Contact Information	Washington State Department of Social and Health Services, Aging and Long Term Care Administration Columbia-Willamette Workforce Collaborative (CWWC): • *Jeanne Bennett, Southwest Workforce Development Council* • *Columbia-Willamette Long-Term Care Industry Panel (includes 25 employer members)* • *Five Higher Education Institutions (Clackamas Community College, Clark College, Lower Columbia College, Mount Hood Community College)* • *Four employment agencies (Washington State Employment Security Department, Oregon Employment Department, SE Works and WorkSource Oregon and Washington)*
Project Title	Long-Term Care Workforce Plan for Washington

Rationale for the Project

Washington State is firmly committed to increasing Long-Term Services and Supports (LTSS) so that individuals may live in their own homes or other community settings of their choice. However, shortages of long-term care workers threaten the viability of this approach. According to the Washington State Office of Financial Management (OFM), Washington State's population of those aged 65 and over has doubled since 1980 and this growth is anticipated to continue. By 2040, OFM projects that the number of persons 65 and over should reach 1,861,000, which would increase the state's long term support and service population by 91% (DSHS, 2013, State Plan on Aging). To meet this need, the University of Washington Center for Health Workforce Studies has estimated that 77,000 home care aides will be required by 2030 to care for the projected 88,000 Medicaid clients in community based settings (Skillman, 2011). In contrast, DSHS has 34,000 home care aides contracted as individual providers (IPs) that assist Medicaid clients in their own home (with an approximate 20,000 additional caregivers serving populations in these other community based settings; Palazzo, et al., 2013).

The shortage of LTC workers is exacerbated by the extremely high rates of turnover in the field, determined in 2011 to be 35% (Skillman, Basye, 2011). The reality for caregivers is low pay, training and certification requirements, and challenging work. Further, a large portion of the current IP caregiver population is providing care for their family member and leaves the workforce once that person no longer needs care. Attempts to bring new workers into the field are proving to be inefficient: according to DSHS records during a one year period (March 2013 to March of 2014), the state paid 5,474 new IPs to take the required training and become certified. Of these new hires, only 60% (3,301) stayed and started the basic training, of which 51% (2,818) completed. In the end, only 25% (1,373) of the original population successfully certified (with DSHS paying for credentialing fees).

Washington is a national leader in developing cost effective home and community based service providers and options that have achieved a rebalancing of the LTSS system from one reliant primarily on nursing home care to one that serves 84% of the Medicaid population in home and community settings. This has led to significant cost avoidance to the state and federal government of approximately $2.7 billion since state fiscal year 1999. An inability to recruit and retain an adequate workforce threatens future cost avoidance if the growth in home and community based services cannot be maintained. The LTSS workforce includes individuals who work in a variety of settings and provider types including but not limited to: home care and home health agencies, adult day centers, individual providers employed directly by clients, adult family homes, assisted living facilities, nursing facilities in addition to other community based providers such as individuals who provide meals, adapt and modify home environments, etc.

Project Description

Because the LTC workforce has a high turnover rate, yet represents the fastest growing subsector in the health care industry and provides many desirable jobs that require an AA or less. The Columbia-Willamette Workforce Collaborative (CWWC), a partnership between three workforce boards in SW Washington and Oregon works with industry members, employers, and educational and training providers to elevate long term care and attract the right candidates towards a career in the industry. Initial steps included identifying worker characteristics and attitudes that predict retention and job satisfaction and to design a messaging approach to attract those most likely to be successful. Their innovative plan has a three-part approach to address the industry's workforce challenges throughout the six-county region over a five-year period:

1. *Attract the right talent*: Produce and launch a marketing/branding campaign, highlighting career pathways demonstrating the viability of a career in long-term care and attract previously untargeted populations to entering the industry
2. *Improve retention throughout the industry*: Utilize a job assessment tool for both the workforce system and employers to attract those that will be successful as long-term care employees and support them through the steps necessary for employment.
3. *Build Pathways for Advancement*: Creation of career ladders and career skills development.

This transformation plan proposes that the work force expansion strategy be used as a template in Accountable Communities of Health, and potentially statewide to create sustainable, broad-based impact by continuing successful collaboration led by the ACH, local work force boards to include the local employers, secondary and higher education entities, employment agencies and associations that support LTC workers (including, WHCA, Leading Age of WA, AFHC, Home Care Coalitions and SEIU775). By adopting this innovative, unified approach that serves business, supports economic development and guides public workforce investment by reducing caregiver workforce barriers, Washington state will be able to serve the projected number of Medicaid clients in need of LTSS.

Part 1: In order to bring more entrants into the LTC field, CWWC is developing a regional marketing campaign with industry guidance to increase the visibility of the profession, with a strong youth outreach component. Southwest Washington Development Council (SWWDC) currently has in place two operational programs intended to attract a greater portion of youth to the industry. YouthWorks is an initiative focused on educating youth and connecting them with industry. A database is being created, facilitating interaction between employers and young people based on mutual interest and availability. Employers are encouraged to host career exploration and job-shadowing activities, promote internship experiences, and describe the skillsets they are most interested in. The program is already working with such partners as GoodWill, WorkSource, and several public school systems. Also underway is SWWDC's Business After School (BAS) program, designed to help youth (ages 16-24) learn about and explore high-growth industries (such as LTC) and to gather and disseminate information about career opportunities and the skills most sought by prospective employers. In May of 2015 they hosted a Healthcare week to educate youth on training needs, salaries and career opportunities. In addition, SWWDC intends to develop career pathway training, facilitate youth internships in LTC settings, and further develop career-related learning experiences. Accountable Communities of Health could partner with workforce boards across the state to further develop the youth outreach programs in targeting the LTC industry.

Additionally, we recommend expanding the scope and reach of their current marketing campaign to include other populations that may not have considered LTC work as an option. LTC positions often serve as a workforce entry point for under-represented and low-income job seekers who lack a other options, but LTC work also offers several attractive features including flexibility in scheduling (particularly attractive to those with other life commitments), language skills development (very attractive to LEP job seekers and a win-win for bi-lingual environments), and opportunities for personal development that we believe would be of interest to a wide range of individuals not presently active in the workforce.

Part 2: While broadening outreach efforts will increase the pool of applicants, it is crucial that we focus our training and support resources on those who are most well-suited to succeed in this new and demanding positions. SWWDC has successfully utilized a tool called JobFit, an instrument that identified applicants who have soft and technical attributes necessary to be successful in a particular industry. Jobfit is no longer available and other similarly customizable tools are being explored. Tools tailored specifically towards long-term care careers are being found to be cost prohibitive. One suggestion would be the use of the *Nursing Culture Assessment Tool* (NCAT; Kennerly et al., 2012). The NCAT was developed to provide employers with an instrument that assess the appropriateness of the nursing field for new entrants, and has also been validated for use with LTC workers (Yap, et al., 2015). Another option is the Pegged talent identification tool. (It may be the case that a new instrument will have to be developed to meet this need.)

Logistical challenges have been identified as being an enormous barrier to individuals following through with training and certification (Luz & Hanson, 2015), and we recommend increasing wrap-around services to be developed at the ACH area to address local barriers faced by the prospective workforce. Ideas may include but not be limited to reimbursement of training tuition and wages, flexible training schedules with hybrid or online options, transportation support for in-class meeting, childcare, and food. Even excellent training can fail if people are not able to attend or are too stressed or hungry to concentrate.

Another innovative approach to mitigate the attrition among those who initiate training is to support and reinforce their choice in that early stage. Research in higher education suggests that people from economically vulnerable populations fail to complete their educational goals at a much higher rate than those from more affluent populations. Causes for this failure in low socio-economic status populations have been linked to two types of negative attitudes. The first is a sense of profound doubt about whether they belong in their program at all. The second negative attitude is about their intelligence and ability to achieve academically (cf.: Dweck (2006) and Duckworth (2007)). There are obvious analogies between first-year freshman from low SES, and the applicants to become HCAs. Added into the mix, there is also the perception of low status that is assigned to LTC workers among some health care providers (Foley, 2015; Stacey, 2005). These factors may combine to result in an overall attitude that is highly counterproductive: "I don't belong here." "This job is not for me." "I won't be successful on the exam, so I might as well not complete the training." Interventions in higher education have been characterized by three approaches: 1) a sense-of-purpose intervention that explicitly validates the student for being in college (along with normalization about the difficulties and challenges), 2) stressing that the mind is malleable, like a muscle, and that exercising it can increase intelligence, and 3) pre-college outreach strategies that train on specific study skills to succeed in an academic environment (cf.: Federal TRIO programs like Upward Bound, McElroy & Armesto (1998), or non-profit initiative such as Advancement Via Individual Determination, Swanson (1989)). Given the strong parallels between these two populations, it seems likely that such targeted interventions could reinforce that someone who has initiated the HCA training can succeed in acquiring the skills to complete the certification and do the job up to the standards that are required.

Part 3: The rate at which workers leave LTC is outpacing the entry rate across all sectors, a fact which negatively impacts the continuity and quality of care for our aging population. Two major factors that contribute to the LTC worker's decision to leave: 1) no clear pathway for advancement, and 2) the worker not feeling supported during the job or lack of supportive supervision. Thus, providing training for entering LTC workers that articulates with careers in the healthcare industry is essential to improving retention, as is improving the work conditions through better training of managers within the LTC industry. Tiered training would allow caregivers to gain increasingly specialized skills over time. Caregivers would have the opportunity to increase knowledge, responsibility and earning power. Benefits would also accrue to employers, who would have a marketing tool to promote their agency/ home/facility. Training could be developed or improved for individuals who supervise LTC workers, emphasizing skills for creating a healthy work environment through the use of positive feedback, open communication, collaborative problem solving and shared responsibility.

This proposal has the benefit of creating a strong partnership with the Accountable Communities of Health, Workforce Boards, community colleges and long term care employers across the state to engage in these meaningful, innovative activities, and that additional funding and direction will lead to targeted outreach and ultimately to an expansion of the workforce in this crucial area of our health care system and ultimately improved care outcomes for a population in need.

Core Investment Components

Part 1: The SWWDC has estimated that the promotional and marketing campaign to attract new entrants to LTC work will cost between $60,000 and $100,000 for the SW Washington/Portland metropolitan region.

State-wide estimate: $360,000-$600,000.

Part 2: A maximum estimate for cost of an assessment tool is $80,000 (based on the instrument the SWWDC considered but did not adopt); development of training materials for mindset/sense-of-purpose intervention is estimated at $20,000; a pre-college outreach strategies program for 400 students (with teacher training included is estimated at $20,000.

State-wide estimate: State-wide costs for the assessment tool, training materials, and pre-college outreach strategies total $220,000. Tuition support for basic training on an industry average cost is approximately $400 per student).

Part 3: Marketing costs could be rolled into the promotional marketing campaign under Part 1.

Project Metrics

DSHS has access to the number of LTC workers certified as HCAs and thus is able to track the number of new entrants to the field. However, not all LTC workers fall into these categories, (e.g. CNAs), and we have no data on those who choose not to continue in the LTC workforce. In short, there is little information available about the particulars of employment and what factors might be influencing employment-related decisions, including workplace culture, worker satisfaction, retention and loss, or movement within the industry. For these reasons, we recommend partnering with the associations who support LTC workers to survey their members about such employment data.

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