Lifespan Respite Grantee and Partner Learning Collaborative on State Lifespan Roles for Implementing the National Strategy’s Respite Recommendations Meeting Notes

July 13, 2023
2:00-3:30 pm EST
Meeting Recording

● Welcome, Introductions, and Announcements - Jill Kagan
  ○ This will be Meghan Kluth’s final meeting as facilitator before she goes on parental leave.
  ○ New RAISE and Supporting Grandparent Councils Joint Kick-off Meeting
    ■ July 27, 2023, from 2:00-4:30 ET
    ■ Swearing in and kick-off meeting for the new RAISE Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren
    ■ ARCH will share the work of this group during the meeting
    ■ No registration needed. Public Link: https://www.zoomgov.com/j/1605144740?pwd=YmhIRnRRdlhQLzhPaEhNNVVoCWhTZz09#success

○ Advancing Multisector Plans for Aging
  ■ Some states are very involved in their state efforts to develop Multi-Sector Plan for Aging. These may be the primary way actions in the National Strategy to Support Family Caregivers are advanced at the state level.
  ■ Multisector Plan for Aging Learning Community led by Center for Health Care Strategies (CHCS) https://www.chcs.org/project/multisector-plan-for-aging-learning-collaborative/
  ■ New website Multisector Plan for Aging https://multisectorplanforaging.org/
    • This site was put together by a group of organizations and funders from around the country with the goal of mobilizing other states to engage in the planning process. If your state is not yet engaged in developing a multisector plan for aging, this may be a good starting point and you can sign up to receive information as it develops.

● State Policies to Strengthen the Direct Care Workforce
  ○ The focus of this meeting was on how states can strengthen the direct care workforce, including respite care providers.
This is a topic that aligns with the following Goals and Outcomes in the National Strategy:

- **Goal 2:** Advance partnerships and engagement with family caregivers.
  - **Outcome 2.5:** The education curricula of professionals who will potentially work with family caregivers include specific topics and coursework designed to ensure they have the skills to do so effectively.

- **Goal 3:** Strengthen services and supports for family caregivers.
  - **Outcome 3.6:** Volunteers of all ages and abilities are trained, vetted, and ready to assist family caregivers.
  - **Outcome 3.9:** An agile, flexible, and well-trained direct care workforce is available to partner with and support family caregivers.


**Presentation: Kezia Scales - Vice President of Research and Evaluation, PHI**

- PHI is a national nonprofit based organization dedicated to promoting quality care jobs for older adults and people with disabilities.

**Key facts about direct care workforce:**

- The direct care workforce is huge - there are at least 4.7 million providers in the United States. This includes home health aides, nursing home workers, respite workers, etc.
- This is a larger occupational group than any other occupational group in the country. The second highest is retail workers.
- In the next decade, the direct care workforce is expected to add nearly 1 million **new** jobs. This is significantly more than any other field.
- Median wages in the direct care workforce are comparatively lower than competitive occupations in every state. The difference ranged from $1.50 - about $5 per hour.
  - Wages are one indicator of how the direct care workforce is valued and compensated.

**PHI resources for states:**

- Workforce Data Center
- Direct Care Workforce State Index
State Policy Strategies - **Report**

- **Solution 1: Reform Long-Term Care Financing**
  - Wisconsin’s Direct Care Workforce Initiative
    - Targeted effort to infuse more funding into system to strengthen workforce
    - State increased rates for wages/compensation expenses including for respite providers leveraging American Rescue Plan Act funds
    - Recommendation: This can be a model for other states to look at for similar increases. Ensure that respite providers are receiving maximum benefit.

- **Solution 2: Increase Compensation in Direct Care Workforce**
  - A number of states are trying to increase rates through Medicaid through wage pass through policies, establishing wage floors, etc.
  - Recommendation: Keep an eye on what is happening with Medicaid broadly and within your states to watch for opportunities to explore wage increases.

- **Solution 3: Strengthen Training Standards and Delivery System**
  - Training is often inconsistent and fragmented across the direct care workforce.
  - Washington’s Home Care Aide Training and Certification Program
    - Effort to create more comprehensive training program for direct care workers
  - Adequate, portable training can help address training and workforce gaps and retention.

- **Solution 4: Fund, Implement, and Evaluate Direct Care Workforce Intervention**
  - Recommendation: Increase funding and evaluation of innovative approaches to addressing workforce challenges
  - Minnesota’s Direct Support Connect Registry
- Online registry to help consumers and their families find services that meet their needs
- These can also help workers piece together schedules that meet their needs
  - List of state registries is available on PHI website

**Solution 5: Improve Direct Care Workforce Data Collection and Monitoring**
- There is a need for more data collection to understand and evaluate the direct care workforce landscape and gaps.
- Arizona’s Direct Care Worker Study
  - Online survey of more than 4,000 direct care workers to better understand what they need
  - Recommendation: Consider something like this for respite providers

**Solution 6: Rectify Structural Gender, Racial, and Other Inequities for Direct Care Workers**
- Looking at workforce policies with a consistent DEI lens
- Resource: [Embracing Diversity Toolkit](#)

**Solution 7: Center Direct Care Workers in Leadership Roles and Public Policies**
- Direct care workers are often not included in state level policy and decision making on councils, task forces, etc.
- Maine’s Direct Care and Support Professional Advisory Council
  - Exclusively made up of representatives from direct care workforce

**Solution 8: Shift the Public Narrative on Direct Care Workforce**
- Wisconsin’s WisCaregivers Careers Program - Initiative started in nursing home settings to improve wages and training for providers
  - Developed video series that includes real workers talking about the importance and value of their work
- PHI’s Direct Care Workers Story Project - initiative to elevate the voices and lived experiences of direct care workers
• **Contact Information:**
  ○ Kezia Scales, PhD  
    Vice President of Research and Evaluation  
    kscales@phinational.org  
  ○ Please reach out with any questions. Additionally, if you are interested in connecting with people leading direct care workforce development efforts in your state, PHI may be able to help identify those connections.

• **Group Discussion - Reflections on Strengthening the Direct Care Workforce**
  **Presentation**
  ○ What connections or opportunities does PHI see with AI and the direct care workforce?
    ■ PHI (and many of us) are in the very early phases of thinking about AI.  
    ■ One important consideration is how to balance AI and technology with the human-centered elements and value of that within care.  
    ■ Discussion:
      ● Comfort with and openness to technology varies with different people, ages, etc. It’s important for us to be thinking about how we can best leverage technology as it evolves.
      ● Searchable databases using AI are starting to pop up in different places. This can be worth exploring, but can also prove challenging. One local example was shared of an organization developing this and it is not being well received. How can technology resources be paired with human supports through groups like 211?
  ○ How often will the Direct Care Workforce Index be updated?
    ■ It was launched last year. It may not be updated on an annual basis but will be updated fairly regularly.

  ○ What stood out from the presentation that you want to hear more about and/or that could influence your work at the state level?
    ■ **Undervaluing the direct care workforce:**
      ● One participant shared a story from a local respite provider about how undervalued and underappreciated they feel in their work - both in their wages and more broadly.
      ● The discussion about engaging providers in task forces and other governing groups stood out. We need to include the voices of people doing the work, and not just their bosses or the same people that are “easier” to connect with at the state level in these conversations. The insight from those in the workforce can be very helpful and insightful.
• In addition to having providers at discussion tables, how can story collection be utilized?
• If providers feel undervalued, what is the motivation to stay or engage in the conversation? Helping to increase feelings of value can come in different forms - better pay, cultural change, inclusion in decision making, increased support in doing their jobs, etc.
• Surveys and story collection can help capture lived experiences of why and how workers feel undervalued so people in positions of power can work to make improvements.
• Stipends should be considered when you ask providers to contribute their time through participating in a task force, sharing their stories, etc.
• Nevada recently added direct care workers to their advisory body after realizing it was a gap. It has been difficult to fill these consistently as they are volunteer opportunities. They also do a caregiver appreciation event in November for care professionals.

■ Training
• Direct care workers should also be included in efforts to develop or enhance training.
• Workers can be put in difficult situations at times with clients, in people’s homes, etc. There is a need for more training on cultural sensitivity as well as awareness of how to support workers with safety or boundary concerns.
• What models can we look at that are using high school students or higher education to create direct care career pathway opportunities?
• Arizona has a Direct Care Workforce training module that is used within their Medicaid system. Respite providers can also use this module.
• South Carolina is looking at a universal care provider model for training to help make more consistent training opportunities for different care settings and populations.
• Is anyone using a team model to help with safety issues for providers, particularly when they enter a home? How could this benefit workers?
  ○ Often students are used in this type of model so they can work in pairs. It’s an ideal situation but likely difficult to do broadly given the workforce shortage.
• Alabama is looking at minimum standards for respite providers.

■ Wages
• Nevada is doing a reimbursement rate study and has recently increased rates and pass-through requirements for respite providers.
• The numbers shown during the presentation about the number of new providers that will be needed stood out, particularly recognizing that as cost of living increases, the wages are not
sustainable for many, especially younger populations.

- Arizona had rate increases funded by the state, but it was not very successful in worker retention.
- South Carolina has a Direct Care Workforce Task Force that follows several of the recommendations mentioned in the presentation. Another thing that stood out in that report is looking at how to support direct care workers' basic needs or other financial assistance such as helping them access child care subsidies.
- The benefits cliff can also impact providers. In some cases, increasing hourly or annual wages can impact eligibility of other benefits.
- Nevada noted that the rate increases in their state will have a negative impact on their voucher money because it will reduce the number of hours that can be funded.
  - Balancing families’ needs with quality of life for providers and cost of care can be difficult.

**Proposed Rule Change**

- Is ARCH planning to respond to the proposed rule change to Older Americans Act?
  - ARCH had not planned to but if anyone would like to work with them to do that or has suggestions, please contact Jill.

**Next Meeting**

- The group will not meet in August.
- A September invite will be sent out soon.

**Contact Information**

- Jill Kagan - JKagan@archrespite.org