competencies for direct service workers by developing personal care attendant certification standards and a standardized, competency-based evaluation procedure for worker certification.

Promising Initiatives

One of the primary goals of Systems Change Grants is to encourage state and local innovation in long-term care systems. RTI thinks that the following workforce initiatives appear

promising and should be considered for replication by other states. A cautionary note is that none of these initiatives have been rigorously evaluated for their effectiveness.

Health benefits—A New Hampshire provider agency is providing a defined financial contribution to community health centers to cover health services for workers up to the amount of the contribution. Employer funding to cover some primary and preventive health services is an important benefit for workers who currently lack health insurance because they cannot afford health insurance premiums.

Backup systems—New Hampshire has developed an innovative backup system using students whose time spent on call is paid for by the federal work-study program, but time spent delivering services is paid for by Medicaid. This funding mechanism may be productive in attracting students to the field during their college years. A small network of consumers in Minnesota's consumer-directed program has access to a registry of workers who work for other consumers and are on call for additional work. Such registries may provide an important link between consumers in need of assistance and workers who need more hours.

Job fairs—Maryland conducts regional job fairs specifically for self-employed direct service workers who have expressed interest in providing direct services through the waiver program. Job fairs targeting direct service workers and providing needed training and background checks in a single venue may recruit more prospective workers, although the costs of this approach may be higher than establishing a presence at job fairs for allied health professionals.

Worker registries—Arkansas (RC), Georgia, New Hampshire, North Carolina, Oregon, and Wisconsin are developing worker registries with varying designs. Some registries are designed to serve only consumers, while others serve consumers and workers. Requirements for workers to be listed in these registries differ across the states. Oregon is developing a consumer-directed brokerage agency.

Distance learning—Kentucky's entry-level training program, developed and delivered via an interactive web system through the state's community colleges, is an innovative idea, but the State and consumers must determine if the training is adequate to prepare potential workers for the job. The need for computer access for potential workers must also be addressed.

Career ladders—North Carolina's new medication aide and geriatric nurse aide positions provide a potential step in the development of a career ladder for workers, but the attractiveness of these positions and the associated training may be limited if the State cannot find the funds for an accompanying wage increase.

Challenges for States

Grantees face many challenges in developing and implementing their workforce initiatives. These challenges include (1) identifying promising initiatives that will improve the direct service workforce, (2) evaluating the success of their initiatives, (3) working across a wide range of disability groups, (4) working with new stakeholders, and (5) finding funding and developing strategies for doing so. Addressing these challenges and demonstrating successful results are important for these Grantees and other states interested in their initiatives.

Knowing What Works

The RCSC Grants were conceived as experiments for developing new ideas for improving state long-term care systems, but evaluations were not required. All Grantees are conducting formative evaluation activities to monitor their progress while implementing their initiatives, but only North Carolina and Arkansas (CPASS) are attempting to measure workforce-related outcomes. CMS may want to evaluate promising workforce initiatives funded through these grants to determine whether they actually increase the number or quality of direct service workers or worker retention time.

Conclusion

These workforce efforts are a step forward in addressing the shortage of qualified direct service workers who can provide high quality care. The existing workforce shortage is likely to grow worse in the future because of the demographic imbalance of rapidly growing demand and a very slowly growing workforce. Workforce issues, which these Grantees are addressing, are only slowly being acknowledged as a very serious problem plaguing our long-term care systems. A concerted strategy is needed to address workforce problems in states because no single effort is likely to provide the solution to the problem.

SECTION 1
BACKGROUND

Long-term care direct service workers, such as certified nurse assistants, home care aides, and personal attendants, are the backbone of the formal long-term care delivery system, providing the majority of paid assistance to people with disabilities or long-term illnesses.[1] Among other responsibilities, these workers help people by assisting with activities of daily living (ADLs), such as eating, bathing, and dressing, and instrumental activities of daily living (IADLs), such as medication management and meal preparation. The central role of these workers in providing "hands on" services makes them the key factor determining the quality of paid long-term care.[1]

After informal caregivers, direct service workers provide most of the general, nontechnical day-to-day personal assistance services needed by older people and persons with disabilities. While some elements of their work are rewarding, the circumstances in which workers perform their tasks are often not desirable. They work long hours, often outside of normal work times, and usually in isolation from agency supervisors or other coworkers from whom they could draw support. The physical activities these workers perform are occasionally strenuous and can result in injury. These workers can face feelings of burnout because they often do not know how to cope with the difficult demands of the job. Insufficient training can make it difficult for workers to provide a high quality of care.

Long-term care providers currently report high job vacancies and turnover rates. Increasingly, federal and state policy makers, and the long-term care industry are acknowledging a labor shortage crisis with potentially negative consequences for the quality of care and quality of life for people with disabilities and their informal caregivers. These shortages are likely to get worse over time as the demand for services increases.

In response to these problems, the Centers for Medicare and Medicaid Services (CMS) has awarded the Real Choice Systems Change (RCSC) Grants to states and other entities working to improve their long-term care systems. Twenty Grantees awarded funding under CMS's FY 2001 program solicitation have initiatives to decrease the shortage of direct service workers by improving their recruitment and retention. This report focuses on the workforce initiatives of these 20 FY 2001 Grantees.

The response to the RCSC Grants program generated another set of CMS demonstration grants, the "Demonstration to Improve the Direct Service Community Workforce," which are specifically designed to improve worker recruitment. Awarded in Summer 2003, these CMS demonstration grants are designed to foster innovation by states and other parties in dealing with workforce problems in community long-term care systems. CMS will report on the initiatives of these Demonstration Grantees at a later date.

1.1 Who Are Direct Service Workers?

Community home care and personal care aides held about 746,000 jobs in 1998.[2] These figures do not account for workers in consumer-directed care settings who are not employed by provider agencies.

The overwhelming majority of long-term care workers is female, and they are likely to be nonwhite, unmarried, and raising children at home.[3] They also tend to have low levels of education and relatively little training.[4] Wages are low and workers are often poor; median earnings of personal and home care aides were only $7.50 per hour in 2000.[5] Because care is often needed only at the beginning and end of the day, many workers can work only part-time, further reducing their earnings. In addition, these workers have low rates of health insurance coverage and access to pension plans.[4,6] For example, in Los Angeles County, California, 45 percent of workers were uninsured in 2000.[7] Vacation and sick leave are also usually not available.

1.2 What Are the Problems?

The overarching long-term care workforce problem is the recruitment and retention of high quality direct service workers. There are not enough workers to meet existing demand, and the need for services will be even greater in the future with the aging of the baby boom generation. The U.S. Bureau of Labor Statistics[2] predicted that personal and home care assistance will be the fourth fastest growing occupation, with an estimated 84.7 percent growth in the number of jobs between 1999 and 2006. The number of home health aides needed is expected to increase by 74.6 percent.[1] Conversely, the supply of workers who fit the demographic profile of today's worker is likely to grow slowly over the next 50 years, exacerbating current shortages. A major factor affecting interest in direct service work as a career is how society values these jobs relative to other jobs providing roughly the same wages and benefits. These jobs are often seen as "dead-end jobs" because of the lack of potential for upward career movement and the personal nature of the work involved.[1]

Over the long run, there is a major demographic imbalance between the number of people likely to need long-term care services and the number of people likely to be available to provide them. The ratio of persons ages 20-64 years of age (the working age population) to persons age 85 and older (the population most likely to need long-term care services) is projected to decline from 37.8 in 2000 to 11.4 in 2050.[8] This same working age population must also meet the needs of younger persons with disabilities. While these ratios are often used to illustrate the future economic burden of Medicare, Medicaid, and Social Security, they also have profound implications for the continuing availability of personnel to provide long-term care services. It will be far more difficult to recruit and retain workers in the future, and they will probably be more costly.

1.2.1 Workforce Shortage Effects on Recruitment and Retention

The high demand for services and relatively low supply of workers creates a shortage of direct service workers. Given the hard work these jobs require and the low pay and benefits that workers receive, it is difficult to attract workers, and new recruits may leave soon after being hired. In 2002, 37 states reported that direct care shortages were a "serious workforce issue."[9]

Turnover and vacancy rates are high for direct service workers in the community, but lower than those for nursing facilities. Many individuals trained to provide long-term care do not stay in the industry. In North Carolina, for example, fewer than half of individuals trained as certified nurse assistants over a 10-year period were still working in this occupation at the end of

the decade.[10] Annual home health aide turnover in Ohio ranged from 40 to 76 percent in the late 1990s.[11] As a result of high turnover and vacancy rates, providers incur substantial recruitment and training costs.[12–15]

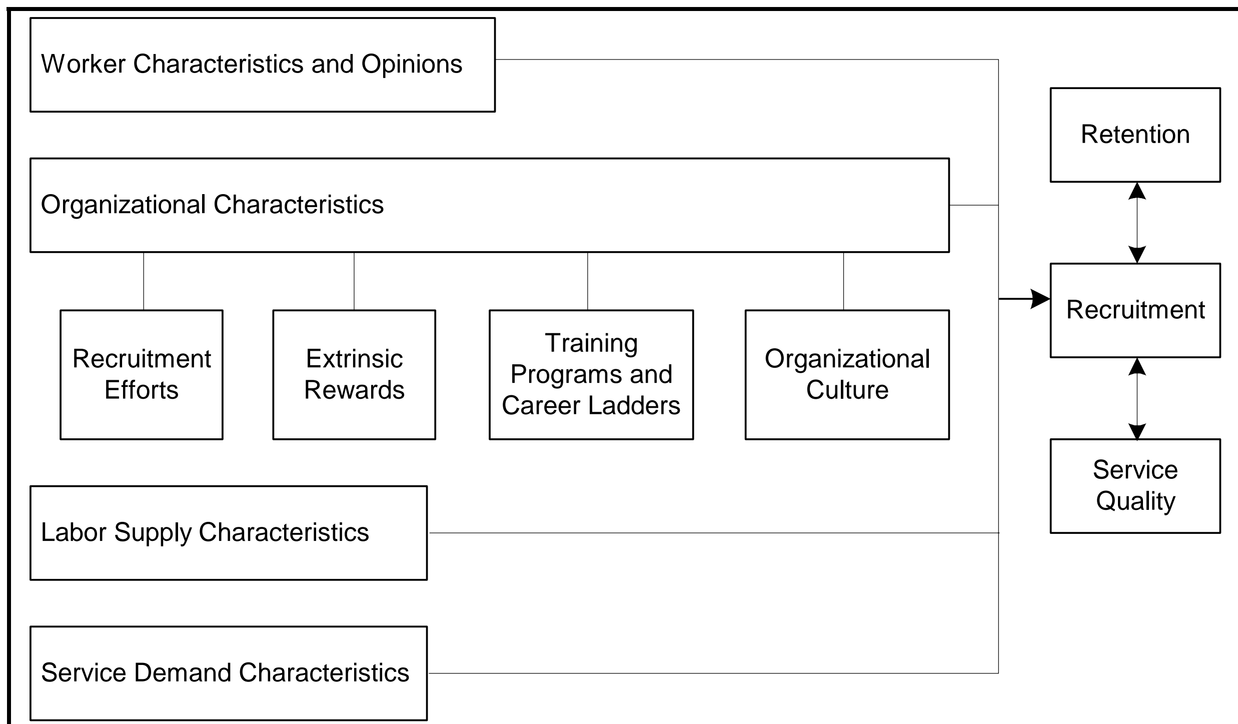
1.2.2 Workforce Shortage Effects on Quality of Services

The quality of long-term care services may be compromised by the vacancies, high turnover, and low levels of training of long-term care workers. Some analysts have suggested that the effects of the shortage may include disruptions in the continuity of care, receipt of poorer quality or unsafe care, and reduced access to care.[16] Reduced quality of care and reduced access to care place more burden on family caregivers who try to make up the difference.[17] Consumers have to continually educate and train new workers to address their needs and preferences. Workers who are providing care in understaffed environments may experience stress and frustration, which may lead to high turnover and poor quality of care.

1.3 A Conceptual Framework for Grantee Initiatives

Multiple factors may affect recruitment, retention, and service quality. **Figure 1-1** is a graphic representation of a conceptual framework of these factors.

Figure 1-1. Conceptual Framework



Recruitment and retention of workers and service quality is influenced by (1) worker characteristics and opinions, (2) characteristics of the organization for whom they work, (3) worker supply, and (4) service demand. Worker characteristics and opinions—such as

demographics, education, size of family, employment history, and desire to work in a helping profession—affect participation and longevity in these jobs. How these workers feel about their treatment by consumers, supervisors, and coworkers also affects retention. Potential workers who may qualify for other jobs but are interested in caring for others may be interested in becoming direct service workers.

Organizational factors such as profit status, agency type, agency wage structure, and culture may directly affect the ability of agencies to recruit and retain workers. Workers in consumer-directed programs who are employed directly by consumers (as opposed to working for a provider agency) may experience differences in wages, benefits, supervision, and morale that may affect recruitment and retention. Payment systems and regulations under which organizations provide services directly influence organizations, indirectly affecting worker recruitment and retention.

Labor supply and service demand also affect recruitment, retention, and service quality. The supply of potential workers, as indicated by the number of agencies providing direct services and nursing facilities in a geographic area and the local unemployment rate, can directly affect both recruitment and retention. Economic downturns often produce a greater supply of potential workers. The demand for long-term care home and community services also directly affects the number of positions available. The increase of the elderly population in the United States population is the principal driver of demand, but the disability rate for younger populations is also important.

Workforce-related initiatives of RCSC Grantees can be viewed as organizational initiatives to improve the direct service workforce. For this report, we have categorized these initiatives into the following categories: (1) recruitment efforts, (2) extrinsic rewards, (3) training programs and career ladders, (4) culture change, and (5) systems administration and planning.

1.3.1 Recruitment Efforts

One strategy to address the long-term care workforce shortage is to increase the number of qualified applicants for available positions. Currently, we know little about what attracts workers to the long-term care field, other than the fact that many are drawn by their desire to help people.[18] Some individuals may be interested in the field, but may not have enough information to inform a job decision. Other individuals may be fully informed, but may not know how to find jobs.

Recruitment is potentially expensive, and the fewer the workers hired as the result of recruitment activities, the higher the per worker recruitment cost. Reducing recruitment costs requires accurate targeting of the potential worker pool and reducing application barriers. Identified barriers to increasing recruitment range from negative attitudes about the type of work to lack of job qualifications, such as current CPR certification.

States are experimenting with at least four strategies without knowledge of their effects on recruitment.[19] The first strategy is to conduct broad educational and marketing initiatives to reach populations from whom workers are traditionally drawn. A second strategy is to develop

worker registries to provide consumers with a centralized list of qualified and screened workers. A third strategy is to develop systems of backup workers to meet the needs of consumers whose regular workers are not available to provide services when needed. A fourth strategy targets recruitment efforts in certain nontraditional groups of potential workers, such as older workers, family members, students, and welfare beneficiaries.[1]

Efforts targeted to specific populations may be more cost effective than broader educational and marketing initiatives because recruitment materials can be customized to the specific population and job situation. Using more targeted recruitment approaches for the traditional worker pool, a state or provider would need relatively smaller numbers of individuals to accept jobs to recoup recruiting costs. But the yield from targeting nontraditional populations using these approaches may be relatively small. Worker registries and backup systems are more direct methods of identifying workers who may already be ready for service.

1.3.2 Extrinsic Rewards

Extrinsic rewards include wages, health insurance, educational incentives, and access to other benefits such as loans and credit unions. Extrinsic rewards can have a direct effect on both the recruitment and retention of workers. Jobs with better wages and fringe benefits usually will be filled first. A worker who values health insurance will most likely find a job that provides this benefit more attractive than one that does not. Direct service workers typically receive low wages and few benefits. All things being equal, more competition exists for jobs with better extrinsic rewards, so the availability of such rewards can theoretically improve the overall quality of the direct service workforce. Once employed, better extrinsic rewards should also help to improve the retention of workers.

Improved compensation and benefit packages for workers could help draw people into the labor force who are not currently employed or looking for work. Labor supply is fluid across occupations with few education and training requirements,[20] so increases in the compensation of long-term care staff relative to other currently employed low-wage workers could reallocate the available workforce to long-term care.[21] To implement this approach, 20 states have adopted "wage pass-throughs" for direct service workers over the past few years, where Medicaid payment rate increases are earmarked for wage increases for long-term care staff.[9,22] However, the cost implications for public programs, such as Medicaid, of rate increases may make even small wage increases difficult to implement at this time of fiscal crisis.[23]

1.3.3 Training Programs and Career Ladders

Direct service workers receive relatively little training. Federal law requires 75 hours of initial training for nursing assistants and home health aides who are paid through the Medicare program. State training requirements for personal care workers vary, but generally are not very extensive. While this minimal training makes entry into the job market for direct service workers fairly easy, the training required is still more extensive than for many other low-wage jobs, such as fast food worker, which may deter some entrants. The low level of education and training required also may make it difficult for workers to provide a high quality of care.

Potential workers, who may be unemployed, and current workers, who make low wages, lack both funds and time to participate in training. Once a worker is hired, funding is needed for tuition or wages while workers receive training. Funding often must also be found for backup staff for workers being trained. Ultimately, the cost of training must be borne by provider agencies or sponsoring government agencies, because workers usually cannot afford training costs.

Improved training may be important to help workers develop competencies and functional skills that will improve their confidence and job satisfaction, and ultimately worker retention. Improved training may also indirectly affect recruitment of workers if better-trained and more satisfied workers improve public opinion of these jobs, making these jobs more attractive to potential recruits.

Direct service worker jobs lack career ladders, making any job advancement unlikely. They are classic "dead-end" jobs at the bottom of the organizational hierarchy, which often receive little respect. The lack of a career ladder and respect derive, in part, from the fact that most direct service workers have low levels of education and relatively little training. For example, from 1997 to 1999, 23 percent of nursing home aides and 32 percent of home care aides had less than a high school education.[4]

Career ladder development for workers is important if states want to reduce the turnover rate and develop a cadre of quality workers. Several states are exploring the development of new career options for direct service workers by developing new job categories, expanding the scope of duties under existing categories, and developing career ladders.[9]

1.3.4 Culture Change

Initiatives to change the culture of community-based direct service work address a fundamental grievance expressed by workers—that they are not valued, accepted, or listened to by their supervisors or the medical community. Initiatives to improve the participation of workers in the overall care process, and to recognize or empower them in their jobs, may be as important as efforts to improve extrinsic rewards. Successful culture change efforts should improve both recruitment and retention of workers by making the environments in which they work more enjoyable and productive over time.

Initiatives to change organizational culture focus on such factors as the values that determine organizational behavior, the relationships among internal and external stakeholders, traditions, what is rewarded and punished in the organization, and behavioral norms. The underlying hypothesis is that, while extrinsic rewards may draw individuals into an organization to work, it is the satisfaction that they receive while on the job (i.e., through the organizational culture) that causes them to remain.[24]

To date, most state and provider initiatives to change the organizational culture of long-term care services have focused on institutional settings. Many of these initiatives, such as the Eden Alternative,[a] the Wellspring[b] facilities in Wisconsin, and the Pioneer Network,[c] are focused on improving the quality of care in nursing facilities, but have important spillover effects on workforce problems by involving workers in decisions, empowering workers, providing more feedback and autonomy, and offering more intensive training.

Workers in home and community settings experience many of the same cultural problems faced by those who work in institutions; but they also face some unique challenges. Because they are often working independently in clients' homes, direct service workers often cite isolation and lack of supervision by more highly trained staff as important problems in their work culture. Direct service initiatives, such as the Cooperative Home Care Associates in the Bronx, New York, and the public authorities for consumer-directed direct service workers in California and Washington, are explicitly designed to give workers greater control over their work environment.

1.3.5 Systems Administration and Planning

Policymakers in state long-term care systems conduct a variety of activities to support surveillance, resource management, and planning efforts. These activities include collecting various types of data, developing policy, and identifying new types of jobs needed to meet changing needs. States use this information to monitor the size, tenure, and skills of their direct service workforce and compare its composition to the service needs of consumers.

States try to anticipate their information needs and collect data either routinely or as part of evaluation activities for important initiatives. States collect data in the form of anecdotal information, formal reports, or structured data sets that can be analyzed to produce customized analyses to manage system resources. Data are also needed to support short- and long-term policy development and planning conducted with agency colleagues and their legislative counterparts.

Identification of needed skills and competencies is often the first step in developing new job categories or positions. Identified skills and competencies can be used to develop job descriptions and to develop training curricula for new positions. Clear descriptions of jobs for direct service workers may ensure proper placement of workers with consumers and potentially reduce worker frustration caused by inappropriate placements.

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[a] A program model used in nursing facilities that empowers workers and links the facility to the outside world.[25,26]

[b] A consortium of freestanding nursing homes that developed an alliance to, in part, implement a continuous quality improvement program empowering workers.

[c] An informal association of nursing homes (Nursing Home Pioneers) who have a shared vision of how life and care in facilities must be transformed.

SECTION 2
GRANTEE ACTIVITIES TO IMPROVE THE WORKFORCE

Twenty RCSC Grantees in 18 states, who were awarded funds in FY 2001, have initiatives to address the workforce shortage in their states. States with Grantees are shown in **Table 2-1** according to the type of RCSC Grant they received—Real Choice (RC), Community-Integrated Personal Assistance Services and Supports (CPASS), and Nursing Facility Transitions (NFT).

Table 2-1. States with Workforce Initiatives by Type of Grant, FY 2001

Real Choice (RC)	Community-Integrated Personal Assistance Services and Supports (CPASS)	Nursing Facility Transitions (NFT)
Arkansas	Alaska	Alaska
Florida	Arkansas	Georgia
Guam	Michigan	Wisconsin
Kentucky	Minnesota	
Maryland	Montana	
Maine	New Hampshire	
North Carolina	Nevada	
New Jersey		
Oregon		
Vermont		

Grantee initiatives vary according to the specific workforce problem addressed. **Table 2-2** lists the states along with their type of Grantee initiatives.

During the spring and summer of 2003, RTI International staff conducted formal site visits with 7 of the 20 Grantees to further study and document their initiatives. The states visited were Arkansas (two Grantees were visited), Kentucky, Montana, New Hampshire, North Carolina, and Vermont. These Grantees were selected because they had workforce issues as a major grant focus, they had made progress in developing their chosen activities, and to examine a large cross-section of Grantee initiatives. In **Table 2-2**, states receiving site visits are listed in the shaded columns.

2.1 Recruitment Efforts

As shown in **Table 2-2**, 12 of the Grantees with workforce activities are experimenting with a variety of recruitment initiatives. These Grantees are conducting public awareness campaigns and jobs fairs, developing worker registries and backup systems, and targeting nontraditional personnel as potential workers. Their approaches differ depending on the state's needs.

Table 2-2. Grantee Initiatives by State

	AK*	AR*	FL	GA	GU	KY	MD	ME	MI	MN	MT	NC	NH	NJ	NV	OR	VT	WI
Recruitment Efforts																		
Public awareness campaigns		•									•	•				•		
Job fairs							•											
Worker registries		•		•								•	•			•		•
Back up systems										•			•	•				
Nontraditional populations			•								•				•	•		
Extrinsic Rewards																		
Wages		•									•	•					•	
Health benefits		•											•				•	
Access to loan products, etc.													•					
Training and Career Ladder																		
Preservice training	•	•	•			•					•					•		•
Specialized skills training					•	•					•	•						
Training delivery strategies	•	•				•					•							
Career ladders												•						
Culture Change																		
Worker associations								•				•					•	
Caregiver support groups											•							
Improved work environments																	•	
Consumer-directed programs												•						
Systems Administration and Planning																		
Data development	•	•		•		•				•	•	•						
State policy		•		•														
Job profiling	•					•						•						

*Alaska and Arkansas each have two grants.

States with whom RTI staff conducted site visits are in shaded columns.

2.1.1 Marketing Initiatives

Public Awareness and Recruitment Campaigns—Arkansas (CPASS and RC), North Carolina, and Montana are creating public awareness and recruitment campaigns to improve the general public's image of direct service workers and to identify and recruit potential workers. Each of these campaigns is developing television ads, websites, and print information in various forms.

Arkansas hired an advertising agency to develop a public awareness campaign to provide information about the role of direct service workers, the duties they perform, and their relationship with consumers. To minimize production costs, the campaign is developing a variety of media materials including a television advertisement, outdoor billboards, newspaper advertisements, and cards for provider agencies to display on countertops. The two Arkansas Grantees are working extensively with an advertising agency to develop appropriate content. They also developed Spanish-language versions of the television advertisement and counter cards and ran an advertisement in a Spanish-language newspaper. The campaign features both people with disabilities and people who are elderly. The State is attempting to improve public opinion of direct service workers, hopefully leading to an increase in job applicants.

A state contractor staffs a toll-free phone number that is listed in the marketing campaign materials. The contractor collects caller contact information, the population with whom the caller would like to work, and the caller's work experience. This information is then routed to providers who might have openings. No data were available at the time of the site visit on the number of potential new workers identified, but 165 people called during the month before the site visit. The Grantees are also developing a website (http://www.2beadsp.com/) for workers to obtain information about the field and apply for positions. In the month before the site visit, the website had 30 hits.

North Carolina has developed three television advertisements, which are running in 22 counties in central North Carolina, and plans to air the advertisements in all major television markets across the state. A local television affiliate produced the advertisements, but the Grantee is using Systems Change funding to pay for airtime. One advertisement is aimed at improving the image of direct service jobs and features consumers thanking workers for providing their assistance. The other two advertisements focus on recruitment and feature individual workers sharing reasons for working in the field.

The two recruitment advertisements display a toll-free phone number that potential workers may call to receive information about the direct service field and potential job openings maintained by the state's regional employment offices. State employment offices that staff the toll-free phone lines conduct telephone surveys about a month after an initial call to ask what assistance the caller received, if they had begun training (if needed), and if they had found a job. The response rate to these surveys has been low, and the Grantee is studying the issue to improve the response rate.

The Grantee's website (http://www.dhhs.state.nc.us/ltc/ltcwf.htm) is designed to provide information about the type and availability of jobs for potential workers. The Grantee is

developing informational brochures targeting younger potential workers and other promotional and training materials for use in high school allied health programs that provide internships in the field. The Grantee is also developing recruitment packets, posters, and display boards for use at job and health fairs and other venues.

Montana is developing a public education campaign that includes television and radio ads, postings on a university website, an informational brochure, table-top displays for health fairs, and posters and flyers. The Grantee worked closely with a marketing firm to develop appropriate content for the television and radio advertisements, which use the slogan "people helping people." In the advertisements, consumers offer testimonials about the value of their workers, who enable them to live in their own homes, and workers talk about the rewards of their work and the relationships they develop with consumers.

State personnel developed principles to guide the marketing firm in developing the ads, and members of the Grantee's oversight committee, which includes consumers, reviewed and made changes to the advertisements after initial development. Workers, consumers, and family members of diverse ethnicity, gender, and age are also used in the advertisements, rather than actors. The advertisements end by providing a toll-free phone number to call for information or to learn more about "being paid to help people."

The Grantee is posting information about the field of direct service work on the Montana State University-Billings' website (http://www.msubillings.edu/jobs/Login.asp) to inform students about the need for workers. The Grantee is also developing a brochure for both workers and consumers, which contains information on duties performed by workers. The marketing firm is developing table-top displays for health fairs, and posters and flyers for use in other venues. The grant's project coordinator returns calls to a toll-free phone number displayed in campaign materials, and directs callers to provider agencies to ask if they have job openings. No data were available at the time of our site visit about the number of new recruits.

Job Fairs—To recruit independent providers for new Medicaid home and community services waiver programs, Maryland is creating job fairs in a collaborative effort among state agencies. The Grantee mails information about the job fair to nurses and people who have already applied to work in the waiver program, but whose applications were incomplete or who did not meet the job's training requirements. The Grantee believes that local outreach through word of mouth and the use of mailing lists was more effective in recruiting job fair attendees than advertising the job fairs in the local paper. They have conducted job fairs at six sites throughout the state, with plans for more. The first one, conducted without any grant funding in a state office building, attracted approximately 100 people.

Given that potential workers may have children and other jobs, time for job searching and meeting job training requirements may be limited, particularly if applicants are required to make separate trips to apply for the job and to obtain needed training. A crucial component of the job fair is the use of a "one-stop-shopping" model.

Maryland arranged to have personnel available to initiate criminal background checks and to provide CPR and First Aid training, which are required to meet program requirements. Representatives from all of the waiver agencies were available to answer questions about the

different programs. Maryland is not presently following recruits to see how long they stay on the job. Because job fairs can be labor intensive to conduct, such follow-up would assist the Grantee and others to determine the overall effectiveness and cost effectiveness of this recruitment approach.

2.1.2 Worker Registries

The labor shortage can make it difficult for employers to find workers—whether they are consumers who self-direct or provider agencies. Registries are one means of identifying trained direct service workers who have passed criminal background checks. Such registries can help employers find workers in a timely manner—and reduce recruitment costs—by directing them to a centralized resource to find workers before looking elsewhere. They can also help currently employed workers who want more hours to secure additional work—either as a primary or backup worker.

Of the 20 FY 2001 Grantees, 6 have activities to establish worker registries—Arkansas (RC), Georgia, New Hampshire, North Carolina, Oregon, and Wisconsin. North Carolina will place individuals who have completed training requirements and passed competency tests for North Carolina's medication aide and geriatric nurse aide job categories in a registry.

Georgia is compiling regional workforce registries for both agencies and self-employed caregivers in pilot program areas. These registries are updated every 3 months. Workers were solicited for the registry through ads and by word of mouth. Individuals listed in these registries are self-employed personal care assistants and have not been screened; therefore, consumers or provider agencies need to conduct background checks. Currently, there are no training or experience requirements for an individual to place their name on the registry.

Oregon is developing a consumer-directed brokerage agency in one county. Consumer employees run a drop-in center for other consumers to link them with workers and services from a peer-to-peer perspective. The Grantee believes that consumers, rather than nonconsumers, may better assess the needs of other consumers and link them to appropriate workers. They also believe that this referral approach will more successfully meet consumer needs.

In contrast to Georgia's and Oregon's approach, Arkansas (RC) believes that workers need to meet certification or licensure requirements and pass a criminal background check to be listed in its registry. Details of the registry's operation were not resolved at the time of the site visit, including a determination of who will perform the criminal background check, the extent of the check, and whether it will be performed prior to listing an individual in the registry. Both Arkansas (RC) and New Hampshire anticipate that their registries will be web based.

Like other grantees developing registries, Arkansas (RC) and Wisconsin envision that their registries will be used by both consumers and providers, compared to some registries developed solely for consumers in consumer-directed programs. For example, Wisconsin expects that its worker registry will serve as a system for matching consumers with workers and will give consumers more options within the network of independent providers, and workers the possibility of finding more work. These registries might also be a source from which consumers or providers can draw when consumers are in need of additional temporary assistance.

2.1.3 Backup Systems and Models

The lack of backup systems for workers who are on vacation or not able to work on a scheduled day is one of the most frequent complaints of consumers using consumer-directed services. Many of the worker registries discussed above are designed to address this problem. However, three Grantees—Minnesota, New Hampshire, and New Jersey—are developing models specifically to provide backup coverage to consumers.

Minnesota has developed Consumer-Initiated Partnership and Support networks where individuals in their consumer-directed program have access to a registry of workers who work for other consumers and are on call with a pager or cell phone. While the Grantee believes the network attracts nontraditional workers such as family members and friends of consumers and increases the number and availability of workers, it has not collected data to document this. Consumers will have access to a list of available workers, which will help match personal care attendants who want to work more hours with consumers who want or need more hours of assistance. Workers on this registry will be paid a higher pay rate because provider agencies will only charge a fiscal intermediary fee. To recruit people to the registry, one Consumer-Initiated Partnership and Support agency is considering providing incentives, such as a small payment or scholarships for training, to those who refer consumers or workers to the agency.

New Hampshire is implementing a backup model using the federal work-study program and a pool of undergraduate and graduate students in social science fields. New Hampshire obtained federal approval to pool funds from the Medicaid program and the work-study program. Under this model, students would be on call over a scheduled period of time to provide backup coverage to consumers. They will receive Medicaid payments when they actually provide services, and work-study funds when on call. Time spent on call could be used for training, or to do "volunteer" work for consumers, which is unrelated to direct services. The Grantee had to work through several legal issues regarding reimbursement before the model could be implemented. Grant staff project that students will spend about 20 hours on call and 5 hours working over several weeks.

New Jersey is requesting proposals for the development of a pilot program for a backup emergency system involving agency providers. The Grantee envisions that a rapid response agency, which would be a Medicaid provider, would be created to focus solely on providing backup workers in emergency situations or for scheduled absences. The agency would develop a roster of part-time workers who would essentially be 'on call.' These workers will provide a more limited set of services to consumers and will not be expected to perform the same duties as the usual caregiver. To draw workers to the program, the Grantee proposes that provider agencies pay higher than average wages to workers. If the pilot program works, the Grantee plans to promote the backup model to agencies statewide.

2.1.4 Nontraditional Personnel

Given the extent of the workforce shortage and the long-term demographic imbalance between supply and demand, policy makers and providers have considered recruiting persons who traditionally have not worked in the direct service field. Many states have programs that allow consumers to direct their own care, which has expanded the workforce by allowing

relatives, neighbors, and friends who would not otherwise be interested in this type of work to provide paid care.

Montana and Nevada attempted to recruit and train nontraditional personnel. Montana has an initiative to recruit and train older people as direct service workers. In developing the initiative, providers felt that older workers would have trouble performing the more strenuous physical aspects of direct service work, such as assisting with transfers and bathing, but could help with activities not requiring physical labor, such as cueing (e.g., providing reminders to take medications), and with instrumental activities of daily living (IADL's) such as shopping and meal preparation. Because many consumers have at least some physical needs, Grant staff and the oversight committee members are looking into the possibility of pairing older workers with younger workers. The Grantee is considering the development of a regional training adapted to the special needs of these potential workers.

Nevada's initiative regarding nontraditional workers sought to recruit and train high functioning persons with intellectual disabilities to be direct service workers using a supported employment model. The training program was designed to train potential workers to perform basic tasks such as making a bed and helping with bathing. Once trained, the consumer would provide cues or reminders as needed. The Grantee worked with the Reno Arc to solicit potential recruits. However, only seven people expressed interest in direct service work and none of them were able to pass the CPR certification exam—a Nevada state requirement—even with intensive training. Consequently, the Grantee has discontinued the initiative.

Oregon is planning to recruit young people from high schools and community colleges and consumers with mental illness who wish to work. Florida is interested in enlisting consumers and youth as workers, but has not identified specific plans.

2.2 Extrinsic Rewards

The need for more and better extrinsic rewards was mentioned in almost every state RTI visited, and many respondents viewed the lack of these rewards as the single most important barrier to recruitment. Four Grantees—New Hampshire, Arkansas (RC), Montana, and North Carolina—have initiatives to study, create, or improve extrinsic rewards for direct service workers. However, state budget shortfalls may prevent any significant improvements in extrinsic rewards for the near future.

New Hampshire is conducting focus groups and surveys with consumer-directed workers to assess their interest in a range of fringe benefits, including health insurance, educational incentives for career advancement, worker cooperatives, access to credit unions, and low-interest loans. Workers and the Consumer Advisory Council for the grant both want a cafeteria-style benefits package that would allow workers to choose the benefits they value most. The Grantee is assessing the possibility of providing a limited health insurance benefit, but a major barrier identified through focus groups and the worker survey is that costs for such a benefit are unaffordable.

One large provider agency in New Hampshire is providing a lump sum employer contribution to local community health centers to pay for primary care, preventive services, and

laboratory services for its workers. The agency pays a certain amount each month to a community health center of the worker's preference, which charges the workers for services based on a sliding scale. Workers will be eligible for health benefits up to the amount of the employer contribution, which will be tracked through the use of debit cards.

New Hampshire is also working with a credit union to offer interested workers access to a free $1,000 life insurance benefit, no- and low-interest loans, direct deposit, free checking, and other benefits. The no-interest loan program allows workers to borrow up to a maximum amount that is repaid through weekly payroll deduction. The credit union also offers low financing rates for an annual car sale for its members.

Arkansas (RC) is investigating recommendations by the Arkansas Center for Health Improvement for providing health insurance coverage to low-income and uninsured individuals, which might hold promise for provider agencies and direct service workers. These recommendations include

- Creating a partnership between the State and employers that would provide Medicaid eligibility to low-income workers. It would require the State to obtain a Medicaid waiver allowing employers to pay the state match for those employees below 200 percent of the federal poverty level.

- Developing a reinsurance pool for high risk individuals employed by small businesses.

- Expanding the safety-net Medicaid program through a minimum benefit package made available to persons 19-64 years of age at or below some percentage threshold of the federal poverty level.

- Establishing community-based purchasing pools or cooperatives for small businesses that cannot afford to purchase group health insurance in the private marketplace.

The first option requires federal and state approval, and the second and third options require state approval. Whether and how these options can be used to provide health insurance for direct service workers has not yet been determined. Some options may not be applicable for workers who are employed directly by consumers.

Montana is conducting a state-mandated study comparing wages for direct service workers across all populations served. This study is providing a heightened awareness of issues affecting workforce retention. The grant project coordinator mailed surveys to provider agencies and to different divisions within the state's Department of Public Health and Human Services. Preliminary findings indicate that, in 2002, the average wage for the 1,906 workers providing services under programs in the Senior and Long Term Care Division was $7.65 per hour and the average reimbursement to provider agencies was $13.80 per hour. The data will be used in planning how to improve workers' wages.

North Carolina has also discussed increasing wages and benefits, but the state's budget crisis has precluded action to provide higher wages for the newly designed medication nurse aide

and geriatric aide positions, or existing job positions in the industry. Without improved wages or benefits, workers may lack the motivation to participate in the training for these new job categories.

2.3 Training Programs and Career Ladders

Nine Grantees—Alaska (CPASS), Arkansas (CPASS), Florida, Guam, Kentucky, Montana, North Carolina, Oregon, and Wisconsin—are developing training initiatives. These initiatives include preservice and specialized skills training programs delivered through a variety of media. One Grantee—North Carolina—is developing a career ladder.

2.3.1 Preservice Training

RCSC Grantees are taking different approaches to developing preservice training curricula. The Kentucky Grantee, whose lead agency is the Department of Mental Health and Mental Retardation, worked with the Kentucky Community and Technical College System to identify existing community college courses that could be used or modified to provide training for direct service workers. They decided that four courses were needed for entry-level workers. Three of these courses—*Medicaid Nurse Aide* (which includes training on transferring, bathing, etc.), *Working with Disabilities in Human Services*, and *The Family*—would be required core courses. Entry-level workers would then be required to take one of the following three courses to complete the four-course requirement: *Introduction to Gerontology, Psychosocial Aspects of Death and Dying*, or *Values of Human Services in a Contemporary Society*.

Workers will receive an academic certificate for completing the curriculum. After the initial offering of these courses, the Grantee and consumers will decide if this training adequately prepares potential workers for the job or whether modifications are needed. These courses complement an existing preservice curriculum—including CPR, medication administration, medication and seizures, mental retardation/developmental disabilities basics, safety, record keeping, abuse indicators and reporting, and person-centered planning—which the state's Department of Mental Health and Mental Retardation will continue to offer.

Arkansas (CPASS) developed a 5-day training curriculum to be administered by the State but delivered by host provider agencies in six regions. The curriculum focuses on clinical information, consumer behaviors, care provision, person-centered planning, and instruction in how to perform tasks, such as assisting with transferring. The coursework is designed for workers aiding elderly persons with disabilities and persons with developmental disabilities. The Grantee will use a train-the-trainer model to deliver the instruction, which it believes will assure uniform training across the state. However, this strategy could also introduce variation into the training provided if trainers alter the curriculum they present. The Grantee originally designed the curriculum for 5 consecutive days, but decided to split the curriculum over 2 weeks to enable students to work part of each week.

Montana is also developing training for direct service workers as an entry-level course in a set of courses. The Grantee is considering at least the following training topics for inclusion in the curriculum: overview of the personal assistance program, job responsibilities, communication, consumer and worker safety, homemaking services, nutrition, infection control,

vital signs, elimination, personal care, positioning and transfers, the disease process, cultural issues, and mental health issues.

Alaska (CPASS) and Florida are developing preservice training for workers in provider agencies.

2.3.2 Specialized Courses for Workers and Other Staff

Grantees are also designing training courses that either meet special industry needs or serve as a career ladder for current staff. After completing its new preservice training curriculum, Kentucky plans to develop for four additional training courses. Outlines for these additional courses were not available for review at the time of the site visit. Training will be developed first for midlevel supervisors working in community settings. Then, the State wants to develop basic administrative training for all case managers regardless of funding stream or population served. A third course would train provider agency directors on administrative and funding issues. The fourth course would teach individuals to provide on-the-job training in basic knowledge and skills for new employees.

Montana is developing two training curriculums: one for home health aides and a community-oriented version of its certified nursing assistants training curriculum. Classes will be conducted in regional training assistance centers. Topics to be covered in the home health aide curriculum include proper use of equipment, bathing, communication skills, and dealing with difficult work situations. The existing certified nursing assistants' curriculum was designed for institutional settings and is regulated by the State. This curriculum covers infection control, body mechanics, taking blood pressure, making a hospital bed with the patient in and out of the bed, and the proper use of medical equipment. The Grantee will work with the State to develop a curriculum applicable to a community setting.

North Carolina is developing courses for new medication nurse aide and geriatric nurse aide positions. The courses are designed for experienced workers who want additional responsibilities. Both courses are designed to meet industry needs for better quality and more efficient services. The medication nurse aide course will teach workers how to administer medications under the supervision of a nurse, allowing nurses to spend more time on other duties. The geriatric nurse aide course focuses on providing skills needed by workers assisting elderly persons with disabilities who need more skilled care at various points in their care. Both courses were developed for unlicensed workers in nursing facilities, but the Grantee is redesigning them to apply in home and community settings. North Carolina is also developing a train-the-trainer course on supervisory skills developed by the Paraprofessional Healthcare Institute.

Guam is planning to develop training to teach workers about person-centered planning and how to use a database to develop individualized budgets for consumers.

2.3.3 Training Delivery Strategies

During the site visits, workers identified barriers to their participation in additional training, including long travel distances to training sites and lack of time to participate. Grantees

plan to provide training using traditional classroom, distance learning, and training assistance centers.

Some of the Grantees, including North Carolina, Arkansas (CPASS), and Montana, are using traditional classroom methods for their training initiatives. When traditional classroom methods were used, Grantees supplemented lectures with videos (Arkansas—CPASS); videos and hands-on training (Montana); and videos, toolkits, and other learning aides and resource materials (North Carolina). Arkansas (CPASS), Montana, and North Carolina are planning to use a train-the-trainer strategy to reach a wider audience. Selected individuals receiving training at a central site will then provide training at other sites.

In partnership with the Kentucky Virtual University, the Kentucky Grantee is converting most of its traditional classroom preservice curriculum to a distance learning format. Workers will register for courses through the community college system and participate in the training through the Internet. Plans to improve worker access to computers had not yet been developed at the time of the site visit.

Montana plans to create five training assistance centers in different regions of the state to provide a venue for worker training. Workers often do not have a facility nearby in which to obtain training; locating these centers in different regions will facilitate access to training. Persons who have completed the train-the-trainer classes will provide training in each of the training assistance centers. The Grantee originally had planned to develop a distance learning, web-based training module to make the training more accessible for workers in rural areas. Because they found it too difficult to create the web-based version, they decided to deliver the curricula through the training assistance centers.

2.3.4 Career Ladders

Grantees are establishing career ladders to change the "dead end" nature of direct service work, which may help to improve recruitment and retention. Grantees are developing their initiatives in response to worker feedback requesting ways to gain more responsibility and higher wages without having to becoming a registered or licensed practical nurse. All of the career ladder initiatives require additional training that would allow workers to assume more responsibility. However, the potential of these initiatives to improve recruitment and retention is limited because they do not include a funded wage increase.

Grantees often consider the advanced training courses described in the previous section as components of their state's career ladder for workers. For example, in North Carolina, the medication nurse aide and geriatric nurse aide positions were created in part as ways for workers to advance to more skilled, higher paying jobs, even though the State and providers have not yet committed to higher wages for these positions. Montana also sees the progression of training from personal care assistant to home health aide to certified nursing assistant as potential career ladder elements because workers obtain more specialized training as they move through this progression of courses. However, because providers are not required to increase wages for workers who move along this continuum, those who become home health aides or certified nursing assistants may not receive higher wages in return for additional training.

2.4 Culture Change

Four Grantees—Maine, Montana, North Carolina, and Vermont—are working to change the culture of community-based direct service work by developing worker associations and support groups, and by changing the work environment. Although not the focus of this paper, Grantee initiatives to develop consumer-directed services also change the work environment by altering the relationship between workers and consumers. From a public policy perspective, changing the culture for community-based direct service workers is difficult because there are fewer tools that can influence the behavior of provider organizations and consumers.

2.4.1 Worker Associations

Worker associations are seen by both workers and states as potentially important vehicles for helping workers take ownership of their work and raise their visibility among policymakers, providers and the general public. In North Carolina, with the help of Grantee personnel, workers have formed the NC Direct Care Worker Association as a Section 501(c)3 nonprofit organization. The goals of the organization are to establish a visible identity for workers; to improve wages, benefits, training, and working conditions; and to advocate for workers and for consumers so that they receive quality services.

The organization also wants to develop a Direct Care Worker Institute to provide training for workers. A membership drive will be conducted to solicit individual workers, provider agencies, and corporate members. To minimize the financial burden on workers, the association hopes to sustain itself through donations from provider agencies, pharmaceutical companies, and other health services organizations. Although initially deeply involved in the development of the association, the State will gradually step back from its current active role to one that promotes the new association.

The Vermont initiative to develop a worker association was still in the planning stages at the time of the site visit, with the Grantee and interested workers assessing the form an association would take. To begin, the Grantee asked the Technical Assistance Exchange Collaborative to provide information about other worker associations in the country. The Community of Vermont Elders (COVE), one of the Grantee's private partners, then conducted town hall meetings around the state to identify important workforce issues, and will outline potential models for an association and their respective cost. At least two possible models are being considered. One model would involve an association that provides education, support, and advocacy for those who perform direct care, with funding obtained through grants and corporate donations. Another model would include a direct worker cooperative to provide services in addition to the functions of the other model. Support for this model would come primarily from the allocation of a portion of service reimbursement for operational expenses.

Maine is also developing an association to provide education and benefits to workers. The Grantee has identified a dozen workers who have agreed to meet monthly to develop the association, which has a membership of approximately 240 members. The association has developed a mission statement and is planning events that allow people to network and obtain training.

2.4.2 Paid Caregiver Support Groups

Grantees are creating worker support groups as a means of providing venues where workers can communicate with and learn from each other. Support groups are less formal than worker associations and have a more limited role, but they can provide a structure to facilitate the sharing of viewpoints and information. Montana is funding three different models of caregiver support groups as experiments in ways to promote worker communication. One model has monthly meetings and includes an educational component, with respite workers available to provide care to consumers whose workers attend the meeting. The second model meets on a quarterly basis and includes training sessions on various topics. The third model offers support groups in three different local communities to facilitate worker access rather than having one group meet at a central site. All of these models will be seeking funding from other sources to continue when the Grant ends. Montana has also created a website for its personal assistance services program that, in addition to providing information for consumers, also contains links to other organizations that focus on caregivers, their work, and information on how to avoid burnout.

2.4.3 Work Environment Improvement

Vermont has a committee focusing on methods to improve the work environment. Prior to receiving the Grant, the Department of Aging and Disability had created the Quality Award program to identify nursing homes and home health agencies that are better places to work. The Quality Award has four criteria: (1) participation in a statewide resident satisfaction survey, (2) absence of substantiated survey deficiencies, (3) absence of substantiated complaints, and (4) absence of outstanding life safety issues. Under the Real Choice Grant, a fifth criterion will be added: outcomes for recruitment and retention of the direct care workforce. Potential measures for this criterion include turnover rate, vacancy rate, percentage of employees with over 1 year of employment, employee satisfaction, absenteeism rates, overtime costs, and the rates of worker participation in continuing education opportunities.

2.4.4 Consumer-Directed Services

A large number of System Change Grantees are working to develop consumer-directed models for personal assistance services. Among the states RTI visited, North Carolina's development of a consumer-directed services waiver option can be viewed as a type of culture change in that workers have a different relationship with consumers than they do when they work for provider agencies. The new relationship between North Carolina workers and consumers under this option was made explicit through a formal employment agreement. The agreement covers wages (including planned wage increases), a work schedule and statement of responsibilities for the consumer and the worker, training needed, and guidelines for performance review and problem resolution. This agreement will provide workers with a clear understanding of their roles and responsibilities.

2.5 Systems Administration and Planning

Seven RCSC Grantees—Alaska (CPASS and NFT), Arkansas (CPASS), Georgia, Kentucky, Minnesota, Montana, and North Carolina—are conducting initiatives to generate data

and develop state policy, and to develop profiles of new jobs needed to meet consumer and provider agency needs.

2.5.1 Data Development

These seven Grantees have initiatives to generate data on recruitment, retention, training, or quality to inform appropriate state agencies about workforce problems or issues over time. These Grantees are actively seeking data to understand developments in the workforce, to manage resources, and to plan for the future, but these efforts are difficult for Grantees to conceptualize and implement. A few Grantees are planning to collect—or are considering methods to collect—data through surveys of providers, workers, or consumers.

Recruitment and Retention Data—Five Grantees have plans to develop data on worker retention and recruitment. For example, North Carolina will analyze turnover data from its nurse aide registry and training registries to determine the size and stability of a major segment of the direct care workforce and to track the wage differential between active nurse aides and those who have left the field over time. Arkansas (CPASS) will evaluate the effect of its training program by conducting a survey of individuals who remain on the job after 90 days. Georgia will determine whether workers in registries developed as part of a pilot program have been able to find the type and amount of employment desired. As part of its quality assurance activities for its Consumer-Initiated Partnership and Support network, Minnesota will survey consumers about whether the networks have helped them obtain workers when they needed them. Kentucky is considering conducting a survey of provider agencies to collect data on salaries, turnover, and time in service.

Training, Career Ladders, and Worker Association Data—Of the four Grantees developing training curriculums, two plan to conduct course evaluations to determine the value of training curricula to workers. Kentucky and Alaska (CPASS) plan to conduct end-of-term course evaluations to assess the training curriculum and the impact of the courses on workers. These evaluations will provide information on whether the Grantees' training programs are providing the competencies and skills workers need. Other Grantees will collect data through the use of mail surveys and focus groups to assess the results of their training activities. For example, Arkansas (CPASS) will conduct follow up surveys with provider agencies and workers, and Montana plans to conduct focus groups with workers to generate data on the usefulness of worker training.

2.5.2 State Policy Activity

Two Grantees have initiatives to develop workforce-related policy statewide or over a large geographic area. These Grantees hope their initiatives to coordinate recruitment efforts and reduce recruitment barriers will yield savings that can be used for additional recruiting or other purposes.

Arkansas (RC) is developing a "State Plan" to serve as a resource for provider agencies to guide policy and decision-making on recruitment and retention issues. To inform its development, the Grantee conducted a literature review on hiring practices, wage pass-throughs,

and certification and mentoring programs. The plan will also provide useful information for provider agencies about recruitment and retention activities.

Georgia hired a regional workforce development coordinator in each of two rural areas to identify recruitment barriers. The two coordinators are working with consumers, advocates, local healthcare and social service providers, education providers, and other interested community organizations and state agencies to overcome barriers in these two rural areas. These efforts are focused on large rural areas where workers have been difficult to identify and recruit.

2.5.3 Job Profiling

Three Grantees are identifying skills and competencies for specific community job positions. Kentucky is working with the community college system, consumers, and service providers to determine the competencies and functional skills of direct service workers. These groups identified four jobs for which competencies and functional skills would be identified:

- Direct service worker for community residential settings.
- Direct service day program worker who provides supports in day treatment and support settings.
- Midlevel supervisor who has direct supervisory responsibility over direct service workers.
- Case manager regardless of funding stream or program.

Community college personnel used the Developing a Curriculum (DACUM) process (developed by Ohio State University) to identify the functional skills of each job position and the WorkKeys® system to identify important skills like listening and leading a team. Panels of direct service workers and consumers also provided additional input on the list of competencies and functional skills. These participants developed a draft list of competencies and skills, which is included in **Appendix B**.

Alaska (CPASS) also plans to identify skills and competencies for workers in consumer-directed care programs by developing personal care attendant standards and a standardized, competency-based evaluation procedure for worker certification. Under the Grantee's plan, workers would be required to complete a competency test after the completion of 40 hours of intense training. The test items will be developed using the training curriculum as a framework.

The Alaska CPASS and NFT Grantees are jointly developing a universal worker job description. Universal workers, who can perform basic tasks for a wide range of consumers located in remote areas of the state, are needed. The State plans to assemble a committee to define the job responsibilities, including tasks involved, what kind of training is available, and where approved training could be obtained.

North Carolina is developing new job categories for geriatric nurse aide and medication aide positions in response to industry needs for more efficient and specialized workers and the state's need to provide career advancement opportunities for workers. Through a joint effort, the

North Carolina Department of Health and Human Services and the North Carolina Board of Nursing are developing a medication aide position that will cross both health-care and nonhealth-care settings. The geriatric nurse aide position, initially developed for skilled nursing facilities, is being designed to also apply to community settings. A list of skills for these job categories is being developed, with training provided through community colleges. Competency tests will also be developed.

SECTION 3
CHALLENGES FOR STATES

3.1 Introduction

Of the RCSC Grantees who received funding in FY 2001, 20 are implementing five types of initiatives to increase the number, lengthen the tenure, and improve the quality of direct service workers. The types of initiatives and Grantee activities associated with them are

- Recruitment efforts (developing public awareness campaigns, job fairs, worker registries, backup systems, and recruiting nontraditional populations).

- Extrinsic rewards (improving wages and offering health insurance or other benefits).

- Training programs and career ladders (developing entry-level and more specialized training courses and establishing career ladders).

- Culture change (developing worker associations, caregiver support groups, and changes in the work environment).

- Systems administration and planning (collecting data, developing state policy, and identifying the skills and abilities needed for various jobs).

Grantees, CMS, and other stakeholders face at least five main challenges in developing and implementing workforce initiatives: (1) identifying promising initiatives that will improve the direct service workforce, (2) evaluating the success of their initiatives, (3) working across a wide range of disability groups, (4) working with new stakeholders, and (5) finding funding and developing strategies for doing so. Addressing these challenges and demonstrating successful results are important to these Grantees and other states interested in their initiatives.

3.2 Identifying Promising Initiatives

One of the primary goals of RCSC Grants is to encourage state and local innovation to improve long-term care systems. While this paper has identified a large number and range of workforce development activities, several initiatives appear promising and should be considered by other states for replication. A cautionary note is that none of these initiatives have been rigorously evaluated for their effectiveness.

Health benefits—A New Hampshire provider agency is providing a defined financial contribution to community health centers to cover health services for workers up to the amount of the contribution. Employer funding to cover some primary and preventive health services is an important benefit for workers who currently lack health insurance because they cannot afford health insurance premiums.

Backup systems—New Hampshire has developed an innovative backup system using students whose time spent on call is paid for by the federal work-study program, while time spent delivering services is paid for by Medicaid. This funding mechanism may be productive in attracting students to the field during their college years. A small network of consumers in

Minnesota's consumer-directed program has access to a registry of workers who work for other consumers and are on call for additional work. Such registries may provide an important link between consumers in need of assistance and workers who need more hours.

Job fairs—Maryland conducts regional job fairs specifically for self-employed direct service workers who have expressed interest in providing personal assistance services through the waiver program. Job fairs targeting direct service workers and providing needed training and background checks in a single venue may recruit more prospective workers, although the costs of this approach may be higher than establishing a presence at job fairs for allied health professionals.

Worker registries—Arkansas (RC), Georgia, New Hampshire, North Carolina, Oregon, and Wisconsin are developing worker registries with varying designs. Some registries are designed to serve only consumers, while others serve consumers and workers. Requirements for workers to be listed in these registries differ across these states. Oregon is developing a consumer-directed and staffed brokerage agency to link qualified workers with consumers needing services.

Distance learning—Kentucky's entry-level training program—developed and delivered via an interactive web system through the state's community colleges—is an innovative idea, but the State and consumers must determine if the training is adequate to prepare potential workers for the job. The need for computer access for potential workers must also be addressed.

Career ladders—North Carolina's new medication aide and geriatric nurse aide positions provide a potential step in the development of a career ladder for workers, but the attractiveness of these positions and the associated training may be limited if the State cannot find the funds for an accompanying wage increase.

3.3 Knowing What Works

To know whether these workforce initiatives actually accomplish their goals, they need to be evaluated. While all Grantees are conducting formative evaluation activities to monitor progress during implementation, only North Carolina and Arkansas (CPASS) are attempting to measure workforce-related outcomes such as retention.

The RCSC Grants were conceived as experiments for developing new ideas for improving state long-term care systems, but evaluations were not required. CMS may want to evaluate the outcomes of promising workforce initiatives funded through these grants to determine whether they increase the recruitment, retention, and quality of direct service workers.

A summative evaluation of a promising initiative might involve several Grantees who would conduct the initiative. Grantees would need to identify indicators of success and collect data before and after implementation for at least an intervention group of workers and preferably also for a control group. Potential indicators of success include increases in the number of workers or increases in the length of time employed, as well as specific improvements in the quality of services provided by workers.

The promising initiatives presented vary in the degree to which they may improve the recruitment, retention, or quality of direct service workers. Initiatives designed to increase wages or offer health benefits may directly improve recruitment and retention by making the extrinsic rewards of direct service jobs more competitive. The impact of some workforce initiatives (e.g., public awareness campaigns, worker associations, and caregiver support groups) is more indirect, and potential indicators of success are not clear.

3.4 Working Across Disability Groups

Grantees are working with state agencies and other parties representing diverse disability groups to design and implement their workforce initiatives. Grantees found that new initiatives to change their long-term care systems required a shared vision and buy-in from diverse parties. Articulating that vision and gaining buy-in have not been easy.

For example, in Vermont's long-term care system, state agencies have different philosophies, which determine how they view their workforce and how each respective workforce sees itself. Vermont workers trained to work with persons with physical disabilities of all ages do not have the same perspective, skill set, and educational needs as workers who work with consumers who have intellectual disabilities. Persons with intellectual disabilities also require a broader range of supports than those with only physical disabilities, and a variety of agencies and workers are needed to meet these additional needs. Partnering organizations sometimes struggled to develop both the direction and a detailed plan that would meet the needs of different disability stakeholder groups.

3.5 Working with New Stakeholder Groups

Grantees frequently noted the need to find ways of working with new partners. Systems Change initiatives often require working with state agencies, public or private organizations, consumers, volunteers, or workers with whom Grantees have seldom or never worked before. New partners have their own viewpoints, and may have different agendas or ways of approaching a problem. Grantees must commit time to bridge differences that arise, and to provide sufficient latitude for new partners to develop their own solutions.

In developing a worker association, North Carolina found it important to provide training and technical assistance to worker board members without previous organizational experience. Starting any new organization is difficult, and the State has taken a hands-on approach to providing assistance to get the board functioning. As board members become more experienced in their new roles, the State plans to allow the board to take more initiative in day-to-day operations and long-term planning.

Also in North Carolina, nurses have been slow or unwilling to accept the new medication aide and geriatric nurse aide positions. On the other hand, provider agencies are receptive to the new positions as a means to reduce skilled nursing costs for administering medications or working with consumers who have specialized needs. To improve acceptance of these roles, the Grantee is working with other state agencies to develop legislation establishing mandatory training and competency testing for all medication aides.

Montana faced several barriers while implementing a seniors helping seniors program. Grant staff believed that this was a good idea, but found that using nontraditional workers required considerable effort to match worker abilities with consumer needs. The Grantee determined that senior workers required a different presentation of the training curriculum than did younger workers (e.g., shorter days, longer training period to cover material, more one-on-one interaction between teacher and student). Additionally, training for seniors should be limited to the activities that they would be expected to perform (e.g., how to recognize problems associated with medications, when to call a nurse, and meal planning skills).

3.6 Developing Funding Strategies for Wage and Benefit Improvements

Workforce initiatives cost money. In particular, Grantees who are studying or developing recommendations for wage or benefits enhancements are struggling to identify strategies to fund those initiatives. In an era of state budget deficits and cutbacks in Medicaid eligibility, services, and reimbursement, many Grantees were unsure if and how their recommendations would be implemented. In particular, wage and fringe benefit enhancements may have to wait until state fiscal conditions improve.

North Carolina is working to find ways to finance wage increases for workers who complete its new medication aide or geriatric nurse aide curricula, and for wage increases generally for all workers. Although the North Carolina Department of Health and Human Services has submitted budget requests to the legislature for a wage increase, the state's budget crisis has thus far precluded action on the request. Without a wage increase, the incentive for workers to complete this additional training is greatly reduced.

New Hampshire investigated the potential of offering health insurance to workers. After studying the matter, the Grantee determined that the share of premiums a worker would have to pay would exceed the $50 per month limit workers said they could afford. As a fallback, the Grantee decided to provide a defined financial contribution to community health centers that would provide services to workers up to the amount of the contribution.

Vermont has a committee focusing on wage and benefits improvements across the elderly, physical disability, mental health, and developmental disability sectors. Committee members have shared information about their workforce issues, but it is not clear that they will be able to develop an effective joint strategic plan for addressing wage and benefit issues across all sectors. Stakeholders have reported that wage improvements are not a realistic option in the current funding environment, but that no- or low-cost options may make jobs more attractive, for example, by allowing workers flex-time in their jobs.

3.7 Final Thoughts

It is hard to overstate the importance of improving the direct service workforce. Unless policymakers, providers, and consumers address the workforce problem, the existing shortage is likely to grow worse in the future because of the demographic imbalance of rapidly growing demand and a very slowly growing workforce. Workforce issues, which these Grantees are addressing, are only slowly being acknowledged as a very serious problem plaguing our long-

term care systems. A concerted strategy is needed to address states' workforce problems because no single effort is likely to provide the solution to the problem.

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APPENDICES