

## DIRECT CARE WORKFORCE CRISIS WORK GROUP MEETING MINUTES

The Direct Care Workforce Crisis Work Group met on Wednesday, August 28, 2019 from 10:00 AM till 1:00 PM, hosted by LeadingAge NC, 222 N. Person Street, Raleigh.

Present were: Tom Akins, Ivan Belov, Mary Bethel, Lori Byrd, Bob Konrad, Sandi Lane, Jeff Horton, Sandra Terrell, Roy Thompson, Sarah Pfau, Adam Sholar, Polly Welsh, and Ted Goins. Present by phone were Tara Fields and Kezia Scales.

Ted Goins thanked everyone for participating, and thanked Tom Akin and LeadingAge NC for providing the room, coffee, and lunch. After introductions and a review of the notes from the last meeting, the Work Group reviewed an extensive list of current articles and publications on the crisis. Comments and conversation included:

- Desperate need for immigration reform. Mary Bethel shared an op-ed from Dr. Jim Johnson that laid out the case very well.
- Regulatory reform could help.
  - Need additional languages for testing. It was noted that providers are required to accommodate multiple languages, but government does not. New York for instance provides CNA testing in multiple languages.
  - Regulations mostly in the hands of the Board of Nursing and the NA Registry.
  - How do other states manage multiple languages, reciprocity, etc? The federal requirement is for 75 hours of training to be certified as a CNA, the state has mandated 120 hours. Could that be changed? NC is not friendly toward reciprocity from other states. Could that be changed?
  - Community College System is an ally. Much more flexible and reasonable.
  - Need to educate consumers on the new realities, such as direct care workers who may not speak English very well.
- Civil Money Penalty funds could be a good source of funding at least to help address the nursing home direct care crisis, since those funds have to be spent in nursing homes. Win-A-Step Up was successful; could it be reinstated? CMS has had a policy of not re-approving grants, but it has been a long time.
- The question was raised about what has worked. Tuition reimbursement worked well for nurses. Could that work for CNAs?
- Medicaid is underfunded already, so is unprepared for the sharply rising wages and scarcity of direct care workers.

The Work Group discussed: authoring a position statement on the crisis, how is the state going to provide health care to its citizens in the future, advocating for CNAs to be included in the same federal and state programs that are growing the numbers of nurses and physicians.

Lori Byrd reported for the NC Community College System:

- CNAs – 7,156 tested at 58 colleges, pass rate 5,301, 74% pass rate.
- LPN 688 tested, 653 passing, 95%.
- RN 2,255 test, 2,038 passing, 90%

- 55 associate RN degree programs in the system, 36 LPN programs.
- NCCCS working toward an apprenticeship system: on this: CNAs to LPN to RN path, help disadvantaged people and disadvantaged communities.

Questions and discussion included: the fact that nursing and EMT students take up some of the slots in CNA classes; and a class in medical English would be helpful for people whose primary language is not English.

A general discussion ensued regarding related issues:

- Pool staff are a problem, don't know the residents or the systems.
- Many providers feel they are training all the CNAs for their local hospital. The provider trains, then the hospital hires, as they pay more.
- CNA is difficult work. Money and job satisfaction are both important.
- One participant shared that working in long term care comes with a 10% penalty in wages and benefits.
- HOSA is a great program and resource.
- Organizational culture is key to keeping people on the job, not just money.

Adam Sholar and Tom Akin shared a collaborative effort they are involved in to submit an application for a Civil Money Penalty grant. NCHCFA did a study that indicated NC's nursing homes would hire 3,800 CNAs today, if they people were available to hire. Further, NC is approximately 3,500 CNAs short of achieving 3 stars from the CMS 5-star system. NCHCFA and LeadingAge NC are developing an application based on a grant approved in Wisconsin to recruit new people into CNA work. The grant would market the CNA profession, provide a web path for enrollment in training at the local community college, pay for the program and testing, and participating facilities would pay a \$500 retention bonus after six months. It is being called Caregivers NC, and would run for three years. DHSR and the Culture Change Coalition have shared feedback. The \$5.6 million application is to be submitted in September 2019 and hopefully approved by the end of 2019. It will take six months to ramp up. NCCCS President Peter Hans and Senator Thom Tillis have written letters of support.

Kezia Scales shared that the Wisconsin grant, WisCare, set a goal of 3,000 CNAs: 8,635 registered for program; Tested 1,298; 503 employed—all in approximately 18 months. The program is being touted as a success. It is important to elevate the perception of the job, and to encourage diversity: men, older workers, etc. NC has learned and is trying to improve on Wisconsin application.

Kezia Scales reported on PHI. PHI is a national nonprofit, based in Bronx, NY. Ms. Scales is based out of Durham. PHI was started in the early 90s, focuses on direct care workers, and conducts research and advocacy around the direct care workforce at the state and national level. PHI is working with three states and coalitions on direct care workforce issues. NC may be one of those states. Three goals of the pilot: build evidence thru data collection, improve compensation, encourage innovation in recruitment and retention. PHI has some excellent state-based information on their website.

Benchmarks' Tara Fields reported that there is/was \$31M in the state budget for a group home DSP rate increase and DSP study. All are held up in current state budget impasse.

Other grant funding or innovative ideas:

- Win A Step Up – could it be reinstated? Included turning frontline supervisors into coaches.
- A nurse position to be directly in charge of CNAs.
- Developing webinars to replace paper.
- A webinar program for ACH aides was funded by NCGA.
- Home care has some web based programming.
- Career ladder, apprenticeship, mentoring.
- The importance of employee engagement and supervisory training.

The Work Group discussed how to bring more attention to the crisis. The NCIOM has a very good process for addressing issues. The system was used to good effect resulting in the 2004 NCIOM study on the nursing shortage. A similar effort is needed for direct care workers. Tom Akin and Adam Sholar will approach the NCIOM about such a study: cost, funding, etc.

The Work Group discussed recruiting from Puerto Rico, and from outside the US. A number of NC nursing homes are successfully recruiting from Puerto Rico. One provider reported it costs approximately \$8,000 total per person to recruit and train. There are few demographic statistics available, but 3% of NC RNs are immigrants. The federal government is considering new visa opportunities. Jamaica has an oversupply of nurses; Haiti may be an option.

In summary, the Work Group agreed on the following next steps:

- Ted Goins agreed to circulate a list of 3-4 issues that could be addressed fairly quickly for the Work Group to consider. This could become an op-ed or position paper.
- NCHCFA/LeadingAge NC will submit CMP grant application.
- LeadingAge NC/NCHCFA will approach NCIOM about the possibility of a study.
- Sandy Terrell will review the cost report to see if any demographic info can be gleaned or if info can be added to future cost reports, or to NF and ALF licensure applications.
- Lutheran Services Carolinas will send out a poll for another Work Group meeting in three months.

Ted Goins, Scribe  
9-2-19