Minnesota Department of **Human Services**

DIRECT CARE/SUPPORT WORKFORCE SUMMIT

Summary Report and Next Steps

November 18, 2016

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APPENDICES

ACKNOWLEDGEMENTS

Many people helped to shape the Workforce Summit in one or more ways. We thank Loren Colman and Claire Wilson, Assistant Commissioners of the Continuing Care for Older Adults and Community Supports at the Minnesota Department of Human Services (DHS), for sponsoring this effort and their continuous encouragement; Jean Wood, former Executive Director of the Minnesota Board on Aging and DHS Aging and Adult Services Director, for her leadership and guidance establishing launching this project; Robert L. Kane and Amy Hewitt at the University of Minnesota, and Bob Rohret, Minnesota Association of Resources for Recovery in Chemical Health for sharing their time and talents to both write or and/or edit the four strategic area discussion briefing papers shared at the Workforce Summit and the Opinion Surveys; and the ten organizations who identified and helped to ensure that both direct care/support workers and persons receiving services were able to attend the July Summit: AARP, Alzheimer's Association of Minnesota-North Dakota, Association of Residential Resources of Minnesota, Care Providers of Minnesota, LeadingAge Minnesota, Minnesota Brain Injury Alliance, Minnesota Consortium of Citizens with Disabilities, Minnesota Home Care Association, Minnesota Organization for Habilitation and Rehabilitation (MOHR), and SEIU Healthcare Minnesota.

A special thank you to the Workforce Summit presenters, including: Susan Browner, Minnesota State Demographer, and Laura Kalambokidis, Minnesota State Economist, who presented the realities of this workforce shortage; and to our five panelists who shared their personal and professional insights about the need for creative actionable solutions: Deb Barnes, Lakeview Methodist Health Care Center; Sandy Henry; John Thorson, Hennepin County; Nikki Villavicencio; and Linda Wolford, Institute on Community Integration, University of Minnesota. And to all who volunteered to serve as either a facilitator, note-taker or other role at the July Workforce Summit, including: from Care Providers, Patti Cullen and Toby Pearson; from the Department of Employment and Economic Development, Vermul Pewee; from DHS (divisions of aging services, disability services, licensing and nursing facility rates and policy; Continuing Care, Health Care, and Direct Care and Treatment administrations) and the Minnesota Board on Aging, Stacy Twite, Bev Asher, Jen Strei, Mark Schulz, Rachel Shands, Alex Bartolic, Cara Benson, Curtis Buhman, Dan Newman, Heidi Hamilton, Jason Flint , Jen Strei, Sarah Schultz, Stephen Horn, Jill Slaikeu, Bob Held, Janene Cowan, Kevin Danielson, LaRhae Knatterud, Kari Matson, Adrienne Hannert, Gina Smith, Gretchen Ulbee, Kari Benson, Krista Boston, Paulette Baukol, Marc Hedman, Stephanie Minor, and Elissa Schley; From Health Force at Winona State University, Valerie DeFor; From the Local Public Health Association, Kay Dickison; from the Minnesota Consortium of Citizens with Disabilities, Jo Erbes; from the Minnesota Council of Health Plans, Maureen Melgaard-Schneider; and from Minnesota Home Care Association, Kathi Messerli.

Finally, the July Summit, this report, the Opinion surveys, joint meeting held in October, and all materials could not have been produced without the assistance, coordination talents and expertise of the following DHS staff: Miriam DeVaney, Julie Angert, Lori Lippert, Diane Mangan, Todd Stump, Patrice Vick, and Mary Olsen Baker.

This report does not necessarily reflect the view of the Minnesota Department of Human Services.

THE WORKFORCE SHORTAGE

Direct care/support workforce development is not keeping pace with the growing demand of an aging population, and persons with disabilities who need of services including those living with a brain injury and mental health conditions. Minnesota has about 135,000 persons in the direct care/support professions and will need an additional 59,000 in the coming years[1]. Future demands will challenge people and their families as well as payers of long-term services and supports, including Medicaid.

The direct care/support workforce provides home and community-based services (HCBS) to approximately 90,000 Minnesotans, including vulnerable children and adults with a variety of chronic conditions and challenges with activities of daily living. These workers are in Minnesota's nursing facilities, assisted living centers, foster care, care centers, day training and habilitation centers, treatment clinics, and home care agencies. Most often they work in people's homes. All (that is, the services and persons living in these settings) are negatively affected by a shortage of direct care/support workers.

Direct care/support jobs are low-paying and very rarely offer employer-paid benefits. Turnover is high as people can find better pay in fast food, retail or other low-wage, low-skill jobs. According to the American Community Survey 2010 Equal Employment opportunity tabulations, persons of color represent 15.7%-23.2 % (average about 19%) of direct care/support occupations.

Minnesota must take steps to improve access to direct care/support professionals. Now is the time to identify and begin to build consensus around how relevant policies can be reshaped before the workforce shortage reaches a crisis-level and more consumers and families are forced to use expensive and less attractive congregate care alternatives rather than preferred settings, such as their own homes. Key stakeholders, including consumers, families, long-term health care payers and providers, must be involved in this process.

ABOUT THE SUMMIT

DHS leadership set-out in March of 2016 to convene a one-day Summit as a step in the complex process to change the course of the direct care/support workforce shortage. Because this shortage is something DHS cannot tackle alone, over 35 organizations were invited to cosponsor this Summit and serve on an Advisory Committee. The Summit Advisory Committee met three times between April and June 2016. Working together this group helped to shape the Summit, identify areas for discussions and develop briefing papers on these areas, and create two surveys that sought to gather the opinions of persons receiving services and workers about the job of a direct care/support worker.

[1] SOURCE: Minnesota Department of Employment and Economic Development, Occupational Employment Statistics (OES) data tables, 2015

Around 200 thought leaders were invited to participate in this event[2]. The invited thought leaders represented a variety of perspectives including:

- Direct care/support workers
- Persons receiving direct care/support services
- Organizations that employ or represent direct care/support workers
- Advocates for people receiving supports/services provided by direct care/support workers
- Higher education
- State and local government

The Summit was held July 26, 2016, and the opinion surveys were collected for approximately five weeks after the event.

This report summarizes what was identified by Summit participants as solutions and actionable strategies. Also included are the findings of two opinion surveys conducted to gather input from direct care/support workers and persons receiving services about the job. Both the notes from Summit sessions and the survey findings were analyzed and coded to identify major and minor themes. The results of these content analyses are presented and the common threads discussed.

THE SUMMIT

The Direct Care/Support Workforce Summit was convened on July 26, 2016 and attended by 181 persons. The 181 participants included 145 organization representatives (about 70 different organizations and 11 state agencies were represented), 20 direct care/support workers, and 16 persons who receive direct care/support services. Summit participants were brought together to discuss, debate and explore solutions to grow the direct care/support workforce which provides the paid hands-on daily care for older adults, people with disabilities and those living with mental health conditions. The goal of this event was to identify solutions with actionable strategies from which workgroups will be formed that have potential to directly affect (grow) the direct care/support workforce.

The Minnesota State Demographer and State Economist started the day by presenting on the realities of the direct care/support workforce shortage. Next, five panelists shared their personal perspectives and experience about working towards creative, actionable solutions. Participants then took part in one of eight small groups where each group brainstormed a list of approximately 30 solutions. The groups then identified their top three solutions and all participants reconvened for the groups to each share these top ideas[3].

[2] See Appendix A for the full list of organizations invited to send up to two representatives to the Workforce Summit.

[3] All materials presented and provided to Workforce Summit participants are provided in Appendix B. The list of all solutions identified by Workforce Summit participants is included in Appendix C.

Strategic areas discussed

Prior to the Summit, four strategic areas were identified by the Summit's Advisory Committee[4] for the small group discussions to identify solutions directed at growing (recruiting as well as retaining) the direct care/support workforce[5]:

1. Recruitment/Substitution/Technology Use
2. Retention/Compensation/Job Redesign
3. Quality/Support/ Training and Credentialing
4. Career Ladders/Work Culture/Welcoming Environment

Each of these four strategic areas represent a combination of interrelated topics about how to improve the overall job (that is, the pay and benefits, support, training, perceptions of the work involved, etc.) of providing the direct care or direct support to all in need of this type of care and support. Discussion about any one strategic area was expected to connect to one or more of the other three strategic areas. This is expected because there are no simple, discrete answers or strategies that when put into action will quickly solve the direct care/support worker shortage.

Solutions identified

All small group discussions began with a time-limited opportunity to brainstorm solutions. During this 30-minute period, over 300 solutions were identified. Following the brainstorming period, participants were asked to identify their top three ideas. Next, the small groups reconvened to discuss their identified top three solutions (more if time) and identify short-, medium- and long-term strategies.

Nearly all of the top solutions identified through the small group discussions[6] related to wages and benefits, raising public awareness, training, or job/career development (see Table 1).

Table 1. Top solutions identified by Small Group

Group #	Top Identified Solutions
1	• Increase wages and benefits • Partnerships with the education system • Promote direct care/support work as a career and have a targeted recruitment marketing campaign • Public awareness of the direct care/support workforce shortage • Use available technology to allow people to be independent

[4] See Appendix A for the full list of organizations invited to participate in the Workforce Summit and serve on the Advisory committee.
[5] See Appendix B for discussion briefs on the four strategic areas shared with Workforce Summit participants.
[6] See Appendix C for the full list of solutions identified at the Workforce Summit.

Group #	Top Identified Solutions
2	• Increase wages/benefits and increase FT positions • Look to existing successful models and change paradigms • Market to new pools of workers (include currently disqualified, people with disabilities, students, older adults, parents with school age and younger children, military) • Service Learning/National Service (Peace Corps) model
3	• Affordable Housing for Workers • Prepare families for the workforce shortage • Specialized Trainers, Credentialing • Website/chat room to Share Information between Providers/Clients, and Communication across teams
4	• Establish a "Care Corps" like Peace or AmeriCorps • Include direct care/support staff in the treatment team • Remove or raise Consumer Directed Community Supports (CDCS) cap so there will be more funding/ flexibility for services • Training/Career Ladder to areas of population that under or unemployed
5	• Career development/ Career ladder opportunities • Offer adequate/appropriate level of training for level of care required. (person centered care) • Reimbursement: benefits, wages, competitive pay
6	• Credentials and career paths • Increasing immigrant population to support workforce in Minnesota • Standardized Training o Core competency and training for those who provide care, o Direct training by home care agency in the office and in the field o First aid / CPR • Summit for direct care/support workers and agencies • Wages and Benefits
7	• Increase flexibility in the way services can be delivered • Increase the compensation and benefits to increase service quality and pay for performance • Reframe this work as a career and a profession • Tap into the pool of unemployed people with disabilities and recruit them to do care
8	• Incorporating training in high schools • Marketing the industry • Professionalizing the field, and Portable trainings • Tax credit/loan relief

Summit Results

Since the conclusion of the summit, the notes from the eight small groups were gathered, combined, coded, reviewed and analyzed[7]. Through this content analysis about sixty minor themes were identified. Similar minor themes where grouped, resulting in sixteen major themes. The total number of times the small groups mentioned the minor-themes and related major themes were identified.

Table 2 lists the sixteen major themes[8]. Of the identified sixteen major themes:

- Five major themes appear between 60 and 112 times in the combined notes.
- Four of the top five major themes were mentioned in all eight small groups.
- The remaining eleven major themes appear up to 18 times in the combined notes, and most were mentioned in at least three small groups.

The five main themes from summit

1. Increase workers' wages and or benefits
2. Expand the worker pool (alone) and by partnering with professional programs or with the Department of Education
3. Enhance direct care/support worker training
4. Increase job satisfaction (including quality of the job related items)
5. Raising public awareness

Table 2. Top Five Major Themes by Number of times mentioned and by Small Group

No.	Major Themes (Ideas)	**Number times mentioned in groups**	**Number of groups that mentioned**
#1	Increase workers' wages and or benefits	112	8 of 8
#2	Expand the worker pool (alone) and by partnering with professional programs or with the Department of Education	102	8 of 8
#3	Enhance direct care/support worker training	73	6 of 8
#4	Increase job satisfaction (including quality of the job related items	62	8 of 8
#5	Build public awareness	61	8 of 8

THE OPINION SURVEYS

Capturing and including the opinions of direct care/support workers and persons receiving services was a priority of the Workforce Summit Advisory Committee. Workers and persons receiving services attended, presented and participated in the Summit. In addition, two online

[7] See Appendix D for the notes from the Workforce Summit general sessions and for all eight small groups.
[8] See Appendix E for the full list of sub-ideas and strategies (minor themes) for all sixteen major themes identified at the Workforce Summit.

surveys were developed with the help of Summit Advisory Committee members to gather the opinions of these two groups of people about the job of a direct care/support worker[9].

The two surveys asked closed- and open-ended questions about:

- Demographics (all respondents)
- Length of service and likelihood to stay (direct care/support workers only), and
- Motivators for workers to stay (all respondents).

Opinions from workers and persons receiving services were collected through the surveys about direct care/support workers. "Direct care/support workers" was defined as those who are paid to provide services and support to a child, adult or older adult who needs hands on, daily care to continuing living and working where they want about the work that they do.

Sample

To provide ample opportunity for workers and persons receiving services (or a family member, spouse, significant other, or guardians of such persons) to complete these surveys, they were posted online for approximately five weeks. A snowball-sampling technique was used to disseminate these links through email and DHS social media outlets. Summit participants and all Advisory Committee members were asked to share these links with their members and other groups as they felt appropriate.

Approximately 1,300 total opinion surveys were completed: 1,117 by direct care/support workers and 182 by persons receiving services (or their representative).

Findings Summary

The survey findings provide a look into what persons who receive services and direct care/support workers think would support the direct care/support workforce. Each survey contained a mix of 12 closed-and open-ended questions.

Closed ended questions – Demographics

Survey respondents were asked closed ended questions about basic demographic information (all respondents) and additional demographic information about their current work situation (direct care/support workers only).

Respondents who were persons receiving services tended be 50 or older, whereas workers were more likely to be between 20 and 49 years old. The majority of both types of respondents identified as white females. Persons receiving services were more likely to live and work (when applied) in suburban areas. Workers were more likely to live in rural areas, and to work in both rural and suburban areas.

[9] See Appendix F for the questions asked in both Opinion Surveys and full results tables.

Table 3. Basic Demographic Characteristics of Survey Respondents

Respondent Characteristics	**Persons receiving services** (N=182)	**Direct Care/Support Workers** (N= 1,117)
Age – 50+	54%	24%
Age – 20 to 49	39%	68%
White / Caucasian	95%	89%
Female	66%	86%
Married/Long-term relationship	46%	53%
Single	54%	46%
Living in	50% - Suburban areas 30% - Rural areas 20% - Urban areas	46% - Rural areas
Working in	31% - Suburban areas 28% - Does not apply 22% - Rural areas 19% – Urban areas	35% - Rural areas 35% - Suburban areas 27% - Urban areas

Direct care/support workers were also asked to provide additional demographic information about the type of direct care/support positions held, number of positions held, length of service, and likelihood would continue working in position held.

Table 4. Additional Demographic Characteristics about Direct Care/Support Workers only

Characteristics about Type of work	**Direct Care/Support Workers** (N= 1,117)
Length of service = 10+	45%
Type of position = Direct support professional	70%
Type of position = Personal care aide	15%
Number of Jobs to earn living wage = 3	11%
Number of jobs to earn living wage = 2	44%
Number of jobs to earn living wage = 1	43%
Most likely to stay = Up to 3 months	75%
Most likely to stay = 2 years	40%

Open ended questions

All respondents were asked open-ended questions about direct care/support workers' motivation to stay in the job.

The survey open-end questions asked persons receiving services about:

- Things employers could do better to support workers,
- Things that motivate direct care/support workers to be a direct care/support worker, and
- Things would motivate direct care/support workers to stay at their job(s) longer.

Direct care/support workers were asked about:

- Things that would motivate them to remain in their job longer, and
- Training opportunities that would be beneficial to them.

Responses were to all open-ended questions were coded and grouped by minor themes and major-themes. The method of coding and analysis method used was the same as that used to complete the content analysis of the notes from the Summit. The open-ended were coded and then grouped by minor-theme. The minor-themes were then grouped into major themes. Many of the themes identified at the Summit lent themselves to identify major themes in the survey (for example, wages and benefits) [10]. The results of this content analysis for these open-ended questions are presented in the next section.

Survey Results: Motivation Analysis

Open-ended responses from both surveys were analyzed to identify what motivates (or would motivate) workers based on certain respondent characteristics was completed. Through this analysis three things were most commonly mentioned by both persons receiving services and direct care/support workers:

1. Wages and/or benefits
2. Job satisfaction (including quality of job related items such as the people they support, and specific efforts to improve the profession)
3. Training

Persons receiving services most commonly mentioned wages and/or benefits when asked what they thought would keep workers in their job longer and would better support workers. But when asked what they thought motivates workers to be a direct care/support workers, mentioned job satisfaction (including quality of the job related items). Training opportunities was mentioned most often when asked about what would better support workers.

Table 5. Opinions of Persons Receiving Services By Major Theme –Percent of mentions

Major Theme	**Support for workers** (N= 281)	**Motivates workers** (N= 285)	**Want to stay** (N= 280)
Wages and/or benefits	39%	26%	59%
Job satisfaction/ quality of job	23%	69%	25%
Direct care/support worker training	25%	2%	8%

Not surprisingly, direct care/support workers most commonly mentioned wages and/or benefits when asked what motivates them to do their job, then job satisfaction (including quality of job related items). Training opportunities was mentioned by very few direct care/support workers in response to what motivates them.

[10] See Appendix F for the full results tables for both Opinion surveys.

Table 6. What Motivates Direct Care/Support Workers–Number and percent of mentions by Major Themes

Major Theme	Number of times mentioned (n=1,633)	Percent of times mentioned
Wages and/or benefits	1032	63%
Job satisfaction/ quality of job	572	35%
Direct care/support worker training	27	2%

Surprisingly motivating factors for workers did not differ greatly based on either the likelihood they would stay or the total time working in the profession: Workers mentioned each of the major themes at about the same rate (see Tables 7 and 8).

Table 7. Likelihood Direct Care/Support Workers Will Stay by Major Theme–Percent of Mentions

Likelihood will stay	Wages and/or benefits	Increase job satisfaction/ quality of job	Direct care/support worker training
2+ years	57%	39%	1%
Less than 3 months	66%	30%	4%

Table 8. Number of Years working as direct care/support worker by Major Theme– Percent of Mentions

Number of years as a direct care/support worker	Wages and/or benefits	Increase job satisfaction/ quality of job	Direct care/support worker training
0 – 1	56%	42%	1%
2 – 5	62%	35%	2%
5 – 10	59%	35%	2%
10+	63%	33%	1%

While few workers mentioned training as a motivating factor, when asked 86% or all direct care/support worker respondents did identify types of training opportunities they would find beneficial to doing their job. Training opportunities that are client-specific (either for a certain disability type or disease) were mentioned the most often (20% of all mentions).

Table 9: Beneficial Training identified by Direct Care/Support Workers–Number, Percent of Mentions

Beneficial Training Opportunities	Number of times mentioned (n=1,403)	Percent of times mentioned
Training specific to a type of disability or disease	271	19%
No more training	154	11%
Responsibilities or skills related to job	144	10%
Working with people with difficult behaviors	129	9%
Career advancement	128	9%
Medical	112	8%
Creating a better workplace	76	5%
Policy and systems	71	5%
Communication or relationship building	62	4%
Training method (in person, hands on/on the job, online)	61	4%
Self-Care	51	4%
Other	41	3%
Person centered training	38	3%
More training in general	32	2%
Community resources	10	1%
Cultural	10	1%
Training for general public about people receiving services	7	<1%
Best practices or research	6	<1%

COMMON THREADS

The top five major themes that came out of the Summit were found in the analysis of the opinion survey open-ended responses. These themes are the common threads between about what these different populations agree are important to any action specific to developing the direct care/support workforce.

The different populations include:

- Thought leaders who participated in the Summit,
- Direct care/support workers who responded to the Opinion Survey, and
- Persons receiving services who responded to the Opinion survey.

Table 10 provides a look into how these populations think about the top five major themes. In this table the top five themes are described using examples taken from the Summit notes and open-ended opinion survey responses.

Table 10: Examples of ideas within each of the five major themes by population

Five major themes	*Thought leaders*	*Persons who receive services*	*Direct care/support workers*
Increase workers' wages and or benefits	• Tax credit/loan relief /loan forgiveness • Regularly scheduled annual compensation increases	• I want [workers] to get paid more and have time off so they don't get so burned out • Better pay and benefits	• Adequate wages • Some sort of benefit - PTO, insurance that you can actually afford
Increase job satisfaction (including quality of job related items)	• Recognize the personal needs of direct care/support workers • Professionalize the role	• Listen to them, allow a place to help them grow and feel appreciated • Support from others on the challenges of being a PCA	• Trained and knowledgeable supervisor that can assist and lead me in my role • Feeling successful
Direct Care Support Worker Training	• Access to free CPR and First aid, and other basic training • Teach workers other important skills such as active listening	• Better training for fill in staff • Mandatory training	• Offer computer training to all employees in the agency when a new version comes out • In-service trainings • Better trainings
Expand the worker pool	• Market to new pools of workers (include people currently disqualified, people with disabilities, students, older adults, parents with school age and younger children, military) • Market job to transitional youth who are being required to have work experience	--	--
Public awareness campaign	• Public awareness campaign of the direct care/support workforce shortage • Market the industry	--	--

The top five themes identified through by Summit thought leaders were found in the content analysis of the open-ended responses of both workers and persons receiving services to the opinion surveys.

Table 11 compares how often the five Summit major themes where mentioned by each of the three population groups: in the notes from the Summit, and in the open-ended opinion survey responses. The number of mentions for each population group were counted as noted below:

- **Thought leaders** (that is, Summit participants): of the five major themes, how often were each of them mentioned in the notes from the Summit's small groups?
- **Persons receiving services**: of the five main themes, how often were each of them mentioned when respondents replied to the question, "What are 1 or 2 things that you think would keep your direct care/support worker in this job longer?"
- **Direct care/support workers**: of the five main themes, how often were each of them mentioned when respondents replied to the question, "Think of 1 or 2 things that would motivate you to remain in your currents job/position?"

Table 11: Frequency of Five Top Major Themes Mentioned by Population

Five main themes	***Thought leaders*** *(N=410)*	***Persons who receive services*** *(N=241)*	***Direct care/support workers*** *(N=1,633)*
Increase workers' wages and or benefits	27%	68%	63%
Increase job satisfaction/quality of job	15%	29%	35%
Direct Care Support Worker Training	18%	2%	2%
Expand the worker pool	25%	0%	<1%
Build public awareness	15%	1%	0%
Total	100%	100%	100%

Note: The N for Table 11 is the total number of times all of the five main themes were mentioned by each population.

While all five top themes were found in opinion survey respondents answers, both groups were most likely to mention wages and/or benefits and job satisfaction (including quality of the job related items).

Important to any action planning or next steps on this topic not only includes understanding how these three populations think about these top five themes, as well as what were common sub-ideas associated with each of the top five ideas. The sub-ideas included in these top five themes as identified by all three populations are presented in Tables 12 - 16.

Table 12: Increase Workers' Wages and/or Benefits–Sub-Ideas All populations

THEME 1: INCREASE WORKERS' WAGES AND/OR BENEFITS
Increase workers' wages and/or benefits *(in general)*
Provide scholarships and tuition repayment
Affordable or free housing
Affordable transportation
Allow workers to benefit from payment incentives
Bonuses
Increase access to affordable healthcare
Increase access to daycare or provide daycare as a benefit
Increase and standardize wages
Increase benefits for part-time workers
Increase or develop more public assistance
Increased mileage or vehicle reimbursement
Increased paid leave
Provide wage increases after training is completed or length of service awards
Shift incentives
Targeted rates/wage increases to geographic areas with greatest need
Tax breaks for workers

Table 13: Expand the Worker Pool Major Theme– Sub-Ideas All populations

THEME 2: EXPAND THE WORKER POOL
Expand the worker pool *(in general)*
Apprenticeship opportunities
Culturally specific training programs
Develop a "Peace Corps" or "Care Corps"
Develop non-traditional shifts into learning models
Expand the worker pool by easing worker criteria or restrictions
Increased use of technology
New immigrant populations

THEME 2: EXPAND THE WORKER POOL
Older workers
Other people with disabilities
Partner with schools to increase the number of students as workers
Underemployed people
Undocumented workers
Use employee assistance programs to recruit workers
Welfare to work participants

Table 14: Direct Care/Support Worker Major Theme– Sub-Ideas All populations

THEME 3: ENHANCE DIRECT CARE/SUPPORT WORKER TRAINING
Direct Care/Support Worker Training *(in general)*
Access to better, more standardized training
Focus on soft skills
Increase training funding for providers
Increased on-the-job or in-person trainings
Increased trainings on positive supports
Mentoring program
Peer to peer training
Tailor trainings to the person receiving services
Train management on creating a better/more supportive workplace
Train persons receiving services about their role in managing workers
Training specific to the service participant's medical condition
Trainings specific to workers' job responsibilities

Table 15: Increased Job Satisfaction Major Theme–Sub-Ideas All populations

THEME 4. INCREASED JOB SATISFACTION (INCLUDING QUALITY OF THE JOB RELATED ITEMS)
Increase job satisfaction (including quality of job related items) *(in general)*
Better match workers with the people they support
Bridge formal and informal caregiving

THEME 4. INCREASED JOB SATISFACTION (INCLUDING QUALITY OF THE JOB RELATED ITEMS)
Communicate to workers they make a difference in people's lives
Consistent or preferred hours
Create a positive and supportive work cultures
Create and communicate career lattices or advancement opportunities
Develop accreditation to validate the importance of work
Develop recognition programs at the state level for workers
Develop support training for workers
Include worker in the person centered planning process and have them engage with rest of care team
Increase staffing levels
Increase the quality of management practices
Increase the quality of workers
Increase workplace safety
Make direct care support jobs more flexible
Reduce/streamline the amount of paperwork
Treat staff like you would treat people receiving services, in a person centered way

Table 16: Build Public Awareness Major Theme– Sub-Ideas All populations

THEME 5: BUILD PUBLIC AWARENESS
Build public awareness (in general)
Public awareness campaign for worker recruitment
Market to other professions
Public awareness campaign to bring awareness of workforce shortage
Include/leverage counties and advocates
Promote live-in caregivers
Targeted recruitment through public awareness

MOVING FROM TALK TO ACTION

On October 28th, 2016, a joint meeting of the HCBS Partners Panel and the Workforce Summit Advisory Committee was held to discuss next steps[11]. An overview of a draft of this report was shared and attendees used the top five themes and their sub-ideas identified at the July Workforce Summit to identify where there was interest and energy to move from talk to action.

Over 225 people from the Direct Care/Support Workforce Summit Advisory Committee, HCBS Partners Panel Members, and HCBS Partners Panel email list were sent meeting details. Approximately 65 individual attended the three hour meeting.

Meeting summary

The Continuing Care for Older Adults Administration's Assistant Commissioner Loren Colman and the Community Support Administration's Assistant Commissioner Claire Wilson started the meeting by providing opening remarks. A report on the Summit and opinion surveys was provided and personal accounts of the summit were provided by two organizations, the Minnesota Association of Area Agencies on Aging and the Minnesota Association of the Centers for Independent Living.

To move from talk to action, participants were given two opportunities to discuss the sub-themes (or activities) identified for the top five themes (see Tables 12-16, pages 13-15). In groups of no more than eight, attendees were asked to sort the activities for each theme into three categories:

- An organization could do this activity on its own
- A group of organizations is needed to do this activity
- This activity requires legislative action

Following the small group activity, attendees shared how the activities for the top five themes had been sorted into these three categories. Table 17 presents a by the numbers overview of the results of the sorting of activities by the small groups for each of the top five themes.

An analysis of the meeting notes found broad general consensus about all of the activities across themes related to these three categories, including:

- **For three of the top five themes** (Theme 2: Expand the workers, Theme 4: Increased job satisfaction including the quality of the job; and Theme 5: Build public awareness), attendees felt **more than 70% of all activities could be done by an organization on its own**. While organizations could address many of the activities on their own, attendees noted that most activities would be enhanced by working in a group or by legislative efforts.

[11] See Appendix G for the notes and handouts from the October 28, 2016, joint meeting of the HCBS Partners Panel and Workforce Summit Advisory Committee.

- **For four major themes** (Theme 1: Increase workers' wages and/or benefits; Theme 2: Expand the worker pool, Theme 4: Increased job satisfaction including the quality of the job; and Theme 5: Build public awareness), attendees felt **more than 80% of all activities could be done by a group of organizations**. While groups of organizations could address many of the activities, it was discussed that most would be enhanced by legislative efforts.
- **For two top themes** (Theme 1: Increase workers' wages and/or benefits; and Theme 2: Expand the worker pool), attendees felt **more than 90% of the activities required legislation action**. While legislative efforts were needed to address these activities, it was discussed that most also would be enhanced by the support of individual or groups of organizations.

Table 17: By the Numbers–Small Group sorting results of top five themes activities

TOP FIVE THEMES (N=number of activities)	AN ORGANIZATION CAN DO ALONE	A GROUP OF ORGANIZATIONS IS NEEDED	REQUIRES LEGISLATIVE ACTION
Increase workers' wages and/or benefits (N=19)	10 (53%)	19 (100%)	19 (100%)
Expand the worker pool (N=14)	10 (71%)	12 (86%)	13 (93%)
Enhance Direct care/support worker training (N=9)	4 (44%)	6 (67%)	5 (56%)
Increased job satisfaction (including the quality of the job) (N=18)	16 (89%)	15 (83%)	11 (61%)
Build public awareness (N=7)	5 (71%)	6 (86%)	1 (14%)

Next, attendees helped identify how much energy there was around the identified activities for the top five themes. All in attendance had an opportunity to identify what they or their organization were willing to work on and to see what other individuals or organizations were willing to work on. For each of the top five major themes' activities, attendees were given dots in three different colors which were used to indicate if they:

- Will play a leadership role,
- Will participate in a group effort, and/or
- Are doing something on their own.

The frequency of organizations showing a willingness in taking action for the various activities identified for the five top themes ranged from three to 30.

Table 18: Frequency of October joint meeting participants' indication of energy around major themes

MAJOR THEMES	WILL LEAD EFFORT	WILL WORK IN A GROUP	ALREADY WORKING ON IDEA
Increase workers' wages and/or benefits	13	28	19
Expand the worker pool	12	23	22
Enhance Direct care/support worker training	13	19	19
Increased job satisfaction (including the quality of the job)	13	26	30
Build public awareness	3	28	5
TOTAL	54	124	95

Next steps

The Minnesota Department of Human Services will help connect individuals and organizations who want to work together on similar efforts to address the direct care/support workforce shortage with those who are willing to lead efforts. Contact information will be captured through an online survey, and shared with those willing to take on leadership roles for an idea. Once leaders are identified and groups are formed contact information for each group will be posted on the DHS public website.

This report and all related materials will be available on the DHS public website by the end of 2016. People interested in the issue can sign-up to receive updates by writing to the email: DHS.AASDUpdates@state.mn.us.

Appendix A

List of Organizations Invited to Summit and Those Invited to Serve on Advisory Committee

Minnesota Department of Human Services

Invite List for Direct Care/Support Workforce Summit

Held July 26, 2016

Seventy-eight organizations (including DHS divisions) were invited to send up to two participants to the one-day Direct Care/Support Workforce Summit on July 26, 2016.

Ten Summit Advisory Committee Organizations volunteered to identify two direct care/support workers and two persons receiving services to attend this event. The ten organizations that helped with this task are: AARP, Alzheimer's Association of Minnesota-North Dakota, Association of Residential Resources of Minnesota, Care Providers of Minnesota, LeadingAge Minnesota, Minnesota Organization for Habilitation and Rehabilitation, Minnesota Brain Injury Alliance, Minnesota Consortium of Citizens with Disabilities, Minnesota Home Care Association, and SEIU Healthcare Minnesota.

LIST OF INVITED ORGANIZATIONS

NOTE: This list includes all organizations invited to serve on the Summit Advisory Committee and those who have agreed to cosponsor the event.

*= Invited to serve on Advisory Committee to help plan the Summit
**=Invited to serve on Advisory Committee AND agreed to be a Cosponsor of the Summit

1. AARP**
2. AccessPress
3. Advocating Change Together (ACT)
4. Alzheimer's Association of Minnesota-North Dakota**
5. Amherst H. Wilder Foundation
6. Association of Minnesota Counties
7. Association of Residential Resources of Minnesota**
8. Board of Social Work
9. Care Providers of Minnesota**
10. Center on Aging, University of Minnesota**
11. Department of Employment and Economic Development (DEED)*
12. DHS Alcohol and Drug Abuse**
13. DHS Direct Care Treatment**
14. DHS Disability Services**
15. DHS Health Purchasing**
16. DHS Licensing**
17. DHS Mental Health Division**
18. DHS Nursing Facility Rates and Policy**
19. Family Voices of Minnesota*
20. FamilyMeans
21. Governor's Council on Developmental Disabilities**
22. Governor's Workforce Development Board*
23. HealthForce Minnesota, Winona State University**

*= Invited to serve on Advisory Committee to help plan the Summit
**=Invited to serve on Advisory Committee AND agreed to be a Cosponsor of the Summit

Invite List for Summit and Advisory Committee

24. Institute on Community Integration, University of Minnesota**
25. LeadingAge Minnesota**
26. Legislative Office on the Economic Status of Women
27. Living at Home Network
28. Local Public Health Association (LPHA)*
29. LTC Ombudsman
30. Lutheran Social Services
31. Mature Voices of Minnesota
32. Mental Health Minnesota
33. Mental Health Providers Association of MN (MHPAM)
34. Metro Social Services
35. Mid-Minnesota Legal Aid, Senior Law Project
36. Minnesota Adult Day Services Association
37. Minnesota Association for Children's Mental Health
38. Minnesota Association of Area Agencies on Aging**
39. Minnesota Association of Centers for Independent Living*
40. Minnesota Association of Community Mental Health Programs**
41. Minnesota Association of County Health Plans**
42. Minnesota Association of County Social Services Administrators**
43. Minnesota Association of Resources for Recovery in Chemical Health (MARRCH)**
44. Minnesota Board on Aging**
45. Minnesota Brain Injury Alliance**
46. Minnesota Consortium of Citizens with Disabilities**
47. Minnesota Council of Child-Caring Agencies*
48. Minnesota Council of Health Plans**
49. Minnesota Department of Education*
50. Minnesota Department of Health, Community and Family Health**
51. Minnesota Department of Health, Office of Rural Health**
52. Minnesota Disability Law Center*
53. Minnesota First Provider Alliance
54. Minnesota Home Care Association**
55. Minnesota Hospital Association*
56. Minnesota Leadership Council on Aging **
57. Minnesota Network of Hospice and Palliative Care
58. Minnesota Organization for Habilitation and Rehabilitation (MOHR)**
59. Minnesota Quality Care, Inc.
60. Minnesota Quality Council
61. Minnesota Rural Health Association
62. Minnesota School Social Workers Association (MSSSA)
63. Minnesota State College - Southeast Technical
64. Minnesota State Council on Disability*
65. Minnesota State Demographic Center**
66. Minnesota State Economic Analysis*
67. MNAPSE-The Network for Employment
68. NAMI Minnesota**
69. Ombudsman for MH/DD
70. PACER (Parent Advocacy Coalition for Educational Rights)
71. Recover Health Resources
72. SEIU Healthcare Minnesota**
73. Senior Community Services
74. State Advisory Council on Mental Health
75. State Quality Council
76. The Arc Minnesota**
77. Vital Aging Network
78. Volunteers of America

*= Invited to serve on Advisory Committee to help plan the Summit

**=Invited to serve on Advisory Committee AND agreed to be a Cosponsor of the Summit

Appendix B

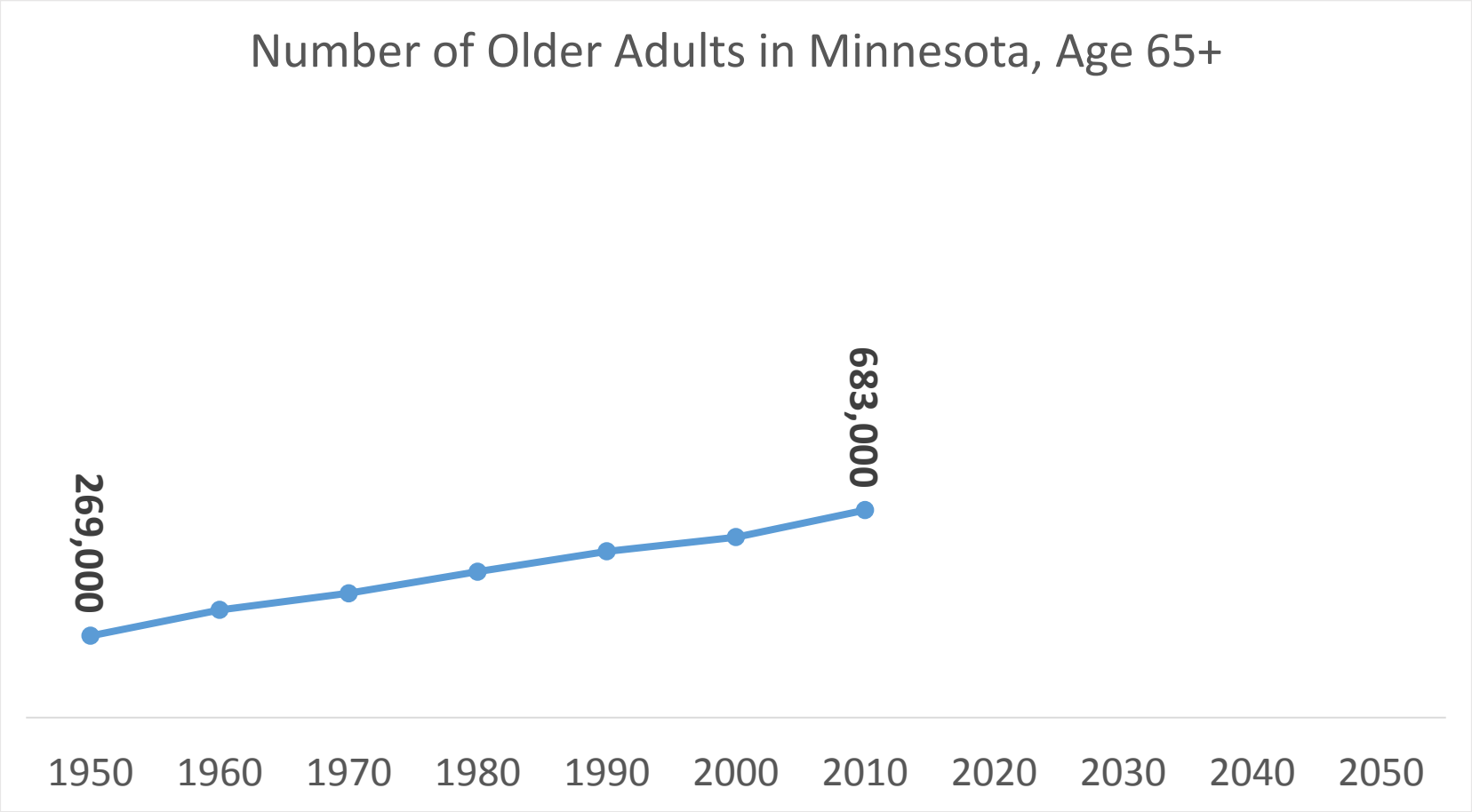
B-1 State Demographer and State Economist PowerPoint
B-2 Small Group Tasks and Assignments
B-3 All Four Strategic Area Discussion Briefs

Minnesota State Demographic Center

DIRECT CARE/SUPPORT WORKFORCE SUMMIT

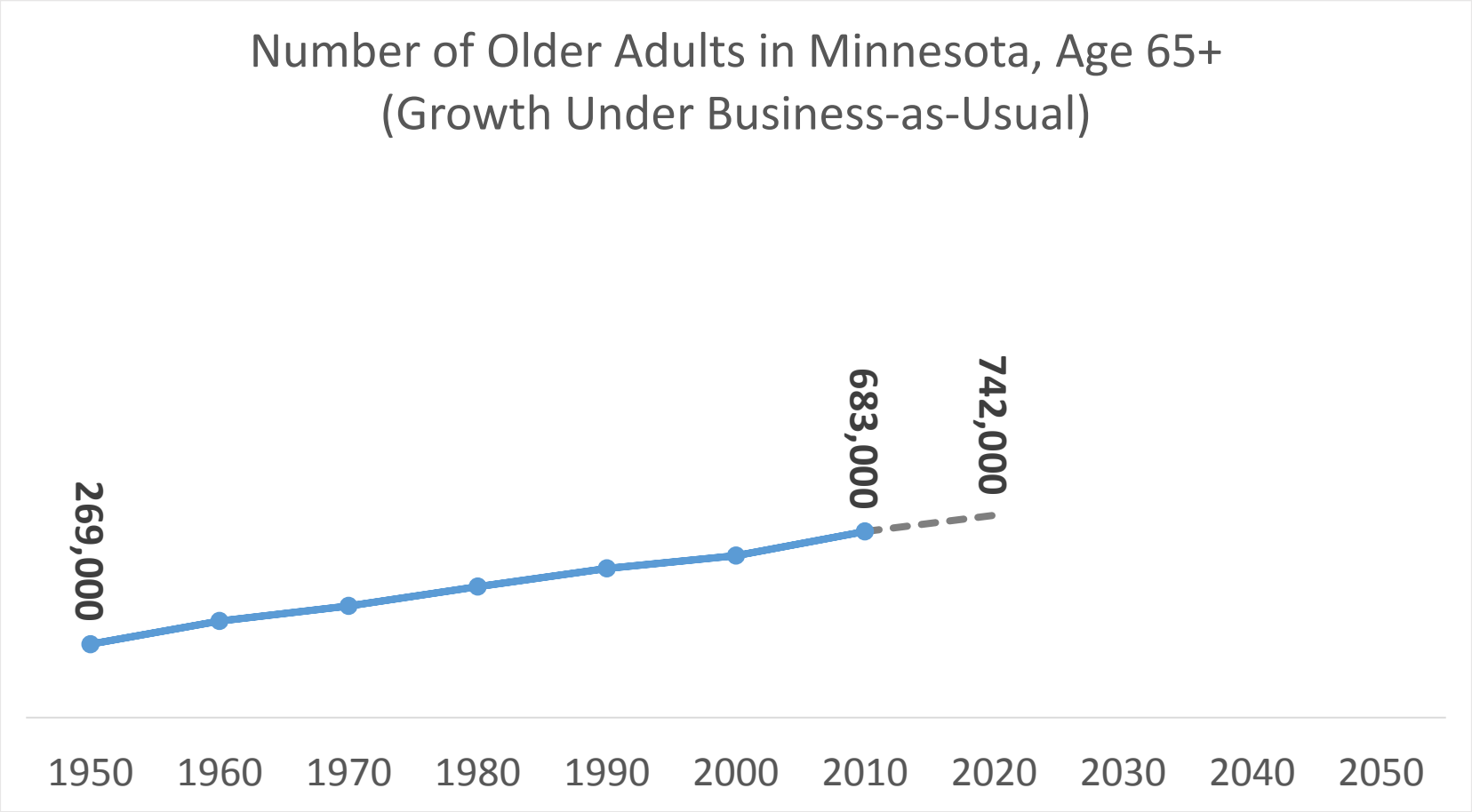
Susan Brower, Minnesota State Demographer
July 26, 2016

Minnesota's older adult population has grown steadily since at least 1950



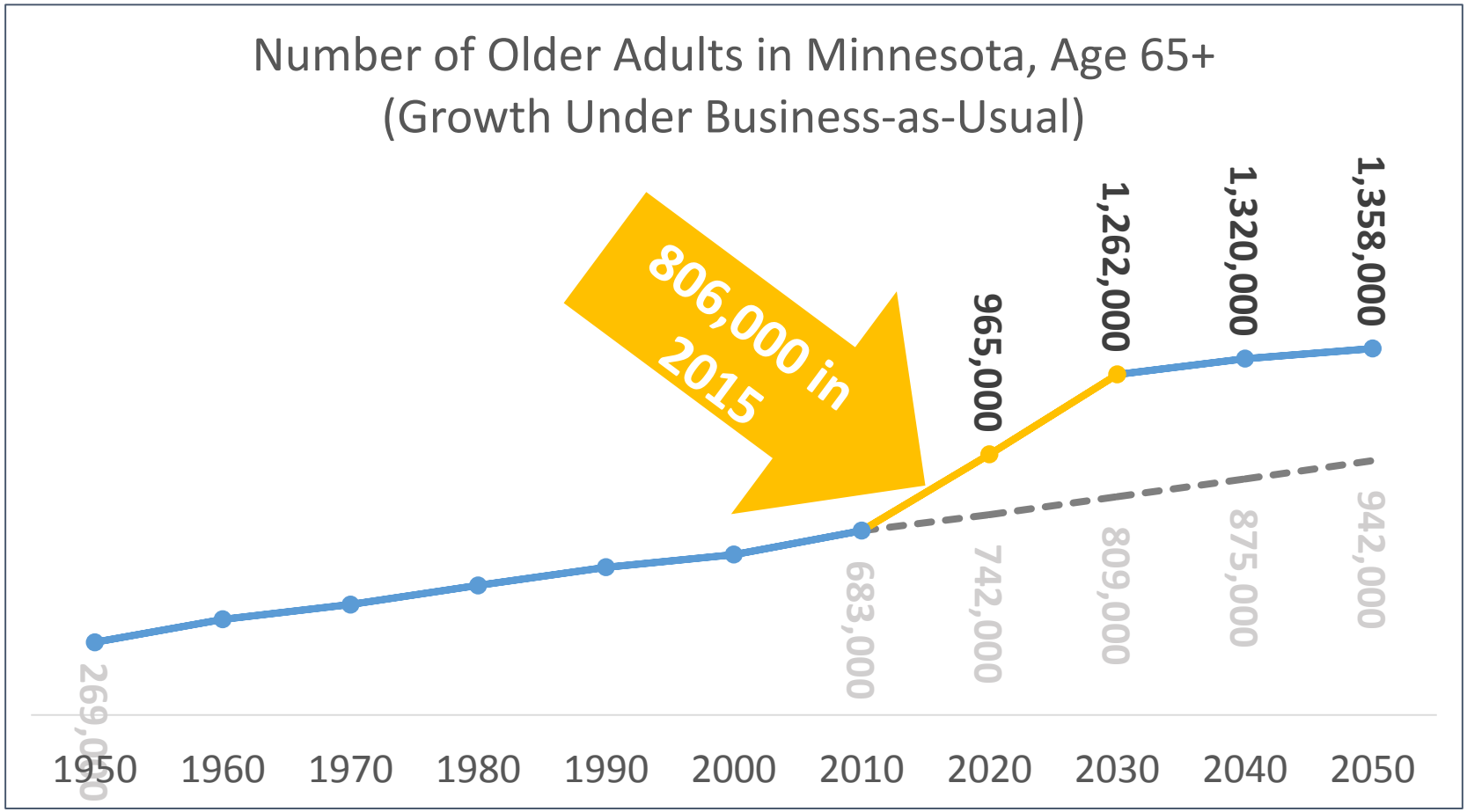
Source: U.S. Census Bureau

If Minnesota were to continue to age as it has in the past…



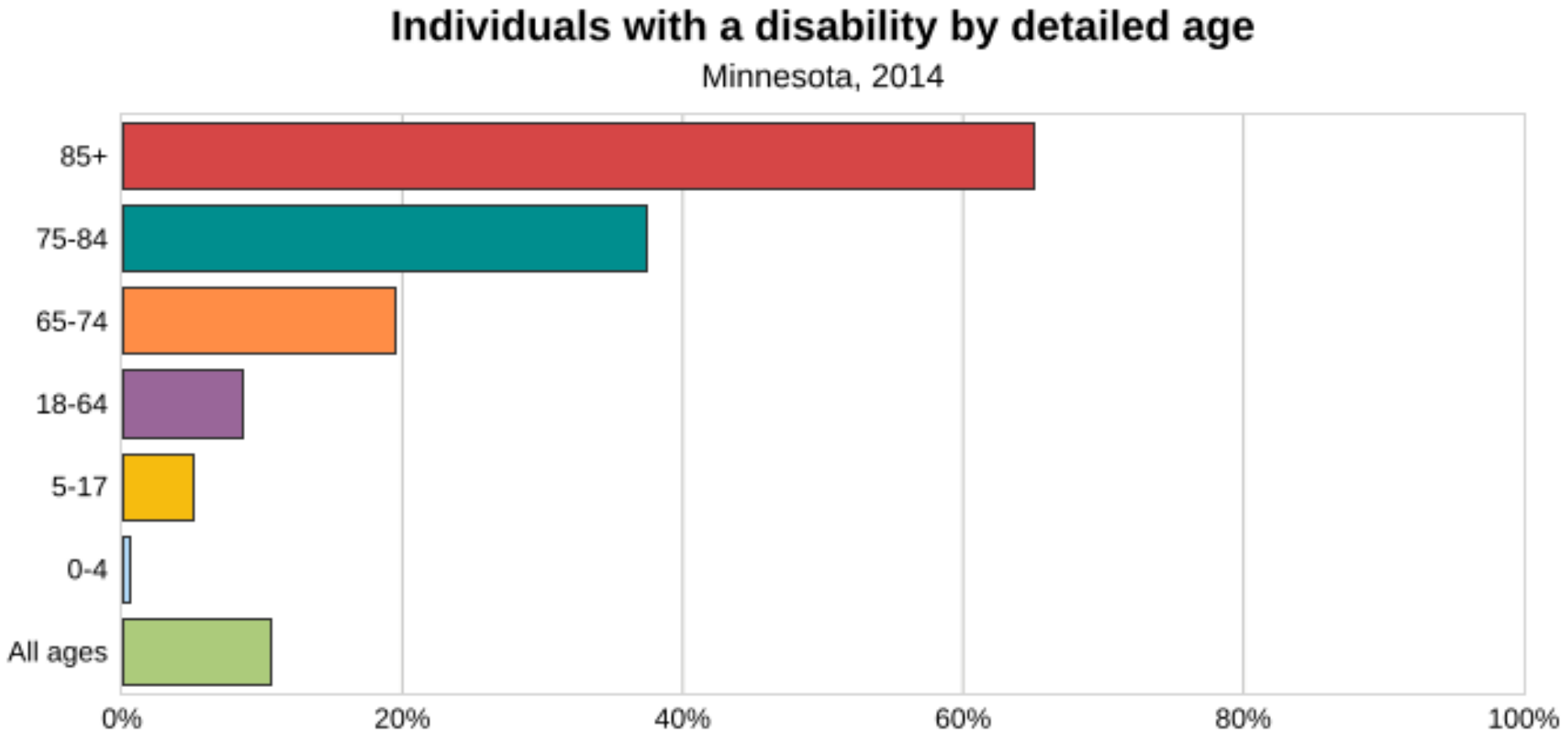
Source: U.S. Census Bureau

Minnesota has already begun the transition to an older state



Source: U.S. Census Bureau

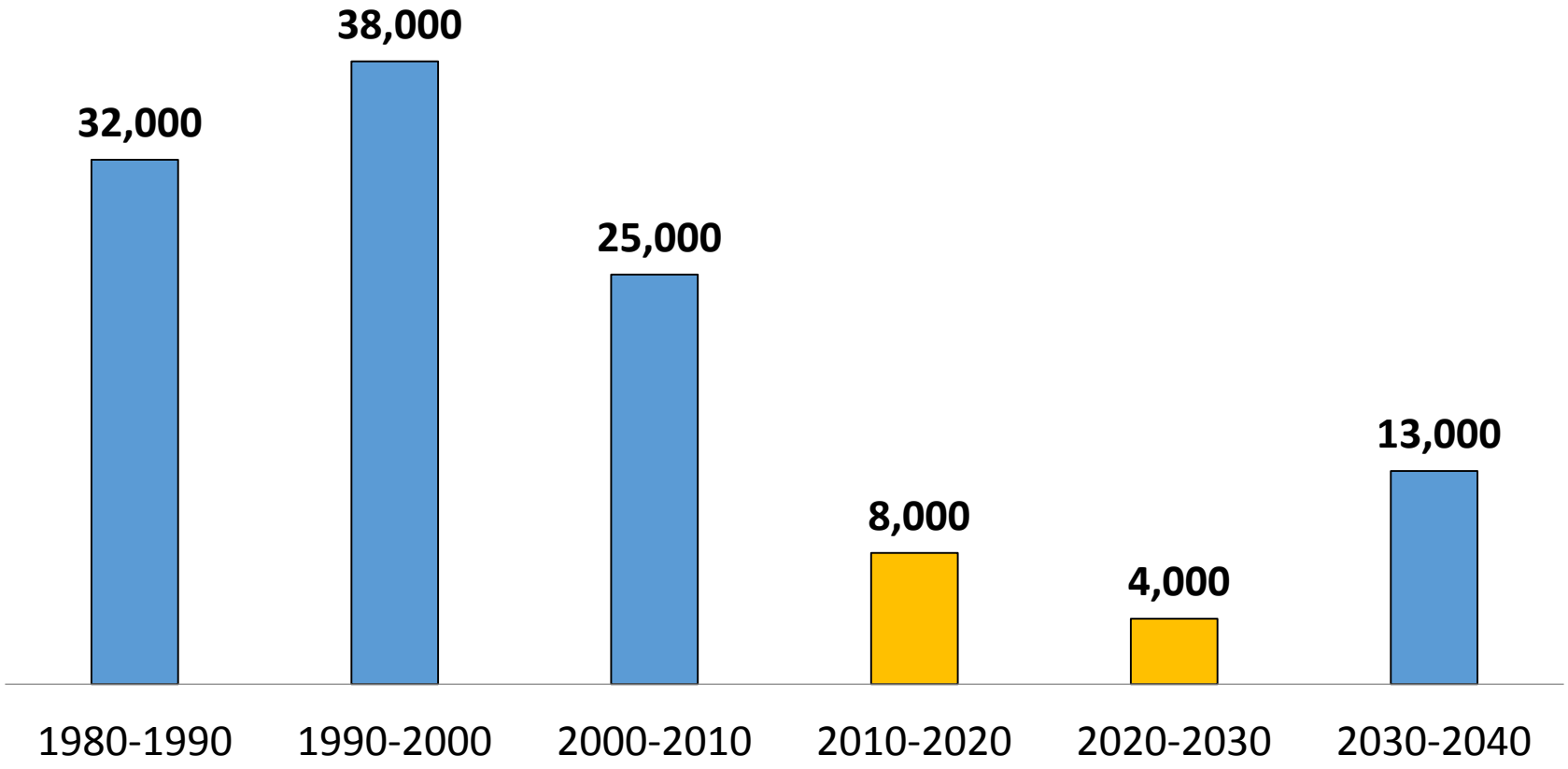
612,000 or 11.3% of all MN residents have a serious disability



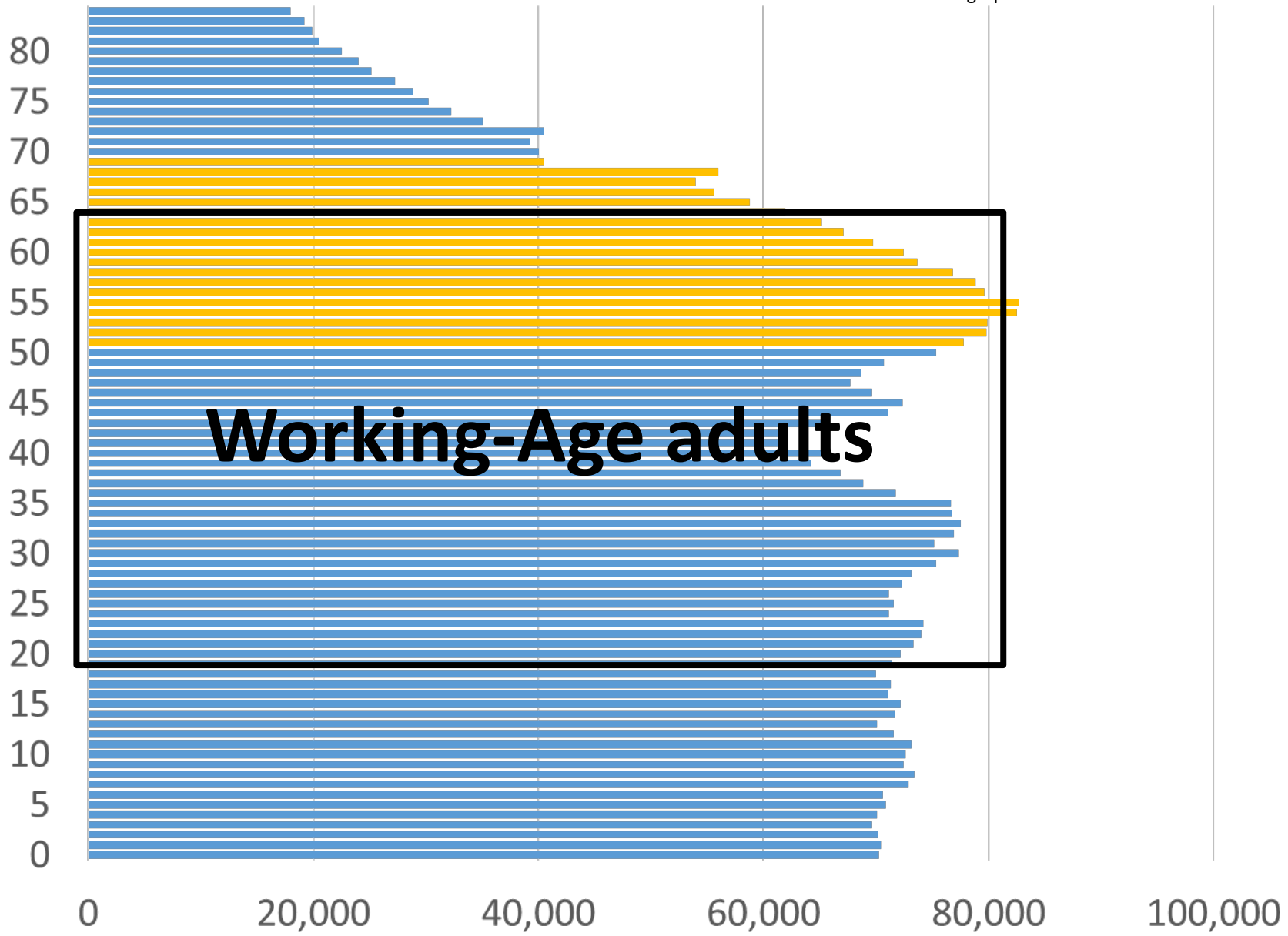
Source: MN Compass from U.S. Census Bureau data

Projected Growth in Labor Force

Annual Average, Ages 16+



Source: U.S. Census Bureau, Minnesota State Demographic Center Projections



Source: U.S. Census Bureau, Minnesota State Demographic Center Projections

And so…

- More older adults will **increase the need** for direct care/support workers. At the same time, Baby Boomer retirements will **increase the competition** for workers.
- We are already **beginning to experience** slower labor force growth.
- MN will **remain** an older state into the foreseeable future. The challenges you are experiencing now are likely to be here for a while. We need to **realign** our policies to our new demographic reality.

Minnesota's Labor Market

Laura Kalambokidis

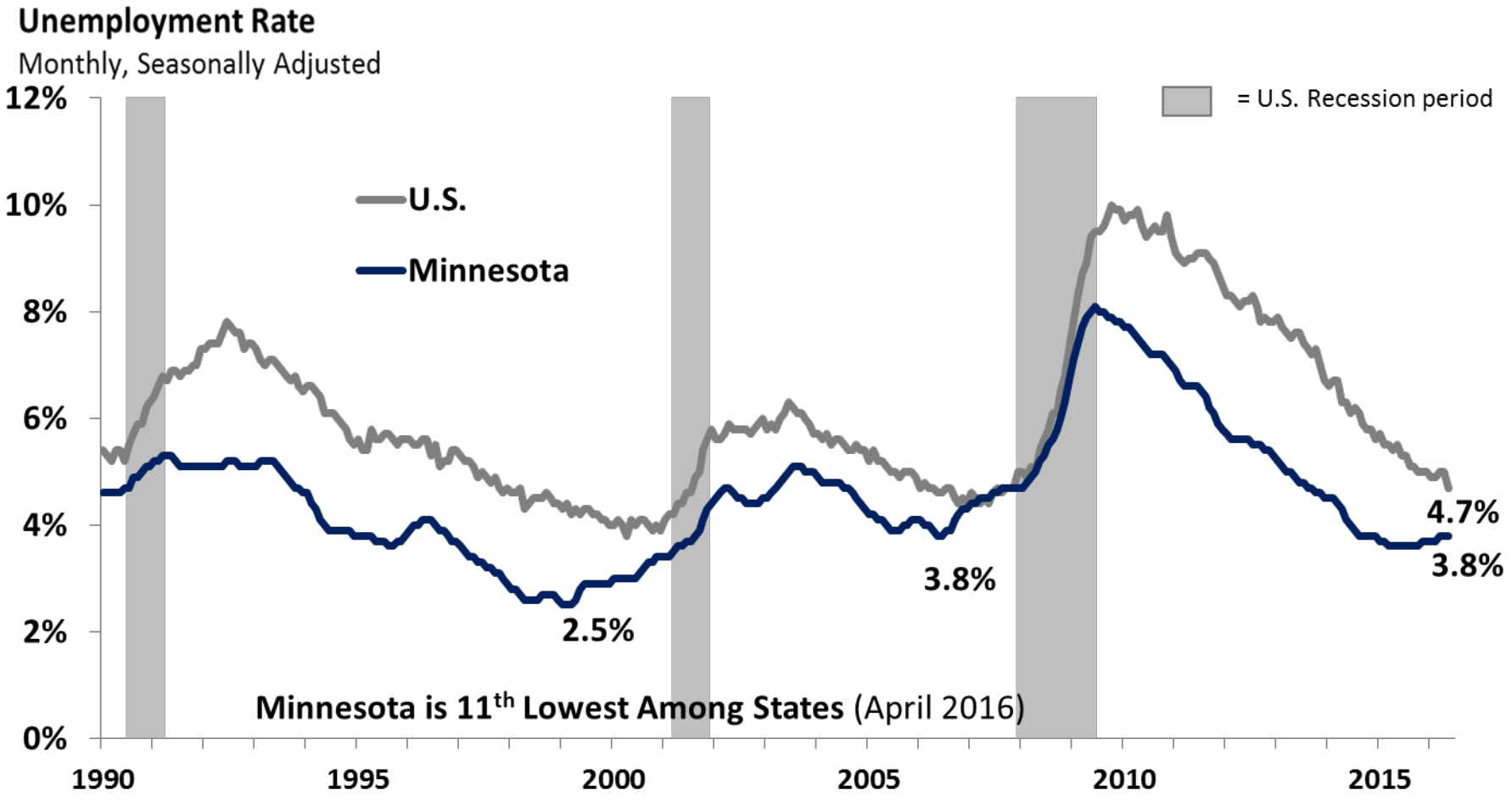
Direct Care Workforce Summit

July 26, 2016

Brooklyn Center, MN

MINNESOTA MANAGEMENT & BUDGET
MMB.STATE.MN.US

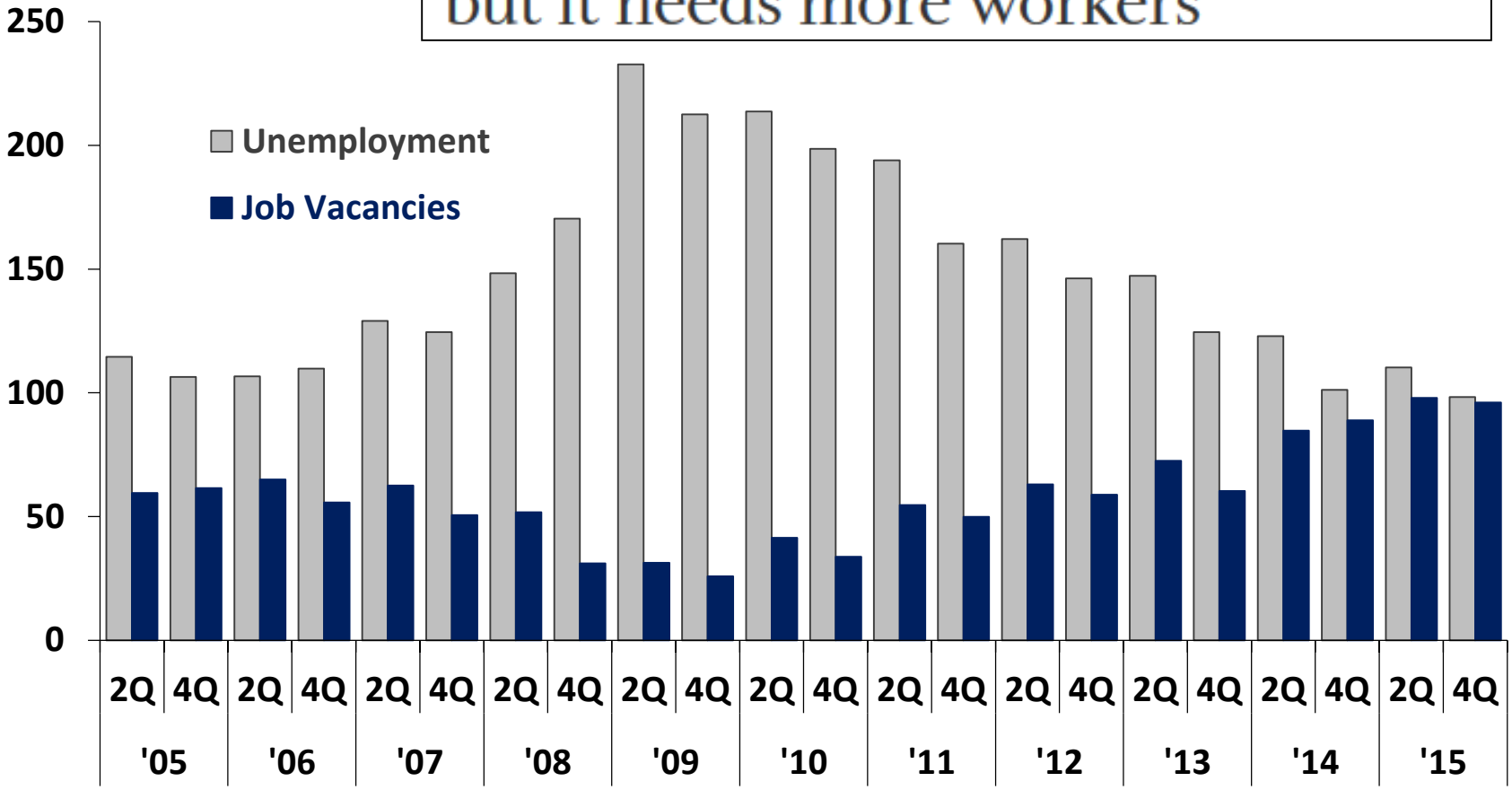
Minnesota's unemployment rate remains below the U.S.



Source: MN Department of Employment and Economic Development (DEED)

Low unemployment, high demand for labor

Jobs, jobs, jobs? Minnesota has 'em, but it needs more workers



Source: Minnesota Department of Employment and Economic Development (DEED)

Little slack in state's labor market

percentage	U.S.	Minnesota
Unemployment rate	4.7	3.8
Un- + underemployment rate	9.3	8.0
Unemployed/job vacancies	1.4	1.0
#Employed /population 16+	59.7	68.3
Labor force participation rate	62.6	71.0
(April 2016, not seasonally adjusted. Source BLS and MN DEED)		

Highest among states

Hennepin County finding new ways to fill rash of upcoming job openings

As retiremer
jobs, diversi

Transit agencies face bus driver shortage

Help wanted: Jobs aplenty at stores, restaurants, hospitals

Minnesota tech hiring grows in 2015, more help wanted

Labor shortage is already felt in southeastern Minnesota

Help wanted in Willmar, beyond

Direct Care/Support Occupations
Labor Market Information, Minnesota

Occupation	2015 Median Wages	Number Vacancies 4th Qtr 2015	Vacancy Rate 4th Qtr 2015	Share Vacancies Part-time	Projected Openings 2014 to 2024	Share Minority
Total, All Occupations	$18.88	96,114	3.6%	37%	860,360	12.5%
Licensed Practical & Vocational Nurses	$20.68	1,418	8.0%	46%	7,200	9.3%
Home Health Aides	$11.99	743	2.5%	68%	16,190	23.2%
Nursing Assistants	$13.52	2,522	8.6%	59%	9,180	23.2%
Personal Care Aides	$11.26	2,367	3.9%	61%	21,700	24.8%
Social & Human Service Assistants	$15.70	467	3.1%	35%	7,550	17.3%

Low median wage
Large share of part-time vacancies
Large share of minority workers

Source: Minnesota Department of Employment and Economic Development (D

Implications of a seller's labor market

- Industries **compete** for workers.
- Some positions go **unfilled.**
- Employers get **creative** to find, train, and retain workers.
- Job-seekers/switchers can be **picky.**
- Employers adopt **productivity**-enhancing technology, training, approaches.
- Pressure for **compensation** to increase.

Appendix B-2 Small Group Tasks and Assignments

Four Strategic Areas for Discussion

1. Recruitment/Substitution/Technology Use
2. Retention/Compensation/Job Redesign
3. Quality/Support/ Training and Credentialing
4. Career Ladders/Work Culture/Welcoming Environment

AM Session ~ 11 - 11:30 a.m.

TASK – Brainstorm UP TO 30 solutions in 30 minutes

- Remember to focus on those things that you believe will help increase the workforce
- Solutions should relate to one or both of your Small Groups two strategic areas for discussion

Lunch Break ~ 11:30 a.m. - 12 p.m.

TASK – Use your dots to identify which solutions want to debate, discuss and explore in next session

- Don't forget to eat lunch too!

PM Session ~ 12 - 1:30 p.m.

TASK – Identify 2 to 4 Solutions, 6 to 8 Strategies

- Debate, discuss, explore top 2 to 4 solutions
- Identify 6 to 8 strategies to take action for solutions
- Be clear if solution is for the short-, medium-, or long-term

General Session ~ 2 - 3:20 p.m.

TASK – Report back

- Which 2 of the 4 Strategic Areas Small Group discussed
- Share the 2-4 solutions and 6-8 strategies debated and explored
- Give examples (if time) of how/why group felt these solutions and strategies to take action would increase this workforce

Assignments

Small Group	Areas for Discussion	Facilitator
Group 1 Garden City Ballroom	Area 1 & Area 2	**Dan Newman** DHS Disability Services
Group 2 Harvest Room A	Area 1 & Area 2	**Patti Cullen** Care Providers
Group 3 Harvest Room A	Area 1 & Area 3	**Kathi Messerli** Minnesota Home Care Association
Group 4 Harvest Room B	Area 1 & Area 4	**Kari Matson** DHS Direct Care and Treatment
Group 5 Harvest Room B	Area 2 & Area 3	**Valerie DeFor** HealthForce, Winona State University
Group 6 Harvest Room C	Area 2 & Area 3	**Bob Held** DHS Nursing Facilities Rates and Policy
Group 7 Captain's Room	Area 2 & Area 4	**Krista Boston** Minnesota Board on Aging
Group 8 Captain's Room	Area 3 & Area 4	**Jason Flint** DHS Disability Services

Four Strategic Areas for Discussion

1. Recruitment/Substitution/Technology Use
2. Retention/Compensation/Job Redesign
3. Quality/Support/ Training and Credentialing
4. Career Ladders/Work Culture/Welcoming Environment

Appendix B-3 All Four Strategic Area Discussion Briefs

Discussion Area One

Recruitment |Substitution |Technology Use

Overview

Recruitment is often viewed as a numbers challenge with the focus being on bringing in enough people to fill vacancies. However, it needs to be about more than just getting additional people to fill vacancies. It should be about getting people who are truly committed to the field and want to do this work as a career. It is also important to think about recruitment in new ways such as using people differently and supporting them with technology. Knowing the characteristics of successful and committed direct care/support workers and recruiting from sources where there is a match between individual need and worker characteristics is critical. Identifying strategies to improve targeted recruitment is important. Proactively preparing the workforce to use and integrate technology into their everyday work lives to improve their own job performance and enhance the lives of the persons they support is needed. Over the past decade, more persons receiving long term services and supports do so while living with their families. In-home living arrangements result in better community living outcomes and they are less expensive. However, it is important to consider if substitute caregivers, including volunteers and family members, are being provided with sufficient training and support. Lastly, although direct care/support workers are highly valued by the overwhelming majority of organizations, families and people they support, often policy-makers and the general public have negative perception of these individuals and direct care/support workers are not viewed as professionals and their jobs are not viewed as careers.

Topics and Questions to Explore

I. Recruitment

The recruitment of direct care/support workers is critical to having a pool of candidates for position openings and ensuring that supports are available to people when they are needed. Studies show that one reason direct care/support workers are recruited and retained is because they perceive that they make a difference in peoples' lives.

Questions to Explore

1. What satisfying aspects of these careers can be enhanced to better attract and retain workers and what impact might role changes (for example, caregiver versus advocate) play in this process?
2. What about including assessment of personality characteristics, attitudes or beliefs, and competencies of a successful direct care/support staff into the hiring and recruitment process?
3. New pools of potential direct care/support workers need to be identified and developed. Populations frequently discussed are recent immigrant populations and people in search of a new career or displaced workers. What other groups of people can be attracted to these professions?
4. How can education and scholarship programs that bring people into the profession be expanded?

5. What barriers such as regulations and compensation need to be considered for people entering this profession? What about the role of licensing/credentialing and training on core competencies?

II. Substitutions

Over the past decade, a greater appreciation has developed regarding the critical role that informal or unpaid, natural supports received by persons receiving direct support services play in the quality of life they experience. Substitutions for workers that might evolve into a natural support include friends and family members who perform one or more support functions such as transportation, meal preparation, and hands on care. Often workers are needed to facilitate the development of these relationships.

Questions to Explore

1. How can consumer-directed models of care (for example, direct care, respite care, transportation, and meal preparation) be further developed, promoted and utilized?
2. If support is dependent on family and friends, what needs to be in place to support their learning, skill development, and respite?
3. What barriers, such as regulations, need to be considered that might encourage or expand substitution options such as informal and natural supports?
4. In what areas are informal supports most likely to enhance the quality of life experienced by persons receiving services? In what areas (e.g., choice & decision-making) might friends and family experience challenges in providing high quality care/support and need specialized training?

III. Technology Use

Technology use holds promise as a substitution, alternative or enhancement for workers, a way of providing increased quality and productivity, and expanding the reach of more specialized services. Medication administration devices provide reminders. Monitoring safety and health of individuals in their living space can be done remotely through technology. Common types of technology include Personal Emergency Response Systems which is person-activated and sensing devices which independently monitor individuals. Other sensors can detect changes in behavior and activity that proactively can prevent health related issues.

Questions to Explore

1. How can the use of these, and other types of, technologies be expanded?
2. How might smart home technology alleviate the need for 24-hour on-site staff and support the self-determination and quality of life of persons receiving services?
3. What barriers such as payment, regulation, or perception need to be addressed to expand the use of these technology advances?
4. How can technology, including virtual reality-based training, be effectively incorporated into the training programs of direct care/support and supervisory staff?

Discussion Area Two

Retention | Compensation | Job Redesign

Overview

Retaining workers requires job satisfaction (and will vary with the economic climate of the region). Job satisfaction comes from better wages but also (perhaps even more importantly) from a sense of doing something of value, which is respected and appreciated. Most long-term services and supports (LTSS) direct care/support workers have chosen this work because they feel drawn to it and enjoy providing support to others. But the work is challenging (both physically and emotionally) and these workers can burn out. Most direct care/support workers have more than one job and work for more than one organization or individual. Solutions to retention are many and involve not only improvements in compensation but in other areas too. Areas that involve job redesign, changes to organizational culture, training, support, and more.

Topics and Questions to Explore

I. Retention

What goes into retention of direct care/support workers? How much and how to pay people? Compensation comprises several elements and many benefit sets are flexible, such as cafeteria benefits, time off, flex time. Livable wages are an issue along with health insurance for many. Work satisfaction and retention are strongly impacted by the quality of supervision received by direct care/support staff. Work schedules and the demands of the job also play a role.

Questions to Explore

1. Will more flexible work schedules help?
2. What is the role of immigration? If we rely more heavily on immigrants, how do we support and plan for cultural issues that will arise?
3. How can the work be made more satisfying? Redefine criteria of success? Place a higher value on the insights of direct care/support workers? Facilitate workers ability to have more input into person-centered support planning and quality improvement efforts?
4. Should there be training programs and/or career paths to promote master practitioners who can mentor others?
5. What types of training/re-training of supervisors are needed to improve worker retention and job satisfaction?
6. What barriers exist that need to be addressed to ensure direct care/support workers have access to effective supervision?

II. Compensation

Long term services and supports (LTSS) direct care/support workers are underpaid. Most have to work more than one job to make ends meet and half rely on some form of government subsidy or support. While we may never pay them their full value, in order to insure retention, job satisfaction, and a sufficient hiring pool, competitive wages need to be offered.

Questions to Explore

1. What changes in wages and benefits offered would improve retention? How can compensation be tied to wages in the larger labor market? Should salaries be equal across types of long-term services and supports?
2. How should longevity be rewarded? What about merit pay? Or other ways to reward workers doing a good job, achieving positive outcomes for those they support?
3. Should compensation be linked to completion of core competency-based training?
4. What about allowing workers to receive some portion of an organizations' income that is linked to quality, such as pay-for-performance payments?
5. Should benefits be improved? How? Which ones? Flexible benefits?

III. Job Redesign

Demographic forecasts suggest a growing gap between people receiving services and the pool of people available to care for them. Just doing more of the same will not suffice. It is important to explore if and how these jobs can be redesigned or supported in a better way. Additionally thinking about how to make direct care/support work more satisfying needs to be considered. It starts with redefining the goals and identifying why certain types of workers (for example, hospice, long term services and support, part-time, full-time) are more satisfied than others. Designing the mission and purpose of direct care/support positions in a way that is achievable is needed.

Questions to Explore

1. Because some consider long-term services and supports as being a replacement for family, do the required skills need to be re-thought? Are more observational and interpersonal skills needed?
2. How would a shift in focus to person-centered supports to improve quality of life rather than program-centered supports enhance job satisfaction and retention? How would this shift also change needed job skills?
3. Can we provide better feedback to demonstrate the difference good care is making on relevant outcomes?
4. Are there advantages to having more specialization in the types of direct care/support workers? What are the advantages to having more generic workers (for example, Green House Project Shahbazim) versus more specialized workers?
5. How effective are the current training strategies and model? How can information technology (IT) be used to better direct or support activities and offer feedback and suggestions?
6. What about providing training in small increments like "a fact a day" or "person-centered practices of the day?"
7. What about increasing for direct care/support services and workers in the industry? How might we increase non-governmental funding? How might we innovate service delivery models to increase efficiencies without negatively affecting person-centered service delivery?

Discussion Area Three

Quality | Support | Training and Credentialing

Overview

There are two aspects to job quality. The first pertains to the quality that job holder perceives of the position and work for which he or she is responsible. The second focuses on the actual quality of the work that is undertaken and centers on the job holder fulfilling his or her role(s). It is important to identify how employers can change a job to make it more meaningful to the job holder. Sometimes it is about support for the worker and creating clear expectations. At other times it is about the willingness of employers to participate in on-going quality improvement, and to provide opportunities to strengthen the relationships between the service participant and direct care/support worker. Enhancing the quality of supports and services can also be based upon training that focuses on core competencies, apprentice programs, peer mentoring and support, certification/credentialing that leads to new roles and duties and focusing on creating career ladders that allow for new and growth opportunities while remaining in a direct care/support role.

Topics and Questions to Explore

I. Quality

Long-term services and supports (LTSS) work often involves varied tasks. Some tasks are easy and pleasant, others are more challenging, and some may be considered unpleasant. The work is made more difficult because some workers are unable to see any concrete progress and often find themselves feeling like it was a good day if bad events were avoided. Decline, among some populations who receive care, is often the norm and natural course of their circumstance. Most workers prefer to work with the same people, with whom they can then establish a relationship (and detect early subtle signs of change). This is not always possible and changes in assigned workers can negatively affect outcomes for some persons receiving services.

Questions to Explore

1. How can the work of direct care/support workers be made more satisfying? Might changes in roles and responsibilities be necessary to support greater job satisfaction?
2. How can we demonstrate to workers the difference they make? What strategies can be used?
3. What role might a change to person-centered thinking, services, and supports play in stimulating recognition of the role of direct care/support staff play in supporting a person's quality of life?
4. How can employers develop a better means of direct care/support assignments so that workers establish ongoing, supportive relationships with the persons they serve?
5. What about recognizing and rewarding master direct care/support professionals?
6. What about the role of supervisors and administrative staff in supporting quality of life (that is, person-centered thinking and planning)?
7. What about developing a community rating system to ensure that workers and organizations are providing quality services?

II. Support

Support must be more than periodic pizza celebrations. Workers need to feel appreciated and empowered, have opportunities and access to supervision, and changes to engage with and

learn from peers. Their ideas and observations need to be taken seriously. They are the first line of detection for clinical or situational changes and often have the best insight into how systems can be improved. Both program administrators and supervisors play a critical role in creating a supportive atmosphere where workers have what they need.

Questions to Explore

1. What kinds of systems would help direct care/support workers make useful observations?
2. How can we assure workers their voice, ideas and insights will be sought and treated with respect? What about strategies to ensure these ideas, insights are heard and celebrated?
3. How can we meaningfully involve direct care/support workers, including substitute caregivers, in problem solving and person-centered planning?
4. What about creating a safe system to voice ideas and insights?
5. What about the role of supervisors and training in helping create a supportive work environment?

III. Training and Credentialing

Training for direct care/support worker is often insufficient. Training time is limited, and often there is an effort to squeeze a great deal of information into that short period with little regard to comprehension, application and skill demonstration. The focus of training tends to be on regulatory requirements and mandates. Training programs should include class room time and hands-on, on-the-job learning and supervision, mentoring and skill demonstration. Those who train and are trained also need to learn how to be effective trainers. In addition, workers can be given small doses of new information (a fact a day) and encouraged to try implementing it. Credentialing should be based on specific demonstrated performance knowledge, skills and attitudes/values. Mastery of competence should be obtained as their skills and knowledge increase.

Questions to Explore

How can a curriculum be created to be delivered in small bites or short sessions rather than in long, full-day or multi-day sessions?

1. What are the basic entry skills/core competencies needed to provide highly effective services?
2. How can supervisors be encouraged and trained to see themselves, and function effectively, as trainers?
3. How should master direct care/support workers be recognized?
4. What about options for allowing for and encouraging specialization (for example, supports to/care for people with challenging behavior, autism, dementia, incontinence)?
5. What about models from other relevant fields for recording/documenting achievement of skills and knowledge?
6. Should, and how might pay be linked to performance?

Discussion Area Four

Career Ladders | Work Culture | Welcoming Environment

Overview

Opportunities for advancement can provide meaning to a job and offer career opportunities for the worker. However, career advancement is not enough, work culture and the work environment play a critical role in motivating workers to remain in their jobs. Many human service entry-level positions have a reputation for being difficult, low paying jobs for which there is little respect and value but are a necessary step in advancement in many health care and human service fields. This perception influences who will apply for direct care/support positions and shapes worker expectations before they even begin. Part of creating a positive work culture depends on how these positions are marketed, and how direct care/support workers are engaged as contributors to shaping services provided. If entry-level workers are regularly engaged in the design and function of service delivery and if their feedback and ideas are sought, investment in these positions may increase. Environmental enhancements and identifying "stress points" encountered by persons receiving services and staff may also help in designing environments that are more welcoming, and over time may help change perception and improve retention of workers but also the experiences of both the worker and person receiving services. Changing perceptions and assumptions about direct care/support roles will improve ability to recruit people into these fields. However, building career paths that allow for individuals to stay in care/support delivery (versus moving up and out of direct support) is essential to resolving the workforce challenges faced in these positions.

Topics and Questions to Explore

I. Career Ladders

Career Ladders or Paths refer to the progression from entry level positions to higher levels of pay, skill, responsibility, and/or authority. They do not necessarily mean moving up and out of direct care/support roles. Pathways need to provide opportunities for direct care/support workers to obtain specific training and skill development that allows them to move up and into positions of greater power and authority but also to move into positions that have greater expertise and responsibility but not necessarily supervision and management tasks.

Questions to Explore

1. What models exist that promote career ladders or paths for direct care/support workers?
2. How can organizations have clear paths to career advancement?
3. How can employee evaluations be directly tied to the person's desired career path, and how can those goals be supported through supervision, tuition reimbursement, or other incentives that reflect goal achievement?
4. What system structures need to be in place to offer career ladders or paths and related incentives (that is, wages)?
5. How do or might organizations designate direct care/support staff as "change agents" for specific areas of service delivery, allowing them the opportunity to become "experts" on specific aspects of organizational change?

II. Work Culture

Work culture is influenced by many things including the expectations and attitudes management and supervisors have about various aspects of the organization, including direct care/support workers. It is also determined by the beliefs and attitudes of employees about the work they do. When direct care/support workers feel their jobs are prescribed, limited in terms of decision making, or if they feel their roles are not well understood by others, then their investment in the quality of work they do as well as the support they provide may suffer. Workplace cultures that respect, empower, support and celebrate direct care/support workers are needed to retain and motivate their employees.

Questions to Explore

1. What changes in the work culture vision might inspire workers at every level, and recognize all workers' contributions to achieving the overall vision?
2. How can "change agents" help improve the vision of the work culture, inspire others, or help to quiet those opposed to change?
3. Do workers find their jobs meaningful? Why, or why not? How can a change in the work culture build upon or improve how meaningful the job is to the worker?
4. What are components of a positive work culture?
5. How can workers be supported to recognize the importance of their work, and the specific skills that enhance service delivery, regardless of their position?
6. What resources exist to assist organizations and individuals in learning how to create positive work cultures?

III. Welcoming Environment

The person who is receiving services or worker's first impression of an environment helps to shape their perception about what takes place in that environment. Hospitals and other healthcare settings have begun to pay special attention to not only physical environments, but to customer service techniques. Creating a warm, welcoming environment can assist with changing work culture and concurrently improve engagement and retention.

Questions to Explore

1. To what extent do welcoming environments exist for new workers on the first day or even during the interview process?
2. What do welcoming environments look and feel like? What are measures of "welcoming environments?
3. What physical changes/improvements can be made to enhance current environments (art, art done by persons receiving services, paint color, pictures, etc.)?
4. What are non-physical environment- related aspects of a welcoming environment?
5. What resources exist to assist organizations and individuals in learning how to create welcoming environments?

Appendix C

List of All Solutions Identified by Summit Participants by Small Group

List of All Solutions Identified by Summit Participants by Small Group

Small Group #	Description
1	Apprenticeship programs with higher wages based on competencies (career ladder)
1	Assume and plan for continuous growth and greater independence over time for clients
1	Bring welfare-to-work people into the pool of workers
1	Career promotion campaign of direct care/support work as a career
1	Combine categories of workers such as homemakers, PCAs, ILS workers into one service and one person providing all the services
1	Community engagement, especially at the county level and in each county
1	Connect with kids in middle and high schools to present direct care/support as a career
1	Evaluate case management roles
1	Explore virtual support
1	Give applicants/interviewees/interested persons a realistic job preview
1	Health and dental insurance benefits are controlled by whether workers work over or under 30 hours per week
1	Look at (change) current disqualification factors for background studies
1	Look at (change) income and asset limits for public assistance for workers
1	Look at each person who receives services as an individual
1	Look at Individual Support/Person-Centered Plans to see what technology is available to help make that person as independent as possible
1	Make the job fun
1	Minnesota needs to look at the “pay or play” penalty – Affordable Care Act
1	More group activities/support rather than one-to-one support/care, especially for children
1	Need major wage increases or the rest of the work is not worth it
1	Need to pass legislation to increase pay and/or benefits
1	Partner with the Department of Education and Nursing Schools to elevate careers in human services
1	Partnerships among provider agencies
1	Promote live-in caregiving
1	Provide paid opportunities for high school aged kids to work with people who need services
1	Provide scholarships and loan repayment for workers
1	Public awareness of the direct care/support worker shortage
1	Relook at why we are paying people to sleep
1	Targeted marketing and recruitment campaigns
1	The budgets of individuals and at counties does not allow for 24 hours of care

List of All Solutions Identified by Summit Participants

Small Group #	Description
1	Why can't people self-directing services receive 100% of funding and use the extra funding for training and retaining workers
1	Work with licensing and investigations
1	Workers need access to affordable healthcare
1	Workers need access to better training
2	Affordable housing for workforce
2	Bridge formal and informal caregiving
2	Career ladders
2	Changing curriculum K-12 onward on the value of this profession
2	College debt (loan forgiveness) option OR can earn college credits
2	Compensation for critical access and include Greater MN as part of critical care access points
2	Day services have the same issues, need to have a way for accreditation or validate importance of those who do the work
2	Education of the needs of families caregivers for other employers (flexible jobs)
2	Existing training projects – reaching out to agencies already working on pipeline projects
2	Expand incentive pool
2	Expand the use of telehealth to advise direct care/support workers
2	Explore ways to increase wages and benefits that aren't a legislative solution
2	HCBS scholarship program – expand existing programs to address in-home care caregivers
2	Health care services portal
2	Hospital module – job enrichment
2	How to recognize good work that is happening to inspire/honor/raise visibility?
2	Identify/market to new pools of workers
2	Incarceration, especially related to chemical dependency, as an example consider removing it as a disqualification from providing direct care services
2	Include people with disabilities as part of the workforce solution
2	Increase in full-time jobs, cannot use multiple part-time jobs to make ends meet
2	Insurance coverage for in-home services
2	Involve families in each step of the policy/program-making process.
2	Mandatory assistive technology assessment
2	Market to other professions
2	Mental health needs addressed through social workers more recruitment, support
2	More access for day care facilities for workers (24/7 – off hours, when children are sick, etc.)
2	More availability of clinical sites

Small Group #	Description
2	New paradigm / model – different level of how caregivers are perceived – look to existing models that work (ACR homes #1 workplace) live-in model with higher retention rates
2	Paid caregiver leave for family caregivers
2	Peace Corps type approach for health care – national service
2	Person-Centered and Family Centered
2	Promote / market to students
2	Recruit students (PT/OT/nursing) to do non-traditional shifts – learning model
2	Recruitment for older caregivers
2	Reform CDCS to make it more available/useful
2	Refugee populations – are there ways to get culturally-specific training programs to help them get ready to find work in this field
2	Replicate programs from other industries to support workers
2	Retention – resiliency support / training for emotionally draining work
2	Some parents/families are filling role for caregiver even if they aren't passionate about it or could do other work. Employers help recruit through an assistance program to support direct care/support and other workers
2	Some things only open to folks on Medicaid and Medicare, need other forms of reimbursement that can pay for these things
2	Tax breaks for people providing care in own home
2	Technology rental warehouse
2	Technology use – real time response
2	Transportation for workers
3	Affirmation for good workers, in general
3	Affordable housing for workers
3	Agencies given a pool of money for employee recognition, pay for time off
3	Aggressive community recruiting program
3	AmeriCorps-like program
3	Apprenticeship – Health Occupation Student Association (HOSA) example
3	Background studies
3	Breaking down the silos – more integrated care
3	Close the billing gap/meet requirements faster
3	Cultural education for all, workers, new immigrants, older adults, everyone
3	Grants for students
3	Increase language training for workers
3	Increase nursing teachers
3	Increase quality of trainers to increase the quality of direct care/support work
3	Increase respite care workforce
3	Link training and wages
3	Money for/allow for reimbursement for peer support/paraprofessionals

Small Group #	Description
3	More money for training
3	More training for direct service providers
3	Non-traditional workers: Older adults and people with disabilities looked to as possible workforce
3	On the job experience/training
3	Prepare families for lack of direct care workforce
3	Reduce backlog of background studies/Quicken pace of background studies
3	Relative and family training
3	Resource guide for technology & technology assessments
3	Stop the corporate greed
3	Supply chain management - need better communication and organization pathways between organizations/suppliers
3	Teach workers other important skills such as active listening, not only "audit" work
3	Training for clients on technology
3	Training for specific disability/disease - on-going and changing disease progression
3	Use licensed professionals more efficiently
3	Website/chat room for clients and home care provider to communicate back and forth. Larger organization can also see and use.
4	Address regulatory constraints that turn people away from direct care
4	Allow for better funding mechanisms for non-traditional assistive technology such as items like a cellphone with apps.
4	Career ladder – credentialing process. Get credits to enhance their development. NADSP
4	Change view of position in the public so it's not considered as "low-skill" and the position is valued and has great responsibility (Job design and responsibilities)
4	College credits for people early in their 4 year degree in psychology history, etc., not necessarily those getting a degree in direct care/support related fields
4	Consumer directed community supports (CDCS) has a different budget compared to traditional model. Would like to have cap raised or eliminated.
4	Emphasize importance of work. Messaging/Marketing about what the position can do
4	Encourage people with disabilities to be support providers to other people with disabilities
4	Experiential learning to get high school students exposed to direct care/support early on
4	Facilitate person's life in a holistic way
4	Find a way to allow undocumented workers to work here legally in direct care/support

Small Group #	Description
4	Flexibilities in the position. Focus on individual tasks that explain that people don't have to do ALL the tasks a person needs.
4	Focus on non-traditional professions of skills they bring to care giving
4	Get a care force such as AmeriCorps
4	Higher pay for higher skills
4	Importance of engaging direct support/care staff in treatment planning. Develop investment in the position and professionalism. Allow them to make decisions. Change expectations of the role of the worker.
4	Increase comradery. Closer connection with supervisors or make more of a workplace feeling rather than being out on their own.
4	Increase self-direction to design position to best meet the consumer's needs
4	Increasing use of CDCS. Design positions in a way that makes sense for them and more sense of control.
4	Integration or inclusion of direct care staff in Treatment team discussions
4	Leading Age Partnership program
4	Make CDCS mandatory and have people opt out in order to get traditional services.
4	Person centeredness for recipient and worker. Use strength based education to minimize weakness and maximize strengths of workers
4	Rather than base direct care how many hours someone needs, look at a budget/dollar amount rather than time units. Let people spend it as you will. Will address the problem with not being able to pay two people at the same time.
4	Realistic job preview. People need to know what the positions are: people only think of health care, not realizing there are fun parts that can enhance people's lives. More than showers and helping people eat. It's helping people enjoy their lives.
4	Significant number of people who are over supported. Don't always go to standard model, look to other options such as technology first
4	State sponsored scholarship and loan forgiveness program in Governor's budget
4	Too much emphasis on needing people strictly for safety. Putting more responsibility on the direct care staff.
4	Use technology to provide supervision and supports
4	What are populations of people who are underemployed to provide training and career ladder for them. 30% unemployment for young African American males, What would it take culturally to provide training and incentives such as credentialing in order to get there underemployed populations engaged?
5	A "next level" for a direct care/support worker: Having a career ladder could tier reimbursement rates
5	Access to free CPR and First aid and other basic training
5	Additional training to understand what the roles and responsibilities are.

Small Group #	Description
5	Allow direct care/support workers to train other workers - Allowing PCAs to train other PCAs cannot be compensated – policy needs to change.
5	Be sure to 'thank the workers' on an ongoing basis.
5	Career development
5	Career development (avoid burn out)
5	Community partnership services to support separating circumstances (re: background checks)
5	Concern if training is too simplified, level of experience/actual ability will decrease
5	Consumer Control – need better ability to match medical and social needs of recipient of services with training, experience, and social skills of workers
5	Consumer's "Support" Consumers
5	Coordination of opportunities for advancing to other careers –partner with schools - integrate direct care/support into the career path of an LPN/RN
5	Employee recognition
5	Free access to vaccinations
5	Full-time employment – work with multiple agencies/groups – jobs (2 part time = 1 full-time)
5	Have a salary based on length of service) – compensation tied to length of service to encourage retention
5	Holistic support of workers (i.e. child care)
5	How are nurses educated on non-traditional careers or positions – more positive exposure in nursing programs to nursing care outside of hospitals
5	Important to hear from the people who are passionate about their jobs. Understanding that mindset and the effect and type of work can bring in quality workers
5	Lack of or too little/unrealistic training
5	Money for now – recently trained worker that attended expensive programs/schooling/training
5	More positive exposure for students going into nursing careers, RNs, LPNs clinical internships, etc.; educate about non-acute care; clinical internships, etc.
5	Most direct care/support workers are working PT and need to work FT in order to make a living. Partner with other employers in order for the PCA's to have full-time employment. (Have the direct care/support workers work for multiple companies or groups). During the large group presentation, it was reported that 40% of the people that do direct care rely on public assistance.
5	Offer better reimbursement (short term) -- competitive benefits, wages
5	Offer compensation tied to the complexity of the work
5	Offer mileage reimbursement/public transit subsidy
5	Offer Overtime pay

Small Group #	Description
5	Offer Retirement fund/401k/ etc. - Must look at whole benefits package (e.g. dental, vision, PTO) to stay competitive with retail
5	Offer Tax break for doing this work
5	Opportunity for exchange for work
5	Peer to Peer training - if they are trained to know their role and responsibilities; they can understand how important their role is.
5	Positive feedback about one's career - More pride for the job
5	Review policy - provide public benefit which does not hinder ability to work
5	Some direct care/support workers do this work while they're waiting to get into nursing school.
5	Specialized exposure to careers when people are younger such as middle school/high school
5	Supervisory – Experience structure (multi-layered) – Spectrum of needs across levels of job (i.e. Health care)
5	Support for immigrant workers (or English as a second language) to understand not only the job but also the culture.
5	The cost of the college or schooling/training has gone up and when people complete their education/program, they get a low paying job
5	The direct care/support workers may not understand the scope of what the participant needs and the participant may have difficulty directing them
5	Train persons receiving services about their role in managing workers, responsibilities and expectations
5	Who are we trying to recruit? (define) Many seek this type of work when they didn't go to college and just want a job.
6	Basic credentials need to be required before you enter the worker environment –(turnover is important), decreases quality of care people receive –what causes turnover –they leave because other businesses offer better wages –benefits
6	Career path with growth as the worker becomes more experienced with increased compensation as they grow within their career. Substance experience for education.
6	Certified Peer Specialist –recognize 80 hours of training for "using their story" for those in recovery –create college credits –college equivalent CEU's
6	Clinical Oversite Supervision with mentoring and debriefing to keep the staff in place (retention)
6	Create a pool of staff-actually usable. Regional, etc. Create an option to follow people across settings. Barriers exist right now. Ex: let PCA worker follow across settings-hospital, NH, PT, etc. Continuity of care across settings.
6	Create a title –specialist title for home care workers –Direct Care Specialist (?)

Small Group #	Description
6	Create documentation and differentiate where people follow into tied to what they need-
6	Culture expectation that men are worthy of this job
6	Customize positions to match workers needs/what they like, vs. enforcing they do it all.
6	Enable worker to develop relationship then weed in training
6	Equity between men and women –bring men into the picture –Value the work
6	Ex: Home Care Agency owner has a hard time paying over-time so wouldn't make revenue if she was able to pay over-time.
6	Federal over time changes, resulted in individual working for 2 agencies, 2 different clients –limited to 275 hours a month. 40 hours a week limitation. ALDI pays $15 an hour, so … Clients still need help so she ends up working more. Hours are capped.
6	Financial awards, bonuses, incentives models-private for profit agency model in Missouri –Profits go to workers –Employees who have worked for 18, 20, 30 years-
6	Focus on existing staff and provide bonuses, vs. recruiting constantly for more workers (Building Setting). Offer more training and education from facility to keep staff and make them feel appreciated.
6	Foster people into the industry relative to their education
6	Fragmented training systems-ex: person centered training-dig to find it
6	Governments job to provide insurance not the employers?
6	Immigration can't be a substitution for workers?
6	Is this discussion really more aimed at a community health model? Strengths in the community health worker model especially in the rural areas.
6	Loan forgiveness for home health care workers –like RN, MD-model –rural areas
6	Loan reimbursement for careers. Expansion of loan forgiveness programs.
6	Long term culture awareness solution-Public Awareness Campaign that shows value in these jobs.
6	Long-term care vs. Community Standards - Mainstream this, very different for LTC Facilities vs. working in the community
6	Maximize technology to deliver care for those who could benefit from technology –less complex cases
6	Mental Health struggles with getting workers into entry level jobs as well-Disabilities are different and people have different needs
6	Mentoring Program for Agencies, Staff and Clients –Quality Practices and Training
6	National Association of ESP's to start a credentialing program to provide pay increases, arduous process. People need to be dedicated to the career.

Small Group #	Description
6	PCA Choice Grant-Contract including times based on client's schedule-client and PCA create it together –after week contract can be reviewed or changed –what went well or didn't go well and modify agreement –empowered by client –enforceable contract-lays out expectations
6	People receiving supports are considered vulnerable and can't make choices, puts people who are doing the work at risk of losing their career
6	People with disabilities are all unique therefore wages need to represent the complex needs of these folks.
6	Person centered training available for everyone-no matter what their role
6	Persuade legislators to bump reimbursement
6	Posting positions for that are 10/20 hours a week but they are on the schedule for 40 hours but with no benefits.
6	Problem-1/2 hour training online to become a PCA + background check yet I want $15 or $18 an hour –standardize the training for CNA's, PCA's, CMA's, -Regulate and standardize
6	Put it online and free up trainers
6	Realistic Job Previews to show and explain what the person would encounter
6	Recruitment can't be everything for everybody.
6	Reimburse training components for those being served –in person on site types of training done with person receiving care. (Dual training experience)-Cohesion
6	Software for scheduling -When I work
6	Standard that everyone has a minimum level of training-training can be provided by either client themselves, or agency or family member –but it's clear to the worker –reduce stressful environment
6	Structures of reimbursement between commercial insurance structure and MA
6	Talk to elected officials to hear the voices of the constituents to hear the needs-make training transparent to the consumer using services. Enforcement of expectations-inspect and audit what you expect
6	Training for families who are taking on responsibility of services
6	Training is so important –Vo-tech programs perhaps as a solution -6 to 9 month perhaps to learn how to work with people with unique needs
6	Training to address things like-creating nutritious diet, when consumer wants to have sex with worker, etc.
6	Training to understand individual's needs
6	Wages –Limitation/Need for training-Prepare people for what they will encounter –How to adjust to and deal with clients' needs
6	Wages to attract workers-25 cents an hour is an embarrassment (5% increase)
6	Written notes of thank you for work-public awards and recognitions
7	Address the different needs of children and adults.

Small Group #	Description
7	Build worker interpersonal skills.
7	Create career pathways and ladders.
7	Create opportunities for more experienced workers to mentor new workers.
7	Direct care/support workers should receive benefits.
7	Expand long term care imperative.
7	Explore retention with workers.
7	Get creative on the position descriptions.
7	Improve integration within the service planning and delivery system.
7	Increase employment of people with disabilities.
7	Increase flexibility in service delivery models.
7	Increase or develop pay for performance.
7	Increase recognition for workers.
7	Increase the number of staff per unit of service.
7	Increase training for workers to better establish the profession as a career.
7	Invest in a marketing campaign.
7	Make direct care/support jobs a career.
7	Mandate direct care/support work as a pre-requisite for other professions.
7	Market job to transitional youth who are being required to have work experience.
7	Mirror nursing facilities to increase HCBS rates to pay for higher education.
7	Pay for training.
7	Professionalize the role.
7	Recognize the triangle between employers, service recipients, and workers.
7	Recruit workers from multicultural backgrounds.
7	Reduce or streamline paperwork.
7	Reframe or reconsider the goal of being a direct care/support worker.
7	Regularly scheduled annual compensation increases.
7	Speed up process to start as a direct care/support worker by expediting background checks.
7	Training should be person-centered.
8	Allowing direct care industry to serve a career path, e.g. psychologist.
8	Basic standard requirements (CPR/first aid)
8	Broad-based communication network for all direct care/support workers.
8	Building credentials for higher level jobs
8	Career assessments for starting direct care/support workers.
8	Elevated level of basic training
8	Government financial support incentives
8	Healthcare Core Curriculum
8	Incorporate experiential learning in high schools to explore the human services field.
8	Incorporate training in high schools.

Small Group #	Description
8	Investment of service providers to make the direct care/support industry appear “important.”
8	Market direct care as a professional field
8	Matching caregiver skills with client’s needs.
8	Nursing education requirement, working as/with direct care/support worker
8	Portable trainings - consistent
8	Publish career ladders – build their way up.
8	Recognize the personal needs of direct care/support workers.
8	Review/simplify current regulations!
8	Skill development—consider apprentice models as in other fields.
8	State provides incentives
8	System that helps connect the various jobs of the direct care/support industry.
8	Tax credit/loan relief / loan forgiveness
8	Workforce stability quality council

Appendix D

1. General Session Notes
2. Small Group Session Notes

Panel Presentation Notes

Nikki Villavicencio, presenter

- Homecare needs to be thought of as a real career not "babysitting" – need to change the narrative
    - Could change narrative by providing materials to do job (gloves, soap, etc.)
        - Her mother was a worker and brought her own bag of materials which made her feel like a professional
        - Many clients cannot provide those materials
    - Change narrative by providing a livable wage – including overtime pay
        - Overtime pay is a big issue for individuals who need many hours of services
    - Workers need peer support
        - They often work alone in clients' homes, which can be isolating
        - They lack the opportunity to discuss their work with peers
    - Workers need to know they are the bridge to the community for people receiving services
        - Many workers are not told this and do not understand how important their role is in enabling recipients to participate in the community
- People with disabilities need to be integrated in society in meaningful ways
    - They need to be educated on roles, responsibilities, rights
        - Being given a paper about roles, responsibilities and rights at intake is not enough
        - Using Choice Model is like running a business – have to maintain personal schedule and work schedules of their workers
        - Provide a teleconference for educating persons receiving services – people could watch it online or go to their county office to watch and be able to ask questions to clarify roles and responsibilities
    - Write legislation on Olmstead integration
        - Fully integrated housing is best for most people with disabilities rather than clustered into certain areas
        - She lives in an area with walking/biking trails nearby and will go ask someone on the trail to help open jars if there is not a worker available – living in the community enables that
    - Need a holistic approach for assessment – need to see the whole person
        - Ask about family, how they like where they live each year during the assessment
        - This would educate counties and they could forward the information to workers – it could help make sure people get enough hours
- Entire system needs training
    - Counties – need better idea of how clients live, they are the entry point for a client
- Society that has empathy for client, respect for workers, rapport with leaders who make decisions

Sandy Henry, presenter

- Technology and how it can be used to help workers and person centeredness
- Expands options for assistance from none or one to one care/support to wide range with remote caregiver
- Examples include call pendants, combinations of sensors to detect levels or types of activity (refrigerator opening/closing, person left for work on time), personal assistive technology (tasks programs, GPS assistance, pocket job coach), sensors plus video/audio for investigation/checking on someone, sensors plus 2-way communication capabilities for real-time remote supervision and support
- Goals:
    - Minimize passive caregiver time – caregiver may be there just in case something happens
    - Maximize active caregiving time – use caregivers' time more wisely
    - Maximize self-dependence – reducing the physical presence of a caregiver can allow service recipients to do more things for themselves that they had not done in the past – control stays with the individual
- Technology does not replace caregivers, it enhances the work a caregiver can do, allows the caregiver's reach to be extended
    - Real-time information about what is happening without needing to be physically present
    - One worker can serve many people at the same time
    - Same worker can serve people with lots of different kinds of needs
    - Can bring the resources to the person where they are without moving the person to the resources

Deb Barnes, presenter

- Harvest Moon by Sally Tisdale: "tiny in its fruition and huge in its absence" = home care
- Work readiness/adult basic education has helped in rural MN
- Workforce boards and community colleges have been coming together to offer CAN training
- Regions are working together to learn from each other
- Rural career counseling – connect jobs, job seekers, students – helps students understand careers and job vacancies
- Long-Term Care Imperative: wage increase, scholarships/student loan payments, on-boarding and recognition, career ladders
- LeadingAge developed Health Support Specialist program – recognized by Department of Labor as an apprentice program
- To work on: CNA courses to include soft skills; online classes; marketing of DC/S jobs; change public benefits limits; nursing schools to talk about non-hospital nursing in same way-same pride in job/level of professionalism; reactionary legislation/regulation – many staff are dedicated to documentation rather than direct care/support but can we change that?
- First break all the rules – Every role has its nobility

John Thorson, presenter

- Significant amount of retirement; fewer workers; most workforce growth will be new Americans and people of color
- Hennepin County has moved from supply side to demand side
    - They are building processes to work for the county and partner with community based organizations and training partners to build the workforce
    - Reaching out to other employers as employer
    - Use the toolbox they have to create better career pathways
    - Work with community based organizations to recruit individuals – starting with places of concentrated poverty
    - Developing curriculum for competence at low or no cost – employers help organize the curriculum and commit to hiring people who complete it
    - Example is human services representative position; working on developing building operations technician, transportation, construction, 911 dispatch positions

Linda Wolford, presenter

- Recognize today as the anniversary of the ADA
- Has used PCA services for 35 years – regularly gets together with others who have used PCA services for a long time and this is the "scariest time of our lives" because of the workforce shortage
- People dependent on care/support can be institutionalized, miss work, etc. when a PCA doesn't show up = domino effect
- Legislative proposal: different reimbursement rate = by # of ADLs for those who are dependent on care and allow them to pay more per hour
- Use public health nurses and assessors as allies
- Training barriers – would prefer to have an experienced PCA train new PCAs – cannot pay for 2 PCAs at once
- Barrier - PCAs can work 275 hours per month – would like to get rid of that policy
- We see bad stories on TV but PCAs are great and keep people alive
- Systems need to work together – single moms can't work if can't find childcare

Small Group Reports presented by group facilitators

Group 1 –Dan Newman, facilitator

Targeted Marketing Campaign: promoting caregiving jobs as a career

- Define the direct care/support role and what it is today
- Many different elements; different for everyone; differentiate the roles
- Example from manufacturing industry: Dream it, do it
- Example of direct service professional marketing from North Dakota (and New Hampshire)

Technology

- Education at every level about different uses for technology
- Force the conversation about how it could be used

- Payment structures for cellphones, tablets, internet (it is socialization)
- Technology center concept like PACER – people can try it out

Wage Levels and Benefits

- Consumer and legislator awareness to bring issues outside Health and Human Services Committee
- Combine ILS/PCA to sync up siloed jobs/roles – artificial differentiation between jobs
- Pool insurance options – across providers to share risk

Department of Education Partnerships

- Example: Ohio delinquency prevention program/pilot – paired young people w/ caregivers to learn caregiving jobs
- Updating 18 to 21 transition education program – need different work experience
- Get people with disabilities involved as caregivers
- Scholarships for people providing services

Public Awareness Campaign of Shortage

- Make it personal
- Figure out call to action
- Value based – this is more important than other industries – people die if there are not enough workers rather than companies just going out of business

Group 2 – Patti Cullen and Rachel Shands, facilitators

Look to existing models that work for recruitment and retention to change the paradigm

- Look at research that exists about variables that influence retention: training, relationship with supervisor, belonging to something bigger to get this information to agencies
- U of M research regarding organizational change models – accelerate and expand
- Expand CDCS – it has high worker retention

New pool of workers

- Immigrant workers, older people, people left out of workforce due to criminal history and substance abuse
- Student placement portals-match students with placements while in school
- Encore careers-what do older workers need? How to structure workplace?
- Revisit background check disqualification laws

Service model (i.e., Peace Corps)

- Recruit people when changing careers/in a transition
- Resume builder
- Housing
- Tuition/loan payments
- Stipend
- Build longevity to stay in job – do not have a two year time limit

Increase wages and benefits including full time positions

- Leverage outside resources to provide benefits (Pipeline learning program)
- Connect workers to part time opportunities to create full time job for person – include statewide mechanism for insurance
- Competency based pay

- Acuity based wage enhancement

Group 3 – Kathy Messerli, facilitator

Recruitment: affordable housing for workers

- Discounts, housing vouchers, tax credits
- Develop resource sharing – guide for housing
- Transportation vouchers
- Campus dorm-style housing for assisted living –type facility-additional bond between workers and people receiving services

Electronic communication vehicles

- So everyone has access to all information: family, client, providers but lives with the client
- Including page for life story

Specialized trainers

- Mentor training
- Offer best practices in training
- Assess training skills of trainers
- Need funding

Prepare families for changing workforce

- Training for family
- Disseminate family resources: clients and family need better idea of outcome for choice of caregiver making
- Ensuring clear expectations

Group 4 – Kari Matson, facilitator

CareCorps Program

- Give experience
- Tuition reimbursement/loan forgiveness
- Sustainability would take public/private partnership
- Need champions

Training and Career Ladder

- Look at unemployed/underemployed populations
- Why? What about direct care/support workforce makes workers underemployed

Culture/welcoming environment

Learn from/changes to CDCS –

- Change how individuals can decide type of care,
- Allow PCA reimbursement for training
- Allow payment for assistive technology
- Change funding to include things important to the person (social like Vikings game tickets)

Direct care/support workers needs to be part of care team

- They have information about the person to share with the team
- They know the person best

Group 5 – Valerie DeFor, facilitator

Reimbursement

- Review current reimbursement system
- Needs to reflect rising costs and inflation so we aren't stuck with underpayment

Compensation

- Figure out benefit package competitive with service industry
- Get rid of having to balance wages with public program eligibility
    - Raising earning cap possibly for employees in this sector
- Based on complexity of work

Training

- Widely available training system for three groups: initial employee training; continuing employee training; family caregiving training
- Modular; available online; housed in state agency but accessible to everyone
- Increasing compensation with increasing training or specialization
- Training needs to move toward competency based models

Career Ladders

- Build incentives to advance - workers can become trainer (direct care/support workers train new workers)
- Better geographic access to training
- Build in trainings and supports for training – flexibility/support from employee; loan forgiveness

Group 6 – Bob Held, facilitator

Wages/benefits

- Structure and amounts
- Acuity based payment

Training – training, credentialing, career paths

Creating mechanism for promulgating best practices

- Many organizations are doing ineffective things but we need a way to collect and pass on best practices
- Change management practices of providers and administrators

Group 7 – Krista Boston, facilitator

There is and we must create a sense of urgency

Remember invisible disabilities

Increase flexibility in way service can be delivered

- Identify things that can be done right away: expand CDCS

Determine real cost of service and fund it

Increase compensation and benefits to increase service quality and pay for performance

- Educate legislators and community – use personal stories
- Calculate return on investment – save money on readmissions, etc.

Reframe as a career and profession

- Marketing

- Tiered systems of compensation
- Wages based on experience and performance
- Master level workers can train entry level
- Professional association to achieve these goals

Tap into the pool of unemployed people with disabilities and recruit them to be direct care/support workers

- Use certified peer support models
- Skills training
- Recruit transitional youth for competitive employment

Group 8 – Jason Flint, facilitator

Trainings in high school

- Push training to people in high schools – career exploration and hands on training-give credits, summer jobs, graduation requirement/service learning, make sure career counselors know about this, make online training available to students, change view about working with people with disabilities and older adults
- Some agencies already exist: HOSA, Sigma Phi Omega
- Support agencies financial benefits, awareness, investment
- DHS recommendations on Mental Health Development report on high school level

Marketing

- Create a societal value for direct care support
- Tool kit for career counselors
- Social media campaign
- Caregiving career campaign
- Advertising competition – financial reward for best tagline
- Highlight benefits other than paycheck
- Reach and appeal to demographic area of workers
- What attracts people to this work?

Tax Credits/Loan Relief

- Communicate this as an option to direct care support workers – already exist among some state agencies – central body to see what is available and what is working and maximize it
- Collect list of incentive programs
- Agencies that help individuals seeking jobs to direct care support jobs
    - If people get into work, business community may be interested in doing matching
- Aid to family caregivers

Professionalize the industry/ portable training

- Often have to repeat training if change employers – have something like credentialing so you can take the training with you
- CMS tool kit should be adjusted
- Training online
- Media and state agencies speak to the value of direct care support
- Recognize the work as a public service/good – meet with long term benefits
- Pay that meets the expectations of the services provided

Small Group Notes

Group 1

Morning Solutions

1. Public awareness of the direct care/support worker shortage
    a. The general public does not know about the worker shortage
    b. Group thinks the problem could be fixed by public awareness
    c. A marketing campaign could be used
2. Look at (change) current disqualification factors for background studies
    a. Who should be disqualified?
3. Look at (change) income and asset limits for public assistance for workers
    a. Especially for childcare assistance
4. Apprenticeship programs with higher wages based on competencies (career ladder)
    a. Department of Labor and Industry program
5. Career promotion campaign of direct care/support work as a career
6. Along with number 5 above, partner with the Department of Education and Nursing Schools to elevate careers in human services
7. Look at Individual Support/Person-Centered Plans to see what technology is available to help make that person as independent as possible
8. Relook at why we are paying people to sleep
    a. Using hours that count toward overtime
9. Connect with kids in middle and high schools to present direct care/support as a career
10. The budgets of individuals and at counties does not allow for 24 hours of care
    a. Because of small budgets in some fields (homecare) overtime is not an issue
    b. Benefits and overtime need to be available given individuals budgets
11. Need major wage increases or the rest of the work is not worth it
    a. Positions will still go unfilled without wage increases
    b. Needs to be “professional” level wages
    c. Industry can compete with other industries at $18 to $20
12. Need to pass legislation to increase pay and/or benefits
13. Workers need access to affordable healthcare
14. Workers need access to better training
15. Explore virtual support
    a. We have been dependent on one-to-one support
    b. But some people cannot use technology
16. Make the job fun
17. More group activities/support rather than one-to-one support/care, especially for children
18. Provide scholarships and loan repayment for workers
19. Health and dental insurance benefits are controlled by whether workers work over or under 30 hours per week
20. Targeted marketing and recruitment campaigns
    a. Focus on certain demographics of workers – certain ages, men

   b. Promote this work as a career
   c. Other states, such as North Dakota, have done this
21. Give applicants/interviewees/interested persons a realistic job preview
   a. Make sure they understand what the job entails
   b. Better assure we are getting the right person for the job
22. Community engagement, especially at the county level and in **each** county
   a. Counties are the ones making many decisions
   b. Partner the people with stories with data to get legislative support
   c. Do not use the terms self-advocates or grassroots – treat everyone as equals
23. Work with licensing and investigations
   a. Investigations are handled in a way that is scaring caregivers
   b. Ensure that people are held accountable and that investigations are conducted but not so it frightens caregivers/workers
24. Assume and plan for continuous growth and greater independence over time for clients
   a. Clients may get locked into a plan that includes too much help
25. Look at each person who receives services as an individual
   a. Could you bring your child with you while you are providing direct care/support?
   b. Impart creative problem solving
26. Provide paid opportunities for high school aged kids to work with people who need services
27. Partnerships among provider agencies
   a. Could they put several jobs together to make a full time position for a worker?
28. Minnesota needs to look at the "pay or play" penalty – Affordable Care Act
   a. Penalties are a growing concern
29. Bring welfare-to-work people into the pool of workers
   a. A county is piloting this and it could be scaled up
30. Combine categories of workers such as homemakers, PCAs, ILS workers into one service and one person providing all the services
   a. Example: create an ILS/PCA category and get $60 to do so
31. Promote live-in caregiving
   a. Exempt from paying taxes – promote the benefits
32. Why can't people self-directing services receive 100% of funding and use the extra funding for training and retaining workers
33. Evaluate case management roles
   a. Direct care/support services are vital and are controlled by human services departments
   b. There is a lot of money that goes toward case management services – case managers receive a high rate of pay
   c. Areas of case management need to be looked at
   d. For example, end of life services are being controlled by a case manager, while that money could be better used to pay the direct care/support worker

Afternoon Solutions

1. Promote direct care/support work as a career and have a targeted recruitment marketing campaign
   a. Why this solution?

- Promote it as a profession
- It is everyone's problem
- Define what the job is and what it is today because many people do not know what the work entails
- Elevate the level of the profession and social standing of those doing the work
- Also emphasize the importance of family and define separate roles

b. Strategies
- There are many different types of direct care/support and options for work depending on the worker, position, client – this means there are different skill sets
- Define what the job is and what it is today and define the different types of direct care/support work
- Tell people if you are interested in doing this role/providing this service, here's what you need to know
- Technology and the use of it is attractive
- Define what the family does vs what a professional direct care/support worker does and be very sensitive to the current caregiver ad campaign to the public (focused on family caregiving)
- The message that people with disabilities, mental illness, older adults live in the community now and do not likely want to live in institutions
- Focus on the human side – draw on compassion
- Making caregiver an honored and supported profession: look at caregiver.com/caregiving.gov
- Examples include the "dream it, do it" campaign in the manufacturing sector, North Dakota's direct care/support worker campaign (caringjobs.nd.gov)
- Target middle and high schools for service learning projects
- Include what makes a good direct care/support worker
- Do not evoke pity for family
- Do not use words that belittle care/support recipients
- Make direct care/support work cool
- Show a career ladder
- Wages need to be increased – pay a living wage so people want to join the profession
- Be careful to not target market poor, minority kids into non-living wages jobs

2. Increase wages and benefits
   a. Why this solution?
      - Direct care/support workers are not paid a livable wage
   b. Strategies
      - Raising awareness of disparity in wages and benefits
      - Raising taxes
      - Public assistance utilized for most caregivers

- Raised out of Health and Human Services committees (get it out of there and to others possibly commerce)
- Power of people to connect to policy
- Direct information to governor as he establishes budgets
- People over projects
- Make the business case for why
- Bring employers to discuss how it impacts them
- Focus on productivity issues
- Increased flexibility in programs – self-directed options
- DHS redefining roles so you use one instead of two – consolidated job description (ILS/DSP)
- Pool employees for providing medical insurance benefits
- Scholarships/loan repayment options
- Frame it as an equity/racial disparity, antipoverty issue (the three lowest paying direct care/support jobs are most represented by minorities)
- Career ladders – apprenticeships – wage levels rise as competencies or career mastery rise
- Training program from curriculum is available and free on line – create personal training record
- Catch up inequities between CNA, HHA, PCA in terms of pay (last legislative session)
- Use Olmstead to increase awareness – frame as an issue that could get lawsuits
- Include regular rate increases that keeps pace with inflation
- Think about the cost of turnover – incorporate into reimbursement – encourage employers to lower turnover and put money into wages

3. Partnerships with the education system
    a. Why this solution?
        - Promote it as a profession
        - Provide opportunities for part time work while in school
        - Get kids interested in their formative years
    b. Strategies
        - Example: Ohio pilot project - partnering at risk youth with an agency - gets them into this type of career and keeps them out of jail ---no one ever framed this as a ladder out of poverty
        - Target “at risk” students and develop mentorship programs for them
        - A good job for kids while they are in college and or as a part time job to help while they are in school
        - Target kids who want to be nurses and have them work as a direct care/support worker
        - Require direct care/support as pre-requisite for nursing program
        - Higher education not just focus on emergency care nursing, include nursing for older adults, persons with disabilities and mental illnesses, etc.
        - More internship opportunities

- Updating the 18-21 transition program to reduce dependency –and promote independence - Work with this as a way to have a pipeline to independence
- Target people with autism and other disabilities to do direct care/support work
- Connect students with this interest – peer support – provide grants to support these programs/relationships
- Provide scholarships and incentives for working in the field and build career ladders and extra incentives to move up career ladders
- How to fill gaps where we don't need paying –hours of the day where people don't need a care provider ---grow natural supports / facilitate friendships
- Caregiving becomes a high school subject (ex: in Alexandria, MN –perhaps partner high schools with tech colleges)
- Regarding credentialing and healthcare benefits, lower thresholds for getting Minnesota Care for those in this field

4. Use available technology to allow people to be independent
    a. Why this solution?
        - Reduce the presence of caregivers
        - Provide tools to allow persons receiving services to be more independent
    b. Strategies
        - Education (county, case managers, family, clients) everyone needs to understand the technology to be able to use it and plan to use it
        - Force the conversation
        - Part of person centered planning and Olmstead
        - A human will still be involved – that human needs to know how to use and set up the technology
        - Encourage the development of applications for more independent living – (through grants, etc.)
        - Highlighting successes of what's already happening to encourage more of it
        - Tap into MN technology companies to help with development of these technologies. Combine DHS and tech companies. Apply accelerants.
        - Focus on cost savings associated with technology - tell the stories of independence
        - Overcome obstacles in the payment of technology solutions – also include who is going to purchase it up front and how are we going to maintain it
        - Better fund internet (see as a need (utility) vs. luxury)
        - Education on how to apply technology to individuals
        - Better advertise the availability of technology – similar to the Technology Center at Children's and PACER
        - Technology should be part of accessible and affordable housing (WIFI in towers in Minneapolis, push buttons to open doors) – MHFA should be involved in the criteria to ensure accessibility standards
        - PACER conference next month – do they have solutions?
        - Better oversight of tech programs by the state

5. Public awareness of the direct care/support workforce shortage
    a. Why this solution?
        - The goal is for legislators to become more aware of the issue
        - It is self-serving because it will affect you, as you age – make it personal
    b. Strategies
        - How does it affect each person in MN? Differentiate stake holder groups and make it personal
        - What happens to people when they don't get the care they need? Tell the story.
        - Develop a message that is clear and catchy – is it low wages? Shortage of people?
        - We are all going to need care.
        - What do we value as a society? And how are we falling short. Track message back to that.
        - Find a champion to carry the torch and never stop talking about it
        - What are you asking the public to do?
        - Create compelling arguments for action
        - It's a crisis – so talk about it that way
        - Find national emphasis – leverage national agencies. It's not just a MN problem. Find allies on a national level.
        - Why is this industry important and needs to have national focus? Why not an engineering school or manufacturing program. Focus on the life or death.
        - Disrupt – by scaring them. Then educate. Then transform – call to action.
        - What are we transforming to? What elements are needed to fully solve the problem?
        - Compare to less "scary" but more prevalent issues like Zika virus.
        - Leverage faith based groups and other groups in the community
        - The image of direct care/support worker having to leave the person she is caring for because she cannot care for her child and taking a job at Menards (which is not the meaningful job she wants but is required to care for her child)

Group 2

Recruitment/Substitution/Technology Use
Retention/Compensation/Job Redesign

Morning Solutions

Solution	Notes
1. **Person-Centered and Family Centered**	Focus on people not programs
2. **Mandatory assistive technology assessment**	All people getting services
3. **Affordable housing for workforce**	
4. **Identify/market to new pools of workers**	
5. **Promote / market to students**	Student housing
6. **Paid caregiver leave for family caregivers**	
7. **Insurance coverage for in-home services**	
8. **Recruit students (PT/OT/nursing) to do non-traditional shifts – learning model**	
9. **Health care services portal**	
10. **More access for day care facilities for workers (24/7 – off hours, when children are sick, etc.)**	Flexible options
11. **Bridge formal and informal caregiving**	For caregivers that are both paid and unpaid
12. **Some parents/families are filling role for caregiver even if they aren't passionate about it or could do other work. Employers help recruit through an assistance program to support direct care/support and other workers**	
13. **Replicate programs from other industries to support workers**	
14. **Education of the needs of families caregivers for other employers (flexible jobs)**	Other workforce areas being more flexible would allow parents to be able to help support their children (for example)
15. **Reform CDCS to make it more available/useful**	
16. **Transportation for workers**	
17. **Changing curriculum K-12 onward on the value of this profession**	Promote this work as a profession in K-12 curriculum
18. **Refugee populations – are there ways to get culturally-specific training programs to help them get ready to find work in this field**	
19. **HCBS scholarship program – expand existing programs to address in-home care caregivers**	Available for other areas (such as hospitals or nursing facilities) but not in-home
20. **Involve families in each step of the policy/program-making process.**	Design/implementation/evaluation
21. **More availability of clinical sites**	Health care occupations to support in-home placements. Expose student to other environments beyond hospitals.

22. **Market to other professions**	**Nurses, OT, PT, etc.**
23. **Incarceration, especially related to chemical dependency, as an example consider removing it as a disqualification from providing direct care services**	Look at all disqualification to evaluate if still needed as-is
24. **Career ladders**	Experience in lieu of coursework; take their credentials with them wherever they go
25. **Technology use – real time response**	Like Uber, quick need when available, for emergency, last-minute staffing needs
26. **Technology rental warehouse**	To address temporary needs (loan out to fill gaps)
27. **Recruitment for older caregivers**	Transition career to perhaps part-time work or less strenuous work
28. **Existing training projects – reaching out to agencies already working on pipeline projects**	Extend similar programs to those working in clients' homes
29. **Tax breaks for people providing care in own home**	Is that a possibility for state tax incentives (already some at federal level)
30. **Compensation for critical access and include Greater MN as part of critical care access points**	
31. **Explore ways to increase wages and benefits that aren't a legislative solution**	
32. **Expand the use of telehealth to advise direct care/support workers**	
33. **Increase in full-time jobs, cannot use multiple part-time jobs to make ends meet**	Benefits, longevity for FT that isn't available for PT work
34. **Retention – resiliency support / training for emotionally draining work**	
35. **Hospital module – job enrichment**	
36. **Expand incentive pool**	Experiment with innovation
37. **Peace Corps type approach for health care – national service**	Critical shortage (nurses as the example)
38. **Mental health needs addressed through social workers more recruitment, support**	
39. **New paradigm / model – different level of how caregivers are perceived – look to existing models that work (ACR homes #1 workplace) live-in model with higher retention rates**	
40. **College debt (loan forgiveness) option OR can earn college credits**	Accessibility or greater visibility of existing benefit
41. **Some things only open to folks on Medicaid and Medicare, need other forms of reimbursement that can pay for these things**	

42. **Include people with disabilities as part of the workforce solution**	
43. **Day services have the same issues, need to have a way for accreditation or validate importance of those who do the work**	Nurses have a way, but what about direct care/support' or day services folks – don't have a college degree or certificate but find a way to make their value more apparent. Honorable profession – great value.
44. **How to recognize good work that is happening to inspire/honor/raise visibility?**	Like teacher of the year programs

Afternoon Solutions

Solution	Why this solution?	Short-term Strategies (within 1 year)	Medium-term Strategies (up to 5 years)	Long-term Strategies (longer than 5 years)	Other Notes
Increase wages/benefits and increase FT positions	Sometimes these two are related, sometimes companies don't want to pay for benefits so they use part-time work instead.	-Paid caregiver leave – benefit paid through state pool (12 weeks @ 2/3s of wages per year) – AARP #1 priority for 2017 legislative session.	-Expand/increase tax benefits for caregivers. -Credits for high education. -Require higher percentage of MA reimbursement go to wages. -Acuity based wage enhancement. Wage step up based on competencies. -For workers who have FT work, during times that their person(s) are in the hospital for example, use them in a different capacity such as training. -How to get full-time hours, might be by working for multiple people so use technology to coordinate job portal/registry float pool (substitute teaching as a model).	-Four sources of money: Medicaid, Medicare, private health care, private pay look at how the money is being spent and ensure more is going to direct care. -Pipeline project to transition to higher level work for high pay – leverage outside resources. -Look at corporate EAP benefits to expand to in-home workers. -Provide child care for staff. -Statewide insurance pool for benefits so can work where the hours are rather than getting all of the hours through one employer/agency.	Educating corporate EAPs so they can counsel workers who call them for consultation.

			-Transportation subsidies.		
Look to existing successful models and change paradigms	Take a look at organizations with high retention rates. May also be international examples of success. May be different models based on whether non-profit or for-profit, center-based or home-based services.	-Collect the data to find what's working. Identify top-tier examples. -How do we identify what criteria demonstrates successful models (retention, wages, etc.) -Look to international models as well. -Inventory – what's working, what's the evidence, what supports it.	-CMMI – innovation center to implement new ideas. -Relationships matter – sense of belonging and purpose. -Involve persons being served and families at each step of the process. -ICI idea integration. -Supplementation due to enterprise activities (e.g. of group home with CSA that funds discretionary activities).	-Organizational change model (ICI – expand this work) accelerate and expand the capacity to do this work. -Expand / update CDCS. -Look at other industries (beyond caregiver work) to see why they are top employers and retention rates. -Finance efficiencies would then allow for funding to be dedicated differently. -Evidence-based programs.	We don't have time to do another study. Use existing data (ICI another study from 15 years ago?). (There was an existing study mentioned under Commissioner Jesson). How to implement. What determines our existing models – form follows money; determined by Medicaid or Medicare or other reimbursement
Market to new pools of workers (include currently disqualified, people with disabilities, students, older adults, parents with school age and younger children, military)		-Replicate successful international refugee training models to focus on direct support where appropriate (International Institute of MN). -Reevaluate disqualifying criteria (background checks) for direct support workers. -Recruiting health profession students in	-Replicate community health worker model. -Encore career model (focus group?) for current health care workers, flexible licensure for job categories/positions, flexible hours, ability to do seasonal work. -Competency-based certification.	-Flexible schedules and child care would attract parents with young children to this work. Job co-ops? Day care co-ops? -Reduce barriers to employment. -Adaptations to assistance programs, especially those with work requirements, bridging.	Concerns about impacts in quality of care / outcomes for people being served by workers from a different cultural background or language as their own.

		post-secondary education through a portal for jobs. -Job adaptations / accommodations for people with disabilities to work in these fields.	-Technology for virtual training. -Work with licensing/professional boards regarding licensure requirements may need to be expanded to count experience working in direct support.	-Make training requirements specific to the person being served.	
Service Learning/National Service (Peace Corps) model	Want to be able to have a resume-building opportunity, get to travel, get new skills, community. Tuition earn-back, housing (include room & board), etc. Opportunity to get additional training in area of interest. Stipend for discretionary expenses and/or get direct care/support wage. Application-driven with criteria. Attractive to people in transition (from one area to another) but not necessarily always temporary. Build in some longevity (live-in component?) for more continuity of services but that could impact other	-Shared living -Training in area of interest -Encourage longevity to remove barriers to people staying in the job	Removing barriers to longevity/stability/consistency for service	Overall program since new would be developed over long term	

	benefits for the worker or the person/family (barriers). Give people a way to weigh pros/cons to make choices about trade-offs.				

Group 3

Morning Solutions

Solution	Notes	Votes
1. Website/chat room for clients and home care provider to communicate back and forth. Larger organization can also see and use.	Chat room – service users don't know about it. Need to get the information out!	4
2. Use licensed professionals more efficiently	ILS worker to do ILS work, not drive to grocery store. Waivers to pay for grocery delivery.	2
3. Resource guide for technology & technology assessments	Consumers don't know what technologies are available for specific situation. Assessments translate needs into help.	0
4. Supply chain management - need better communication and organization pathways between organizations/suppliers	As needs change, care needs to change. No technology between provider organizations to accommodate the client. Issue with provider focus not client focus. Example: For in home care, go through a third party to match direct care/support worker personality with client personality. Example: person with dementia needing new type of bed-had to have complete disruption of services and new people to switch out bed	1
5. On the job experience/training	Recruit nursing students by giving them credit toward their practicum or money for loan repayment.	4
6. Grants for students	Recruit students by giving them grants (so they do not need to take out students loans).	1
7. AmeriCorps-like program	AmeriCorps Program – "direct support corps". Include on the job training/education, reimbursement for school/student,	0
8. Aggressive community recruiting program	High schools, colleges, community centers, faith communities, etc.	0
9. Increase language training for workers	ESL language training	0
10. More training for direct service providers	To increase quality and raise standards	3
11. Apprenticeship – HOSA example	Reach out to high school students, start early, credits for students	1
12. Relative and family training	Incentives for family/friend caregiver to continue in caregiver role	0
13. Increase respite care workforce		0
14. Increase nursing teachers	Get more nurses teaching nursing	
15. Non-traditional workers: Older adults and people with		4

disabilities looked to as possible workforce		
16. Close the billing gap/meet requirements faster		0
17. Background studies	What kind of flexibility is there in background studies, especially for people of color; Do not back off background studies – protect individuals; Allow workers to see why they did not pass	0
18. Reduce backlog of background studies/Quicken pace of background studies	Takes too long for workers to be able to work because of backlog	0
19. Teach workers other important skills such as active listening, not only "audit" work	Training on soft skills not just a list of cares	5
20. Affordable housing for workers		7
21. Cultural education for all, workers, new immigrants, older adults, everyone		4
22. Affirmation for good workers, in general	Recognize a job well done	0
23. Agencies given a pool of money for employee recognition, pay for time off	Workers and clients dedicated to each other, but not to the agency. Workforce burnt out and cannot afford to use free time for parties, training, etc. Work to increase dedication to the agency.	0
24. More money for training		1
25. Money for/allow for reimbursement for peer support/paraprofessionals	Looked at as volunteer work. Can be used for licensure next level up. Career ladder work.	0
26. Stop the corporate greed	Pass the reimbursement on to workers	1
27. Breaking down the silos – more integrated care	Universal worker; person-centered care/support	1
28. Training for clients on technology	Clients for technology	0
29. Link training and wages	Training and good wages will keep workers	
30. Increase quality of trainers to increase the quality of direct care/support work	Quality of training is based on quality training provided by trainers. You have to have good trainers to get well-trained staff	5
31. Training for specific disability/disease - on-going and changing disease progression	Training for people, not cares; not one size fits all training	0
32. Prepare families for lack of direct care workforce	Cannot assume that a system will support them in the future	6

Afternoon Solutions

Solution	Why this solution?	Short-term Strategies	Medium-term Strategies	Long-term Strategies	Other Notes
• **Affordable Housing for Workers**	Workers available for shifts, espirit de corps	• Develop housing resource guide/one-stop shop for resources/employee support staff at jobs: what's close to the job-food, bus lines • Develop affordable housing Strategy • Resource sharing strategy • Other worker benefits – bus cards, incentives, etc.	• Discounts/ housing & transportation vouchers	• Increase funding for Minnesota Housing Finance Agency for housing • Find political partners • tax credits, alternative tax rates for caregivers/direct care/support workers, tax exemptions	• Dormitory-style housing • Look at oil industry using in ND for housing ideas • Apartments/townhomes, partnerships with investors to diversify option. • Housing voucher is month to month while tax credit is too long of a wait list to get it.
• **Website/chat room to Share Information between Providers/Clients** • **Communication across teams**	• Connects recipients with workers and informal/ family supports • Increase communication between all parties	• Education on ALSKA, a current software solution to this item • Increase awareness of current resources • Schedule trainings on options	• Develop a resource guide of technology options-share at intakes/assessments • Develop a distribution plan (attorneys, churches, through Disability/Senior Linkage Lines)	• Create provider portals: across providers; transferrable (like Caring Bridge) • Develop personal life books that live with the person not an agency -	• Will need funding for people without access to internet/smart phone/computer • Taking the Maze out of Funding –something like this for direct care/support • MnHELP.info utilized • Technology assumes you have money to purchase equipment.

				Person focused resource – to hold and train new service providers –i.e., binder of "me"; Life Books	• Personal life books: person-centered, objective, low tech
• **Specialized Trainers** • **Credentialing**	Specialized training (training on the person AND diagnoses) will increase the quality of care provided by workers	• Train the trainer: assessment that the person has good training skills; institute industry-wide • Discover/develop & share best practices/resources (Ex: Mentor Training with assessment and feedback) • Increase funding for training • Increase awareness of College of Direct Supports & Direct Course • Allow credentialing for training and provide incentives • Rebuild PCA Orientation through DHS to make more valuable • Revitalize Minnesota Association of Direct Support Workers		• Connect Direct Support Association credentialing with state requirements • Connect credits to apprenticeships to career ladder work. • Transferrable credits – make it easier to transfer from 2 and 4 year programs and from high school to 2 year programs – statewide requirements	• Watch that "credentialing" doesn't create barriers. • Discrimination able to be seen between private and public pay clients when it comes to training of workers. (funding issue)

Prepare families for the workforce shortage		• Provide clear expectations and orientation to future services (i.e., Options Counseling) • "What to expect with home care/support?" – real life case studies as orientation to "new life" with home care. • "What questions to ask as a caregiver?"	• Technology to be able to share information • Built-in counseling component to address family dynamics • Developing and disseminating caregiver resources • Train and support family caregivers • Interdisciplinary communication training • Caregiver peers providing navigation and orientation skills to new recipients/CGs (peer support)	• Support group/advocates who have experienced care in various settings/assist people in sharing their stories	• Technology has incentive here to "stay connected" with loved ones whether that is portal or other software. • Need common language from medical to "real life" • Expectations need to be clear from results of medical interactions. • Is this a new "role" within the current system? If so, how is/can it be funded? • Brain Injury Alliance – professionals teach new families.

Group 4

Morning Solutions

Solution	Notes
1. Higher pay for higher skills	
2. Emphasize importance of work. Messaging/Marketing about what the position can do	Not just about helping with ADLs or a series of tasks, but includes helping people enjoy their lives and do other activities; social activities, work, etc. Will allow for worker to do their job differently and more effectively
3. Flexibilities in the position. Focus on individual tasks that explain that people don't have to do ALL the tasks a person needs.	People may have different skills so how to focus on skills and tasks instead of position as a whole. May take multiple people to make something happen.
4. Person centeredness for recipient and worker. Use strength based education to minimize weakness and maximize strengths of workers	Ensure the worker is doing what they are skilled at in addition to meeting the consumer's needs.
5. Increase self-direction to design position to best meet the consumer's needs	
6. Realistic job preview. People need to know what the positions are: people only think of health care, not realizing there are fun parts that can enhance people's lives. More than showers and helping people eat. It's helping people enjoy their lives.	
7. Facilitate person's life in a holistic way	
8. Increasing use of CDCS. Design positions in a way that makes sense for them and more sense of control.	
9. Increase comradery. Closer connection with supervisors or make more of a workplace feeling rather than being out on their own.	
10. CDCS has a different budget compared to traditional model. Would like to have cap raised or eliminated.	
11. Make CDCS mandatory and have people opt out in order to get traditional services.	
12. Career ladder – credentialing process. Get credits to enhance their development. NADSP	
13. Leading Age Partnership program	

14. Integration or inclusion of direct care staff in Treatment team discussions	Will allow for professionalization and give workers a sense that they are providing a service
15. State sponsored scholarship and loan forgiveness program in Governor's budget	
16. Find a way to allow undocumented workers to work here legally in direct care/support	
17. Significant number of people who are over supported. Don't always go to standard model, look to other options such as technology first	
18. Allow for better funding mechanisms for non-traditional assistive technology such as items like a cellphone with apps.	Allow for funding of technology, as well as non-traditional technology such as iPhones/Smartphone with apps that can be assistive technology to improve independence and reduce need for direct support
19. Get a care force such as AmeriCorps	
20. Experiential learning to get high school students exposed to direct care/support early on	Allow them to earn credits
21. College credits for people early in their 4 year degree in psychology history, etc., not necessarily those getting a degree in direct care/support related fields	
22. What are populations of people who are underemployed to provide training and career ladder for them. 30% unemployment for young African American males, What would it take culturally to provide training and incentives such as credentialing in order to get there underemployed populations engaged?	
23. Encourage people with disabilities to be support providers to other people with disabilities	
24. Use technology to provide supervision and supports	
25. Importance of engaging direct support/care staff in treatment planning. Develop investment in the position and professionalism. Allow them to make decisions. Change expectations of the role of the worker.	
26. Too much emphasis on needing people strictly for safety. Putting more responsibility on the direct care staff.	

27. Change view of position in the public so it's not considered as "low-skill" and the position is valued and has great responsibility (Job design and responsibilities)	Will also increase view of workers who are passionate about their career and put more responsibility on the worker as position is valued
28. Focus on non-traditional professions of skills they bring to care giving	For example, a student going to school for an engineer knows how to solve problems and can help provide solutions when providing care
29. Address regulatory constraints that turn people away from direct care	specifically tied to reimbursement and how folks are paid (units, amount per hour, etc)
30. Rather than base direct care how many hours someone needs, look at a budget/dollar amount rather than time units. Let people spend it as you will. Will address the problem with not being able to pay two people at the same time.	

Afternoon Solutions

Solution	Why this solution?	Short-term Strategies	Medium-term Strategies	Long-term Strategies	Other Notes
Establish a "Care Corps' like Peace or AmeriCorps	Feeling of identity. It's a place to be welcomed into. More than a relationship with one person, it makes you a part of a team. Allows people use different skills in different ways, you don't have to be a medical person to join. Fundamental foundation of learning	Organization Write proposal Meet with leadership Get a spokesperson/ champions Funding from foundations Funding from the state legislature Link with SeniorCorp and AmeriCorp to identify what role they could play and how to work together to get staffing for program	Pilot project through a larger non-profit organization (greater flexibility than going through Federal government) Target parts of population that are underemployed Public health campaigns Educate people about it on a website	Move pilot project to the state level Sustainability	Increase awareness about whole sector. Create a first generation of people who know about this sector and are aware of it. People will be more aware of other related topics such as building accessible homes. Use loan forgiveness or education funding to help with the solution below. This concept tends to work when people can't get other jobs, which isn't the case; although it might be for some segments of the population LSS using AmeriCorps to fill caregiver respite roles; maybe can make changes to existing AmeriCorps structure.

					SeniorCorps has volunteers working in schools and foster grandparents, but a lot of restrictions at the federal level; funded through same entity as Peace Corps and AmeriCorps
Training/Career Ladder to areas of population that under or unemployed	Look at pool of people that are not working. Creates a ladder other than education. Such as experience with certain types of clients or populations. Seniors, MS, cerebral palsy, etc. Create an apprenticeship type program like a trade such as a trainee, mentor, etc. A defined measureable skill set that is an achievement marker.	Go to community and find out who leaders are, and how this can be marketed to them. Talk to this group of people. Look at vocational-rehab groups/ workforce centers to see if this is viable.	Figure out how to match staff person's skills/interests with the type of job they should have (direct support registry will be available in early 2017) Need more recruiters, resources, and benefits in order to find and retain staff Determine whether it makes more sense to have fewer full-time staff with benefits, or more part-time staff without benefits. Some people want full-time, some want part-time, so need to figure out the right mix	This will work better for retaining people rather than recruitment but this will also reduce job turn. Over the long term this will help to market people. Make this institutionalized as a part of the current vocational job structure.	Looking at mean hourly wage. It's a hard sell and will be a big barrier to overcome but coupled with the other ideas such as a career track or the care corps to be successful. Is there a career ladder? Do we pretend there is a career ladder when there is not? Either you do your job and stay there, be a manager, or get out. If people are talented then they are encouraged to become a social worker. Or is that a part of the ladder?

					Forgive exceeding max income level for other supports such as MA, within a class of jobs like direct care workers People who are under or unemployed may not be people who can work in this field; BCA looks at charges not whether a charge was substantiated Some segments of the population aren't looking for careers, they are looking for "gigs" **Career Ladder** (1) DSP – certificate – 1 year – 2 year – 4 year – higher level (educational ladder) (2) DSP – varied levels of experience (credit or

					recognition of competency) (3) DSP – apprenticeship model (work + ability to train the next level of DSP); mentor determines when person is ready for the next level
Remove or raise CDCS cap so there will be more funding/ flexibility for services	Accomplish multiple goals (person-centered)– closer to Olmstead Plan goals. Flexibility in workforce issue. Hire people more easily. Less turnover. Can use assistive technology and natural supports more flexibly. Be able to pay for things like the internet. Look beyond medically necessity.	Find out what other states are doing and if there is a model we can use. Governor needs to include in his budget, that the cap is raised or removed. Legislative approval required. Look at the legality in the Olmstead context. Redefine what services mean. Amend the federal waiver plan to include (or not exclude) certain services like adult foster care, employment,	Amend waiver plan to make changes to what waivers can pay for, such as paying for Internet access and technology, employment services, foster care, quality of life (ex. tickets to Vikings game)- short/medium term	Make CDCS be the first option, then let them opt out into the traditional model.	People will be positively impacted by the ability to be flexible with the budget and meet Olmstead requirements.Can these dollars be used for training and education? Changes to the CDCS unallowable list do not require legislative action, but do require an amendment to the waiver plan agreement with the federal government

		quality of life “fun” things like Vikings tickets.			
Include Direct Care/Support Staff in the treatment team	Direct care/support staff know these people the best. Intimately, at a recreational level, etc. No one can be a stronger advocate than the direct support workers. They know desires, hopes, dreams, etc.	Already state laws about interdisciplinary teams. Make it regulatory. Training, especially on documentation. Organizational policy changes. Policy about what team meetings would look like. More knowledge and education about Olmstead. Create work culture of innovation, inclusiveness, gives meaning to the position, etc.	Reimbursement for the coordination, consultation, education, etc.	Licensing reviews of program quality and accreditation that shows who is included in the interdisciplinary team. Setting up funding structure to encourage participation in discussions – don’t make it an unfunded mandate.	Organizational policy changes need to be made to have orgs embrace Olmstead and how plans need to be person-centered. There is no money for training or consultation time so hard to fund these changes and education

Group 5

Retention/Compensation/Job Design
Quality/Support/Training

Morning Solutions

TRAINING

- Train persons receiving services about their role in managing workers, responsibilities and expectations
- The direct care/support workers may not understand the scope of what the participant needs and the participant may have difficulty directing them
- Additional training to understand what the roles and responsibilities are.
    - Peer to Peer training - if they are trained to know their role and responsibilities; they can understand how important their role is.
    - This could also be a cost-saving solution
- Allow direct care/support workers to train other workers - Allowing PCAs to train other PCAs cannot be compensated – policy needs to change.
- Career development
- More positive exposure for students going into nursing careers, RNs, LPNs clinical internships, etc.; educate about non-acute care; clinical internships, etc.
    - How to obtain professionals such as nurses and social workers as direct care/support workers
- Some direct care/support workers do this work while they're waiting to get into nursing school.
    - Person is working as a nursing assistant but is waiting to get into OT school. It is currently very difficult to get into to nursing programs/OT, which exacerbates the workforce shortage for those careers
- The cost of the college or schooling/training has gone up and when people complete their education/program, they get a low paying job
- Access to free CPR and First aid and other basic training
- Specialized exposure to careers when people are younger such as middle school/high school

COMPENSATION

- Offer better reimbursement (short term) -- competitive benefits, wages
    - Can't get direct care/support workers when they are competing with nursing homes, and other labor areas (i.e. retail).
- Offer Retirement fund/401k/ etc. - Must look at whole benefits package (e.g. dental, vision, PTO) to stay competitive with retail
- A "next level" for a direct care/support worker: Having a career ladder could tier reimbursement rates
    - Concern is that more formal education/training requirements would be that it could create a vacuum of workers.
- Offer mileage reimbursement/public transit subsidy
- Offer Tax break for doing this work
- Offer Overtime pay
- Offer compensation tied to the complexity of the work

RETENTION

- Career development (avoid burn out)
- Lack of or too little/unrealistic training
    - Direct care/support workers have gone in to care for individuals without having met them, and don't understand their needs.
- Have a salary based on length of service) – compensation tied to length of service to encourage retention
- Employee recognition
- Most direct care/support workers are working PT and need to work FT in order to make a living. Partner with other employers in order for the PCA's to have full-time employment. (Have the direct care/support workers work for multiple companies or groups). During the large group presentation, it was reported that 40% of the people that do direct care rely on public assistance.

SUPPORT

- Money for now – recently trained worker that attended expensive programs/schooling/training
- Opportunity for exchange for work
- Support for immigrant workers (or English as a second language) to understand not only the job but also the culture.
- Be sure to 'thank the workers' on an ongoing basis.
- Community partnership services to support separating circumstances (re: background checks)
- Holistic support of workers (i.e. child care)
- Review policy - provide public benefit which does not hinder ability to work
    - Specifically, 40% of workers are on public assistance. They cannot work more than 30 hours a week or they will lose their benefits.

QUALITY

- Concern if training is too simplified, level of experience/actual ability will decrease
- Who are we trying to recruit? (define) Many seek this type of work when they didn't go to college and just want a job.
- Positive feedback about one's career - More pride for the job
- Free access to vaccinations
- Consumer's "Support" Consumers
- Important to hear from the people who are passionate about their jobs. Understanding that mindset and the effect and type of work can bring in quality workers

JOB DESIGN

- Supervisory – Experience structure (multi-layered) – Spectrum of needs across levels of job (i.e. Health care)
- Coordination of opportunities for advancing to other careers –partner with schools - integrate direct care/support into the career path of an LPN/RN
    - e.g. - if a worker goes to direct care/support training, and then moves up the ladder and is able to go LPN school for free or discounted tuition
- How are nurses educated on non-traditional careers or positions – more positive exposure in nursing programs to nursing care outside of hospitals
- Full-time employment – work with multiple agencies/groups – jobs (2 part time = 1 full-time)
- Consumer Control – need better ability to match medical and social needs of recipient of services with training, experience, and social skills of workers

Afternoon Solutions

The table below identifies the solution discussed and includes discussion notes on the following points:

- Why this solution?
- Short-term Strategies
- Medium-term Strategies
- Long-term Strategies
- Other Notes

Solution	Discussion Notes
Offer adequate/appropriate level of training for level of care required. (person centered care) Redesigning or creating training & compensating for taking the training. Concern if training is too simplified, level of experience/actual ability will decrease. We have very basic online training.	Have to have 12 hours/year to maintain your license. At a state level, could there be something standardized for direct care/support workers such as standard training modules after the initial training is completed? (Required by the state?) The agency can't pay for any of the staff time for this training time. The agency needs to be able to bill. Workers may not earn full wage when attending training. There is a training budget (for first aid, CPR, etc.) that is in the SEIU contract, in conjunction with the college of direct supports - it could be a vehicle by which to pay for training Gaps between 245D direct support staff and PCAs – levels of training vary according to service. • Availability of training (modules) • Redesign, creating training for caregivers, providers, family caregivers • Increase opportunity Ask state – if license/certification required by the state the staff provides the training via website – required Agency or organization should be able to get money/benefits for training workers Training level required – competency based (this includes family members-though they may not want training). Family members typically do not see this as career development Training cannot be a BARRIER. (i.e. in order to do this job, you need to have "X" amount of training) Wage increases tied to amount of training and experience.

Career development/ Career ladder opportunities	Actionable: Example -once or twice per year the nursing home offers nursing assistants to become CNAs. We should be able to offer classes or going back to school. • No certified program that is available. • More engagement in job comes from adequate training to begin with. (What is career development) • Tax breaks for agency as incentives to train employees & support career advancements (i.e. loan forgiveness) • Career awareness "days" (at schools) • Higher pay for being the trainer of a skill/role (mentoring) • Training (in Health Services) for direct care/support workers • Increasing/improving opportunity by decreasing barriers for people of color or of diverse backgrounds • Need to account for family members who need basic training
Reimbursement: benefits, wages, competitive pay	• Wages based on experience • Is it the reimbursement rate to the provider or the wage to the worker that needs to change? • What about cost of living adjustments on a regular basis instead of 'begging' the legislature. Automatic increased based on inflation. • Revise/review process/system for compensation (such as Disability Rate system). The legislators care about the money and not so much the budget methodology. DHS to study the reimbursement rate. • Accounting that considers inflation – increasing costs such as healthcare, wages, transportation, etc. • Benefit package could include: mileage/transportation – wages more competitive • Insurance • We don't want to penalize people for working, so why do they lose their income-based eligibility for public programs (food program)? o More leniency with workers who receive Medical Assistance benefits – make sure they don't lose benefits for working • Leniency- creative exchange in wages, benefits, educational supports • Ability to pay overtime • Are there non-financial employee recognition programs for employers or for the state to give kudos to workers?

Group 6

Morning Solutions

Area 2-Retention/Compensation/Job Redesign

1. Mentoring Program for Agencies, Staff and Clients –Quality Practices and Training
2. Software for scheduling,-When I work
3. Wages to attract workers-25 cents an hour is an embarrassment (5% increase)
4. People with disabilities are all unique therefore wages need to represent the complex needs of these folks.
5. Basic credentials need to be required before you enter the worker environment –(turnover is important), decreases quality of care people receive –what causes turnover –they leave because other businesses offer better wages –benefits
6. Federal over time changes, resulted in individual working for 2 agencies, 2 different clients –limited to 275 hours a month. 40 hours a week limitation. ALDI pays $15 an hour, so … Clients still need help so she ends up working more. Hours are capped.
7. Ex: Home Care Agency owner has a hard time paying over-time so wouldn't make revenue if she was able to pay over-time.
8. Long term culture awareness solution-Public Awareness Campaign that shows value in these jobs.
9. Mental Health struggles with getting workers into entry level jobs as well-Disabilities are different and people have different needs
10. Wages –Limitation/Need for training-Prepare people for what they will encounter –How to adjust to and deal with clients' needs
11. Loan reimbursement for careers. Expansion of loan forgiveness programs.
12. Persuade legislators to bump reimbursement
13. Immigration can't be a substitution for workers?
14. Governments job to provide insurance not the employers?
15. Create a title –specialist title for home care workers –Direct Care Specialist (?)
16. PCA Choice Grant-Contract including times based on client's schedule-client and PCA create it together –after week contract can be reviewed or changed –what went well or didn't go well and modify agreement –empowered by client –enforceable contract-lays out expectations
17. Focus on existing staff and provide bonuses, vs. recruiting constantly for more workers (Building Setting). Offer more training and education from facility to keep staff and make them feel appreciated.

Area 3-Quality/Support/Training and Credentialing

1. Training to understand individual's needs –Ex: Son with brain injury –punches caregivers and workers out of the blue –How do you prepare this workers for this and keep them around

2. Training is so important –Vo-tech programs perhaps as a solution -6 to 9 month perhaps to learn how to work with people with unique needs
3. Realistic Job Previews to show and explain what the person would encounter
4. National Association of ESP's to start a credentialing program to provide pay increases, arduous process. People need to be dedicated to the career.
5. Enable worker to develop relationship then weed in training
6. Put it online and free up trainers
7. Foster people into the industry relative to their education
8. People receiving supports are considered vulnerable and can't make choices, puts people who are doing the work at risk of losing their career
9. Career path with growth as the worker becomes more experienced with increased compensation as they grow within their career. Substance experience for education.
10. Talk to elected officials to hear the voices of the constituents to hear the needs-make training transparent to the consumer using services. Enforcement of expectations-inspect and audit what you expect
11. Is this discussion really more aimed at a community health model? Strengths in the community health worker model especially in the rural areas.
12. Create a pool of staff-actually usable. Regional, etc. Create an option to follow people across settings. Barriers exist right now. Ex: let PCA worker follow across settings-hospital, NH, PT, etc. Continuity of care across settings.
13. Posting positions for that are 10/20 hours a week but they are on the schedule for 40 hours but with no benefits.
14. Customize positions to match workers needs/what they like, vs. enforcing they do it all.
15. Recruitment can't be everything for everybody.
16. Create documentation and differentiate where people follow into tied to what they need-
17. Maximize technology to deliver care for those who could benefit from technology –less complex cases
18. Loan forgiveness for home health care workers –like RN, MD-model –rural areas
19. Training to address things like-creating nutritious diet, when consumer wants to have sex with worker, etc.
20. Financial awards, bonuses, incentives models-private for profit agency model in Missouri –Profits go to workers –Employees who have worked for 18, 20, 30 years-
21. Written notes of thank you for work-public awards and recognitions
22. Person centered training available for everyone-no matter what their role
23. Standard that everyone has a minimum level of training-training can be provided by either client themselves, or agency or family member –but it's clear to the worker –reduce stressful environment
24. LTC vs. Community Standards-Mainstream this, very different for LTC Facilities vs. working in the community

25. Clinical Oversite Supervision with mentoring and debriefing to keep the staff in place (retention)
26. Reimburse training components for those being served –in person on site types of training done with person receiving care. (Dual training experience)-Cohesion
27. Structures of reimbursement between commercial insurance structure and MA
28. Training for families who are taking on responsibility of services
29. Fragmented training systems-ex: person centered training-dig to find it-
30. Certified Peer Specialist –recognize 80 hours of training for "using their story" for those in recovery –create college credits –college equivalent CEU's
31. Equity between men and women –bring men into the picture –Value the work
32. Culture expectation that men are worthy of this job
33. Problem-1/2 hour training online to become a PCA + background check yet I want $15 or $18 an hour –standardize the training for CNA's, PCA's, CMA's, -Regulate and standardize

Strategies for solutions above:

1. Standardized Training- (7)

- ✓ Core competency and training for those who provide care for workers
- ✓ Direct Training done by one Home Care Agency in the office and takes an RN out to train the PCA worker in the field and supervised by RN as well on an ongoing basis (providing stronger in-person supervision for the staff and care plan). Creates clinical supervision.
- ✓ FIRST AID/CPR Training

2. Increasing Immigrant Population to support workforce in MN (2)

- ✓ Due to demographic changes in the labor force-think about multi-cultural supervision

3. Wages and Benefits (15)

- ✓ Disparity in the industry
- ✓ Solutions for seasoned/devoted workers –while recruiting new workers

4. Credentials and Career Paths (2)

- ✓ Create full time position –trainer to train staff to do this work
- ✓ Recruit and retain good part-time workers (mom's, etc.) 32 hours or less
- ✓ Create Internships or apprenticeships –Education, Human Services, Public Policy, Social Services, Nursing, etc.

5. Summit for Workers/Agencies

- ✓ Summit for people providing the care for those who provide part/full time work
- ✓ Summit would include companies and workers who employee those who provide the care (DHS focus)
- ✓ Summit with participation from people doing the work for the care receiver

6. Promulgating for Best Practices (3)

Group 7

Morning Solutions

Solution	Notes	Votes
1. Make direct care/support jobs a career.	Many people view these as part time side-jobs. Change the dynamic by making it a career. We need to not talk about these jobs as domestic workers.	6
2. Reframe or reconsider the goal of being a direct care/support worker.	Currently direct care/support workers do not have a goal. We need to make the profession achievable by defining a goal to provide workers with a sense that they can achieve that goal.	2
3. Regularly scheduled annual compensation increases.	There is too much unpredictability in getting increases. You cannot build a career on an unpredictable salary.	10
4. Increase training for workers to better establish the profession as a career.	Workers need basic individualized training that is competency based and builds. It needs to focus on person centered practices and include people that receive services and the employer.	3
5. Create career pathways and ladders.	Retain workers showing where the job can go in the future.	
6. Recognize the triangle between employers, service recipients, and workers.	The definition/roles of employers is unclear so consumer-directed care eliminates ambiguities. Workers create the bridge to the community to facilitate full participation in society. We should focus on enhancing the role of the service recipient.	2
7. Training should be person-centered.	Person-centered training helps to support what people wants/needs.	
8. Direct care/support workers should receive benefits.	To make sure it is a livable job, benefits such as paid time off and health insurance should be offered.	
9. Improve integration within the service planning and delivery system.	The culture of this work creates isolation for the worker and service recipient. We need to remove silos by engaging families, agencies, consumers, and communities. This will create a more holistic approach to supporting people.	
10. Increase recognition for workers.	We need to recognize direct care/support workers for their insights and contributions and highlight ways the worker can show their value.	

11. Professionalize the role.	Through continuing education and by building expertise and opportunities to share that expertise.	
12. Increase employment of people with disabilities.	People with disabilities can work too. Being a direct car/support worker could be a track for young people with disabilities who are interested in this field.	6
13. Mandate direct care/support work as a pre-requisite for other professions.	Such as Doctors and nurses.	
14. Expand long term care imperative.		1
15. Mirror nursing facilities to increase HCBS rates to pay for higher education.	The industry changes (increased funding) for nursing facilities should be mirrored in HCBS so that providers can pay their workers to attend higher education.	
16. Invest in a marketing campaign.	Communicate opportunities for career ladders and invest in recruitment, training, marketing to increase interest in this role.	
17. Explore retention with workers.	Talk with workers to see what would help them stay in their jobs.	
18. Market job to transitional youth who are being required to have work experience.		1
19. Speed up process to start as a direct care/support worker by expediting background checks.	It can take up to three months to wait for a background check to clear. This is too long for someone waiting to start a job.	
20. Reduce or streamline paperwork.	There are too many processes that take time away from direct service. We need to streamline paperwork.	1
21. Create opportunities for more experienced workers to mentor new workers.	Create designations of various levels of workers with a tiered reimbursement system.	
22. Recruit workers from multicultural backgrounds.	This would increase the number of people available to work and increase the cultural competence of direct care/support workers. Staff should reflect the people receiving services.	3
23. Build worker interpersonal skills.	Overemphasizing the technical aspects of a job can take away from the focus on compassion and emotional intelligence. Social skills are as important as clinical skills.	2
24. Increase the number of staff per unit of service.		

25. Address the different needs of children and adults.	Relationships with families and parents are valuable. One size doesn't fit all for adults and kids.	
26. Pay for training.	Pay the staff getting trained and the staff providing the training.	
27. Increase or develop pay for performance.	Pay based on outcomes to get away from piecemeal reimbursement.	4
28. Get creative on the position descriptions.	Some of the tasks could be performed – not all of them.	
29. Increase flexibility in service delivery models.	Approve supports in chunks, focusing on what is needed for work to actually be provided. For example – approving hours for laundry but not for time waiting for laundry to be completed.	6

Afternoon Solutions

Solution	Why this solution?	Short-term Strategies	Medium-term Strategies	Long-term Strategies	Other Notes
1. Reframe this work as a career and a profession.		Pay for costs associated with finding employment and keeping the job (such as education, benefits, etc.). Reconsider the minimum job requirements. Honor expertise by paying for staff to mentor other staff. Require nurses, etc. to provide direct support/care as part of their training or accreditation. Paid internships for direct care staff. Market positions as a career by modeling teachers' efforts. Market the value of the work. Consider whether an "association" (not necessarily a union) is needed. Provide experiences for children to familiarize them with persons who have a disability.	Start a paid tiered system where lowest tier might be people who just started, the next tier would be if they had worked a certain number of hours, the next tier may be if they worked a certain number of hours and met training requirements, etc.		A lot of interest in demonstrating the value of work and marketing this to the public. A lot of conversation about organizing into an association (not necessarily a union).

2. Increase flexibility in the way services can be delivered.	People often need combinations of services that are complex and difficult to provide within service definitions.	Increased funding for consumer directed options (like CDCS). Balance fraud concerns with return on investment – value to the client. Determine real cost of doing business (include indirect costs). Allow multiple services to be concurrently billed – or at least assure that all costs are accounted for in billable rates. Fund innovation! Funnel profits back to providers to pay for outcomes. Create wrap around rapid response service.			
3. Tap into the pool of unemployed people with disabilities and recruit them to do care.		Increase flexibility in hiring felons (streamline system of background studies and remove “set asides”). Adapt certified peer support strategies used in other areas. Opportunity with workforce investment act and Olmstead to create employment opportunities.			

		Recruit retired people. Create partnership to market to increase recruitment.			
4. Increase the compensation and benefits to increase service quality and pay for performance.	Direct care/support rates are very low.	Cost benefit analyses. The legislature is looking for increases to productivity – value. Include the client's life outcomes in the ROI calculation. Fund recruitment efforts Get commitment from DHS for rate increases that support paying staff wages. Create a direct care imperative. Explore wage requirements especially in group homes or across the table. Account for indirect care costs for all services. Account for regional variation in cost of delivering services Educate legislators and community on the need to more funding.	Identify, document and pay for outcomes.	Educate the community. Understand the value provided. Equal pay for equal work.	

		Pay for experience and additional education. A tiered pay scale to create career ladders,			

Group 8

Morning Solutions

Solution	Notes
1. Skill development—consider apprentice models as in other fields.	Dual training with class work and on job experience…helps staff feel more comfortable in their roles; competency building. For health support specialists training framework is there, but can it be expanded? Include people who are working privately in homes.
2. Basic standard requirements (CPR/first aid)	No training for direct care/support workers right now. Suggestion made for State to be in charge of training/credentialing
3. Building credentials for higher level jobs	Putting the profession in professional
4. Market direct care as a professional field	Some don't know this exists as a rewarding, life-long profession. Drawing a skilled workforce, and recruiting for the whole industry.
5. Nursing education requirement, working as/with direct care/support worker	
6. Matching caregiver skills with client's needs.	Better system of how that's done.
7. Investment of service providers to make the direct care/support industry appear "important."	
8. State provides incentives	
9. Elevated level of basic training	Set a higher standard for people who want to be direct care/support workers.
10. Incorporate training in high schools.	These programs exist, but aren't widespread.
11. Incorporate experiential learning in high schools to explore the human services field.	Service projects; community action programs; volunteering; etc.
12. Healthcare Core Curriculum	
13. Government financial support incentives	
14. Tax credit/loan relief / loan forgiveness	
15. Allowing direct care industry to serve a career path, e.g. psychologist.	Some people's primary career goals are not healthcare—assure tuition support/career

	path includes multiple professions beyond LPN/nursing.
16. Career assessments for starting direct care/support workers.	This will help direct care/support workers feel valued. But there has to be some meaning behind the word "valued."
17. Recognize the personal needs of direct care/support workers.	E.g., child care support
18. Broad-based communication network for all direct care/support workers.	Someplace workers can go to get ideas.
19. System that helps connect the various jobs of the direct care/support industry.	
20. Portable trainings - consistent	Mobile labs too; allow for transfer of trainings.
21. Workforce stability quality council	Use the National Core Indicators' workforce stability instrument
22. Publish career ladders – build their way up.	Don't think of a ladder, because that may move you out of the industry. Think of a lattice.
23. Review/simplify current regulations!	May benefit to consolidate/reduce many legislative imposed regulations to keep agencies/individuals able to do the role. Incorporate broad based stakeholder group to review

Afternoon Solutions

Solution	Why this Solution?	Short-term Strategies	Medium-term Strategies	Long-term Strategies	Other Notes
Incorporating training in high schools	• Grow the workforce by getting high schoolers the right training • Get high school students summer jobs in this field. • Provide exposure to the field early in a person's work career. • Preparing our next workforce for our society's current and future needs.	• Online training that already exists could be made available to high schoolers. • Look at strategies included in "Mental Health workforce report"	• Raise the pay and develop pay schedule to get people interested in the field. High school students will find the training worthwhile if the pay is livable. • Work with Minnesota chapters of Health Occupation Student of America (HOSA), Sigma Phi Omega, and other high school/college groups focused on healthcare to raise awareness of the program. • -Can a multi-agency table (Education, DEED, Dept of Labor, Office of Rural Health) be	• Break down barriers so people will want to work with older adults and people with disabilities. Build this into the training. Create service learning projects • Consider mandating course work in H.S. on caregiving/ Health care curriculum	-Regulations such as HIPPA have blocked students from job shadowing. -Fergus Falls is looking into adding lecture course and a two credit skills package for eligible students to do some actual training. -Challenge is a steep decrease in program in community colleges. - Career counseling coordinators are being brought in from the state to high schools. -Many barriers exist to getting training this into high schools: when it can be offered,

			convened? Many areas and agencies seem like they would be involved in the solutions. A shared table would aid with communication and connect existing programs.		location, mobile labs, time consuming. (Note Welding and CDL mobile training labs) More economical to get a mobile trailer to bring together high schools students interested in field.
Marketing the industry	• Society has devalued direct care and helping profession. • Students and professionals are not seeing direct care as a career option.	• Videos, social media posts • Toolkit for career counselors. • Advertising competition would get people engaged. • Wages are low, but in some places, benefits are high. Make these known. • Highlight that training gained in high schools can be helpful in getting a career. • Educate lawmakers	• Educate and provide resources for High School career counselors.	• Caregiving career campaign Existing campaign models, like North Dakota's could work for us.	-Students aren't seeing direct care as a career option. -"Health-related sciences" classes don't have the word "care" in them. -Align scope of practice with credentials. - More **research** needs to be done to figure out why people are not choosing it, but more importantly, **why people are choosing the**

					profession. Figure out the selling points for them.
Tax credit/loan relief	• Will help people understand the benefits of direct care/support workers.	• Centralize the list of all incentive programs. • HCBS scholarship program needs to be reauthorized/ expanded/redirected in 2017 session. • Agencies (like workforce centers) that help individuals seeking jobs--allow individuals wanting to hire own staff to access those looking for work. Receive funding through state.	• If tax credit/loan relief—assure available to workers employed via Consumer Directed models, private agencies, and broader range options. • Make sure elected officials know of 'crisis/**catastrophe'** of needed workforce!	*Identify the most effective loan relief programs, eliminate ineffective loan relief programs to repurpose those $ to the effective programs.	--There are many resources out there that are not being utilized/unknown. --Elected officials some are unaware there is a shortage of workers. *How to increase support to family caregivers. Note the NASDDDS Family Supports Community Of Practice efforts presently going on through U of Missouri Kansas City.
Professionalizing the field/Portable training	*Creating a lattice of career opportunities, not just a ladder up and out.	• Certificates that can be accessed online. • Models designed in other states could be imported here. • Build on CMS toolkit.	• Pay rates = to expectations	• Build societal understanding of the pride in working in this field. • Make people recognize the work as a	*State sponsored ways to support workforce crisis: recognize that services delivered by a private agency is a public good→ Ideas: tie a

		• Use College of Direct Supports as training tool.		"public service good" with long-term benefits. • Align health care careers similarly to STEM program incentives. • Credentialing supports trainings and how to efficiently make the training portable.	benefit for retirement from field after X years (i.e. volunteer firefighters), OR grant access to affordable health coverage through a centralized health insurance pool (i.e. MnCare) if working in these positions. -Direct service provides staff with credentials—so not have to repeat 120 hours of trng/agency. -- Health support specialist training is improving; it just needs to be replicated. --More credentials may mean higher compensation; tier the compensation?

					*Incentive based credentialing. *Credentialing may not always be sequential; create opportunities for ad hoc credentialing.

8 votes – Incorporating training in high schools (Quality/Support)
7 votes – Marketing the industry (Career Ladders/Work Culture)
6 votes – Tax credit/loan relief (Support/Ladders/Environment)
5 votes – Professionalizing the field
5 votes – Portability and training
5 votes – System that helps the vary jobs of the direct care industry

Appendix E

1. List of All Summit Major Ideas
2. List Sub-Ideas and Strategies for all Major Themes

1. List of Major Ideas, number of times mentioned in notes, and by how many groups

No.	Major Idea	Number times mentioned in Notes	Mentioned by how many groups
#1	Increase workers' wages and or benefits	112	8 of 8
#2	Expand the worker pool (alone) and by partnering with professional programs or with the Department of Education	102	8 of 8
#3	Enhance direct care/support worker training	73	6 of 8
#4	Increase job satisfaction and elevate profession	62	8 of 8
#5	Build public awareness	61	8 of 8
#6	Lessen dependence on workers (alone) and through technology	24	5 of 8
#7	Increase flexibility of waiver or other public funding	18	5 of 8
#8	Create career laddering programs	10	6 of 8
#9	Increase person centered services	9	3 of 8
#10	Address regulatory constraints that turn people away from direct care	6	3 of 8
#11	Increase caregiver support, payment, or assistance	6	3 of 8
#12	Create job previews	4	4 of 8
#13	Expand pools of reimbursement for providers	4	3 of 8
#14	Increase budgets to allow for level of care needed	4	3 of 8
#15	Organizations partner to turn part-time positions into full time positions	4	3 of 8
#16	Develop on-demand technology to fill staffing needs last minute (e.g., an Uber-style staffing service)	1	1 of 8

2. List of Sub-Ideas and Strategies by Major Theme and number of times mentioned in notes

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
1	**Increase workers' wages and or benefits *(in general)***	**64**
1	Provide scholarships and loan repayment for workers	15
1	Increase access to affordable healthcare	6
1	Increase benefits for PT workers	4
1	Provide wage increases after training is completed or length of service	4
1	Affordable or free housing for workers	3
1	Allow workers to benefit from payment incentives	3
1	Increase access or provide daycare as a benefit	3
1	Increase or develop more public assistance for workers	3

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
1	Tax breaks	3
1	Affordable transportation	2
1	Increase and standardize wage	1
1	Targeted increases to areas with greatest need for workers	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
2	**Expand the worker pool *(in general)***	**53**
2	Partner with nursing schools or Department of Education	26
2	Non traditional shift to develop learning models	4
2	Develop Peace Corps type approach	3
2	Expand the worker pool by easing criteria	3
2	Apprenticeship opportunities	2
2	Culturally specific training programs for refugees to be workers	2
2	New immigrant populations	2
2	Older workers	2
2	Informal caregiver's employer's EAP program helps to recruit workers	1
2	Other people with disabilities	1
2	Underemployed people	1
2	Undocumented workers	1
2	Welfare to work participants	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
3	**Direct Care Support Worker Training *(in general)***	**48**
3	Access to better more standardized training	9
3	Mentoring program	4
3	Tailored training to the person receiving services	4
3	Focus on soft skills	3
3	Peer to peer training	3

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
3	Increase dollars to providers for training	1
3	Training persons receiving services about their role in managing workers	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
4	**Increase job satisfaction and elevate profession *(in general)***	**36**
4	Develop accreditation to validate importance of work	6
4	Develop recognition program at the state level for workers	6
4	Make direct care support jobs more flexible	5
4	Include worker in planning process and engaged with rest of care team	3
4	Treat staff like you would treat people receiving services, in a person centered way	3
4	Develop support training for workers	2
4	Bridge formal and informal caregiving	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
5	**Build public awareness (in general)**	**31**
5	Public awareness campaign for worker recruitment	20
5	Market to other professions	5
5	Public awareness campaign to bring awareness of workforce shortage	2
5	Include counties and advocates	1
5	Promote live-in caregivers	1
5	Targeted recruitment	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
6	**Lessen dependence on workers *(in general)***	**8**
6	Increase technology for persons receiving services	11
6	Include technology analysis in support plan	2

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
6	Plan for persons receiving services to continuously grow and develop	1
6	Technology rental warehouse to address temporary needs or to fill gaps	1
6	Telehealth	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
7	**Increase flexibility of waiver or other public funding *(in general)***	**14**
7	Combine similar categories of workers reimbursed under waivers into one position and increase the pay to do multiple services	1
7	Increase group activities vs one to one support	1
7	Let people who self-direct use money for training and retaining workers	1
7	Use licensed professional more efficiently by having workers do parts of jobs	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
8	**Create career laddering programs**	**10**

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
9	**Increase person centered services**	**4**

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
10	**Address regulatory constraints that turn people away from direct care *(in general)***	**4**
10	Reduce time it takes to get a background study	2

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
11	**Increase caregiver support, payment, or assistance *(in general)***	**3**
11	Training and support	2
11	Paid caregiver leave for unpaid caregivers	1

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
12	Create job previews	4

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
13	Expand pools of reimbursement for providers	4

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
14	Increase budgets to allow for level of care needed	4

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
15	Organizations partner to turn part-time positions into full time positions	4

Major Idea #	Sub-idea / Strategy Name	Number of Times mentioned in Notes
16	Develop on-demand technology to fill staffing needs last minute	1

Appendix F

1. Opinion Survey for Persons Receiving Services
2. Opinion Survey for Direct Care/Support Workers
3. Comparison Tables

1. Opinion Survey for Persons Receiving Services

Results Tables

1. Of the items listed below, which best describes your relationship to the person receiving services?

Relationship	*Frequency*	*Percentage*
Family member, spouse, significant other, or guardian	119	65.4
Self	63	34.6
Total	182	100.0

2. Does your direct care/support worker(s) have the right training to meet your needs at this time?

Worker has right training	*Frequency*	*Percentage*
Yes	117	64.3
No	43	23.6
Don't know / unsure	19	10.4
Blank	3	1.6
Total	182	100.0

3. Are your current PAID direct care/support staff workers (please mark all that apply):

a. Family members

Family members	*Frequency*	*Percentage*
Yes	37	20.3
No	145	79.7
Total	182	100.0

b. Friends

Friends	*Frequency*	*Percentage*
Yes	17	9.3
No	165	90.7
Total	182	100.0

c. People you did not know

People you did not know	*Frequency*	*Percentage*
Yes	134	73.6
No	48	26.4
Total	182	100.0

d. Other

Other	*Frequency*	*Percentage*
Yes	27	14.8
No	155	85.2
Total	182	100.0

4. What are 1 or 2 things that employers could do to better support their direct service/support workers?

Major Themes	*Number of Times Mentioned (n=281)*	*Proportion of Responses*
Increase Workers' Wages and or Benefits	109	39%
Enhance Direct Care Support Worker Training	70	25%
Increase Job Satisfaction and Elevate Profession	66	23%
Expand the Worker Pool	2	1%
Build Public Awareness	1	0%

Question 4 Breakout by Sub-Ideas

- Enhance Direct Care Support Worker Training: 70 (25%)
    - Person, Disability, Disease Specific Training: 23 (8%)
    - Job Skills Training: 16 (6%)
        - Allow Shadowing or Person to Train New Employee: 3 (1%)
        - Training for Family Members: 1 (0%)
    - Language, Communication: 4 (1%)
    - Medical, Safety: 4 (1%)
    - Professionalism: 7 (2%)
- Expand the Worker Pool: 2 (1%)
- Increase Job Satisfaction and Elevate Profession: 66 (23%)
    - Better Communication: 11 (4%)
    - Combine Resources within and or between Organizations: 3 (1%)
    - Consistent or Flexible Schedule: 5 (2%)
    - Credentialing, Career Ladders, Merit Pay: 3 (1%)
    - Less Paperwork: 1 (0%)
    - Like the Job, Have Fun: 2 (1%)
    - More Support from Coworkers or Supervisors: 33 (12%)
        - More Staff, More Stable Staff: 15 (5%)
    - Show Appreciation: 5 (2%)
    - Working Environment: 2 (1%)
- Increase Workers' Wages and or Benefits: 109 (39%)
    - Benefits: 22 (8%)
        - Health Insurance: 3 (1%)
        - Incentives, Bonuses: 4 (1%)
        - Meals or Meal Allowances: 2 (1%)
        - Mileage Reimbursement: 5 (2%)
        - Room and Board: 1 (0%)
        - Tuition Reimbursement, Loan Forgiveness: 1 (0%)
    - Wages: 78 (28%)
        - Consistent Pay: 1 (0%)
        - Increase Reimbursement to Providers to Allow for Wage Increase: 4 (1%)
        - Pay Overtime: 2 (1%)
        - Regular Raises: 1 (0%)
- Build Public Awareness: 1 (0%)
- No Answer: 25 (9%)
- Other: 8 (3%)
- Subtotal: 281 (100%)

5. Think of 1 or 2 things that you think motivates your direct care/support worker to work for you.

Major Themes	*Number of Times Mentioned (n=285)*	*Proportion of Responses*
Increase Job Satisfaction and Elevate Profession	191	67%
Increase Workers' Wages and or Benefits	74	26%
Enhance Direct Care Support Worker Training	5	2%
Build Public Awareness	2	1%
Expand the Worker Pool	0	0%

Question 5 Breakout by Sub-Ideas

- Enhance Direct Care Support Worker Training: 5 (2%)
  - Job Skills Training: 1 (0%)
  - Language, Communication: 1 (0%)
  - Professionalism: 1 (0%)
- Expand the Worker Pool: 0 (0%)
- Increase Job Satisfaction and Elevate Profession: 191 (67%)
  - Better Communication: 4 (1%)
  - Consistent or Flexible Schedule: 21 (7%)
  - Credentialing, Career Ladders, Merit Pay: 6 (2%)
  - Like the Job, Have Fun: 15 (5%)
  - Like the People They Work With: 74 (26%)
  - More Support from Coworkers or Supervisors: 11 (4%)
  - Show Appreciation: 7 (2%)
  - Want to Make a Difference, Help People: 33 (12%)
  - Working Environment: 20 (7%)
- Increase Workers' Wages and or Benefits: 74 (26%)
  - Benefits: 9 (3%)
    - Health Insurance: 1 (0%)
    - Incentives, Bonuses: 3 (1%)
    - Mileage Reimbursement: 2 (1%)
    - Paid Time Off: 2 (1%)
    - Room and Board: 1 (0%)
  - Wages: 62 (22%)
    - Pay Overtime: 1 (0%)
- Build Public Awareness: 2 (1%)
- No Answer: 11 (4%)
- Other: 2 (1%)
- Subtotal: 285 (100%)

6. What are 1 or 2 things that you think would keep your direct care/support worker in this job longer?

Major Themes	*Number of Times Mentioned (n=280)*	*Proportion of Responses*
Increase Workers' Wages and or Benefits	165	59%
Increase Job Satisfaction and Elevate Profession	69	25%
Enhance Direct Care Support Worker Training	22	8%
Build Public Awareness	3	1%

Major Themes	*Number of Times Mentioned (n=280)*	*Proportion of Responses*
Expand the Worker Pool	0	0%

Question 6 Breakout by Sub-Ideas

- Enhance Direct Care Support Worker Training: 22 (8%)
    - Person or Disability Specific Training: 9 (3%)
    - Job Skills Training: 8 (3%)
- Expand the Worker Pool: 0 (0%)
- Increase Job Satisfaction and Elevate Profession: 69 (25%)
    - Better Communication: 1 (0%)
    - Consistent or Flexible Schedule: 14 (5%)
    - Credentialing, Career Ladders, Merit Pay: 13 (5%)
    - Job Security: 1 (0%)
    - Less Paperwork: 2 (1%)
    - Like the Job, Have Fun: 2 (1%)
    - Like the People They Work With: 3 (1%)
    - More Support from Coworkers or Supervisors: 19 (7%)
    - More Staff, More Stable Staff: 2 (1%)
    - Self Care: 3 (1%)
    - Show Appreciation: 5 (2%)
    - Working Environment: 6 (2%)
- Increase Workers' Wages and or Benefits: 165 (59%)
    - Benefits: 36 (13%)
        - Child Care: 1 (0%)
        - Health Insurance: 6 (2%)
        - Incentives, Bonuses: 7 (3%)
        - Mileage Reimbursement: 3 (1%)
        - Paid Time Off: 5 (2%)
        - Retirement Benefits: 1 (0%)
        - Sick Time: 2 (1%)
        - Tuition Reimbursement, Loan Forgiveness: 2 (1%)
    - Wages: 109 (39%)
        - Increase Reimbursement to Providers to Allow for Wage Increase: 1 (0%)
        - Pay Overtime: 1 (0%)
        - Regular Raises: 10 (4%)
- Build Public Awareness: 3 (1%)
- No Answer: 19 (7%)
- Other: 2 (1%)
- Subtotal: 280 (0%)

7. What is your age?

Age	*Frequency*	*Percentage*
Under 20	2	1.1
20 t0 29	13	7.1
30 to 39	21	11.5
40 to 49	36	19.8
50 to 59	42	23.1
60 to 69	45	24.7
70 to 79	7	3.8
Over 80	5	2.7
Unknown	11	6.0
Total	182	100.0

8. What is your gender?

Gender	*Frequency*	*Percentage*
Female	120	65.9
Male	60	33.0
Other	1	0.5
Blank	1	0.5
Total	182	100.0

9. Are you: (Marital Status)

Marital Status	*Frequency*	*Percentage*
Divorced/separated	22	12.1
Married	70	38.5
Partnered/Long term relationship	13	7.1
Single/never been married	70	38.5
Widowed	5	2.7
Blank	2	1.1
Total	182	100.0

10. Which of the following best describes your race/ethnicity?

Race/Ethnicity	*Frequency*	*Percentage*
Asian American/Pacific Islander	1	.5
Black/African American	2	1.1
Hispanic/Latino (in combination with any other race, or alone)	1	.5
Native American/Alaska Native	1	.5
Other race not listed above	1	.5
Two or more races	3	1.6
White/Caucasian	172	94.5
Blank	1	.5
Total	182	100.0

11. Is the area in which you live:

Geography	*Frequency*	*Percentage*
Rural	55	30.2
Suburban	91	50.0
Urban	36	19.8
Total	182	100.0

12. Is the area in which you work:

Geography	*Frequency*	*Percentage*
Does not apply	50	27.5
Rural	40	22.0
Suburban	56	30.8
Urban	35	19.2
Blank	1	0.5
Total	182	100.0

1. Opinion Survey for Direct Care/Support Workers

Results Tables

1. What type of work do you do? (Please specify all that apply.)

a. Certified Nursing Assistant or Nursing Assistant Registered

CNA or NAR	*Frequency*	*Percentage*
Yes	65	5.8
No	1052	94.2
Total	1117	100.0

b. Licensed Practical Nurse

LPN	*Frequency*	*Percentage*
Yes	19	1.7
No	1098	98.3
Total	1117	100.0

c. Direct Support Professional

DSP	*Frequency*	*Percentage*
Yes	782	70.0
No	335	30.0
Total	1117	100.0

d. Health Support Specialist

HSS	*Frequency*	*Percentage*
Yes	9	0.8
No	1108	99.2
Total	1117	100.0

e. Personal Care Aide or Attendant

PCA	*Frequency*	*Percentage*
Yes	167	15.0
No	950	85.0
Total	1117	100.0

f. Personal Care Services Provider

PCSP	*Frequency*	*Percentage*
Yes	37	3.3
No	1080	96.7
Total	1117	100.0

g. Home Health Aide

Home Health Aide	*Frequency*	*Percentage*
Yes	43	3.8
No	1074	96.2
Total	1117	100.0

h. Homemaker

Homemaker	*Frequency*	*Percentage*
Yes	36	3.2
No	1081	96.8
Total	1117	100.0

i. Employment Specialist

Employment Specialist	*Frequency*	*Percentage*
Yes	67	6.0
No	1050	94.0
Total	1117	100.0

j. School Paraprofessional

School Paraprofessional	*Frequency*	*Percentage*
Yes	14	1.3
No	1103	98.7
Total	1117	100.0

Combined Table

Direct care/support positions	**Direct care/support workers**
Direct Support Professional (DSP)	70%
Personal Care Aide or Attendant (PCA)	15%
Certified Nursing Assistant or Nursing Assistant Registered (CNA/NAR)	6%
Employment Specialist	6%
Home Health Aide	4%
Personal Care Services Provider (PCSP)	3%
Homemaker	3%
Licensed Practical Nurse (LPN)	2%
Health Support Specialist (HSS)	1%
School Paraprofessional	<1%

2. How many combined total years have you worked as a Direct Care/Support Professional (across all jobs and organizations)?

Total years	*Frequency*	*Percentage*
0-1 years	119	10.7
2-5 years	287	25.7
5-10 years	213	19.1
More than 10 years	498	44.6
Total	1117	100.0

3. How many different jobs do you currently have in order to make a living?

Number of jobs	*Frequency*	*Percentage*
1	485	43.4
2	487	43.6
3	124	11.1

Number of jobs	*Frequency*	*Percentage*
4	18	1.6
5	2	0.2
6 or more	1	0.1
Total	1117	100.0

4. How likely are you to be working in your current job 3 months from now?

Likely to work in current job in 3 months	*Frequency*	*Percentage*
High	830	74.3
Medium	185	16.6
Low	49	4.4
Not likely	53	4.7
Total	1117	100.0

4. How likely are you to be working in your current job 6 months from now?

Likely to work in current job in 6 months	*Frequency*	*Percentage*
High	736	65.9
Medium	222	19.9
Low	74	6.6
Not likely	85	7.6
Total	1117	100.0

4. How likely are you to be working in your current job 1 year from now?

Likely to work in current job in 1 year	*Frequency*	*Percentage*
High	538	48.2
Medium	280	25.1
Low	151	13.5
Not likely	148	13.2
Total	1117	100.0

4. How likely are you to be working in your current job 2 years from now?

Likely to work in current job in 2 years	*Frequency*	*Percentage*
High	443	39.7
Medium	224	20.1
Low	181	16.2
Not likely	269	24.1
Total	1117	100.0

Percent of respondents by length of time highly likely to continue working at current position

Amount of Time Most Likely to Stay	**Direct care/support workers**
3 months	75%
6 months	66%
1 year	48%
2 year	40%

5. Think of 1 or 2 things that would motivate you to remain in your current job/position. In the spaces below, please list these items, and provide details about why you think the item would do so.

Major themes	*Number of Times Mentioned*	*Proportion of Responses*
Direct Care Support Worker Training	27	2%
Expand the Worker Pool	2	0%
Increase Job Satisfaction and Elevate Profession	572	35%
Increase Workers' Wages and or Benefits	1032	63%
Public Awareness Campaign	0	0%
Total	1633	100%

Question 5 Breakout by Sub-Ideas

- Direct Care Support Worker Training: 27 (2%)
- Expand the worker pool: 2 (0%)
- Increase job satisfaction and elevate profession: 572 (35%)
    - Consistent, preferred hours: 55 (3%)
        - Job security: 3 (0%)
    - Quality of job and workplace culture: 262 (16%)
        - Advancement opportunities: 32 (2%)
        - Good management practices: 72 (4%)
        - Paperwork: 12 (1%)
        - Positive or supportive work culture: 49 (3%)
        - Supports work life balance: 30 (2%)
    - Staffing levels or the quality of coworkers: 109 (7%)
        - Increasing staffing levels: 49 (3%)
        - Quality of staff: 2 (0%)
        - Reduce staff turnover: 3 (0%)
    - The people they support: 143 (9%)
        - People know they make a difference: 53 (3%)
    - Workplace safety: 14 (1%)
        - Training and support for working with people with difficult behaviors: 11 (1%)
- Increase workers' wages and or benefits: 1032 (63%)
    - Bonuses or financial incentives: 11 (1%)
    - Insurance or retirement: 133 (8%)
    - Mileage or vehicle reimbursement: 6 (0%)
    - Other: 5 (0%)
        - Childcare: 2 (0%)
    - Paid Leave: 31 (2%)
    - Tuition assistance: 12 (1%)
    - Wages: 870 (53%)
        - Overtime: 2 (0%)
        - Profit sharing: 1 (0%)
        - Shift incentives: 5 (0%)
        - Wages based on experience or education: 10 (1%)
- Public awareness campaign: 0 (0%)
- Other: 39 (2%)
    - Policy or systems changes: 31 (2%)
        - Resources and supports for the individuals served: 14 (1%)
- Subtotal: 1633 (100%)

6. Think of 1 or 2 training opportunities that would be beneficial to you. In the spaces below, please list these items, and provide details about why you listed these training opportunities.

Training topic	*Number of Times Mentioned*	*Proportion of Responses*
Best Practices or Research	6	0%
Career Advancement	128	9%
Communication or Relationship Building	62	4%
Community Resources	10	1%
Creating a Better Workplace	76	5%
Cultural	10	1%
Working with People with Difficult Behaviors	129	9%
Person, Disability, Disease Specific Training	271	19%
Medical	112	8%
More Training In General	32	2%
Not More Training	154	11%
Other	41	3%
Person Centered Training	38	3%
Policy and Systems	71	5%
Self Care	51	4%
Specific Job Responsibilities or Skills	144	10%
Training for General Public about People Receiving Services	7	0%
Training Method (In Person, Hands On/On the Job, Online)	61	4%
Total Responses	1403	100%

7. What is your age?

Age	*Frequency*	*Percentage*
Under 20	18	1.6
20 to 29	312	27.9
30 to 39	264	23.6
40 to 49	175	15.7
50 to 59	188	16.8
Over 60	77	6.9
Unknown	83	7.4
Total	1117	100.0

8. What is your gender?

Gender	*Frequency*	*Percentage*
Female	964	86.3
Male	142	12.7
Other	4	0.4
Blank	7	0.6
Total	1117	100.0

9. Are you: (Marital Status)

Marital Status	*Frequency*	*Percentage*
Divorced/separated	160	14.3
Married	453	40.6
Partnered/Long term relationship	133	11.9
Single/never been married	340	30.4
Widowed	21	1.9
Blank	10	0.9
Total	1117	100.0

10. Which of the following best describes your race/ethnicity?

Race/Ethnicity	*Frequency*	*Percentage*
Asian American/Pacific Islander	11	1.0
Black/African American	37	3.3
Hispanic/Latino (in combination with any other race, or alone)	17	1.5
Native American/Alaska Native	9	0.8
Other race not listed above	4	0.4
Two or more races	32	2.9
White/Caucasian	997	89.3
Blank	10	0.9
Total	1117	100.0

11. Is the area in which you live:

Geography	*Frequency*	*Percentage*
Rural	513	45.9
Suburban	325	29.1
Urban	269	24.1
Blank	10	0.9
Total	1117	100.0

12. Is the area in which you work:

Geography	*Frequency*	*Percentage*
Does not apply	29	2.6
Rural	391	35.0
Suburban	388	34.7
Urban	300	26.9
Blank	9	0.8
Total	1117	100.0

3. Comparison Tables

Tables 1-5 summarize basic demographic findings for both survey respondents: persons receiving services (N=182) and direct care/support workers (N=1,117). These tables identify the percent of respondents by age, gender, marital status, and race/ethnicity, as well as living and working in different geographic areas (e.g., rural, urban, suburban). Total number of respondents is as indicated above unless noted.

Table 1: Percent of Respondents by Age

Age	**Persons receiving services**	**Direct care/support workers**
Under 20	1%	2%
20 to 29	7%	28%
30 to 39	12%	24%
40 to 49	20%	16%
50 to 59	23%	17%
Over 60	31%	7%
Unknown	6%	7%

Table 2: Percent of Respondents by Gender

Gender	**Persons receiving services**	**Direct care/support workers**
Female	66%	86%
Male	33%	13%
Other	<1%	<1%

Table 3: Percent of Respondents by Marital Status

Marital status	**Persons receiving services**	**Direct care/support workers**
Married	39%	41%
Partner/long term relationship	7%	12%
Single/never married	39%	30%
Divorced/separated	12%	14%
Widowed	3%	2%

Table 4: Percent of Respondents by Race/Ethnicity

Race/Ethnicity	**Persons receiving services**	**Direct care/support workers**
Asian American/Pacific Islander	<1%	1%
Black/African American	<1%	3%
Hispanic/Latino (in combination)	1%	2%
Native American/Alaska Native	<1%	<1%
Other race	<1%	<1%
Two or more races	2%	3%
White/Caucasian	95%	89%

Table 5: Percent of Respondents Living in Rural, Suburban and Urban areas

Geographic area	**Persons receiving services**	**Direct care/support workers**
Rural	30%	46%
Suburban	50%	29%
Urban	20%	24%

Table 6: Percent of Respondents Working in Rural, Suburban and Urban areas

Geographic area	**Persons receiving services**	**Direct care/support workers**
Rural	22%	35%
Suburban	31%	35%
Urban	19%	27%
Does Not Apply	28%	3%

Appendix G

1. Meeting Notes: Joint HCBS Partners Panel and Direct Care/Support Workforce Summit Advisory Council Meeting held October 28, 2016
2. Report from the Summit by Jesse Bethke Gomez representing the Minnesota Association of the Centers for Independent Living (MACIL)
3. Meeting Participatory Process Description provided to all participants

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1. Meeting Notes: HCBS Partners Panel and Direct Care/Support Workforce Summit Advisory Council

Joint meeting held October 28, 2016

Welcome and Introductions

Lori Lippert, *Disability Services Division*

Opening Remarks

Loren Colman, *Assistant Commissioner, Continuing Care for Older Adults Administration*

Claire Wilson, *Assistant Commissioner, Community Supports Administration*

Report from the Summit

Mary Olsen Baker, *Aging and Adult Services Division*

- See Workforce Summit Summary Report - Overview Presentation (DHS-7271I-PDF). The full Workforce Summit Report is available online as a DHS eDOC (DHS-7271A-PDF).

- Q: Is the report marked draft okay to share?
- A: Yes. The draft is okay to share, however a final report including comments from this meeting will be compiled and shared.

- Q: What comprises the five themes?
- A: The "Top Five Major Themes" document contains a summary of the solution ideas under each theme. For example, job satisfaction/quality of job includes ideas such as:
    - Better matching workers with people
    - Bridging formal and informal supports
    - Consistent work hours
    - Validating the importance of the job
    - Increasing safety
    - Job flexibility

Jesse Bethke Gomez, *Executive Director, Metropolitan Center for Independent Living*

- See Appendix G-2 for Report from the Summit by Jesse Bethke Gomez representing the Minnesota Association of the Centers for Independent Living (MACIL).

Lori Vrolson, *Executive Director, Central Minnesota Council on Aging*

- Lori's small group identified the following key strategies:
    - Expand the worker supply
    - Improve education/training
    - Make long term services and support (LTSS) a more attractive field
- Main takeaways from the summit:
    - In order to compete, LTSS must be recognized as a distinct sector within healthcare. The goals of LTSS must be identified and put into practice. The LTSS field must continue to raise the awareness of the workforce shortage. When people think about healthcare reform, they need to also think about what needs to happen in long term services and support.
    - The messaging about the workforce shortage needs to be re-thought. It needs to highlight that it's not just a shortage of workers in nursing homes and assisted livings, but also in home and community based services and that it is not just a shortage of paid workers, but also volunteers.
    - Solving this workforce shortage will be a collective action. One proposal at the state level is not going to solve the problem. It's going to be up to everyone looking at what they can do together to solve these issues.
- At the Central Minnesota Council on Aging, Lori is looking at how they can attract students to the field.
    - In Saint Cloud, there are multiple universities and technical colleges. They have been working with them to develop traveling fairs that offer ten different health assessments/screenings for older adults.
    - Colleagues in these colleges help them to identify students to volunteer to implement the assessments. Professors have learned about the process and some have built information about the screens into their materials.
    - This has helped to advertise this field to students. First they started with nursing departments. Now they have support from the dietetic and audiology departments.
    - An increased number of students and professors are getting to learn screening tools and work with older adults directly.

Small Groups

Lori Lippert*, Director, Disability Services Division*

See Appendix G-3 for Meeting Participatory Process Description provided to all participants.

THEME 1: INCREASE WORKER'S WAGES AND/OR BENEFITS	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Increase workers' wages and/or benefits *(in general)*	Maybe	Yes	Yes	- A group can help push legislation (Example- Best Life Alliance) - Increasing wages through a rates increase is not new and shifts the cost onto the community. - Increased administrative efficiencies could free up additional money for wage/benefit increases. - Wage/benefit increases need a statewide effort and the governor needs to provide leadership.
Affordable or free housing	Yes	Yes	Yes, if additional funding is needed	- Clearinghouse with listings for housing in exchange for care. - Develop model of shared homes with worker and service recipient.
Affordable transportation	Yes	Yes	Yes	-Discounts/ incentives for managers. - Transportation tokens in Metro and gas cards in rural areas. - Provide $500 emergency transport funding. - Develop flexible home care services like Uber and Lyft.
Allow workers to benefit from payment incentives	*Null*	Yes	Yes	*Null*
Bonuses	Yes	Yes	Yes	May need legislative action.
Increase access to affordable healthcare	Yes	Yes	Yes	- Develop similar strategy as skilled nursing facilities to increase healthcare benefits. - Employers could offer lower premiums

THEME 1: INCREASE WORKER'S WAGES AND/OR BENEFITS (Page 2)	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Increase access to daycare or provide daycare as a benefit	Yes	Yes	Yes	Universal pre-kindergarten as an option.
Increase and standardize wages	*Null*	Yes	Yes	Dependent on rates increase
Increase benefits for part-time workers	*Null*	Yes	Yes	*Null*
Increase or develop more public assistance	*Null*	Yes	Yes	*Null*
Increased mileage or vehicle reimbursement	Yes	Yes	Yes	- Employers could offer $500 in emergency transportation dollars.
Increased paid leave	*Null*	Yes	Yes	*Null*
Provide scholarships and tuition repayment	Yes	Yes	Yes	*Null*
Provide wage increases after training is completed or length of service awards	Yes	Yes	Yes	*Null*
Shift incentives	*Null*	Yes	Yes	*Null*
Targeted rates/wage increases to geographic areas with greatest need	*Null*	Yes	Yes	*Null*
Tax breaks for workers	*Null*	Yes	Yes	*Null*
Added idea: Increased access to state health benefits for workers	Yes	Yes	Yes	(Table added this)
Added idea: Improve ability to access self-directed services through budget and policy changes.	*Null*	Yes	Yes	(Table added this)

THEME 2: EXPAND THE WORKER POOL	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Expand the worker pool *(in general)*	Yes	Yes	Yes	- Address easing worker criteria in background studies and requirements. For example, people who are disqualified by a drunken driver record could work to get this expunged. - Legislation for salaries, wages and rates.
Apprenticeship opportunities	Yes	Yes	Yes	-This is a lot of work. -Use as part of a career ladder; link to increased wages – tiers/career ladder. -Alone: team up with academic program. -Group: smaller agencies joining together. -Legislation: funding?
Culturally specific training programs	Yes	Yes	Yes	-Would benefit from a multi-association approach.
Develop a “Peace Corps” or “Care Corps”	*Null*	Yes	Yes	-May need funding from legislature or loan pay off – AmeriCorps
Develop non-traditional shifts into learning models	*Null*	*Null*	*Null*	*Null*
Expand the worker pool by easing worker criteria or restrictions	Yes	Yes	Yes	-Use flexibility already allowed through licensing. -Recreate how we structure positions so purpose is clear. -Agencies may want to loosen their internal restrictions. -Group: needs consensus. -Balance access to services with risk. -Legislation. -Group consensus. -Brings in liability.

THEME 2: EXPAND THE WORKER POOL (Page 2)	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Increased use of technology	Yes	Yes	Yes	-Resources needed for technology (e.g., tablet and internet). -Education of providers, clients, teams. -Legislation: funding?
New immigrant populations	Yes	Yes	Yes	-Citizenship as barrier in MN (related to Undocumented Workers).
Older workers	Yes	Yes	*Null*	-Especially those who want part time. -Senior Corps, Foster Companions. -Awareness.
Other people with disabilities	Yes	Yes	Yes	-Criteria: are they appropriate? Change requirements if barrier (legislation). -Awareness.
Partner with schools to increase the number of students as workers	Yes	Yes	?	-Tuition stipends. -Apprenticeship programs. -Colleges & Grade school level.
Underemployed people	Yes	Yes	Yes	*Null*
Undocumented workers	*Null*	*Null*	Yes	-Very challenging because of liability. -Legislation: to reduce risk. -Relates to New Immigrants.
Use employee assistance programs to recruit workers	*Null*	*Null*	Yes	-Direct Care Worker Registry 2017. -"Monthly hours cap": legislation may address multiple populations above.
Welfare to work participants	*Null*	Yes	Yes	-Same comments as Use employee assistance programs to recruit workers.

THEME 3: DIRECT CARE/SUPPORT WORKER TRAINING	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Direct Care/Support Worker Training *(in general)*	*Null*	*Null*	*Null*	*Null*
Access to better, more standardized training	*Null*	Yes	Yes	-Flexibility and standardization.
Focus on soft skills	Yes	Yes	*Null*	-For professionalism: dress, communication.
Increase training funding for providers	*Null*	Yes	Yes	-HCBS scholarship program.
Increased on-the-job or in-person trainings	*Null*	Yes	Yes	*Null*
Increased trainings on positive supports	Yes	Yes	*Null*	*Null*
Mentoring program	Yes	Yes	*Null*	*Null*
Peer to peer training	*Null*	*Null*	*Null*	*Null*
Tailor trainings to the person receiving services	*Null*	*Null*	*Null*	-Competency-based and patient-centered.
Train management on creating a better/more supportive workplace	*Null*	*Null*	*Null*	*Null*
Train persons receiving services about their role in managing workers	*Null*	*Null*	*Null*	*Null*
Training specific to the service participant's medical condition	Yes	*Null*	*Null*	*Null*
Trainings specific to workers' job responsibilities	*Null*	*Null*	*Null*	*Null*
Added idea: Career Lattices (Job Satisfaction)	*Null*	*Null*	Yes	(Table added this)
Added idea: Accreditation (Job Satisfaction)	*Null*	*Null*	Yes	(Table added this)

THEME 4: INCREASED JOB SATISFACTION (INCLUDING QUALITY OF THE JOB)	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Increase job satisfaction (including quality of job) *(in general)*	Yes	Yes	*Null*	-Place for sharing best practices/Better Together -Associations – specifics may be different.
Better match workers with the people they support	Yes	Yes	Yes	-Legislation: funding. -Online network/electronic marketplace for matching.
Bridge formal and informal caregiving	Yes	Yes	*Null*	-Recruit informal caregivers into HCBS workforce.
Communicate to workers they make a difference in people's lives	Yes	Yes	Yes	-Community quality outcomes to workers. -Public awareness. -Legislation: funding.
Consistent or preferred hours	Yes	*Null*	Yes	-Legislation funding. -Organizations challenged by FT/Benefit eligible; tailor number of hours.
Create a positive and supportive work cultures	Yes	*Null*	*Null*	*Null*
Create and communicate career lattices or advancement opportunities	Yes	Yes	Yes	*Null*
Develop accreditation to validate the importance of work	*Null*	Yes	Yes	-Credentialing; e.g., dementia. -Competency standards? -Barriers to enter. -Certification/licensing? -Different levels and benchmarks. -Continuing ed. Requirements. -Different requirements based on setting-the right thing to do? -Portable training instead?

THEME 4: INCREASED JOB SATISFACTION (INCLUDING QUALITY OF THE JOB) (Page 2)	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Develop recognition programs at the state level for workers	*Null*	Yes	*Null*	*Null*
Develop support training for workers	Yes	*Null*	Yes	-245D-make less burdensome on providers. -On the job components, not just instructional, web, etc. -More flexible trainings. -Models of implementation are uninspiring (video, online, etc.). -40 hours vs. competency – more flexibility.
Include worker in the person centered planning process and have them engage with rest of care team	Yes	Yes	*Null*	-Groups benefit-sharing information, collaboration, and consistency.
Increase staffing levels	Yes	Yes	Yes	-Short shift. -Requires funding (legislative). -"Everybody's issue" -Without enough staff there is quicker burnout.
Increase the quality of management practices	Yes	Yes	Yes	-Statewide leadership on defining competencies, agencies work together to create curriculum. -Supervisors are critical. -Change culture of organizations.
Increase the quality of workers	Yes	Yes	Yes	-Related to career lattices, advancement. -Look at background study criteria, exemptions. -Who is defining quality?
Increase workplace safety	Yes	Yes	*Null*	-Sharing best practices.

THEME 4: INCREASED JOB SATISFACTION (INCLUDING QUALITY OF THE JOB) (Page 3)	AN ORG CAN DO ALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Make direct care support jobs more flexible	Yes	Yes	*Null*	-Merge across organizations; flexible hours/days worked; flexible type of work. -Flexibility with work schedules/shifts to allow for increased staffing.
Reduce/streamline the amount of paperwork	Yes	Yes	Yes	-Automate. -Review administrative burden.
Treat staff like you would treat people receiving services, in a person centered way	Yes	Yes	Yes	-Workers are valued; group effort across the board. -Legislative: funding. -Guiding principles from DHS-such as Home Care Bill of Rights. -Person-centered messaging for workers. -Share best practices.

THEME 5: BUILD PUBLIC AWARENESS	AN ORG CAN DOALONE	A GROUP OF ORGS IS NEEDED	ACTIVITY REQUIRES LEGISLATIVE ACTION	COMMENTS
Build public awareness (in general)	Yes	Yes	*Null*	-Alone: Can build on existing efforts. -Group: consistent and effective messaging.
Include/leverage counties and advocates	Yes	Yes	*Null*	-Group: broad group of stakeholders included.
Market to other professions	*Null*	Yes	*Null*	-Expand definition of long-term care workforce? -Market to people who would potentially go to retail, food service, other?
Promote live-in caregivers	Yes	*Null*	*Null*	-Free housing for people.
Public awareness campaign for worker recruitment	Yes	Yes	*Null*	-Millennials lack the "spirit" or passion to work in the field. -Message that it is a career. -Message that it is a wide range of careers for DSPs (behavioral, aging, children, etc.). -What is the compelling message-the case for investment in aging and disability services?
Public awareness campaign to bring awareness of workforce shortage	Yes	Yes	Yes	-Alone: social media accounts. -Groups: public-private partnerships; companies and philanthropy – influence buy-in: philanthropy, business, and millennials. -Legislative: State needs to own it- reprioritize to higher priority in DEED, etc.; funding to do it? -Replicate Face Aging? -Grassroots – social media (AARP). -We need the community to know the issues – honest messaging, ad campaigns, news, etc. -Target messages to workers. -Own Your Future.
Targeted recruitment through public awareness	*Null*	Yes	*Null*	*Null*

"What my org will do" Exercise

Lori Lippert, *Disability Services Division*

- Discussion:
  - Q: What are the measurable results or deadlines from this process?
  - A: These have not been set.

  - Comment: We have energy and a sense of urgency from the community to move fast. This is no longer a worker crisis, this is a worker collapse. We cannot wait to take action.
    - Response: DHS is working to send out a survey to collect information of those who are interested in leading and collaborating on solutions. People will be connected with those who want to lead a solution idea and groups can start working immediately to advance ideas.
  - Comment: There is a difference between aging and disability sides in terms of knowledge and solutions. The two sides should work separately.
  - Comment: It is great that DHS is providing a leadership role, but the governor and more state agencies (such as DEED) need to also provide leadership.
- Activity: "What I/my organization will do" exercise.
  - Participants:
  - Approached the posters containing the major and minor themes on the wall.
  - Used dots to identify activities on which they or their organization are willing to work.
  - The charts below record the tallied dots from the exercise. Each dot represents a person or organization that is either willing to:
    - Lead an effort
    - Work with a group on an effort, or
    - Already working on an effort.

THEME 1: INCREASE WORKER'S WAGES AND/OR BENEFITS	WILL LEAD EFFORT	WILL WORK IN GROUP W/OTHERS	ALREADY WORKING ON THIS
Increase workers' wages and/or benefits *(in general)*	9	12	5
Affordable or free housing	1	1	1
Affordable transportation	0	2	1
Allow workers to benefit from payment incentives	0	0	0
Bonuses	0	0	2
Increase access to affordable healthcare	0	2	0
Increase access to daycare or provide daycare as a benefit	0	0	1
Increase and standardize wages	1	4	1
Increase benefits for part-time workers	0	0	1

THEME 1: INCREASE WORKER'S WAGES AND/OR BENEFITS	WILL LEAD EFFORT	WILL WORK IN GROUP W/OTHERS	ALREADY WORKING ON THIS
Increase or develop more public assistance	0	1	0
Increased mileage or vehicle reimbursement	0	1	0
Increased paid leave	0	2	0
Provide scholarships and tuition repayment	2	2	2
Provide wage increases after training is completed or length of service awards	0	0	3
Shift incentives	0	0	0
Targeted rates/wage increases to geographic areas with greatest need	0	1	2
Tax breaks for workers	0	0	0

THEME 2: EXPAND THE WORKER POOL	WILL LEAD EFFORT	WILL WORK IN GROUP W/OTHERS	ALREADY WORKING ON THIS
Expand the worker pool *(in general)*	1	2	3
Apprenticeship opportunities	0	1	4
Culturally specific training programs	0	2	5
Develop a "Peace Corps" or "Care Corps"	1	2	1
Develop non-traditional shifts into learning models	0	0	0
Expand the worker pool by easing worker criteria or restrictions	1	2	0
Increased use of technology	2	5	3
New immigrant populations	1	2	2
Older workers	1	0	1
Other people with disabilities	1	0	0
Partner with schools to increase the number of students as workers	0	4	3
Underemployed people	0	1	0
Undocumented workers	0	0	0
Use employee assistance programs to recruit workers	0	0	0
Welfare to work participants	1	0	0
Improve CDCS	3	2	0

THEME 3: DIRECT CARE/SUPPORT WORKER TRAINING	WILL LEAD EFFORT	WILL WORK IN GROUP W/OTHERS	ALREADY WORKING ON THIS
Direct Care/Support Worker Training *(in general)*	0	4	3
Access to better, more standardized training	2	2	0
Focus on soft skills	0	3	2
Increase training funding for providers	1	6	0
Increased on-the-job or in-person trainings	4	2	0
Increased trainings on positive supports	2	0	0
Mentoring program	0	1	2
Peer to peer training	0	0	1
Tailor trainings to the person receiving services	1	0	2
Train management on creating a better/more supportive workplace	0	1	3
Train persons receiving services about their role in managing workers	1	0	0
Training specific to the service participant's medical condition	1	0	4
Trainings specific to workers' job responsibilities	1	0	2

THEME 4: INCREASED JOB SATISFACTION (INCLUDING QUALITY OF THE JOB)	WILL LEAD EFFORT	WILL WORK IN GROUP W/OTHERS	ALREADY WORKING ON THIS
Increase job satisfaction (including quality of job) *(in general)*	0	0	1
Better match workers with the people they support	0	1	2
Bridge formal and informal caregiving	2	1	3
Communicate to workers they make a difference in people's lives	0	2	2
Consistent or preferred hours	0	0	1
Create a positive and supportive work cultures	0	1	3
Create and communicate career lattices or advancement opportunities	2	1	2
Develop accreditation to validate the importance of work	2	3	1
Develop recognition programs at the state level for workers	0	2	1
Develop support training for workers	1	0	2
Include worker in the person centered planning process and have them engage with rest of care team	0	1	3
Increase staffing levels	0	0	0
Increase the quality of management practices	1	2	3
Increase the quality of workers	0	0	0
Increase workplace safety	0	0	1
Make direct care support jobs more flexible	0	0	0
Reduce/streamline the amount of paperwork	0	2	1
Treat staff like you would treat people receiving services, in a person centered way	2	6	4
Improve CDCS	3	4	0

THEME 5: BUILD PUBLIC AWARENESS	WILL LEAD EFFORT	WILL WORK IN GROUP W/OTHERS	ALREADY WORKING ON THIS
Build public awareness (in general)	0	8	2
Include/leverage counties and advocates	1	3	0
Market to other professions	0	0	0
Promote live-in caregivers	1	0	0
Public awareness campaign for worker recruitment	0	6	1
Public awareness campaign to bring awareness of workforce shortage	1	11	2
Targeted recruitment through public awareness	0	0	0

Closing

Lori Lippert, *Disability Services Division*

Attendance

Organization affiliation:
AARP
Accra, and State Quality Council
Alzheimer's Association
Association of Residential Resources of Minnesota
Association of Residential Resources of Minnesota
Care Providers of Minnesota
Care Providers of Minnesota
Clare Housing
Department of Employment and Economic Development
DHS Aging and Adult Services
DHS Aging and Adult Services Division
DHS Aging and Adult Services Division
DHS Aging and Adult Services Division
DHS Continuing Care for Older Adults
DHS Continuing Care for Older Adults Administration
DHS Community Supports Administration
DHS Disability Services
DHS Disability Services Division
DHS Disability Services Division
DHS Healthcare Purchasing
DHS Mental Health Division
DHS Nursing Facility Rates and Policy
Direct Care and Treatment
Forever Life Home Healthcare
Fraser
Good Shepherd Community
Governor's Council on Developmental Disabilities
HealthPartners - representing MN Council of Health Plans
Hegland Support Team
HIV Housing Coalition
Institute on Community Integration
LeadingAge MN
LeadingAge MN
Local Public Health Association
LTC Ombudsman
Lutheran Social Services
Lutheran Social Services
Merrick, Inc for MOHR
Minnesota Association of Area Agencies on Aging

Organization affiliation:
Minnesota Association of Centers for Independent Living
Minnesota Association of Centers for Independent Living
Minnesota Board on Aging
Minnesota Board on Aging
Minnesota Consortium of Citizens with Disabilities
Minnesota Council of Child-Caring Agencies
Minnesota Disability Law Center
Minnesota Home Care Association
Minnesota Hospital Association
Minnesota Leadership Council on Aging
Minnesota Leadership Council on Aging
Minnesota Organization for Habilitation and Rehabilitation
Minnesota State Council on Disability
Minnesota State Council on Disability
MN Association of County Social Service Administrators
MN Association of Resources for Recovery in Chemical Health
MN Brain Injury Alliance
MN Department of Health, Office of Rural Health
NAMI Minnesota
Office of the Legislative Auditor
SEIU Healthcare Minnesota
State Advisory Council on Mental Health
TBI Advisory Committee
The Arc Minnesota
The Arc Minnesota

2. Report from the Summit by Jesse Bethke Gomez, MMA, Executive Director

Metropolitan Center for Independent Living, Membership with Minnesota Association of Centers for Independent Living, jessebg@mcil-mn.org

I am Jesse Bethke Gomez Executive Director of Metropolitan Center for Independent Living. The agency is one of 403 Centers for Independent Living nationwide, and among the eight Centers for Independent Living in our State that comprise the Minnesota Association of Centers for Independent Living. The Mission of Metropolitan Center for Independent Living is to assist people with disabilities in fulfilling their desire to lead productive, self-determined lives.

On behalf of MCIL and the Minnesota Association of Centers for Independent Living we are honored to be part of the Summit. We have been asked to provide a recap of the July 26th Summit. Please allow me to share with you some highlights of the summit and I want to thank Mr. Jeff Bangsberg, Vice Chairperson of the Board of Directors for Metropolitan Center for Independent Living for his assistance with today's presentation with you – thank you Jeff!

Let me state, to give a full report on the Summit would take much longer than I have been given time to adequately summarize this morning. So, here is what I have to share with you now as you read the draft October 26, 2016 Summary Report on your own and begin the difficult task at hand.
Considerable empirical work went into the summit in ascertaining the basis for the summit – namely; **Minnesota faces a direct care/ support workforce shortage**.

The Summary Report identifies that the Direct care/support workforce, comprised of 135,000 persons, is not keeping pace with the growing demand of an aging population, and persons with disabilities.

The summit included presenters and information about this workforce gap for direct care/support workers that is real, and creates acuity of need for individuals. We need to understand in greater depth, this acuity of need of individuals as we continue to work on the workforce gap.

From the recent Summit, we learned that if the workforce gap were to continue into the future, without correction, the trajectory leads to a considerable **widening of the workforce gap**. It is the potential magnitude of the future larger gap we have to equally further understand from the standpoint of acuity of need and impact upon the lives of individuals who would otherwise experience this potential future gap.

Information and presenters from the Summit allowed us to also learn of **rising demand for direct care/support care givers.** For instance, we are experiencing demographic and population transitioning to becoming an older state whereby we evidence higher growth of older adults from 806,000 in 2015, to 965,000 in 2020 and potentially to 1,262,000 by 2030.

From a presentation on Minnesota's workforce, the data reveals a trend line of a **slower projected growth rate in our Labor Force** in the next fourteen years. What does this shortage look like for Minnesota from the standpoint of new workers? From 2016 to 2030, there is a small project growth in the number of workers, equaling 12,000. To provide context - that number of new workers of 12,000 during the next fourteen years by 2030 is **half of the growth** in the workforce that grew by 25,000 from the time period of 2000 to 2010.

We also learned that attracting and retaining Personal Care Aides, with a median wage of $11.26 per hour is facing **greater competition** from retail and other industries offering higher wages.

Today we know that the direct care/support workforce of 135,000 care givers of home and community-based services (HCBS) provide support to approximately 90,000 Minnesotans, including vulnerable children and adults with a variety of chronic conditions and challenges with activities of daily living.

The direct care/support gap is real. It is growing. The trends interact as dynamic forces that potentially converge upon one another further widening the future gap. This is a growing concern for Minnesota's future well-being. We need to continue to include multi-disciplinary expertise in our approach in furthering solutions, and retain initiative by taking advantage of time.

The July 26th Summit had 181 attendees, including 20 workers, and 16 people receiving services. I want to commend the organizers of the Summit. It was extraordinary how eight work groups met, and as a result of the intensive work by these eight work groups, the summit produced five clear themes.

Let me say something about these themes. They are like a bridge that is beginning to be built - that with further work, can allow us to potentially cross over the gap. The themes do possess within the body of their respective areas – as noted in the Summary Report, promise and hope for us. They will require much from us at today's Summit. The Five major themes that appeared most often in notes by rank order are as follows:

1. Increase Care Giver wages and/or benefits
2. Expand the worker pool
3. Enhance direct care/support worker training
4. Increase job satisfaction and Elevate the profession
5. Conduct a public awareness campaign

Furthermore the Summit thankfully had **over 300 solutions identified from the eight small groups**. Let me repeat that again – over 300 solutions identified!

From our perspective as a Center for Independent Living, for Children and Adults with developmental disabilities, physical disabilities, mental health conditions, children with special needs and aging individuals, we express hope in the journey ahead in order to bridge solutions that fortify Minnesota's ability to overcome the gap, sooner than later, and for our future as well.

We must be vigilant in our collective work in identifying and realizing solutions to overcome the direct care/support workforce gap so that we equally create positive results in ameliorating acuity and crisis today, and in our future.

Minnesota is unique among our 50 states in that we value a commitment to one another. Throughout our history we have overcome much- from rising healthcare costs, to finding solutions to transitioning thousands from welfare to work, to increasing our commitment to diversity, to overcoming natural disasters, and to increasing our commitment to ADA, access, equity, integration, inclusion, transition, self-determination and Independent Living.

The work before us today, at this time, for **who we are** as Minnesotans, and with our value to care for one another – and specifically with regard to the direct care/support workforce gap, calls upon us to contemplate an **organizing principle** – a principle that all are welcome to join, all can relate to and find meaning with, and that sustains us.

Such an **organizing principle** serves like a compass that points to true north, so that in the journey ahead, we never lose our way, and that we arrive at a destination, a solution, a bridge Minnesota safely crosses today and in its future, so that we can look back and recognize that we had overcome **the immediacy of this crisis**, and, that we had discovered a pathway for a brighter future.

So what does this organizing principle look like? May I suggest that a starting point in drafting an organizing principle is found in the Summary Report, page 1, fourth paragraph, first sentence, namely:

Minnesota must take steps to improve
access to direct care/support professionals.

To embrace such an organizing principle sets forth a way that can lead us to create and realize **a Minnesota Winning Strategy that ultimately enhances the quality of life for all**.

We can do this, it is up to us, and it is our time to find solutions, to become sustained in an organizing principle and to create a Minnesota winning strategy that creates the bridge to a brighter future.

Thank you for allowing me to share a recap of the Summit and please allow me to thank you for your presence here today and for your contributions to this effort.

3. Meeting Participatory Process Description

Purpose: Groundwork laid for moving forward from talk to action on solutions generated at the July 2016 Direct Care/Support Worker Summit.

Report from the summit

Time: 30 minutes

During this time, a summary of the findings from the Summit will be shared. A copy of this information will be sent out the week of the meeting so participants can familiarize themselves and prepare for their participation in the meeting. In particular, we will be asking you to identify activities on which you/your organization is willing to work.

Participatory process

Small Group Process: 35 minutes

Overview: Participants will have two opportunities to join a small group table. Each small group table will discuss solutions and identify how to move ideas into action.

1. The small group tables will discuss one of five solution themes:
    - Increase wages or benefits
    - Expand worker poo
    - Training direct care/support workers
    - Increase job satisfaction/elevate the profession
    - Public outreach/marketing
2. Participants will choose whichever topic they want to discuss and will be encouraged to join a topic group with activities they want to work on.
3. Each group will be given a list of solutions from the summit that were proposed under that theme.
4. Task: Sort activities by the following categories:
    - An organization could do this activity on its own
    - A group of organizations is needed to do this activity
    - This activity requires legislative action
5. Participants will repeat this process by moving to a second small group. Building on the work of the previous group, the table will follow the same process they did in their first group.

Large Group Process: 55 minutes

Overview: Participants will have an opportunity to identify what they or their organization are will to work on and see what other individuals or organizations are willing to work on.

1. Small groups share what they discussed

2. “What I/my organization will do” exercise. Participants will:
    - Approach the posters containing the major and minor themes on the wall.
    - Use colored dots to identify activities on which that they or their organization are willing to work. The colored dots mean:
        - **RED** – we will play a leadership role
        - **GREEN** – we will participate in a group effort
        - **BLUE** – we are doing something on our own

3. The large group will reflect on the patterns that emerged from the dot exercise.