



# MASSACHUSETTS INITIATIVES TO STRENGTHEN AND SUPPORT THE HOME CARE WORKFORCE

HCBS Conference  
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# PRESENTERS

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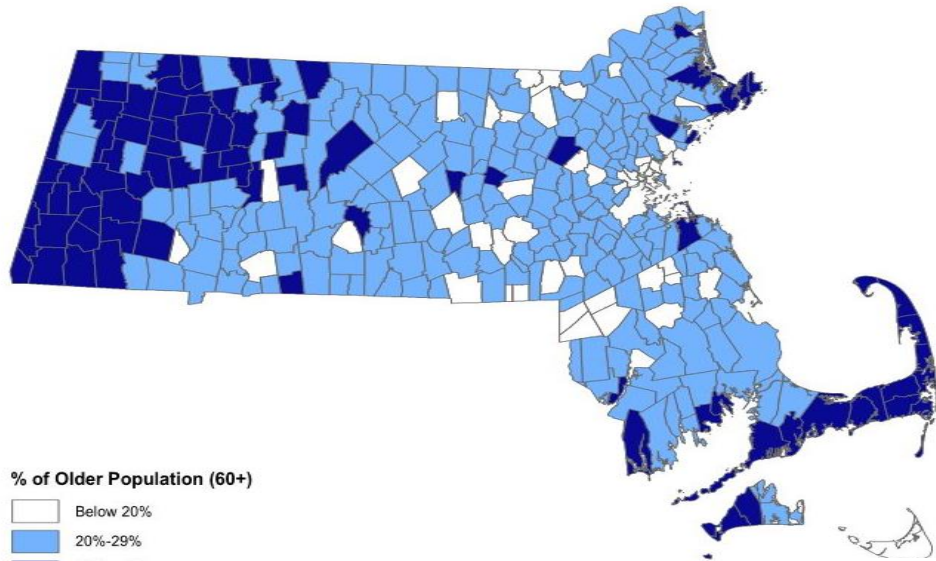


# PRESENTATION OUTLINE

- Background
  - Changing demographics
  - Growth of the Direct Care Workforce
  - Massachusetts' Direct Care Workers
  - Massachusetts' Workforce Initiatives
- Recruitment and Initial Training Initiatives
  - Lowell Project
  - HEART Project & Healthcare Workforce Pipeline Project
- Career Latticing Initiatives
  - ABCs to NA Bridge
  - DHE Scaling Efforts

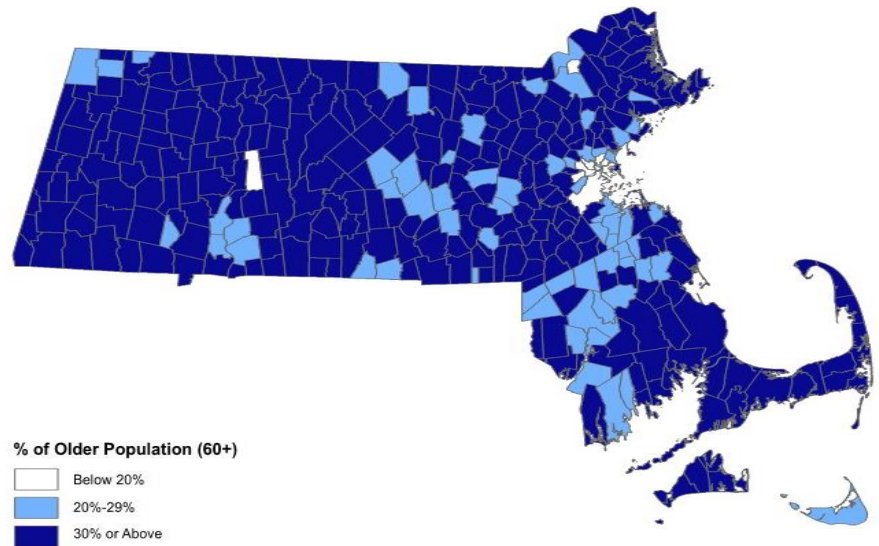


Older Population (60+) in Massachusetts, by Town in 2015 Projection



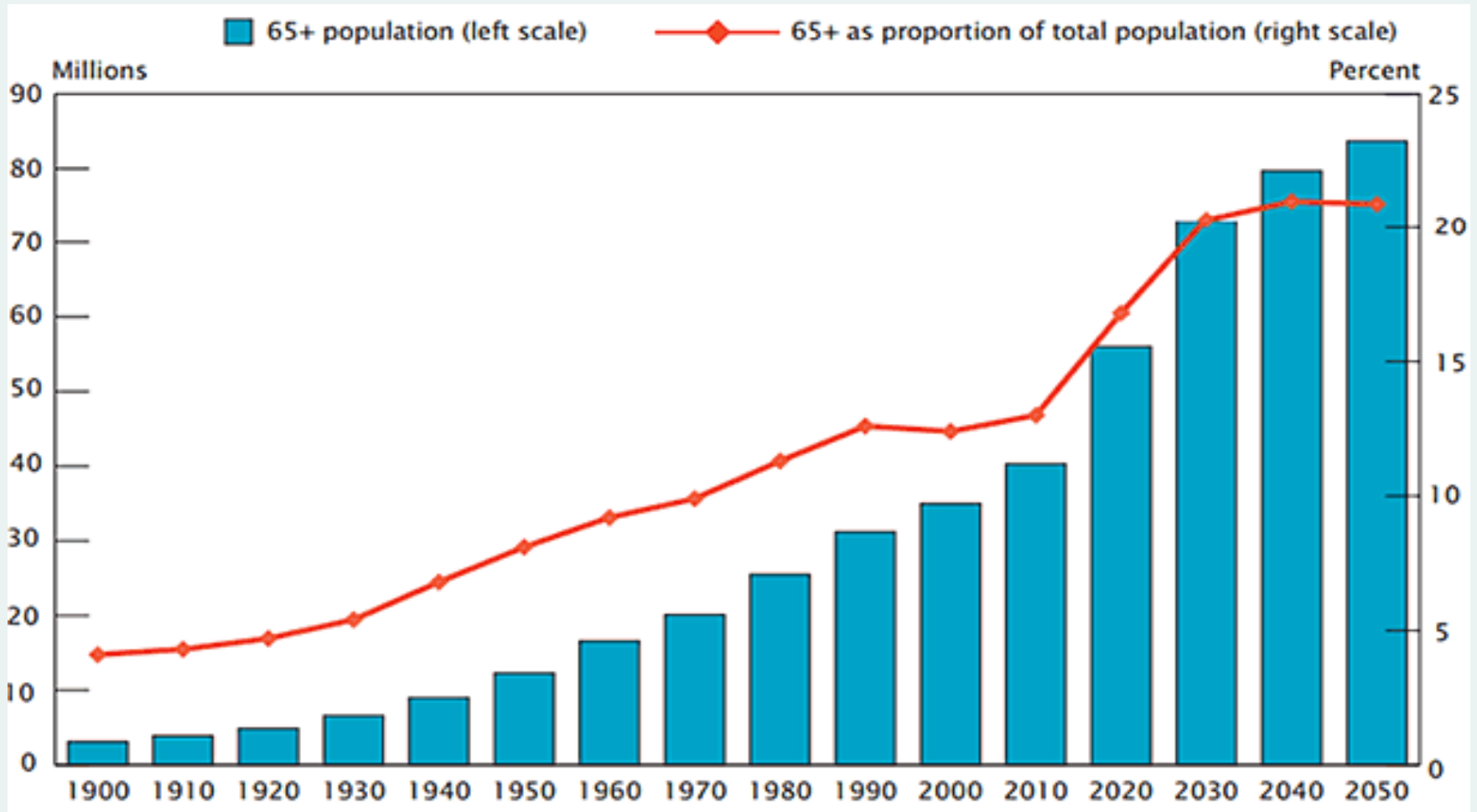
Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.  
Based on data from the Donahue Institute, University of Massachusetts

Older Population (60+) in Massachusetts, by Town in 2035 Projection

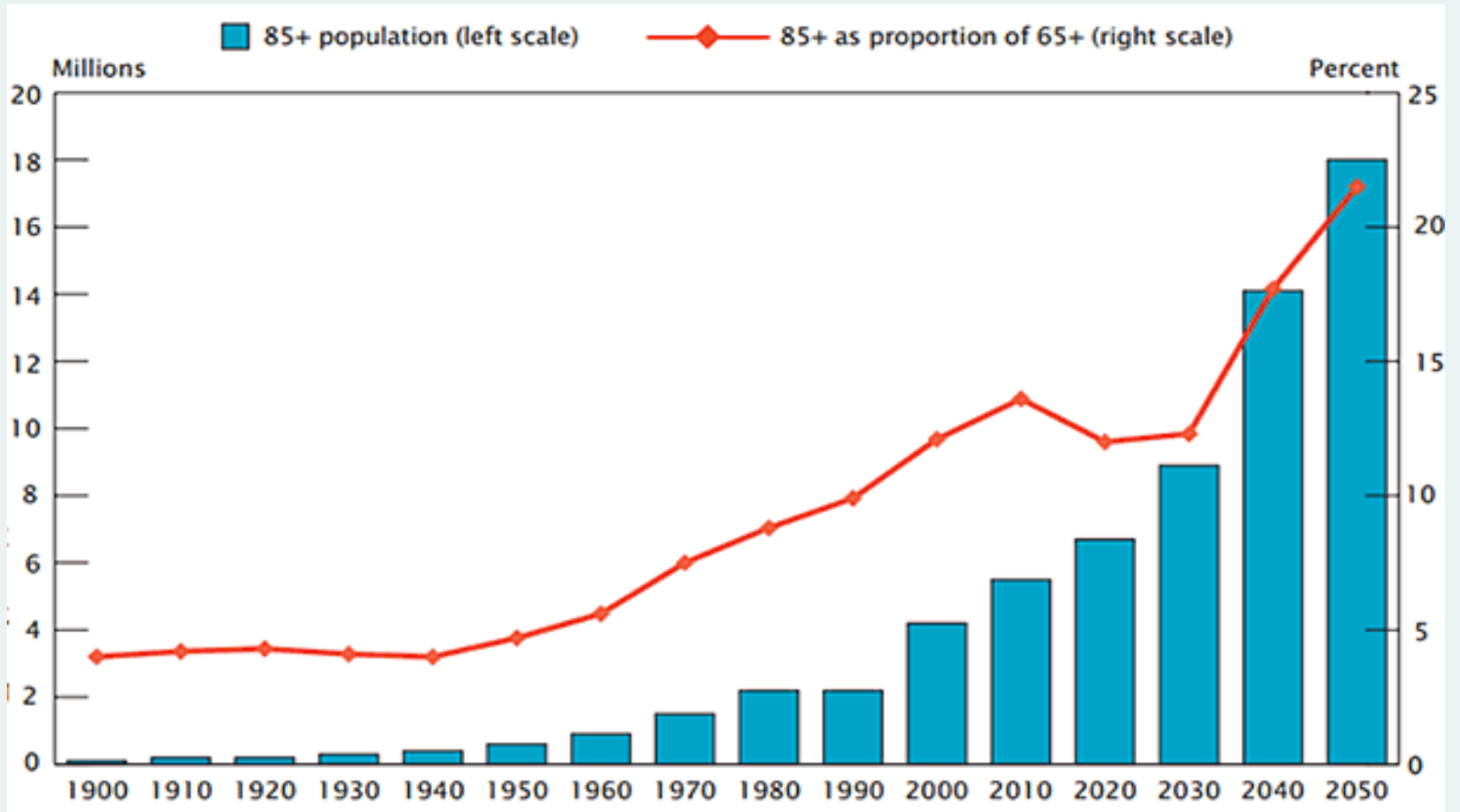


Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.  
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# GROWTH IN THE 65+ POPULATION NATIONALLY



# GROWTH IN THE 85+ POPULATION NATIONALLY



**At Least 2/3 of  
Those over 65  
Will Require  
Long-Term  
Care**



# DIRECT CARE WORKFORCE

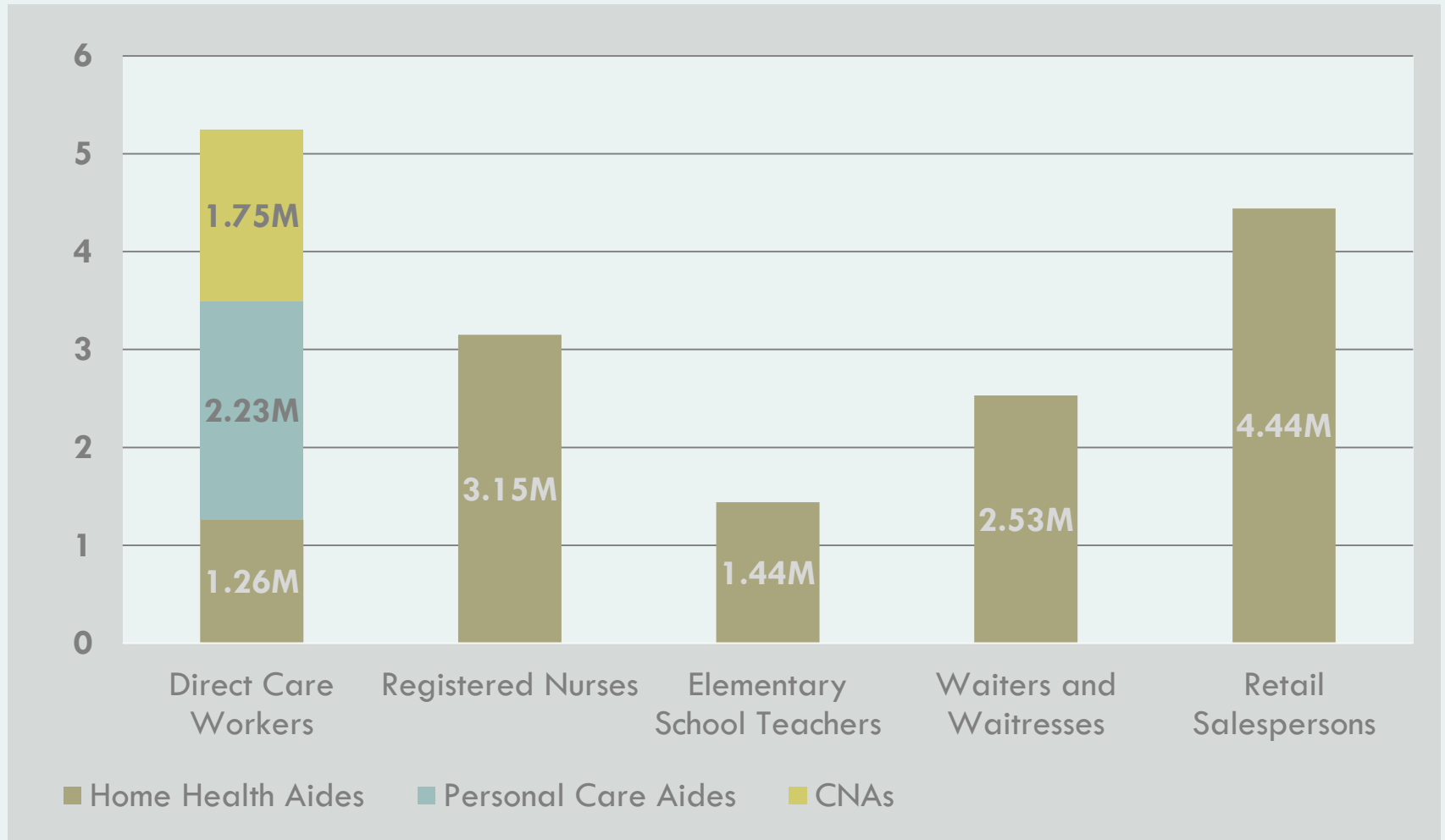
**Definition:** Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions

**Growth Outlook:** Direct-care workers are one of the largest and fastest growing workforces in the country

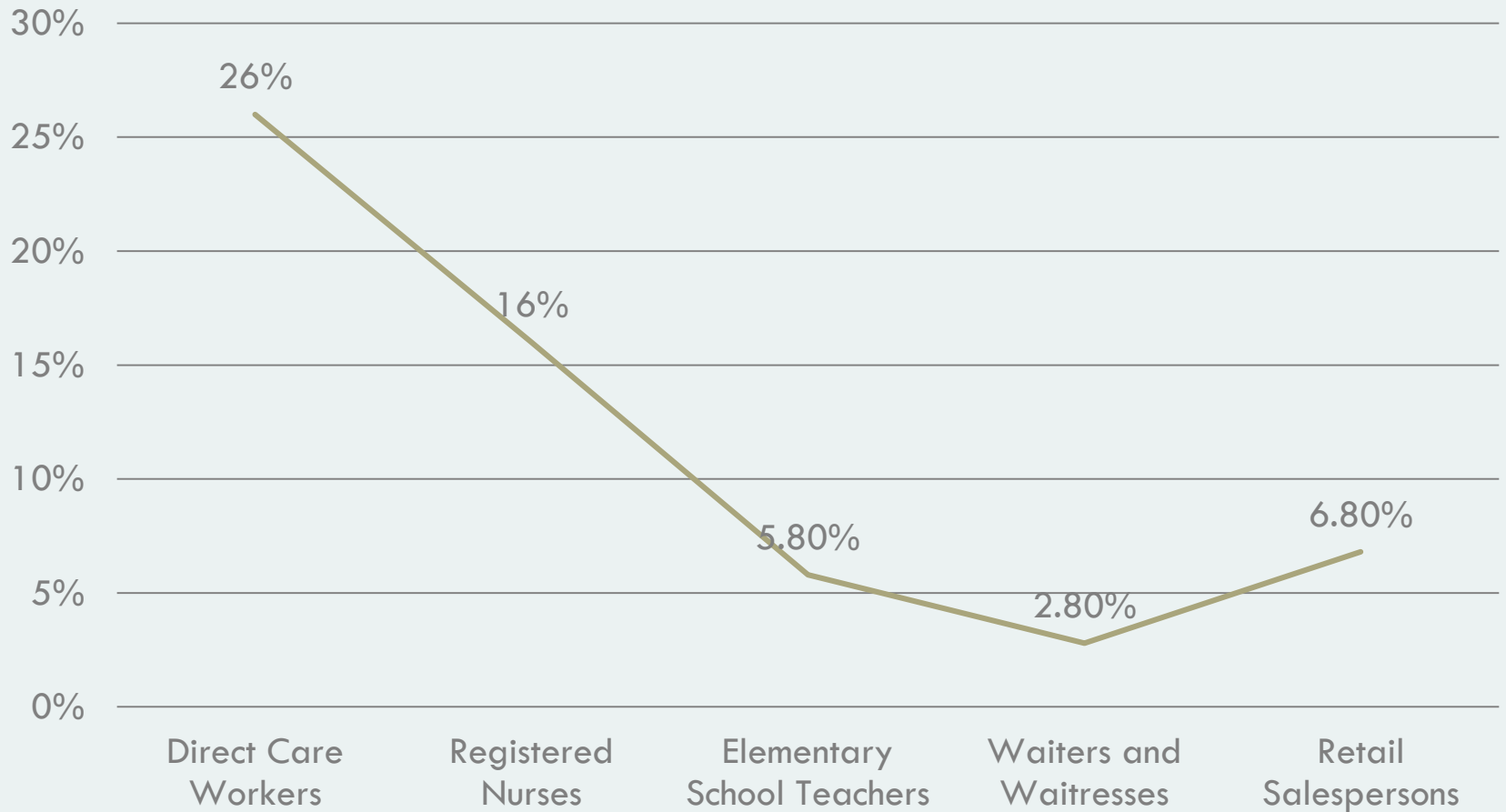




# NATIONAL WORKFORCE NUMBERS (IN MILLIONS), ANTICIPATED 2024



# NATIONAL WORKFORCE GROWTH, ANTICIPATED 2014-2024



# WORKFORCE STATISTICS- NATIONAL DEMOGRAPHICS

## Home Care Workers

- 89% of Home Care Workers are Female
- Median age = 45 years old
- 54% have a high school diploma or less
- 42% are White, 28% are African American, 21% are Hispanic/Latino
- 72% are U.S. Citizens, 15% are Citizens by Naturalization



# WORKFORCE STATISTICS

## Massachusetts Direct Care Workers total 107,800

- Home Health Aides/Hospice Aides (HHAs) = **27,020**
- Personal and Home Care Aides = **42,190**
- Certified Nursing Assistants = **38,590**

## Estimates of Increased demand in MA by 2024

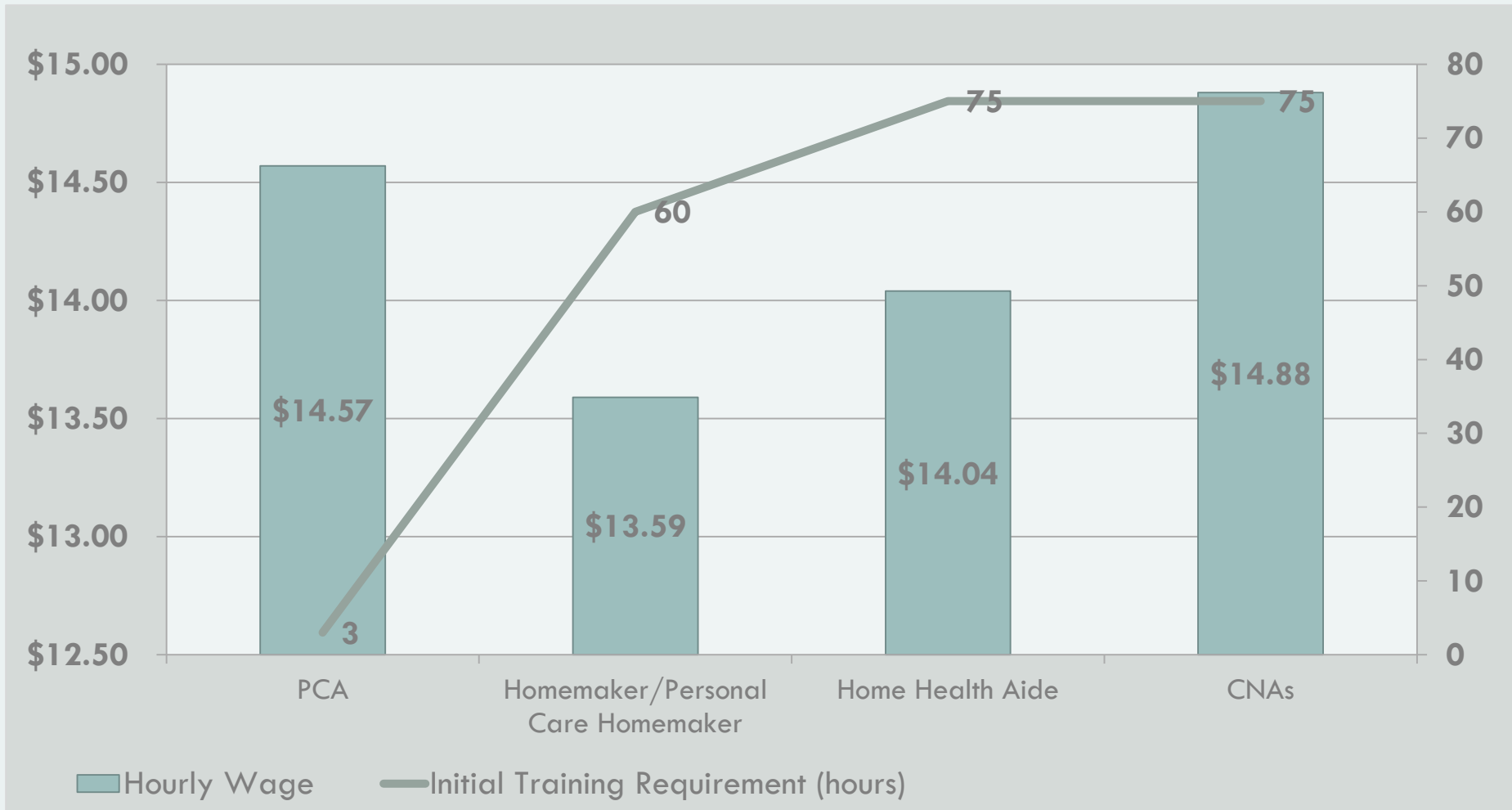
- **37.5% increase** in the number of HHAs
- **24.7% increase** in the number of personal care aides
- **9.9% increase** in the number of CNAs

*US Department of Labor (DOL) estimates, 2016*

# MASSACHUSETTS TRAINING STANDARDS

Type of Worker	Employer	Training Requirement
<b>Homemaker</b>	Agency	3 hour orientation plus 37 hours of training
<b>Personal Care Homemaker (PCHM)</b>	Agency	40 hours of homemaker training plus 20 hours of personal care training by an RN, 3 hours of which is a practicum
<b>Personal Care Attendant (PCA)</b>	Consumer-Employer	3 hour orientation for new PCAs within 6 months of initial notification. No training requirements
<b>Home Health Aide (HHA)</b>	Agency	75 hours, includes a 16 hour practicum
<b>Nursing Assistants (CNA)</b>	Facility	75 hours, includes 21 hours of clinical hours/ supervised practical training

# HOURLY WAGE & INITIAL TRAINING OF MA HOME CARE WORKERS



# WORKFORCE ACTIVITIES IN MA



## Initiatives- State and Federal

- Strong State Department- EOEAs- Plus ASAPs
- ECCLI
- PHCAST
  - PCAs and HCAs
- Expanding the Role of Home Care Aides
  - Supportive Home Care Aides- Providing care to clients with Alzheimer's and mental health diagnoses
  - Elder Abuse Awareness & Prevention
  - PCORI- Working with elders with substance misuse issues
- Department of Higher Education
  - Supervisor's Training



# RECRUITMENT & INITIAL TRAINING

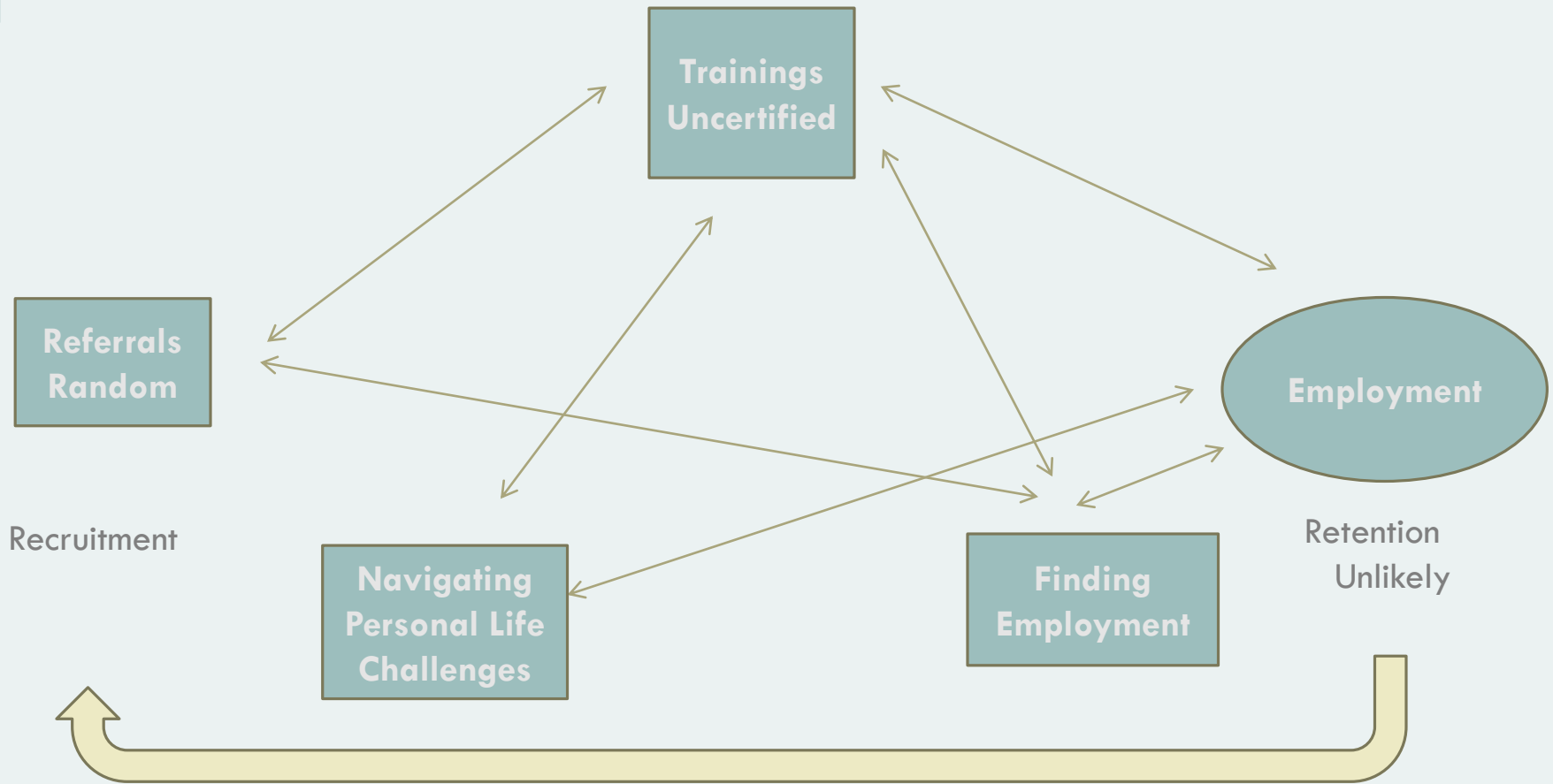
Patricia Yu &  
Hayley Gleason



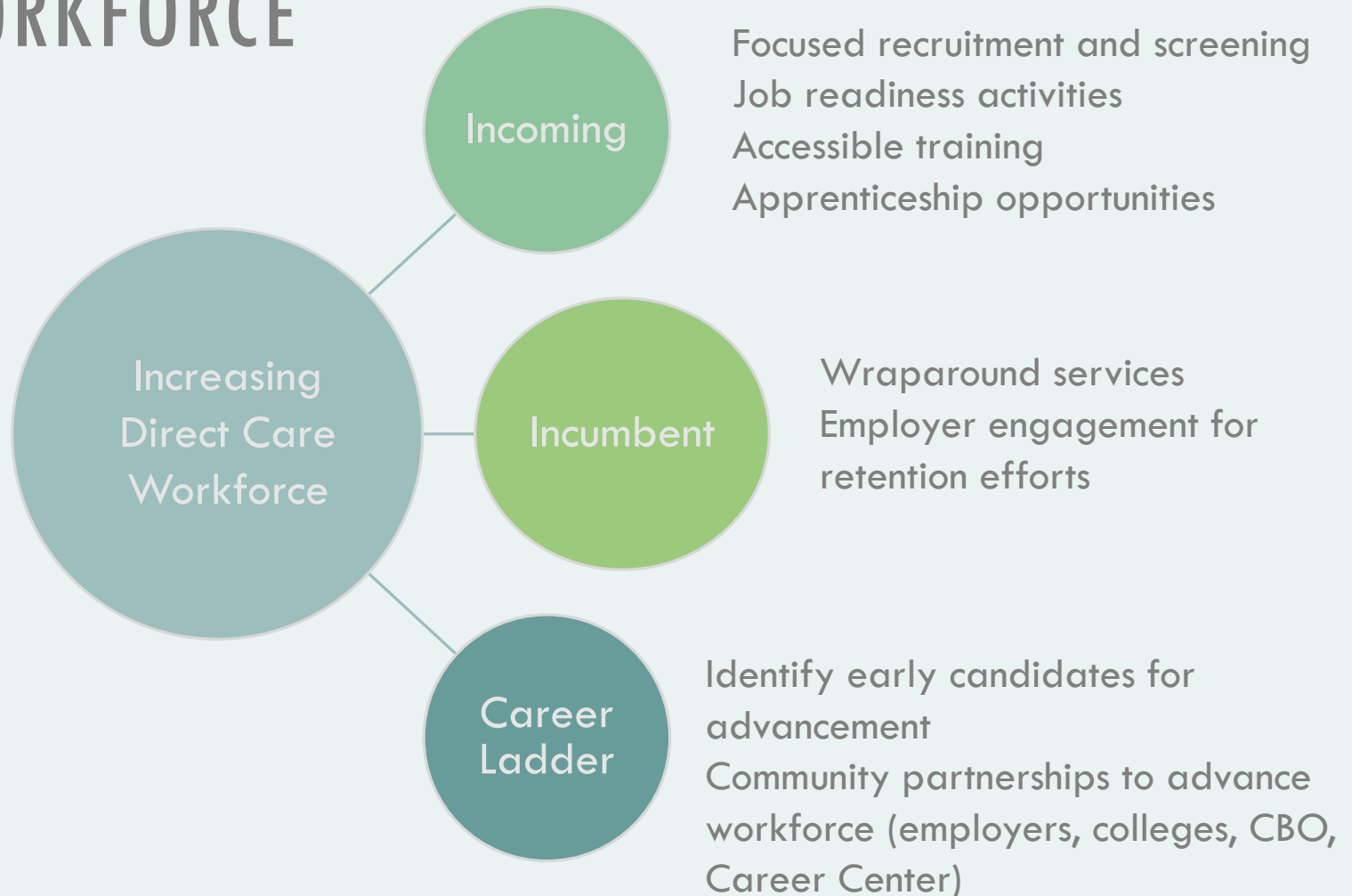
# WORKFORCE CHALLENGES



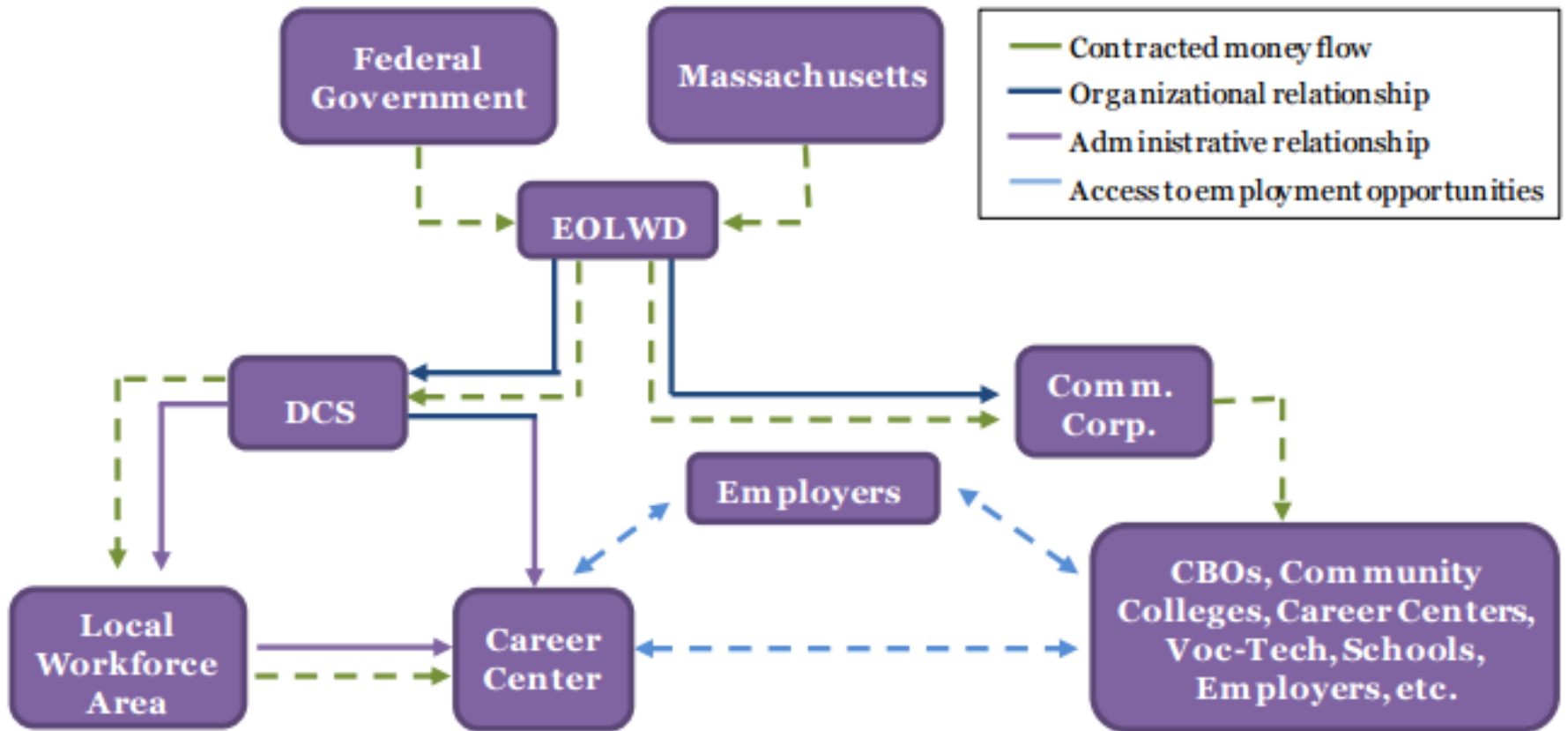
# CURRENT RANDOM WORKER PATHWAY



# PATHWAYS FOR DIRECT CARE WORKFORCE



# FOCUS ON WORKFORCE COLLABORATIONS



**System Design: Workforce Innovation and Opportunity Act funds federal system and state-based system is funded via the Workforce Competitive Trust Fund**

# LOWELL PROJECT GOAL: SYSTEM ALIGNMENT

## Recruitment

- Screening motivated individuals
- Select candidates that are a good fit

## Training

- PCHAST
- Home health aide
- Soft skills

## Retention

- Wraparound services

## Employer Engagement

- Advisors of the project
- Hire graduates
- Engage in retention efforts

# COHORT MODEL OF RECRUITMENT & RETENTION



# WORKER SYSTEM ALIGNMENT



# PROJECT PARTNERS

## International Institute

- Referral
- Case management
- Soft skills training

## Middlesex Community College

- PCHAST training
- Home health aide training

## Community Teamworks

- Retention services
- Housing assistance, childcare vouchers, transportation vouchers ,etc.

## Lowell Workforce Investment Board

- Lowell Career Center held the job fair

## Employers

- Associated Homecare
- Intercity Homecare
- Right At Home
- Multicultural Homecare



# OUTCOMES OF THE PROJECT

- Lowell organizations have formalized their relationship to work together on workforce development.
- Five graduates are employed as home health aides.
- Seven graduates have continued their training into CNA training.
- Middlesex Community College has spearheaded a health care career ladder program.
- Fifteen Lowell health care and long term care employers have developed a regional Allied Health advisory group to advise, support, and hire from the workforce program.

# LESSONS LEARNED & NEXT STEPS



- Importance of engaging in diverse communities through community based organizations.
- Systems alignment and coordination of efforts is dependent on front-line staff & case managers.
- Next Step: City of Lynn workforce project, collaboration between Department of Transitional Assistance, Office of Refugees, & community based organizations.

# HEALTH HOME HEALTH AIDE TRAINING PROGRAM: QUALITATIVE ASSESSMENT

## Recruitment, Hiring, & Early Employment Study

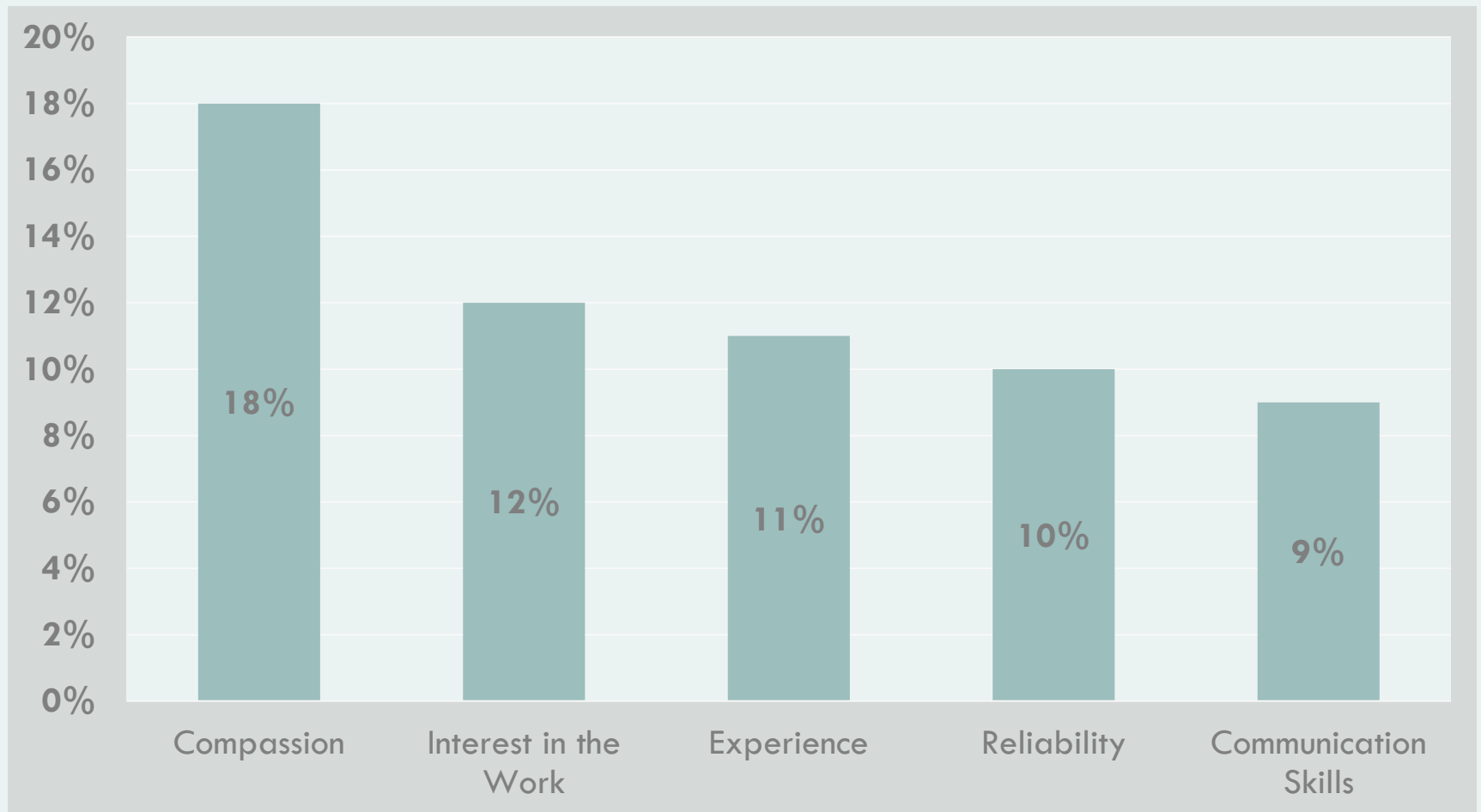
### Data Collection (N=49):

- Four home care aide focus groups; four supervisor focus groups; three HR interviews and one focus group

### Key Findings:

- Recruitment & Hiring
  - Use current workforce for recruitment (people known to applicant)
  - Intensive screening
  - Make hiring process more efficient (get people to work faster)

# RECRUITMENT: QUALITIES SOUGHT IN PERSPECTIVE HHAS



# HEART HOME HEALTH AIDE TRAINING PROGRAM

## 2016-2017 Five Cohorts

**Target Population:** Boston Housing Authority Residents

### Recruitment:

- Partnership with BHA
  - Flyers in monthly rent checks
  - Staff Recommendations
  - Flyers at housing sites
- Information sessions plus interviews

### Training:

- Coaching, case management, and additional life skills/job prep added to training
- Link students with community resources
- Job fair at the conclusion with 4-6 local employers

# HEART HOME HEALTH AIDE TRAINING PROGRAM

## Lessons Learned:

Need transitional support into initial work

Personal life issues are pervasive

- Childcare, other caregiving responsibilities
- Housing, homelessness
- Domestic violence
- Transportation

Issues in training persisted into work

- Select students need pre-training, additional supports
  - Preparation for the intensive training
  - Language barriers



# HEALTHCARE WORKFORCE PIPELINE

## **HEART HHA Training 2.0:**

Two cohorts planned for 2017-2018

Target Population: Long-term unemployed or underemployed (3 years) living in BHA

### Pre-Training and Training:

- Two-week pre-training includes- training preparation, intensive self-assessment, coaching, and job/employment prep
- HHA Training with ongoing coaching
  - Students work as homemakers during the training
- Post-Training
  - Ongoing coaching

# HEALTHCARE WORKFORCE PIPELINE

## HEART HHA Training 2.0 Major Changes:

Coaching/mentoring more embedded, intensive throughout

- Ongoing- Continues five-months post-training
- Partnership with agency as employer
  - Students work throughout the training
    - Students test out the industry- Get their feet wet
    - Coach and employer can work to solve issues that emerge early
- Pre-training component
  - Two-weeks to help prepare students for the HHA class
    - Time to arrange supports
    - Get acquainted with the team, schedule
    - Work through barriers to training and work

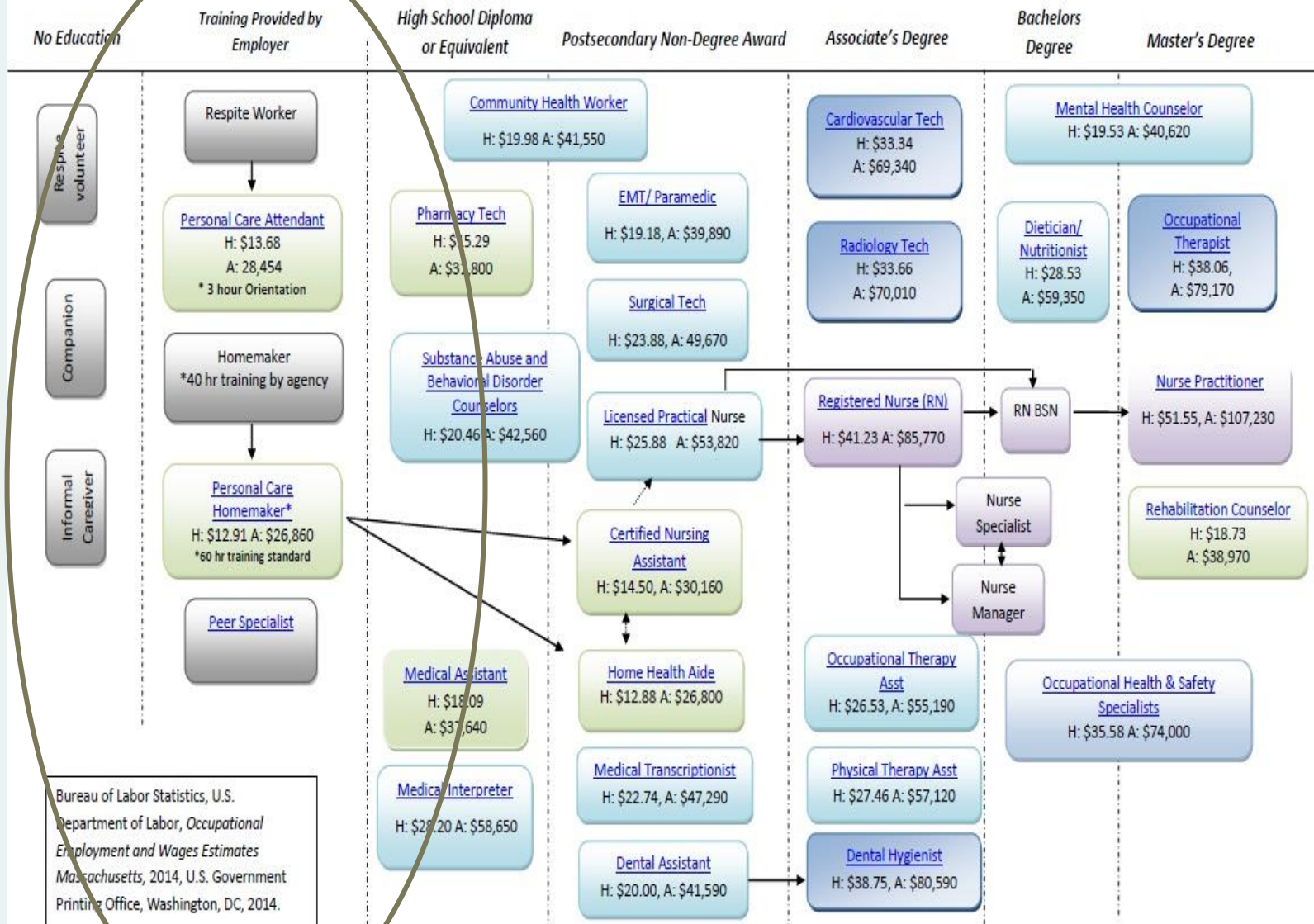




# CAREER LATTICING

Leanne Winchester

## Direct Care Worker Career Lattice – Wages and Education Requirements in Massachusetts



Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Employment and Wages Estimates Massachusetts, 2014*, U.S. Government Printing Office, Washington, DC, 2014.

# DIRECT CARE WORKFORCE INITIATIVES

## **Personal & Home Care Aide State Training (PHCAST) (HRSA funded)**

- Acquiring Basic Core Competencies (ABCs) for Direct Care Workers

## **PHCAST to Nurse Aide Bridge Program (State funded)**

- Align PHCAST ABCs to state nurse aide training standards

## **Personal Care Attendant Fundamentals Training (State funded)**

- 25-hour pre-employment training

## **Department of Higher Education Scaling Efforts for Direct Care Workers**

- Consortium based project: including six community colleges, two trade associations, workforce investment board





## PHCAST

### 2010- 2013

Acquiring Basic Core Competencies ABCs for Direct Care Worker

### 2014

Continuing Education/  
Professional Development

Train the Trainer

## ABCs to NA Bridge

### 2015 - 2016

A 90-hour nurse aide bridge curriculum for PHCAST trained workers

*Pilot Outcomes:*

- Older workers
- LEP
- Traditional

## DHE Scaling Efforts

Priority 1:

Update Core Competencies

Priority 2:

Transferable Training

Priority 3:

Career Lattice/ Articulation

Priority 4:

Leadership Training

# VALUE OF PHCAST *ABC* TO NA BRIDGE

- Provides a portal of entry into the workforce for the students who may not be ready for the complexity of the Home Health Aide/ Nurse Aide job
- Allows individual to develop professionalism and gain valuable work experience
- Trained workers can apply their learned skills, knowledge and experience towards advanced certification
- Education to career latticing provides an opportunity for non-traditional direct care workers to achieve success in the long-term care sector

# DIVERSITY AND WORCESTER COUNTY

- Among people at least 5+ years of age living in Worcester in 2015, 37.1% report speaking a language other than English at home
- 39.8% of those speaking a language other than English at home report they speak English less than “very well”

Age	% reporting they speak English less than “very well”
Age 5 -17 years old	25.6%
Age 18 – 64 years old	42.4%
65 years old and over	76.3%

## PRIORITY 2: TRANSFERABLE TRAINING

- Review current training models for providing workforce training to limited English speakers.
- Identify methods within existing state models by which current training could be enhanced to provide support for ESOL population.
- Add a mentoring and success coaching component to existing Bridge to Health Care Careers program to remove academic and life barriers that prevent students from enrolling in three key health care degrees and certificates: Nurse Assistant, Medical Assistant and Licensed Practical Nurse (LPN).

# ESL AT QUINSIGAMOND COMMUNITY COLLEGE

QCC's Center for Workforce Development & Continuing Education assessed approximately 500 LEP individuals. Students were assessed and, if appropriate, were placed into one of four programs of study:

1. DESE Funded ESL Program - Levels 1 -4
2. **Bridge to Healthcare**
3. MICHW –Bilingual English/Spanish
4. Credit Based ESL Program





# BRIDGE TO HEALTH CARE WITH SUCCESS COACH

## Quinsigamond Community College Pilot Project

### *Demographics*

N=14

- 100% female with average age 35
- 100% Hispanic/Latino
- Education: HS Diploma/GED to post-secondary education in their native country
- 100% living below Federal poverty level
- Most working part-time
- Majority single parents residing in Central Worcester Community

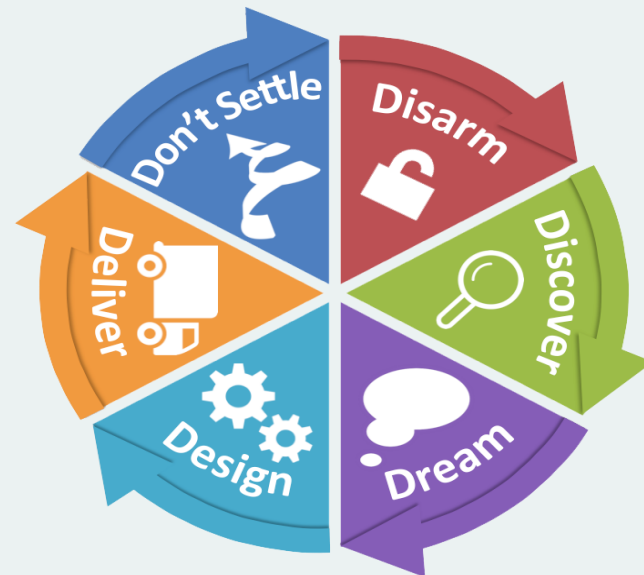
# SUCCESS COACH

TAKEN FROM UTX AUSTIN - LEARNING AND STUDY STRATEGIES INVENTORY (LASSI) MODEL

**Goal:** To remove academic and life barriers that prevent students from enrolling in three key degree and certificates: NA, MA, LPN

1. Discern 2. Discover 3. Dream 4. Design 5. Deliver 6. Don't Settle

Success coach is introduced during admission; weekly 1:1 meetings over 10-12 month period



# OUTCOMES



## Following Completion of the Bridge to Healthcare/ Success Coach Program:

10 women completed the Bridge to Healthcare Program (71% completion rate)

- Two (20%) went into an LPN Program
- One (10%) entered a Medical Assistant Program
- Four (40%) Students entered CNA program
- Three (30%) didn't advance to a program due to personal issues (Immigration, sick family member, became homeless and needed to enter the workforce directly)

# LESSONS LEARNED



The depth of issues and supports needed for students, such as homelessness, domestic abuse, and immigration exceeded the expectations of the success coach

- Students need **sustainable** tools to become **self-sufficient** and to get to where they want to be

The Benefit Cliff is a BIG hurdle

- Students receiving state benefits fear losing benefits before they are able to earn a living wage. Students need an opportunity to be weaned off of benefits to avoid falling back into the system
- A recent DTA pilot resulted in individuals not wanting workforce training because of the fear of losing benefits
- Career pathways is a problem with the potential loss of benefits

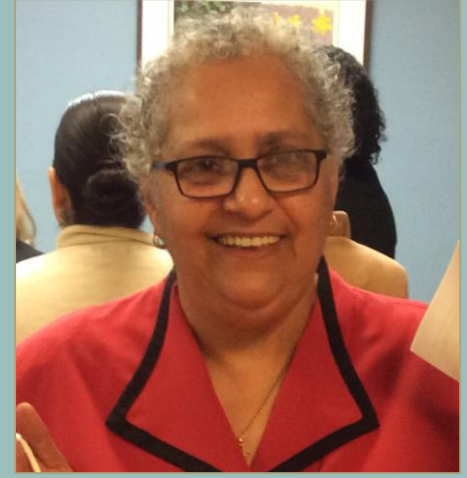
# WHERE COMMUNITY COLLEGES GO FROM HERE

Entering into the college program through a non-credit program alleviates fears of most non-traditional students. Students experiencing success in programs, such as CNA gives students confidence to progress to credit based programs. Students need to be supported to enter into non-credit programs, become successful and be offered the opportunity to articulate the work toward get college credits.

- Learning needs to be offered by a team: instructor, success coach, and wrap around services
- Students need sustainable tools to become self-sufficient and to get to where they want to be
- Community College Workforce Development divisions need to be sufficiently supported to offer alternative educational gateways
- The “Benefit Cliff” has to be addressed if we are to prepare the Direct Care Workforce of the future

# QUESTIONS?





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THANK YOU! |