



Improving Jobs to Improve Care

VICKIE CHOITZ AND MATT HELMER
WITH MAUREEN CONWAY

The SEIU Healthcare
NW Training Partnership

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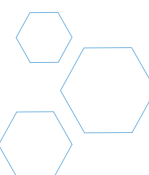
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EXECUTIVE SUMMARY



The first decade of this century was a time of great change for Washington's home care sector. The sector experienced substantial growth as the state continued to shift long-term care for older adults and people with disabilities from institutions to home and residential settings. Home care workers won the right to organize. Voters approved higher standards and certification requirements for home care workers. The foundation was laid for the Training Partnership, the nation's largest training institution devoted to developing professional long-term care workers to deliver quality care and support to older adults and people with disabilities. This case study chronicles the origins of the Training Partnership. It describes the organization's statewide system for training workers, working with employers and improving the quality of care for consumers. It also identifies strengths and challenges to the model. The goal of this case study is to document the Training Partnership so readers in other states can use this example to improve home care jobs and quality of care in their own states.

INCREASING DEMAND FOR HOME CARE AND BETTER TRAINED WORKERS

By 2050, the number of Americans needing long-term care services and supports will double. They will have more acute and complex care needs than previous generations, and they will be more likely to receive care at home or in a residential setting than in an institution. These factors are driving the increased demand for workers providing home care services (called "personal care aides" nationally and "home care aides" in Washington state). There were 1.2 million personal care aides in the United States in 2012, and the Bureau of Labor Statistics projects this occupation to grow much faster than the average for all occupations during the next decade — 49 percent growth or nearly 600,000 new aides by 2022. Washington projects similar state-level growth rates in demand.

It is unclear how the home care industry will develop an adequate workforce. It is difficult to attract and keep personal care aides, because, across the nation, the wages are low, benefits are scarce, and the hours are inconsistent and often insufficient. It is also a physically and emotionally difficult job. In addition, workers typically receive little training to prepare them for the demands of the job, a particularly difficult situation when faced with more complex care needs.

Limited training and difficult working conditions also lead to concerns about quality and cost of care. There are no federal training standards, and state standards vary widely, are inconsistent within and across states, and are very confusing for the workers, consumers and their families. Unprepared and unmotivated workers may not provide the best care, leading to potentially higher costs, both in terms of consumer health issues, such as avoidable hospitalizations, and in worker turnover and reliability.

Home care work, however, can be very meaningful. Many personal care aides derive much satisfaction from helping older adults and people with disabilities with activities of daily living, so they can live independent and comfortable lives. Several aides in Washington whom we interviewed described how rewarding it is to help consumers live with dignity in their own homes by assisting them with day-to-day tasks such as cooking, bathing, shopping and going to medical appointments. They take their role as lifelines for consumers very seriously, identifying critical health care problems before they become crises.

TWO KEY STATE POLICY DEVELOPMENTS DRIVE REFORM: DEMAND FOR HOME CARE AND FOR A PROFESSIONALIZED HOME CARE WORKFORCE

State policy is a powerful tool for addressing the challenges of home care. Washington has been working for two decades to build a professional home care workforce with adequate numbers to meet demand and quality training and certification to deliver high-quality care. Since the 1990s, the state has worked to "rebalance" the long-term care system from institutional care, such as nursing homes, to home- and residential-based care. This has been driven by the increasing demand for consumer choice and the higher cost of institutional care.

The Service Employees International Union (SEIU) 775 was instrumental in raising awareness of the inadequacies of the state's existing training requirements and efforts to ramp up the home care workforce to meet the growing need in the state. It organized workers and formed a labor-management partnership with home care employers — including the state of Washington — which created the Training Partnership.

Washington voters also strongly voiced their support for higher training and certification standards as well as background checks for home care aides by twice passing state ballot initiatives supporting them (voters had to re-pass the training standards initiative after implementation of the standards voted for in the first ballot initiative was stalled). Both ballot initiatives passed with historically high margins, indicating very strong public support for improving the home care aide job and improving the quality of home care for consumers.

THE TRAINING PARTNERSHIP

The Training Partnership is the nation's largest training provider for workers in home care. A nonprofit school founded in 2007, it develops and provides training programs and services for long-term care workers and is the primary training provider for home care aides in the state of Washington. With more than 45,000 total trainees on any given day (both new and incumbent workers), it is the second-largest educational institution in the state by enrollment — behind only the University of Washington.

The Training Partnership has created a statewide training system with comprehensive resources and tools to support home care aides, consumers and employers. Its focus is much broader than traditional training programs or institutions. It aims to train and empower long-term care workers, bring respect and dignity to the profession, and, in turn, improve the quality of care for consumers. With its multifaceted focus on improving training and opportunities for workers and transforming the industry and quality of care, the Training Partnership also is one of the country's most ambitious sector strategy initiatives. With its understanding of how improved economic stability can enhance worker performance and its dual focus on improving jobs and providing advancement opportunities, the Training Partnership also exemplifies the emerging *Raise the Floor and Build Ladders* strategy.

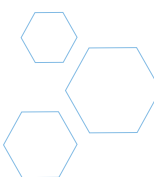
The Training Partnership is governed by a labor-management partnership, with 50 percent employer-designated representation (including the state of Washington as a major employer of home care aides under the Medicaid program) and 50 percent union-designated representation on the board of trustees. Trustees have expertise in home care delivery, policy, worker needs and education. As reflected in the vision for its services, the Training Partnership considers the home care workers, employers and consumers all as primary customers. Adult-learning principles guide the Training Partnership's development and implementation of its varied training programs. Training offerings include basic training and certification prep for new home care aides, continuing education, advanced training through the nation's first Registered Apprenticeship program for home care aides, and nurse delegation training. These trainings are delivered in multiple modalities (in-person, online), at multiple locations around the state, and at various times to accommodate workers' schedules (evenings, weekends). They are available in many different languages, and interpreters for unique languages are available upon request.

The Training Partnership wants home care aides to envision futures in the industry and so is developing new career pathway options designed to improve the job and retain good workers. It also offers numerous other supports for workers and employers including peer mentors, a navigator pilot program, a call center, a quarterly magazine and other communications, a customer service team for workers and employers, and a centralized data repository providing secured access to training records and certification status.

OUTCOMES, STRENGTHS AND CHALLENGES

In a short period of time, the Training Partnership designed and launched a system that could implement new and more rigorous training standards in the state of Washington and that could meet the scale of demand in the state's home care sector. The Partnership now trains more than 45,000 workers and is the largest provider of certified home care workers in Washington. Students who start training have high completion rates of 90 percent or better across the board. More than 80 percent of the Training Partnership's native English-speaking students pass the state certification exam (the state and the Training Partnership are working to improve lower rates for non-English speakers). The Training Partnership accounted for 70 percent of the state's certification earners in 2013.

According to state officials, the Training Partnership has added "horsepower" to Washington's efforts to train home care aides. It also has brought to the system much innovation and reform, from the development of



a well-organized instructor network delivering thousands of courses annually and developing dozens of new ones each year, to the creation of the cutting-edge Registered Apprenticeship program, to exploring additional career advancement opportunities in a relatively flat occupation. It has helped educate and empower home care aides to do their jobs better and has provided mechanisms for them to connect with peers and overcome the inherent isolation of the job. Employers show high levels of satisfaction with the Training Partnership's offerings. The partnership has highlighted home care aides as an integral part of the care team.

The Training Partnership also has taken data-driven management and results-driven decisions to a new level. It has developed a robust data system to track worker training and certification and proactively help workers stay in good standing. It collects and uses data to continuously improve its offerings and customer service. It also has plans for a rigorous evaluation of its soon-to-be-revamped Registered Apprenticeship program to measure the value of the training in terms of improved quality of care.

While still a relatively new initiative, the early experiences, challenges and success of the Training Partnership in Washington state offer lessons and guidance for state and federal policy makers, workforce development investors and philanthropists, and job training providers about how to train and support one of our nation's most important workforces. We identified several strengths and a few challenges to the model.

Strengths

1. Clear goals, commitment to continuous improvement and vigorous drive to improve the field
2. All aspects of the Training Partnership are embedded in the industry
3. Significant employer engagement, including sustained funding
4. A solid understanding of workers and commitment to their success
5. Planned for scale from the beginning

Challenges

1. Integrating training and certification processes and continuing to improve the model
2. Serving immigrant and rural workers
3. Developing career pathways and economic advancement opportunities for home care aides
4. Evaluating impact and outcomes, including improvements in quality care

THE FUTURE

The Training Partnership's focus for the immediate future includes designing and testing roles for home care aides that add value for the consumer and in the health care system. It envisions a home care aide workforce equipped with the knowledge and resources workers need to collaborate and communicate with their consumers' doctors and care teams, potentially allowing for outcomes such as earlier identification of patient needs leading to more timely care from other care team members. Such early interventions have the potential to reduce emergency room visits and hospitalization, reducing health care costs for both consumers and the public and improving the consumer experience. In this vision, home care aides are a key component in bringing down total health care costs for consumers in home and community-based care settings.

LESSONS FOR OTHER STATES

The Training Partnership experience offers many lessons for other states. Other states likely need to professionalize their home care workforce and develop a system that can respond to growing demand. The Training Partnership's close working relationship with the state of Washington to implement the policy for higher training and certification standards has facilitated development and improvement of the training and support offerings. The experience of the Training Partnership and the state policies that supported the organization's development provide an approach that other states can adapt to their own context. These lessons, in combination with the detailed description of the Training Partnership's offerings and structure in this case study, can guide readers toward development of better home care jobs, a well-trained home care workforce and higher quality of care. One home care aide interviewed for this case study provided the perfect summary: "I hope this case study helps improve home care work in other states. It is very hard on [consumers] to move to another state but not have the same well-trained home care aide. There should be more consistency throughout the country."

INTRODUCTION

Independence, freedom and self-determination are at the core of the American ethos, perhaps nowhere greater than in our Western states. These values are fueling the movement toward providing care at home for older adults and people with disabilities. It is also no small consideration, given the tremendous concern over escalating health care costs, that home care is significantly less costly than institutional care. Washington state has been leading the country in the movement toward home care for two decades, and an essential component has been the SEIU Healthcare NW Training Partnership.

The Training Partnership is a nonprofit school founded in 2007 by a labor-management partnership made up of SEIU 775 and participating employers, including the state of Washington and home care agencies. It develops and provides innovative, meaningful training programs and services for long-term care workers and is the primary training provider for home care aides in the state. With more than 45,000 students on any given day (both new and incumbent workers), it is the second-largest educational institution in the state by enrollment — second only to the University of Washington. It also is the largest training institution in the country devoted to training and developing professional long-term care workers to deliver quality care and support to older adults and people with disabilities.

The Training Partnership has created a statewide training system with comprehensive resources and tools to support home care aides, consumers and employers. Remarkably, it has built this system at scale in an incredibly short amount of time. The Training Partnership was created after a report commissioned by SEIU 775 brought to the state legislature's attention the inadequacies of existing training requirements and efforts for ramping up the quality and quantity of home care aides necessary to meet the growing demand for home care in the state. Voters voiced their overwhelming support for higher standards by twice passing a ballot initiative for higher standards supported by SEIU — after implementation of the first initiative was stalled, voters passed a second initiative, sending the message that quality home care is a universal and priority concern. The Training Partnership had just 18 months to develop a system for providing entry-level training and continuing education for nearly 45,000 home care aides in the state's legacy system. This case study documents the story of how this happened and what the Training Partnership looks like today.

The Training Partnership's focus is much broader than traditional training programs or institutions. It aims to train and empower long-term care workers, bring respect and dignity to the profession, and improve the quality of care for consumers. With its multifaceted focus on improving training and opportunities for workers and transforming the industry and quality of care, the Training Partnership also is one of the country's leading sector strategy initiatives.

Demographic changes and changes in the organization of health care services in the U.S. will contribute to increased demand for home care services. Consequently, home care aides (as they are known in Washington state; nationally, they are called "personal care aides") represent one of the largest and fastest growing occupations in the nation — creating more new jobs than any other occupation across all industries. The growing demand is not just about the quantity of care providers. It's also about the quality of care provided. Home care is a very personal, intimate and emotional occupation. Home care aides help consumers with daily activities that



most readers would never dream of sharing with another person — especially a stranger — such as bathing, dressing and using the toilet. Learning how to help consumers with these activities with empathy, respect and care is as big a part of home care aide training as learning how to properly lift consumers from a wheelchair or help with medication management. Home care aides also can be the front line of a consumer's health care team. But, they need to understand more about health care issues and symptoms, and feel empowered to interact with nurses and other health care professionals as peers and not just "baby sitters," as, too often, home care aides have traditionally been perceived and treated.

Ensuring that there is a prepared workforce to meet this demand will be critical to meeting the nation's health care needs. While still a relatively new initiative, the early experiences, strengths and challenges of the Training Partnership in Washington state offer lessons and guidance for state and federal policymakers, workforce development investors and philanthropists, and job training providers about how to train and support one of our nation's fastest-growing and most important workforces.

This case study begins with an overview of home care in the United States and Washington state and describes some key features of home care. It also provides a brief history of how and why the Training Partnership was formed. After that context, the case study describes in detail the operations of the Training Partnership, including its organizational and staffing structure, training approach, customer service, financing, outcomes and future plans. It concludes with reflections on strengths and challenges of the Training Partnership, as well as implications for policy makers, training providers and others.

THE TRAINING PARTNERSHIP RAISES THE FLOOR AND BUILDS LADDERS

Traditionally, workforce organizations and programs in the United States focus almost exclusively on education, training and career pathways as the strategy for improving low-income people's economic prospects. It focuses much less on improving the current jobs in which people work. However, some occupations in this country do not pay enough for a worker to afford basic living expenses, like safe housing, food and health care. Many of these same occupations also do not provide a career ladder for workers to move up if they could successfully juggle work, school and family, which is often a challenge.

Home care is one such occupation. In order to improve the economic prospects of workers in this occupation, a dual strategy is required. First, improve the jobs in which home care workers work now and may continue to work in if they do not want to change jobs by advancing in a career pathway or if advancement is not an option. This means improving wages and benefits so workers can support themselves and their families. It means providing sufficient and predictable hours. It may also mean redesigning jobs so they more fully utilize workers' skills, especially as they increase through education and training.

Second, improve economic mobility by building career ladders and educating and training people to help them climb those ladders. This dual strategy pervades the Training Partnership's work; it seeks to raise the floor for all home care workers in Washington state and to build ladders for those aides who wish to pursue career mobility. It will take success on both strategies to achieve improvement at scale — improvement in the occupation for all home care workers, not just those who can and want to advance to other jobs, and, in turn, improvement in the quality of care for all consumers.

BACKGROUND

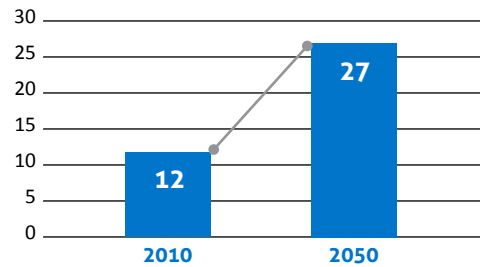
Overview of the Home Care Sector

More than 12 million Americans, 96 percent of them adults, receive long-term services and necessary supports to perform daily activities and maintain their quality of living. By 2050, the number of Americans needing long-term care will double to 27 million as baby boomers age and life expectancy increases.¹ Long-term care needs also are becoming more complex, with increases in conditions like Alzheimer's disease and in consumers with multiple health problems. Many long-term care consumers prefer home care rather than living in an institution such as a long-term care facility,² and shifts in the industry are reflecting these preferences. From 2003 to 2012, as the size of the older adult population grew nationally, the number of Medicare- and Medicaid-certified nursing homes declined from 16,380 to 15,652, and the number of nursing home residents fell from 1.5 million to just under 1.4 million.³ Between 2010 and 2012, the number of home care agencies in the nation grew from 10,914 to more than 12,000.⁴

Since the 1990s, Washington state has been working to “rebalance” long-term care in the state from institutional settings to home and community care, with significant success. Since 1992, the Medicaid nursing home caseload in the state has declined from nearly 18,000 to just under 10,000 in fall 2014 (monthly full time equivalents).⁵ There also has been a significant shift in the public dollars spent on nursing home care versus in-home care. In the 1991-1993 biennium in Washington, 82 percent of total Washington Department of Social and Health Services long-term care budget appropriation allotments went to nursing home care versus 16 percent to in-home care and 2 percent to residential care such as assisted living facilities. In the 2013-2015 biennium, just 38 percent of the total department long-term care budget allotments were spent on nursing home care compared to 48 percent on in-home care and 14 percent on residential care. This focus on rebalancing has been driven by growing costs and consumers' desire to choose where they receive services. The Washington State Department of Social and Health Services has estimated that it can serve three people in in-home care for the same cost of one person in a nursing facility (based on data as of November 2012).⁶

3:1 THE NUMBER OF PEOPLE WHO CAN BE SERVED IN IN-HOME CARE FOR EVERY ONE IN A NURSING FACILITY
Washington state cost estimates

NUMBER OF AMERICANS NEEDING LONG-TERM CARE (in millions)



Source: *Commission on Long-Term Care: Report to the Congress*, September 30, 2013

This demand for home-based long-term care is driving significant demand for workers providing home care services. In 2012, there were nearly 1.2 million personal care aides. The U.S. Bureau of Labor Statistics expects this occupation to grow much faster than the average for all occupations over the next decade, with projected growth of 49 percent between 2012 and 2022, which is nearly 600,000 new personal care aide jobs.⁷ In

Washington state, it is estimated that 77,000 will be needed by 2030, up from 50,000 in 2010.⁸

¹ Report to Congress. *U.S. Senate Commission on Long-Term Care* (2013). Accessed on March 17, 2015 at <http://www.gpo.gov/fdsys/pkg/GPO-LTC-COMMISSION/pdf/GPO-LTCCOMMISSION.pdf>.

² In a 2010 survey of adults ages 45 and older conducted by AARP and GfK Customer Research North America about their preferences for remaining in their current home and community as they age, nearly three-quarters of respondents strongly wanted to stay in their homes as long as possible, while slightly more than one-tenth said they somewhat agreed that they wanted to stay in their homes as long as possible. See: “Home and Community Preferences of the 45+ Population,” AARP, 2010, <http://www.aarp.org/content/dam/aarp/livable-communities/old-learn/research/home-and-community-preferences-of-the-45plus-population-2010-aarp.pdf>.

³ “Nursing Home Compendium.” *Centers for Medicare & Medicaid Services* (2010). Accessed on February 26, 2015 at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/nursinghomedatacompendium_508.pdf.

⁴ “2013 CMS Statistics.” *U.S. Department of Health and Human Services* (2013). Accessed on February 26, 2015 at http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Statistics-Reference-Booklet/Downloads/CMS_Stats_2013_final.pdf (table iii13).

⁵ Data from the Washington State Caseload Forecast Council, Long-Term Care Nursing Homes Forecast. Accessed March 4, 2015 at http://www.cfc.wa.gov/HumanServices_LTC_HCS_NH.htm.

⁶ Estimate provided by the Washington State Department of Social and Health Services based on data from the Washington State DSHS ALTA Forecasting Unit.

⁷ “Personal Care Aides” *Occupational Outlook Handbook Bureau of Labor Statistics* (2014). Accessed on February 27, 2015 at <http://www.bls.gov/ooh/health-care/personal-care-aides.htm#tab-6>. According to BLS, the average percent change projected across all occupations between 2012 and 2022 is 11 percent.

⁸ “Home Care Aides in Washington State: Current Supply and Future Demand” *Center for Health Workforce Studies* (2011). Accessed on February 26, 2015 at <http://www.myseiubenefits.org/sites/default/files/PolicyBrief.pdf#overlay-context=contact/media/articles-releases>.

DEFINITIONS OF “PERSONAL CARE AIDE” AND “HOME CARE AIDE”

A **personal care aide** provides the daily assistance older adults and people with disabilities need to maintain independent living. They help consumers with day-to-day tasks and are not supervised by a nurse or doctor. This is the title of this occupation used nationally and in most states. Other terms for this type of worker include: home care aide, personal attendant, personal care attendant, home care worker, homemaker or direct support professional. Most work with older adults and people with disabilities, while direct support professionals tend to focus exclusively on people with disabilities. Personal care aide services are largely funded by Medicaid.

Washington state uses the title **home care aide** for this occupation. However, in many other states and nationally, the term “home care aide” is an umbrella term covering a broader range of paraprofessional aides that includes workers who provide daily assistance, but also workers who provide health care in the home, such as home health aides.

The occupation of personal care aide is not the same as a **nursing assistant** or a **home health aide**. According to Paraprofessional Healthcare Institute (PHI), nursing assistants (or nursing aides) generally work in nursing homes, although some work in assisted living facilities, other community-based settings or hospitals. They assist residents with activities of daily living such as eating, dressing, bathing and toileting (just as personal care aides do). They also perform clinical tasks such as range-of-motion exercises and blood pressure readings. Home health aides provide essentially the same care and services as nursing assistants, but they assist people in their homes or in community settings under the supervision of a nurse or therapist. They may also perform light housekeeping tasks, such as preparing food or changing linens. Nursing assistant and home health aide services are largely funded by Medicare.

This case study uses the title “personal care aide” when discussing the occupation in general or national data. It uses the title “home care aide” when discussing Washington state.

See PHI fact sheet #3, “Who are direct-care workers?” at <http://www.phinational.org/sites/phinational.org/files/clearinghouse/NCDCW%20Fact%20Sheet-1.pdf>.

The Job of a Personal Care Aide

Personal care aides assist consumers with “activities of daily living” or ADLs, which are the basic tasks of everyday life, such as cooking, eating, bathing and using the bathroom, dressing, shopping, going to the doctor’s office, and transferring in and out of bed or a wheelchair. They may care for individuals with mental illness, dementia, severe physical injuries such as a spinal cord injury, or developmental disabilities. Personal care aides provide care and services without the supervision of a nurse or doctor. They are not only caregivers; often they are also companions. Although they have no formal role in the consumer’s primary health care team, they can be lifelines, identifying critical health care problems and changes.

Personal care aides work independently, spending most of their time providing direct care to consumers, and are often isolated from other workers. They must not only be equipped with a range of technical skills and knowledge to do their jobs, but also evince emotional sensitivity, compassion and strong communication skills. The job can be physically and emotionally demanding. As one home care aide in Washington state interviewed for this case study stated, “There are always challenges in this job. You work in close contact with consumers — many have emotional and

Gina (not her real name) has been a home care aide for almost 20 years. She has assisted many consumers throughout the years, but her favorite memory is from about 10 years ago. The consumer was paralyzed and in a wheelchair due to an auto accident. He had a lot of emotional scars from the accident and the paralysis. Gina said matter-of-factly, “He was very difficult. He refused to get out of bed, go anywhere; he was afraid to leave the house.” She was the longest care provider he had ever had. When his youngest child was about to graduate from preschool, Gina coaxed him into leaving the house for the first time since the accident and attending the ceremony. Home care involves significant physical and psychological support.

behavioral issues or physical issues. There also is the family component — having to deal with the consumer's family." For aides who are related to the consumer, there are added complexities. One aide who cares for her mother shared: "It's very tiring. I'm really exhausted. I'm the sole caregiver. With dementia, my mother wakes up two to three times a night. You have to be awake, because you don't know what's going to happen. There are good days and bad days."

Nevertheless, most of the home care aides in Washington state interviewed for this case study also shared how rewarding the job can be. According to one, "The most rewarding aspects of the job are helping the person, doing good for them, helping them communicate and interact with their community."

HOW HOME CARE IS FUNDED

Medicaid pays for most long-term care and, as a subset of long-term care, home care. Medicaid was the primary payer for long-term care services in the U.S. in 2011, accounting for 40 percent of the \$357 billion spent that year. (Medicare accounted for 21 percent, but it only covers short-term home health care, such as additional care required after a hospitalization.) Home and community-based services accounted for 45 percent of Medicaid spending on long-term care (up from 32 percent in 2002); and institution-based services, such as nursing homes, accounted for the rest.⁹

During the last couple of decades, there has been a shift toward managed care for "dual eligibles" (consumers who are dually eligible for Medicaid and Medicare and among the most expensive healthcare utilizers). In this model, states contract with managed care plans to manage the total cost of the consumer's care rather than just the hospital costs or just the long-term care costs. In Washington, the majority of home care aides are supporting dual eligibles. Managed care for home care may offer an opportunity for home care aides. Combining Medicaid and Medicare funding streams into a managed care plan may incentivize plan administrators to invest more in home care and in better trained home care aides in order to avoid unnecessary costs associated with emergency room visits, hospital stays, and other high-cost health care services. This would be a win-win as both managed-care payors and consumers would like to avoid these health care situations and costs. Also, home care aides would like to add more value to consumers' lives and the overall healthcare system, which ideally would be reflected in wage gains. A 2015 managed care demonstration project in Washington was slated for dual eligible consumers, but has been put on hold.

Home Care Workforce

In Washington state, there were an estimated 60,000 home care aides in 2013 providing home care through an agency or as individual providers. Sixty percent were Individual Providers.¹⁰ Individual Providers (IPs) are home care aides who work directly for a consumer via the state. Medicaid beneficiaries who are eligible can choose a home care provider, which can be a relative, friend or someone from a referral agency. This "Individual Provider" is hired by the consumer and works for him or her, but the IP's employer of record is the state. There are various categories of IPs, and each has different training and certification requirements, as described below. Unlike "Agency Providers," they do not work for a home care agency (see Appendix B for more information on long-term care administration and Individual Providers in Washington state). The state's IP model is a robust example of the growing consumer-centered model of long-term care service delivery. According to MaryAnne Lindeblad, Washington State Medicaid Director, "IPs are the backbone of the state's long-term care system."

⁹ "Medicaid Beneficiaries Who Need Home and Community-Based Services: Supporting Independent Living and Community Integration," Henry J. Kaiser Family Foundation (2014). Accessed on February 26, 2015 at <http://kff.org/medicaid/report/medicaid-beneficiaries-who-need-home-and-community-based-services-supporting-independent-living-and-community-integration/>.

¹⁰ Data provided by the Washington State Department of Social and Health Services via personal communication on April 6, 2015.



Lana (not her real name) became an Individual Provider home care aide in late 2009 to care for her brother with AIDS. He adamantly wanted a family member and asked his sister if she would care for him. With her background as a counselor in the child-care field, she had experience with care-giving jobs. Yet, the emotional component of her work as a home care aide is the hardest part of her job. “The biggest challenge for me is the emotional aspect. My family is very emotional and, since he is my brother, I have a strong emotional aspect to this work. There are a lot of emotions that I need to hold back because, even though he is my brother, there are tasks that need to be done. It is hard to put those emotions aside. ... It is very taxing for me.”

When asked how many hours she works per month, Lana responded, “How many hours I work or how many hours I get paid for? Those are different questions. I work 200 hours a month; get paid for 122.” Her brother needs help with every aspect of daily living — shopping, cooking, cleaning, laundry — plus his medical care — going to doctor’s appointments, applying ointment, taking medication and managing his medications. Her brother needs full-time care from a person who is not only caring and compassionate but also can assist with understanding and complying with complicated medical care.

In Washington, 85 percent of home care aides are female, 28 percent are Hispanic or people of color, more than one-fifth are foreign born (and probably more), and 50 percent are age 55 or over.¹¹ Nationally, the percent female is similar, 48 percent are Hispanic or people of color, and the average age is 44 years.¹² Data from a 2014 survey of Training Partnership students show that 10 percent have education below high school graduation, 28 percent are high school graduates, 10 percent graduated from a technical or vocational school, 22 percent have some college, 21 percent are college graduates, and 5 percent have degrees from a graduate or professional program (5 percent did not know or refused to answer the question).¹³

In some states, such as Washington, individuals eligible for Medicaid can select their own home care aide, which allows a family caregiver, other than a spouse, to become an Individual Provider and receive compensation for the care s/he provides. This policy helps to mitigate the financial strain of forgoing other paid work to care for a family member and ensures that the worker has access to training needed to provide safe, effective care. It is beneficial for those home care consumers who prefer to receive care from a family member.

PAY AND BENEFITS

Nationally, personal care aides receive low pay and limited benefits. Working hours are particularly challenging; due to ever-changing consumer care needs, sometimes the hours are too long, sometimes too short, and often can be erratic. This creates complications for workers both in terms of managing their non-work lives and having a regular and predictable income. In 2013, the national median hourly earnings of a personal care aide were \$9.67 per hour.¹⁴ If s/he worked full-time year-round — which is atypical — this would be \$20,001 annually (just \$1,200 over the poverty threshold for a family of three with one child in 2013 and \$3,600 below the poverty threshold for a family of four with two children). According to PHI, a significant percentage of personal care aides report having no health insurance: 32 percent in 2013. More than half — 56 percent — work part time or part year. Their average number of hours per week is 35. Eighty-six percent reported working 40 hours or less per week.¹⁵

The average hourly wage for a home care aide in Washington state is just over \$12 (the state minimum wage in 2015 is \$9.47). Starting wage is \$11, and experienced home care aides with advanced training can earn more than \$15 per hour. More than 15,000 home care aides or about one-third of the 45,000 aides trained each year by the

¹¹ “Who Cares? A Portrait of Washington State Home Care Workers.” *SEIU Healthcare 775NW* (2010). Accessed on February 26, 2015 at http://seiu-master.3cdn.net/c26f600049d59d7591_iqpm6fuee.pdf. This data is based on a telephone survey that was conducted in English only. As such, the reported percentage of foreign born individuals is likely to be lower than the true percentage of immigrants working as home care aides since non-English speakers were likely excluded from the survey. Data is based on a survey of home care aides who were members of SEIU 775.

¹² “Household Data Annual Averages — Current Population Survey.” *Bureau of Labor Statistics* (2014). <http://www.bls.gov/cps/cpsaat11.pdf> and “Labor Force Statistics from the Current Population Survey.” *Bureau of Labor Statistics*. (2014) http://www.bls.gov/cps/occupation_age.htm (accessed on December 19, 2014).

¹³ Data provided by the Training Partnership from a student survey conducted by the Feldman Group in February 2014.

¹⁴ “Household Data Annual Averages — Current Population Survey.” *Bureau of Labor Statistics* (2014). Accessed on December 19, 2014 at <http://www.bls.gov/cps/cpsaat11.pdf>

¹⁵ PHI analysis of the U.S. Census Bureau, Current Population Survey, 2013 Annual Social and Economic (ASEC) Supplement.

Training Partnership receive comprehensive health insurance benefits from the Health Benefits Trust (this is a sister organization to the Training Partnership; see description below). Twenty-eight percent of all Washington state home care aides are employed full time in home care.¹⁶ Home care aides reported working an average of 27 hours per week providing paid home care services. Data on Individual Providers indicate similar hours: in 2013, Individual Providers worked an average 110 hours per month (about 27 hours per week, on average). A recent survey found that, while 21 percent of home care aides in Washington were paid for 40 or more hours per week in home care, 43 percent would prefer to work 40 hours or more per week.¹⁷

Many of the home care aides interviewed for this case study indicated that they also often voluntarily work unpaid hours, because their consumers need their assistance. Several felt the hours their consumers were provided under their publicly funded care plan were just not enough to provide adequate care. Many provided extra caregiving that was uncompensated, especially for family members and for longtime consumers.

FIGURE 1: WASHINGTON STATE HOME CARE AIDE PAY, BENEFITS AND HOURS

\$12	Average hourly wage
21-28%	Employed full time
27	Average number of paid hours/week
~33%	Training Partnership home care aides with health insurance benefits

TRAINING REQUIREMENTS

Training requirements for personal care aides in the United States vary widely from state to state, are inconsistent within and across states, and are very confusing for the aides, consumers and their families. There are no federal training or certification requirements for personal care aides even though there are federal standards for nursing assistants and home health aides. Washington state has the nation's highest training and certification requirements for the home care workforce, and these requirements apply to both union and non-union represented workers.¹⁸ The standard is differentiated only for the Individual Providers (IPs). Some IPs have a lower standard than home care agency workers, because they are the only type of home care aide who can care for a family member. The lower standard is an option for IPs who have a certain familial relationship with the consumer or who work very limited hours for only one consumer. The lower standard accounts for competencies that the worker has already developed through informal caregiving experience.

IPs with lower training requirements may take training to meet the highest standard. Some may choose to do this, especially if their life experiences have not prepared them to provide the necessary care (e.g., supporting a parent with end-stage dementia) and/or if consumers' conditions require additional or different types of care (e.g., a child with a developmental disability now entering puberty). IPs who begin caring for a family member may decide to make home care their career, as in the example of Jim, below, who went from being an auto mechanic to a professional home care aide after caring for his mother. In this case, the IP will complete additional training needed to care for a range of consumers, as is standard for most home care aides.

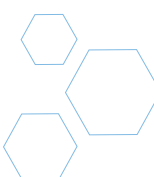
Lack of training can pose risks for consumers receiving care and for the aides, as the workers may be unprepared for the tasks and challenges they face. It also creates a stressful work environment for the caregiver struggling to meet a consumer's needs.¹⁹ It is important that training not only imparts particular skills and competencies, but also honors customer choice and integrates "people-first language" that respectfully

¹⁶ "Washington State's Home Care Workers." *2012 SEIU Healthcare* (2012). Accessed on December 19, 2014 at <http://seiu775.org/files/2012/09/Census-2010-and-Homecare.pdf>.

¹⁷ Data provided by the Training Partnership via personal communication on January 13, 2015.

¹⁸ Among the states and the District of Columbia, 11 (22 percent) have no training requirements; 21 (42 percent) have some training requirements; and 19 including Washington state (37 percent) have uniform training requirements across all of their programs. See: Personal Care Aide Training Requirements. Accessed February 2, 2015 at PHI webpage, <http://phinational.org/policy/issues/training-credentialing/training-requirements-state/personal-care-aide-training>. It is interesting to note that 25 states (49 percent) specify required training hours, but 14 require no more than 40 hours of entry-level training compared to 75 in Washington state. See: Abby Marquand. "Personal Care Aide Training Requirements: Summary of State Findings." *PHI National* (2013).

¹⁹ "Testimony of Carol Regan: Hearing on Population in Need of LTSS and Service Delivery Issues." *U.S. Senate, Commission on Long Term Care*. (Page 21) July 17, 2013. Accessed on December 19, 2014 at <http://www.gpo.gov/fdsys/pkg/GPO-LTCCOMMISSION/pdf/GPO-LTCCOMMISSION.pdf>.



describes the person first and the disability or condition second, i.e., “people with disabilities” as opposed to “disabled people.” The Training Partnership programs and courses have done this, as described below.

Training and employment requirements also are important to prevent home care consumer abuse and neglect. Washington, like other states, including California most recently,²⁰ has had reports of consumer abuse and neglect. For example, in early 2010, the *Seattle Times* ran an award-winning series on abuse and neglect in adult family homes in Washington (private residential homes for small groups of seniors).²¹ This was the same year Washington state passed its higher training and certification standards and the Training Partnership began delivering training. The initiative with the higher standards also included requirements for new state and federal background checks for home care aides meant to safeguard against possible abuse or neglect.

The Problem of Turnover in Home Care

Turnover is widely recognized as a huge problem facing the home care industry. National data is highly variable when measuring turnover in home care with some estimates as low as 25 percent and others as high as 200 percent.²² Data on Washington indicate that the turnover rate for home care aides is higher than 40 percent.²³ Limited pay, benefits and advancement opportunities seem to be the primary reasons home care aides leave their jobs.²⁴

High turnover can have a direct impact on an employer’s bottom line and on consumers’ quality of care. Based on analysis of data from one study, the turnover of a front-line, long-term care worker can cost an employer as much as \$3,133.²⁵ Turnover can also disrupt the continuity of care a consumer receives and negatively impact the quality of care. While limited research exists on the impact of turnover in home care, research in nursing homes shows high turnover is associated with poor quality of care.²⁶



²⁰ See: Anna Gorman, “As Caregiving Shifts to the Home, Scrutiny Is Lacking,” *Kaiser Health News* (2015). <http://kaiserhealthnews.org/news/as-caregiving-shifts-to-the-home-scrutiny-is-lacking/> and Gorman, Anna, “Lots of Responsibility For In-Home Care Providers — But No Training Required” (2015), <http://kaiserhealthnews.org/news/lots-of-responsibility-for-in-home-care-providers-but-no-training-required/> (accessed on February 26, 2015).

²¹ “Times’ adult-family-home investigation wins national award,” *The Seattle Times* (2011). Accessed on February 2, 2015 at <http://www.seattletimes.com/seattle-news/times-adult-family-home-investigation-wins-national-award/>.

²² Sahar Banijamali, Amy Hagopian and Dan Jacoby. “Why They Leave: Turnover Among Washington’s Home Care Workers.” *SEIU Healthcare 775NW* (2012). Accessed on February 2, 2015 at <http://seiu775.org/files/2012/02/Why-They-Leave-Report1.pdf>.

²³ Personal communication with staff from the Training Partnership March 18, 2015.

²⁴ Sahar Banijamali, Amy Hagopian and Dan Jacoby. “Why They Leave: Turnover Among Washington’s Home Care Workers.” *SEIU Healthcare 775NW* (2012). Accessed on February 2, 2015 at <http://seiu775.org/files/2012/02/Why-They-Leave-Report1.pdf>.

²⁵ Author’s calculations based on updating 2004 data using the Bureau of Labor Statistics CPI Inflation Calculator (http://www.bls.gov/data/inflation_calculator.htm). Data is from: The Cost of Turnover in Front-Line Long-Term Care, <http://phinational.org/sites/phinational.org/files/clearinghouse/TOCost-Report.pdf>. This includes CNAs, home health aides, personal assistants, and direct-support professionals who provide support and assistance largely to elderly persons and people living with intellectual and developmental disabilities (ID/DD) in a variety of institutional, home and community-based settings.

²⁶ Seavey & Marquand, 2011; Castle, N.G., Engberg, E., Anderson, R.A., & Meng, A. “Job Satisfaction of Nursing Aides in Nursing Homes: Intent to Leave and Turnover.” *Gerontologist*, 47:193–204. 64 F (2007).

SEIU HEALTHCARE NW TRAINING PARTNERSHIP

Vision and Mission

The Training Partnership's vision is informed by SEIU 775, the state of Washington, and the industry. According to Executive Director Charissa Raynor: "This all started with SEIU 775 who had a strategic idea about revolutionizing the quality of care by revolutionizing training and workforce development for home care aides. The Training Partnership aims to make a positive difference in the lives and health of older adults and people with disabilities in Washington state by developing a workforce that is competent, compassionate and there when you need them. We aim to make home care jobs better for workers and, in turn, for consumers."

The Training Partnership's vision is that "every long-term care worker is a professional who has been trained rigorously, whose work is well-respected and well-compensated, who has meaningful opportunities for professional development and career growth, and who provides high-quality care." Its mission is to train and develop professional long-term care workers to deliver high-quality care.

The Training Partnership provides a crucial role as we are a statewide intermediary for the home care industry. We create an effective training delivery system by utilizing information and feedback from both workers and employers.

CHARISSA RAYNOR
Executive Director of the SEIU
Healthcare NW Training Partnership
and Health Benefits Trust

Organizational Culture

The Training Partnership approach is designed to be customer-centric and value-based. The customers of the Training Partnership include home care aides; employers, including the state of Washington; and the individuals receiving care and their family members. The service vision of the Training Partnership and its sister organization, the Health Benefits Trust (described below), is:

"At the Training Partnership and Health Benefits Trust, our customers are our purpose. Each is unique with individual needs. We focus on making sure that their needs are met by learning about and from them. We respect them. We believe in them. And, because we want the best for them, we give our best. Each and every day, we strive to listen and not just hear, to anticipate, and to respond efficiently and with excellence."

Gathering the input and feedback of these customers on the Training Partnership's work is a primary goal for the organization. For home care aides in particular, the Training Partnership aims to be a "first and only stop" for workers encountering challenges.

Organizational and Staffing Structure

The Training Partnership was created by and continues to be sponsored by a joint labor-management partnership, known as a Taft-Hartley Multi-Employer Fund, which includes SEIU 775, the state of Washington and private industry. A Board of Trustees, including seven representatives designated by labor and seven designated by management (employers), jointly governs the Training Partnership. The Training Partnership's Board of Trustees determines the services offered by the Training Partnership.

Many stakeholders view the Training Partnership's governance structure, in which employers and labor come together to address workforce issues, as critical to the ongoing development of the state's strategy around home care. According to Charissa Raynor, executive director of the SEIU Healthcare NW Training Partnership and Health Benefits Trust: "The Training Partnership provides a crucial role as we are a statewide intermediary for the home care industry. We create an effective training delivery system by utilizing information and feedback from both workers and employers."

Delivering training and supports to more than 45,000 workers across the state necessitates a strong organizational infrastructure and staffing model. The Training Partnership employs 37 staff members, many of whom are shared with its sister organization, the Health Benefits Trust. Sharing staff enables the Training Partnership to leverage cost savings on functions such as technology and communications. The Training Partnership

has 55 instructors in its training network statewide (see description of instructor network below). Appendix C provides more information on the Training Partnership's staffing model.

HISTORY OF THE DEVELOPMENT OF THE TRAINING PARTNERSHIP

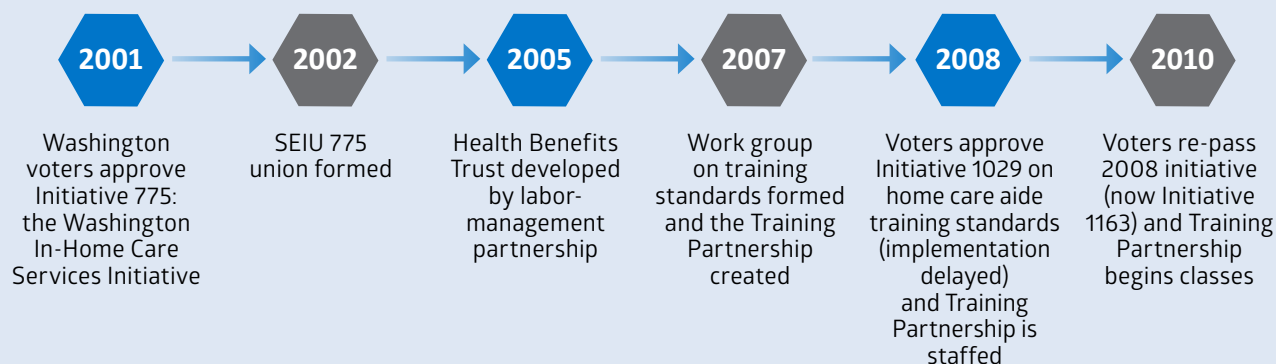
Two Key State Policy Developments

The Training Partnership was born of the convergence of two state policy developments in Washington: (1) the “rebalancing” of long-term care services from institutional settings to home and community care and (2) home care worker union organizing. Rebalancing from institutional care increased the demand for home care aides and demand for a more robust training and workforce development strategy for the long-term care sector. In the early 2000s, home care aides organized by SEIU won the right to form a union when voters passed Initiative 775 — the Washington In-Home Care Services initiative — and in 2002, 26,000 home care aides formed what is now SEIU 775. As a result of these successful ballot initiatives, all Individual Provider home care aides and most Agency Providers are represented by the union.²⁷ They have won wage increases and other benefits during the years since. For example, the Health Benefits Trust was established in 2005 to provide medical and dental benefits to home care aides.

In 2006, SEIU 775 contracted with Paraprofessional Healthcare Institute (PHI) and SEIU 1199 New York Training and Upgrade Fund (1199 TUF) to analyze Washington state’s existing training model and infrastructure in light of the immediate and future demand for a qualified long-term care workforce. PHI and 1199 TUF also were tasked with outlining a detailed plan for how to build “an adult-learner centered training, support and career development organization for Washington state.”²⁸ The report issued in early 2007 got the attention of the Washington state legislature, which subsequently created a working group to provide recommendations on training standards for home care aides. The Training Partnership was created in 2007 and staffed in 2008.

In 2008, voters approved an Initiative 1029 — by a historic margin — that included many of the working group’s recommendations (many of which were based in the original report commissioned by SEIU) such as expanding home care aide basic training requirements from 34 hours to 75 hours. Implementation of Initiative 1029 was delayed indefinitely; however, the initiative was placed on the ballot again in 2010 (Initiative 1163), and it passed by a wide margin for the second time. Voters passed the initiative twice and by more than 70 percent margins, demonstrating how strongly they felt about the need for quality home care for their parents, grandparents and themselves. Also in 2010, the Training Partnership began delivering training. (See Appendix A for more detailed information on this history.)

FIGURE 2: TIMELINE ON THE DEVELOPMENT OF WASHINGTON STATE’S TRAINING STANDARDS AND DELIVERY



²⁷ It is possible that a recent U.S. Supreme Court decision may have an impact on the future of home care unionization in the United States, which could affect SEIU 775 in Washington state and the Training Partnership. In June 2014, the court decided in the *Harris v. Quinn* case involving home care workers (Harris) that unions could not collect “agency fees” from home care workers who did not want to join the union. These fees cover the cost of the union’s collective bargaining and contract-administration activities, but do not cover the political activities. It is premature to assess what the impact will be on the Training Partnership or other organizations administering collectively-bargained benefits such as training, health insurance, retirement and others.

²⁸ “The SEIU 775 Long-Term Care Training, Support & Career Development Network: A Blue Print for the Future.” PHI and 1199 SEIU Training and Education Fund (2007). <http://phinational.org/sites/phinational.org/files/clearinghouse/Blueprint%20SEIU%20775.pdf>.

Role of SEIU 775

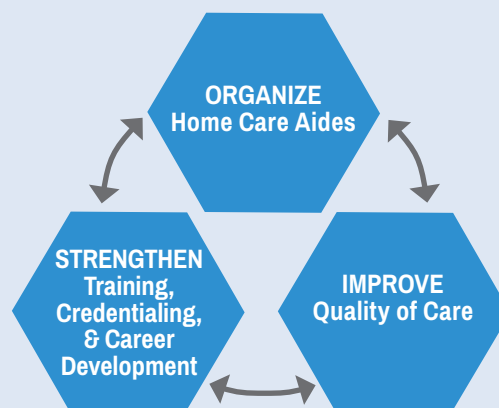
SEIU 775 adopted a bold set of goals for the long-term care industry in Washington state. It aims to transform the industry by developing — at scale — a professional long-term care workforce that is trained, credentialed and well-compensated, which will lead to improved quality of care for the state's older adults and people with disabilities. The union is deeply embedding itself into the industry and is committed to bringing dignity to the job of long-term care professionals and improving the quality of care for consumers. Such a bold vision requires a thoughtful and well-executed plan. Beginning in the late 1990s, SEIU launched an interrelated three-pronged strategy to achieve these goals: organize workers; strengthen training, credentialing and career development; and improve the quality of care.

The first strategy of organizing workers came to fruition when SEIU won the right to form a union. Several home care aides interviewed shared how critical the union has been:

- “The biggest value of the union is that I have a voice at work.”
- “[The union has brought] lots of publicity so people know what the work is and it's more respected. Before we had no collective bargaining, we had no insurance or paid vacation, so now we have insurance and other benefits. ... We have been able to make great strides. ... I've had great personal growth. I've learned to advocate for myself and my consumers and make their lives better.”
- “The union gave us hope that the job would become more humane.”

The second leg of the strategy consisted of promoting training, certification and career development of home care aides, and the third leg was advocating for improved quality of care for consumers (which is directly tied to a qualified and well-trained workforce). These two parts of the strategy were the driving force behind commissioning a study of the state's existing training model, whether it could meet future demands for high-quality care, and what a better model might look like. SEIU 775 was instrumental in the passage of two historic state initiatives creating the nation's highest training standards for this workforce and in the formation of the Training Partnership. As noted above, voters in Washington state twice, in 2008 and 2010, passed an initiative on home care aide training and certification standards. The Training Partnership is the embodiment of the mandate from the public to improve the profession and improve care.

FIGURE 3: SEIU THREE-PRONGED STRATEGY



Training Services

The Training Partnership offers a multitude of learning opportunities each year to home care aides across the state including entry-level training, refresher courses, continuing education, Advanced Home Care Aide Registered Apprenticeship and peer mentorship classes. Training for SEIU 775 members is funded by bargained employer contributions. Non-union home care aides can participate in training funded through other sources, including grant and/or personal funds. The vast majority of the Training Partnership trainees are union members.

Training is offered via multiple modalities including instructor-led training (in-person classroom-based training), live webinars and asynchronous online courses. Online instruction is especially critical for the state's rural workers, as well as workers who need the flexibility to learn at their own pace and convenience. Classroom instruction is delivered around the schedules of home care aides so weekend and evening courses are regularly offered. In addition, online training is an opportunity to compress delivery costs and increase digital literacy. The Training

Partnership designs training to accommodate a wide variety of learning styles and needs. Classes are offered in 13 core languages based on the languages most commonly spoken by home care aides in Washington. Classes can be interpreted in an additional 21 different languages.

TRAINING APPROACH AND PHILOSOPHY

The Training Partnership benefited from an early partnership with PHI, which generously shared content it had developed for the state of Pennsylvania. Although content has been revised over the years, PHI's initial contribution was foundational. The Training Partnership's suite of training and educational offerings is designed to emphasize five key areas:

1. Content that helps home care aides **master core skills** to support activities of daily living (ADLs), such as bathing, dressing and eating, and instrumental ADLs, such as cooking, driving and shopping. The training focuses on mastering these skills safely and effectively to prevent worker and consumer injury, and to help workers better prepare for and endure the rigors of the job.
2. Training built around **person-first principles and cultural competency** that helps home care aides tailor the core skills and care delivery to the unique needs of each consumer.
3. Training designed to equip home care aides with a **rapidly changing and increasingly complex care context** by facilitating applied learning in specialty areas including mental illness, dementia, chronic disease, developmental disabilities, spinal cord injuries and traumatic brain injury.
4. The Training Partnership **emphasizes professionalism** and focuses on communication, problem-solving and relationship-building skills, as well as on the **self-care needs** of the workers themselves and how to meet those needs.
5. Training emphasizes how home care aides can **better measure and identify significant changes in consumers' health situations** and connect to their consumers' care team if appropriate.

The Training Partnership's offerings promote responsiveness and respect for consumer choices. Leadership and staff members have worked closely with people with disabilities to proactively understand their concerns and address them in training design. For example, all training uses person-first language and builds worker competencies to know how to actively solicit and honor consumer choice for care. This has only been possible by working closely over the years with various groups and individuals in the disability rights movement who continue to guide competencies and content development. In addition, the Training Partnership often features consumers in the training. For example, they worked with the National Alliance on Mental Illness on the development of a course that featured people living with serious and persistent mental illness who shared their stories and insights.

Training is developed around a key set of evidence-based, adult learning principles including:

- **Adults like to learn by doing.** The Training Partnership strives to provide ample opportunities for hands-on learning through discovery learning and/or skill practice. For example, the Training Partnership's training facilities are designed to simulate a consumer's home. The classrooms include a bed, kitchen and bathroom, as well as appliances, furniture and items found in most homes.
- **Discovery learning** is an activity that helps the learner "discover" the content that meets the learning objective instead of hearing the content through lecture. The learner is an active participant in the classroom, which increases the acquisition, retention and application of knowledge to the job.
- **Adults want to draw on their experiences.** The Training Partnership aims to provide realistic and relevant practice activities that mirror the experiences of home care aides.
- **Adults like to use what they learn as soon as possible.** The Training Partnership tries to provide opportunities for home care aides to use their new knowledge and skills in the classroom through practice and activities, as well as when they are on the job.
- **Repetition of content is a hallmark of learning.** Repetition reinforces learning content and helps ensure recall for testing and exam. The Training Partnership builds in knowledge checks and final assessments for each module to prepare students to pass the state certification exam.

TRAINING OFFERED

The Training Partnership offers basic training, continuing education, Advanced Home Care Aide Registered Apprenticeship and nurse delegation training as described below.

Basic Training and Certification

Most new home care aides in Washington must complete 75 hours of basic training (five hours of orientation and safety before providing care and 70 hours of entry-level training within 120 days of being hired). The home care aide's employer pays the wages for her/his time in training. Currently, the training is only classroom-based, but the Training Partnership is launching a new hybrid curriculum that will include a mix of classroom and online instruction this year. This multilingual course will feature a "flipped classroom" and competency-based design. Current classroom size is limited to a maximum of 30 students per training.

Home care aides who are IPs and provide care to certain family members are required to complete fewer hours of training. For example, Individual Providers who are parents caring for their children or those who are providing less than 20 hours of care per month for one person are required to take 35 hours of basic training. Parents who are providing care for their child who is developmentally disabled are required to take 12 hours of basic training.

The first five hours of the 75-hour basic training is focused on job orientation and safety. The following 56 hours are basic training focused on "core" topics and are divided into 16 modules of 3.5 hours each (see Appendix D). The training covers competencies such as identifying the role of the home care aide, adhering to job standards and expectations, identifying policies and procedures, and performing activities of daily living skills. All modules include time for hands-on practical learning, and four of the modules are devoted to written test preparation and skills practice. Trainees learn about "population-specific" topics during the last four modules (3.5 hours each for a total of 14 hours of training) based on the specific needs of their consumer(s). Instruction focuses on dementia and physical, mental and developmental disabilities.

After completing basic training, as of January 2012, new home care aides who complete 75 hours of basic training must register and pass a written certification exam required by the Washington Department of Health.²⁹ The Training Partnership pays the \$115 exam fee on behalf of the student (this is a collectively bargained benefit). It also offers refresher courses for students who may have a time lag between the end of training and the day they take the exam. These courses review the material from basic training and help students prepare for the exam. Upon passing, the aides are certified by the Washington State Department of Health. Home care aides represented by SEIU 775 earn a 25-cent-per-hour raise after passing the exam. Most SEIU 775-represented home care aides begin their employment earning \$10.50 per hour.

Home care aides who were working in a long-term care setting and had completed previous basic training requirements prior to January 6, 2012, are "grandfathered" and do not have to take the new basic training or earn the home care aide credential; however, some prefer to get certified and earn the wage increase. Home care aides must renew their certification annually by paying an annual fee of \$60. This annual fee can be a barrier to some aides seeking certification, since the cost of this certification renewal can equal over a half-day's pay. Aides must also take 12 hours of continuing education per year, for which they are paid (discussed below).

All of the home care aides interviewed for this case study found great value in the training provided by the Training Partnership. Many had been working in the field before the new training and certification requirements were adopted and, therefore, were "grandfathered" and did not need to take the new basic training. However, they took the training anyway and were glad they did.

In the words of one aide: "I think it is important that caregivers are treated as professionals. The Training

I think it is important that caregivers are treated as professionals. The Training Partnership helps us to become professionals. To be seen by the state as professional caregivers, not babysitters, that is very helpful in my career.

HOME CARE AIDE
in Washington state

²⁹ The home care aide examination is offered in Arabic, Simplified Chinese, English, Khmer, Korean, Laotian, Russian, Samoan, Spanish, Somali, Tagalog, Ukrainian and Vietnamese. New home care aides have 200 days after being hired to become certified. Non-English speakers have an extra 60 days.

Partnership helps us to become professionals. To be seen by the state as professional caregivers, not babysitters, that is very helpful in my career.”

To date, the Training Partnership has not conducted baseline assessments of students’ education and skill levels. However, it plans to begin implementing baseline competency assessments this year for all students and will launch a pilot to assess learner readiness, e.g., literacy, digital literacy, English proficiency, etc.

Jim (not his real name) is a former auto mechanic who became an Individual Provider 25 years ago to care for his mother who had broken her hip. After she passed away, he continued as a home care aide. Since he was working as an aide before the regulatory changes in the 2000s and had taken the required training under the old system, he was not required to take the 75 hours of basic training or pass the state certification exam. Nonetheless, he took the training last year because he wanted to learn more.

He found that the training “covered just about everything that we run across, like people with disabilities — both mentally and physically — quadriplegic consumers, just about every type of consumer and everything you’d come across. It was a pretty good experience.” Jim has really enjoyed all of the training he has received, and said, “I haven’t had one class that was not worth it.”

Continuing Education

To maintain their state certification, home care aides must complete 12 hours of continuing education units (CEUs) per year, for which they are paid by their employer. Aides who fail to complete the 12 hours of continuing education by the deadline (one’s birthday) are not allowed to work and must pay for and complete the CEUs on their own time — usually through a community provider — before returning to work.

Each of the vendors in the Training Partnership’s instructor network offers 12 new continuing education courses per year, which results in 36 new courses being offered to home care aides annually. Several home care aides interviewed noted the variety of courses and the continuously updated course library as a benefit of the Training Partnership, especially compared to the old system in which the state-offered courses were limited and not as valuable. Classroom size for in-person continuing education courses is limited to a maximum of 50 students.

The Training Partnership offers more than 130 online continuing education courses. Classes cover topics related to dementia, providing end-of-life care, hydration, culturally-competent care, and much more (see Appendix E for examples of online classes offered by the Training Partnership, including many continuing education courses).

One aide interviewed indicated that the continuing education was “the most amazing part of this effort. ... We’re constantly valued and constantly urged to continue to grow. ... It’s just awesome. ... They listen to us as home care aides, such as when we want to change or add a course. It can take time, but we have a chance to change our destiny.”

Students may take classes when their schedules permit. The online courses are designed to be interactive and include built-in quizzes and knowledge checks. Students must also complete a short final assessment at the end of each course. Key point summaries for each class are available to the students for downloading and printing.

Most online courses are offered only in English; however, some are offered in Spanish, Russian, Cantonese, Vietnamese, and Korean, and the Training Partnership continues to translate more courses. An estimated 25 percent of home care consumers in Washington are non-English speakers; therefore, it is crucial to develop home care aides fluent in other languages to be able to communicate effectively with their consumers about their care needs. Online classes are especially valuable for aides in remote regions of the state where in-person classes are limited or not offered at all.

Maria (not her real name) became an Individual Provider in 2013. When asked about the benefits of the Training Partnership program, she said: “The benefits were in what I learned. I learned legal stuff I didn’t know, and small things that were required. There is way more stuff that goes into caregiving than I thought there was.”

Advanced Training: Advanced Home Care Aide Registered Apprenticeship

Unlike the requirement to take basic training and continuing education, home care aides are not required to take advanced training. However, under Washington state law, they must be offered 70 hours of such training, in which aides can participate on a voluntary basis. In 2012, the Training Partnership developed the nation's first competency-based Advanced Home Care Aide Registered Apprenticeship program for home care aides. In 2013, it enrolled the first class of home care aide apprentices in a pilot program. Though initially developed with funding from the U.S. Department of Labor, the apprenticeship program is now sustained with funds from negotiated employer contributions.



The Registered Apprenticeship program includes the first 75 hours of basic training required for new workers should they need it (discussed above) plus 70 additional hours of advanced training (the total of 145 hours of “didactic” or instruction-based education meets federal apprenticeship recommendation of 144 hours). The advanced training provides students with a deeper level of knowledge needed as a home care aide. Apprentices are required to work with a peer mentor while in the apprenticeship program to support on-the-job learning.

The Training Partnership's Registered Apprenticeship is a competency-based type of federally approved apprenticeship program (rather than a time-based program or a hybrid). As such, the Training Partnership has estimated the time required to build each competency and mapped this against the 2,000-hour on-the-job-learning requirement for federal registered apprenticeships. Unlike the traditional time-based apprenticeships, in competency-based apprenticeships, the hours students spend learning on the job do not need to be tracked. Instead, students complete knowledge checks at different points in the apprenticeship

to assess competency. Upon demonstration of mastery of all competencies, the student takes a final written exam at the end of the program. Most learners gain the competencies and complete the program in one year.

According to one aide who took the advanced training, the biggest value was “more training on how to handle a situation better. It gives me a better understanding of what I’m going to be walking into. Before, we got very little guidance on how to handle very different consumers and complex situations.” SEIU 775 sees additional advantages to the program. According to David Rolf, President of SEIU 775, “For workers, increasing their skills, continuing their education and moving up in the health care field are important both so they improve the quality of care they provide their consumers and as part of a pathway out of poverty. Apprenticeships are an exciting new model for long-term care workers.”

For workers, increasing their skills, continuing their education and moving up in the health care field are important both so they improve the quality of care they provide their consumers and as part of a pathway out of poverty. Apprenticeships are an exciting new model for long-term care workers.

DAVID ROLF
President of SEIU 775

Until this year, students were not paid for the 70 hours of optional advanced training required to complete the Registered Apprenticeship. At an average wage of \$12 per hour, students might have to forgo about \$840 worth of earnings to participate in advanced training if it competes with their work schedules. However, the union and the state of Washington have successfully bargained for employers to pay students while they are in this training, starting July 2015. Home care aides earn raises as they pass components of the Registered Apprenticeship: 25 cents per hour upon completion of the 75 hours of required basic training and passing the state certification exam and another 25 cents per hour upon completion of the advanced training required to complete the Registered Apprenticeship. With the wage bump from completing the Registered Apprenticeship, home care aides working an average of 27 hours per week for each of 52 weeks in a year would earn about an additional \$350, which, while not an insignificant amount for low-wage workers, would not have been enough to make up for all the lost earnings due to participating in unpaid advanced training. The Training Partnership, state of Washington, and SEIU 775 acknowledge that the wage increase is modest and would like to quantify the Return on Investment of the Registered Apprenticeship on turnover, cost of care and other areas to make the case for a bigger increase.

As the prevalence of home care grows and as the older adult population increases, the acuity and complexity of home care consumers' needs continues to increase in Washington (and other states). Home care aides are on the front line of consumers' care and can be the first to recognize changes and problems with a consumer's health. Ideally, they can alert the rest of the consumer's care team early, which can address issues early, improve care and reduce health care costs. But this strategy requires a well-trained, attentive and knowledgeable home care aide in order to work. According to Bill Moss, assistant secretary for the Aging and Long-Term Support Administration at the Washington State Department of Social and Health Services, "the average 'high-risk/high-cost' consumer — such as one with multiple chronic health problems like diabetes plus malignant hypertension — uses about \$15,000 more medical costs per year than the average risk consumer. On the other hand, training for home care aides is a relatively modest investment. If this can significantly reduce unnecessary high medical costs, it can really bend the cost curve and should be carefully considered."

If [investment in training home care aides] can significantly reduce unnecessary high medical costs, it can really bend the cost curve and should be carefully considered.

BILL MOSS
Assistant Secretary, DSHS

To address this heightened need, the Training Partnership will be revamping the Registered Apprenticeship program this year. The new model will focus on competencies home care aides need to provide whole-person care and support the consumer's health and long-term care goals, not just to complete long-term care tasks. It will teach skills that have shown through evidence to reduce avoidable emergency room visits and re-hospitalization. The aim is to rigorously evaluate this new model to test for improved consumer health outcomes and health care cost savings. If the new Registered Apprenticeship model does produce better outcomes and total cost of care savings, it would make an even stronger case for health care purchasers, such as Medicare, to invest more in home care, and for home care employers to subsequently invest more into training more apprentices and increasing their wages commensurate with the financial savings.

Since 2012, the Training Partnership has offered between 200 and 300 slots per year in the Advanced Home Care Aide Registered Apprenticeship program. In April 2014, the Training Partnership and its employer partners — ResCare, Addus, Chesterfield, the state of Washington and others — made a commitment as part of the White House American Job Training Investments initiative to expand its Registered Apprenticeship nationwide with a goal of 3,000 apprentices trained each year within five years — 10 times the number served now.³⁰ To this end, the Training Partnership founded a collaborative whose membership includes health care purchasers, payors and providers to bolster this ambitious work (both in scale and in scope).

³⁰ "FACT SHEET — American Job Training Investments: Skills and Jobs to Build a Stronger Middle Class." *The White House Office of the Press Secretary* (April 16, 2014). Accessed January 26, 2015 at <http://www.whitehouse.gov/the-press-office/2014/04/16/fact-sheet-american-job-training-investments-skills-and-jobs-build-stronger-middle-class>.

Nurse Delegation Training

A home care aide can take additional training to become certified to administer some medications to consumers under a provision known as “nurse delegation.” Washington’s program is progressive compared to those in most other states. According to the Washington State Department of Social and Health Services, the Nurse Delegation program allows home care aides “working in certain settings to perform certain tasks — such as administration of prescription medications or blood glucose testing — normally performed only by licensed nurses. A registered nurse must teach and supervise the [home care aide] as well as provide nursing assessments of the [consumer’s] condition.”³¹ The supervising nurse is responsible for the actions of the home care aide.

The Training Partnership offers two types of Nurse Delegation training: Nurse Delegation Core (NDC) training and Nurse Delegation Diabetes (NDD) training. In the NDC program, a home care aide must complete nine hours of self-study training and pass an exam administered by a registered nurse in order to be nurse delegated and allowed to administer medications. If the home care aide needs to administer injections like insulin, an additional three hours of self-study training and a separate exam is required (this is the NDD curriculum). A home care aide must pass the NDC exam before s/he can take the NDD training. Home care aides are paid by their employer to attend this training.

Summary of Training Offered

In 2014, the Training Partnership offered nearly 2,500 instructor-led training courses in basic training and continuing education and more than 40 live webinars. In addition, an inventory of more than 130 online courses is available, and more than 289,500 hours of online training were provided. The figure below provides a breakdown of these training offerings.

FIGURE 4: TRAINING PARTNERSHIP BASIC AND CONTINUING EDUCATION OFFERINGS AT A GLANCE

BASIC TRAINING	CONTINUING EDUCATION	ONLINE TRAINING <i>as of February 2015</i>
<ul style="list-style-type: none">■ 433 in-person programs<ul style="list-style-type: none">• 307 Standard• 89 Accelerated• 37 DD Parent■ 185 skill refresher classes (optional exam prep)■ Offered in 13 different languages■ Interpreters provided on request	<ul style="list-style-type: none">■ 1,749 in-person courses■ 42 live webinars■ 73 Nurse Delegation Core classes■ 57 Nurse Delegation Diabetes self-study courses	<ul style="list-style-type: none">■ 130 Continuing Education modules available 24/7<ul style="list-style-type: none">• 60 in English• 20 in Russian and Spanish• 10 in Chinese, Korean and Vietnamese■ 18 modules to be added in fiscal year 2015
Instructor-led classes held in 46 different cities across 27 counties		

Training Partnership Career Pathways

In addition to trainings and continuing education offerings, the Training Partnership is building three different types of career pathways for its students. These pathways provide a well-rounded set of options that can accommodate the Training Partnership’s students’ various career goals. The career pathways are:

1. **Advanced Home Care Aide** – This pathway is for home care aides who want to continue providing direct services to consumers but at a more advanced level serving more complex consumer needs. The Advanced Home Care Aide Registered Apprenticeship described above provides this pathway.

³¹ “What is Nurse Delegation?” *Washington State Department of Social and Health Services*. Accessed January 26, 2015 at <https://www.dshs.wa.gov/faq/what-nurse-delegation>.

2. **Home Care Management** – This pathway is for home care aides who want to stay in home care but not continue providing direct care to consumers. Rather, they may want to move into supervisor or manager roles. The Training Partnership is working with South Seattle Community College to develop a Home Care Aide Supervisor Registered Apprenticeship program for this pathway.
3. **Career pathway to other related occupations** – This pathway is for home care aides who want to build from their home care aide experience and pursue a more advanced occupation in health care or social services, such as nursing. This model is not built on college credit; rather, it is built on competencies, competency-based credentials and competency-based articulation agreements. By focusing on competency-based education and credentials, the Training Partnership's goal is to reduce the amount of time and money students would otherwise have to spend in time-based classroom-based programs. The Training Partnership is now working with college partners, including Western Governors University and the Seattle College District, to develop a competency-based pathway from home care aide training to nursing.

CURRICULUM DEVELOPMENT

The Training Partnership's approach to curriculum development is true to its philosophy of listening to and respecting workers, employers and consumers. The curriculum also is tailored to the specific competencies required of home care aides and to the learning styles and needs of the students. The Training Partnership conducts needs assessments with stakeholders and establishes stakeholder panels for each training course. Panels include home care aides, employers, consumers or their representatives, and the state of Washington to align with competencies needed in the workplace. The Training Partnership conducts numerous interviews and focus groups to gather input, as well. Subject-matter experts in areas such as ergonomics, cultural congruence, mental health, psychometrics, aging, disabilities and other specialized areas also provide their expertise to training design and course development.

Robin Gibson, the Service Director of Long Term Care for Catholic Community Services of Western Washington, a participating employer of the Training Partnership, said this collaboration is critical. "[Through engagement] we were heard in what we as employers need in the training. We have a vested interest in the outcome, because we were involved in it from the get go."

The Training Partnership also consults leading experts and academics to contribute to training design and curriculum development. For example, the Training Partnership is working with faculty at the University of Washington School of Nursing to adapt its National Institutes of Health-funded courseware for home care aides to develop better problem solving skills. The Washington State Department of Social and Health Services approves all courseware used to meet state training requirements, including the Training Partnership's curricula.

The most amazing part of this effort ... We're constantly valued and constantly urged to continue to grow...It's just awesome...They listen to us as home care aides, such as when we want to change or add a course. It can take time, but we have a chance to change our destiny.

HOME CARE AIDE
in Washington state

INSTRUCTOR NETWORK

There are a multitude of home care aide training providers in Washington state. When the Training Partnership began providing training in 2010, it relied on a mix of contractors combined with in-house instruction. The downsides of this model were a significant administrative burden and limited ability to compare on quality and cost. In 2012, the Training Partnership adopted a new model that created a system of three instructor networks (similar to how health insurance companies organize physician networks) that deliver training as the Training Partnership. The network currently includes:

- **The Training Partnership Academy Network** – This network is internal to and managed by the Training Partnership.
- **Invista Performance Solutions** – This is a collaboration of Washington State Community and Technical Colleges.
- **Catholic Community Services** – This is a multi-service nonprofit organization with a long history and track record of providing home care services.

The Training Partnership selects networks to provide training services through a competitive bid process. This network model has helped to provide a cohesive and organized supply of instructors across the state and helps to ensure that there are training services in every part of the state. It provides a seamless system of training for students throughout the state; students identify the training as from the Training Partnership and are generally unaware of the different networks. The RFP bidding process also helps increase efficiency, improve accountability, and drive healthy competition and innovation, according to leadership from the Training Partnership.

Members of the network deliver entry-level training, continuing education, Advanced Home Care Aide Registered Apprenticeship and nurse delegation training, as well as peer mentoring programs. All of the instructor networks use the same curricula in all courses except continuing education. The Training Partnership provides train-the-trainer events, so all network instructors are trained to ensure a consistent set of standards is being met and followed. The Training Partnership evaluates members of the network based on student satisfaction scores, meeting students' learning objectives, adhering to class schedules, maintaining student attendance, state certification exam pass rates and other quality metrics, as needed. Leadership from the instructor networks meets monthly to discuss common challenges, and coordinate and align their approaches. Classroom experience is branded as a Training Partnership experience regardless of which particular network is delivering.

Other Supports for Workers

In addition to training, the Training Partnership provides a variety of other supports for home care aides, including access to affordable health care coverage, a peer mentorship program, a navigator program (in pilot stage), a call center, and multiple channels of communication and information dissemination.

THE SEIU HEALTHCARE NW HEALTH BENEFITS TRUST

The SEIU Healthcare NW Health Benefits Trust serves as a sister organization to the Training Partnership and provides home care aides with affordable health benefits. The Health Benefits Trust was created in 2005 and is sponsored by a labor-management partnership including SEIU 775, the state of Washington and home care agencies. The trust provides medical, prescription drug, vision and dental benefits to home care aides in Washington and Montana.

Benefits provided by the trust are part of home care aide's negotiated compensation package. The trust is set up as a nonprofit Taft-Hartley Trust with funds and assets governed by the trust's board, which includes management- and labor-delegated representatives. Home care aides may register for insurance coverage through the Health Benefits Trust via the myse iubenefits.org online portal. Aides must work 86 hours per month to maintain continuous coverage. Several aides interviewed for this case study noted the tremendous value of the health coverage.



PEER MENTORSHIP

The Training Partnership designed a peer mentoring program to help new home care aides receive advice and assistance from experienced home care aides. Peer mentorship offerings also are required by state statute. New home care aides are paired with an experienced mentor who speaks the same language and who lives in the same geographic region for a 12-hour engagement.

The mentoring program is designed to help new aides deepen and solidify what they are learning in training and on the job. According to the Training Partnership, mentoring efforts are designed to help new aides analyze and solve problems effectively, improve their understanding of communication styles and the role of communication in delivering high-quality care, and increase their ability to demonstrate professionalism and sensitivity toward individual and cultural differences.

Mentors must meet a number of requirements. They must have at least one year of experience as a home care aide and be currently certified as a home care aide or become certified within six months of hire as a mentor. Mentors must participate in 12 hours of training before mentoring anyone. The 12-hour mentor program is delivered through 12 modules, typically one module per week in a face-to-face meeting (modules are described in Appendix D). Peer mentors may mentor multiple home care aides at a time. Mentors are paid by the Training Partnership for providing mentorship. Their hourly wage is their prevailing wage as a home care aide plus an extra \$1 per hour for their time spent as a mentor.

The mentoring program offers experienced and new home care aides the opportunity to share knowledge and experiences with their colleagues, which is especially important in a sector known as being an isolating experience for workers. All home care aides in Washington served by the Training Partnership are eligible to participate in the mentoring program. Participants in the Registered Apprenticeship program are required to participate.

CALL CENTER

The Training Partnership also offers home care aides assistance through a call center contracted by the Training Partnership. This is an essential feature in the model and provides much of the “connective tissue” for workers’ training and education, benefits and employment. The call center typically has 23 agents working the phone lines and experiences over 750 calls per day on average. Call center staff members are cross-trained to help workers address issues with training, health care and the Health Benefits Trust. All of the call center representatives participate in three to four weeks of training and all are bilingual, which allows the call center to address calls in 13 different languages. Interpretation services are available.

Call center staff members help workers with a variety of training-related issues, including understanding the state’s training requirements, the types of classes offered and class registration. Unusually difficult and complex cases are transitioned to the Training Partnership’s Customer Service team.

Unlike most call centers, the Training Partnership call center also makes outbound calls to workers for things like alerting them to potential lapses in meeting the training requirements and classes available in their area. Helping workers stay current with the basic training, certification and continuing education requirements not only helps the worker manage steady training and employment, but also helps maintain consistency of care for consumers. Call center staff members may also assist workers with the online portal, discussed below.

INSIGHT MAGAZINE AND OTHER COMMUNICATIONS

The Training Partnership also maintains strong communications with its students. *InSight Magazine* is published and distributed by the Training Partnership quarterly to home care aides throughout Washington state, reaching about 45,000 aides. The magazine features news and stories that highlight the work of home care aides. The magazine offers advice and information on best practices in home care and healthy living. In addition to the magazine, the communications team at the Training Partnership delivers other important information related to certification, training and services to workers across the state via direct mail, social media and email. According to Communications Director Naomi Ishisaka: “Most of our communications are meant for students, so they understand their benefits and how to navigate state rules and systems. We are often trying to be a bridge between the state

and student to make sure they are compliant with the law.” The magazine also is a critical vehicle for nurturing a community of practice in a profession where workers are typically isolated from their peers.

CUSTOMER SERVICE TEAM

The customer service team at the Training Partnership is tasked with ensuring home care aides and employers are satisfied with the Training Partnerships’ services. Members of the team conduct field research with employers to inform training and service design and delivery. Part of this field research includes meeting with employers to better understand what they are seeing as successful and effective and what they are seeing as problematic. One employer noted, “The Training Partnership is doing a much better job of collaborating and communicating with us, and treating us as consumers has been helpful, too. By soliciting our feedback, they have helped create system improvements.” The customer service team advocates for workers by helping them troubleshoot difficult situations when necessary related to training and certification.



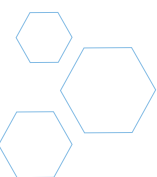
ONLINE PORTAL: A CENTRALIZED DATA REPOSITORY

The Training Partnership also has an online portal for students, instructors, call center representatives, navigators and employers to use. The portal serves as centralized data repository related to home care aides’ training, as well as a tool and resource for Training Partnership customers. Through the online portal, the Training Partnership can track seat occupancy, instructor performance and student satisfaction data.

Students can use the online portal to register for training classes, review training requirements and standards, and track the training they have completed. Students may view the upcoming classes the Training Partnership is offering and search for classes in their area or online. The online portal also provides aides with information about their health benefits and allows them to enroll for health benefits. Emails and calls to the Training Partnership made by a student are also logged in the portal. Instructors use the online portal to manage their classroom schedule and track the location, date and topic of classes they are scheduled to teach. Students receive email or text reminders through the system. Instructors also use the portal to track and record students’ attendance. Navigators also use the portal to stay informed and up to date about students’ training needs, course registration and other challenges they may be encountering.

For employers and the state, the online portal provides a tool for them to use in tracking their employees’ training. Tracking employees’ training can be critical to making sure they stay in compliance and their state certification is maintained. Employers can use the portal to generate various data reports regarding their employees.

Going forward, the Training Partnership is working to make the online portal more compatible with mobile technology and to offer more online support in real time. The Training Partnership also hopes to increase the system’s capacity for running different types of business analytics for their employer customers.



NAVIGATOR PILOT PROGRAM

Many home care aides, particularly non-native English speakers, may struggle to navigate training and the Department of Health certification process. Students who fail to complete their entry-level training, register with the state, or take and pass their certification exam within the legally required timeframe may have to begin the training and certification processes again. Aides who drop out prior to becoming certified increase costs for the state and disrupt the continuity of care for consumers.

In response, the Training Partnership began a two-year Navigator pilot program in September 2013 (through June 2015) in three counties (King, Snohomish and Pierce). The purpose is to assist new home care aides in completing training and passing the certification exam. Training Partnership navigators provide intensive support and guidance to home care aides. Navigators provide services in 13 different languages. Upon hire, the Training Partnership immediately calls the aide to walk them through the certification process and to help them register for training. Additional supports are provided to help students prepare and register for the certification exam with the Department of Health. So far, 2,293 eligible home care aides have entered the program (130–150 per month, on average).

Funding and Costs

The majority of revenue for the Training Partnership comes from the contributions of participating employers (including the state of Washington) through a collective bargaining agreement. This is quite uncommon for most home care worker training programs and for most workforce training programs in general. In 2015, the Training Partnership expects to spend \$13.1 million on training and support for its students. Overall, the training and support cost for training a home care aide through the Training Partnership is significantly less than comparable training in higher education in Washington. The Training Partnership pays the cost of state certification for home care aides, which is \$1.5 million. Approximately \$1.8 million covers administrative costs.

Unlike in other professional training programs, Training Partnership students do not pay licensing fees, tuition costs, testing fees or materials costs. As described above, workers in home care generally earn low wages — although wages are better in Washington than in most other states — and work part time. Training costs and fees that might be seen as appropriate for other professional trainings are financial barriers to entry and retention of workers in the home care field.

Outcomes and Impact to Date

The Training Partnership is still a relatively new initiative, having started training delivery in 2010. Today, the Training Partnership trains more than 45,000 active workers in a year, which includes workers who were newly assigned to training — 38,288 in 2014 — and workers who were assigned to training previously, e.g., continuing education.

The Training Partnership has high completion rates across its training programs. Table 1 below shows the completion rates for all students who were required by the state standards to take any training, even if they did not actually enroll in the training. About 20 percent of students required to take training never make it to class. The reasons for this loss rate are similar to the factors behind home care turnover in general. Most home care aides leave their jobs in the first few months from hire due to better job opportunities elsewhere and/or general dissatisfaction with the nature of care work. The completion rate for all trainees required to take entry-level training in 2014 was 71 percent, and the completion rate for all trainees required to take continuing education was 87 percent.

TABLE 1: TRAINING COMPLETION FOR ALL STUDENTS REQUIRED TO TAKE TRAINING

Category	# Required Trainees <i>January 2014- December 2014</i>	# Completed <i>January 2014- March 20, 2015</i>	Completion Rate
Basic Training			
• Safety & Orientation (5 hours)	11,411	10,344	90%
• Entry-level Training (70, 42, 30, or 7 hours, depending on type of required training)*	9,973	7,125	71%
Continuing Education**	28,436	24,712	87%

* Duplicated students exist, as some students took multiple entry-level training programs.

** The assignment date for continuing education goes from 8/1/2013 to 7/31/2014, as the majority of students who are assigned to take continuing training in 2014 can continue completing their education in 2015. To date (3/20/2015), there are still 7,000 students working toward their CE during this period of time. We projected the completion number for the 7,000 students and include them in the statistics.

Table 2 includes just those students who completed at least one hour of training. As the data shows, when students actually start the training, most complete. The 93 percent completion rate for all entry-level training and 95 percent rate for continuing education are exceptionally high in the workforce development field and for low-wage workers. The Training Partnership attributes these high rates to the adult learner-centered design of their learning environments (both online and in classroom), high level of access to training (geographically and linguistically), and strong student support services that encourage student completion.

TABLE 2: TRAINING COMPLETION FOR ALL STUDENTS WHO COMPLETED AT LEAST ONE HOUR OF TRAINING

Category	# Trainees Who Started Training <i>completed at least one hour; January 2014-December 2014</i>	# Completed <i>January 2014- March 20, 2015</i>	Completion Rate
Basic Training			
• Safety & Orientation (5 hours)	10,344	10,344	100%
• Entry-level Training (70, 42, 30, or 7 hours, depending on type of required training)*	7,647	7,125	93%
Continuing Education**	25,926	24,712	95%

* Duplicated students exist, as some students took multiple entry-level training programs.

** The starting date for continuing education goes from 8/1/2013 to 7/31/2014, as the majority of students who are assigned to take continuing training in 2014 can continue completing their education in 2015. To date (3/20/2015), there are still 7,000 students working toward their CE during this period of time. We projected the completion number for the 7,000 students and include them in the statistics.



The Training Partnership also measures student satisfaction. Online surveys conducted by the organization during the last year with home care aide students who have completed a class show a 92 percent satisfaction rate.

The Training Partnership has helped thousands of home care aides earn their state certifications, with an increase each year since 2012, as the data in table 3 below shows. More than 80 percent of native English speakers taking the home care aide certification exam pass. Lower rates of success have been seen among non-native English speakers, which has prompted the state to increase the number of languages in which the exam materials are offered from six in 2012 to 13 now, to double check the accuracy of the translations, and to allow non-English speakers an extra 60 days to become certified after being hired (the baseline is 200 days).³²

According to a recent state audit of the Washington Department of Health's home care aide certification program, 3,930 people passed the state certification exam in 2013. According to the Training Partnership data in table 3, the Training Partnership in 2013 accounted for 2,745 of these certifications, or about 70 percent, which represents a sizable portion of the total. The state audit also found that state certification program managers believe there is a link between failure to complete certification, turnover, and disruption in continuity of care for consumers.³³ The Training Partnership's efforts to assist new home care aides in earning their certification may be having a positive impact on reducing turnover and improving care.

As discussed earlier, the Training Partnership plans to significantly expand its research/evaluation capacity to assess other impacts including measures related to consumer satisfaction, employer engagement,

competency retention/application, total cost of care and ROI in the future.

The Training Partnership has added significant additional capacity in Washington state to provide thousands more well-trained home care aides that will be needed in the coming years. According to Bill Moss, assistant secretary for Aging and Long-Term Support at the Department of Social and Health Services: "The Training Partnership has added horsepower to the state's efforts to train home care aides. They have made training more robust and have greatly added to the amount of specialty types of training home care aides receive."

In late 2014, the Training Partnership began a major data improvement project, which will produce significantly more data on outcomes and impact, including more information on programs like the Navigator pilot project and on impact such as reduced turnover among home care aides. Additionally, the Training Partnership is beginning to set its sights on third-party evaluation of their efforts, such as the anticipated evaluation of the new apprenticeship model described above.

The attention the Training Partnership has helped generate in the state and nationally around the importance of this industry has been noted as a positive outcome. The Training Partnership has created

TABLE 3: TRAINING PARTNERSHIP HOME CARE AIDE CERTIFICATIONS

Year	Number of certifications
2012 (starting in May)	734
2013	2,745
2014	3,110
TOTAL	6,589*

* Includes 2,385 home care aides working for agencies and 4,204 working as Individual Providers.

Doing this continuing education class on dementia and meeting other home care aides and hearing their stories was helpful. The personal stories and the different types of solutions I hear from other home care aides is helpful. I'm going to take note of that and take it home. Now I don't feel alone when I'm frustrated. You come here to training and then you know that the frustration you feel in your job is a normal reaction and you know you're not alone.

HOME CARE AIDE

responding to a question about the value of the training he received from the Training Partnership

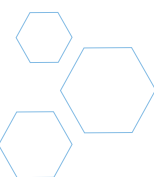
³² Brad Shannon. "Training for Home-Care Workers is better, but still work to do, Audit says." *The Seattle Times*. January 2, 2015.

³³ Troy Kelley. "Performance Audit: Initiative 1163: Long-Term Care Worker Certification Requirements." *Washington State Auditor's Office*. December 18, 2014. Author's calculations based on data from the state audit and from the Training Partnership.

much awareness around the value home care providers bring to the health care system. “They have been a voice for highlighting home care aides as an integral part of the care team, and educated legislators to make sure they understand that, too,” said Flanna Perkins, director of operations at ResCare Homecare, one of the Training Partnership’s employer partners.

Home care aides interviewed offered a number of other positive comments about their experience with the Training Partnership. They found value in the training provided to help them do their jobs better and improve care for their consumers. They also appreciate being connected to other home care aides, which helps them feel less isolated and more connected to a larger workforce.

According to one home care aide interviewed for this case study, “The training did help me do my job better, and you get input from different people who have worked with all different types of consumers.” Another aide elaborated, “Doing this continuing education class on dementia and meeting other home care aides and hearing their stories was helpful. The personal stories and the different types of solutions I hear from other home care aides is helpful. I’m going to take note of that and take it home. Now I don’t feel alone when I’m frustrated. You come here to training and then you know that the frustration you feel in your job is a normal reaction and you know you’re not alone.”



STRENGTHS AND CHALLENGES OF THE TRAINING PARTNERSHIP MODEL



The Training Partnership has several key strengths which provide a strong foundation for continued development of the model and strengthening of outcomes. However, the partnership also faces some challenges. Both are described below.

Strengths

CLEAR GOALS, COMMITMENT TO CONTINUOUS IMPROVEMENT AND VIGOROUS DRIVE TO IMPROVE THE FIELD

The Training Partnership has a sharp focus on its mission to develop professional long-term care workers — starting with home care aides — to deliver high-quality care to consumers. This clear goal helps drive a thoughtful approach to understanding and meeting customers' needs — of all their customers, including the home care aides, employers, and those receiving care and their family members. This sharp focus also helps the Training Partnership concentrate on continuously improving their services. Part of this thoughtful approach includes an efficient staffing model and use of data for evidenced-based decision-making. The ongoing needs assessments, gathering of information from stakeholders, and using this information to inform curriculum, training and services demonstrates a commitment to data-driven decision-making and continuous improvement. Careful entry and tracking of data into the centralized data repository provides workers, instructors, employers, navigators and the Training Partnership staff with the same real-time information. This helps workers to manage their careers, employers to better understand their workforce, and the Training Partnership to make decisions about training and service investments.

Finally, an important part of the Training Partnership's success is its vigorous and constant drive to improve opportunities for home care aides, their careers and the quality of home care. From the beginning, the Training Partnership “hit the ground running” and ever since has rapidly scaled up and innovated. This is evidenced by the addition of numerous continuing education courses and translation of those into languages other than English. The cutting-edge work to develop the nation's first federal registered apprenticeship for home care aides and to develop multiple pathways for home care aides demonstrates the Training Partnership's commitment to career advancement opportunities for these workers. Of course, simply creating an apprenticeship does not increase wages in the occupation, which is why the labor management partnership is a key component, as is the forthcoming research on potential cost savings resulting from better trained home care aides.

ALL ASPECTS OF THE TRAINING PARTNERSHIP ARE EMBEDDED IN THE INDUSTRY

Every aspect of the training and related services are informed by and connected to the home care industry. This deep understanding of the industry and workers is infused throughout the organization and its partners. The Training Partnership's executive director is trained as a health professional and has more than 20 years of experience working at the intersection of health care and workforce development. The Training Partnership is run by a strong professional staff that is clearly committed to improving employment, pay and benefits for long-term care workers in the state. Staff members engage and listen to workers and employers to improve the curricula, training and all other aspects of the customer experience. They also consult industry experts from academia to ensure that the curriculum and training are delivering the knowledge and skills home care aides need to succeed in their jobs.

Many of the adult learning principles that drive the training facilitate industry-embedded learning. For example, the simulated classrooms help adults learn by doing and immerse new home care aides into a home-like environment, which is their work environment. Additionally, contextualizing basic skills, such as problem solving and effective communication, to the context of home care exemplify both adult learning principles and industry-focused training. Beginning with the Board of Trustees, which is led by representatives from labor and management, and continuing with regular outreach to employers, workers, and consumers and groups working on their behalf, the Training Partnership is deeply connected with industry needs by design.

SIGNIFICANT EMPLOYER ENGAGEMENT, INCLUDING SUSTAINED FUNDING

Deep employer engagement is a critical factor in the success of the Training Partnership. Employers or their delegates make up half of the Training Partnership's governing board. Collectively-bargained contributions from employers sustainably fund the majority of the Training Partnership's expenses, which is rare in healthcare workforce training. Employers are closely involved in setting competencies for new training curriculum. They also participate in and support the Training Partnership in many other ways, including facilitating access to training and participating in field research and data reporting as part of the Training Partnership's many continuous improvement efforts. The Washington Department of Social and Health Services is a key employer partner and demonstrates incredible forward-thinking, a culture of inquiry, and a commitment to continuous improvement that is not common in government bureaucracies. This deep employer engagement is possible because the Training Partnership views them as customers and as partners; they are interdependent on each other to achieve their ultimate aim of high quality care for home care consumers.

A SOLID UNDERSTANDING OF WORKERS AND COMMITMENT TO THEIR SUCCESS

The customer-centric organizational culture is evidenced in the Training Partnership's activities and services, especially for the home care aides. The partnership thoroughly understands the barriers, assets and motivations of this workforce. Home care aides are paid by their employer for their time in basic training and continuing education (and in Advanced Home Care Aide Registered Apprenticeship beginning in July 2015), which is rarely the case in most low-wage jobs, and training is tuition free for students. The Health Benefits Trust provides affordable medical, prescription drug, vision and dental benefits, which are available to home care aides working part time (as few as 86 hours per month). Courses are offered at multiple locations, on weekends and evenings, and a growing number are offered online to accommodate workers' busy schedules. In-person classes are offered in many languages and can be interpreted in an additional 21. Some online courses are offered in Spanish, Russian, Cantonese, Korean, and Vietnamese, with more online courses being translated into more languages this year. The capacity to provide training services to non-English speakers is critical for expanding the number of trained workers who can communicate effectively with non-English speaking consumers about their care needs.

The Training Partnership also builds into the training and support service structure ways to help workers address barriers and thrive in their jobs and careers. The inclusion of self-care skills in the basic training modules helps workers understand how to take care of themselves which also helps them take better care of their consumers. The numerous support programs help home care aides connect with their peers and stay informed of industry developments and opportunities. The peer mentoring provided to new home care aides helps them receive advice, assistance and support from experienced and trained mentors. The mentorship and training itself is a professional development opportunity that also benefits the mentors. The call center and online portal help students navigate the training and certification requirements. Most aides we interviewed really appreciated the *InSight Magazine* stories of other aides and how they handle situations, as well as information to help them stay abreast of the best practices in the field and in their own self-care.



PLAN FOR SCALE FROM THE BEGINNING

With the passage of legislation in 2007 making the Training Partnership the exclusive training provider for Individual Provider home care aides, the Washington state legislature charged this organization with a huge task. When the Training Partnership opened its doors for training in 2010, they inherited 40,000 home care aide students in the Washington state legacy system. With this very large number of students in need of training, the Training Partnership had to plan for scale from the beginning, which facilitated a focused, lean approach to training and services. Planning for scale from the beginning should position the Training Partnership well in playing a significant role in meeting the estimated demand for 77,000 home care aides in Washington by the year 2030.

Challenges

INTEGRATING TRAINING AND CERTIFICATION PROCESSES AND CONTINUING TO IMPROVE THE MODEL

The new training standards and certification requirements in Washington state have created a somewhat complex system for home care aides and employers to navigate. Upon being hired, home care aides must submit an application for certification to the Department of Health, register for and complete training, and register for and take the certification exam (all within a few months of being hired). Finding and understanding all of the ins and outs of these requirements can be challenging (as the authors of this case study experienced while doing our research). Non-native English speakers in particular may struggle to navigate these processes.

While the Training Partnership call center, instructors, mentors and navigators help address these concerns, more integration of these processes is needed. For example, some stakeholders interviewed for this case study suggested that the Department of Health's certification exam be woven into the training process, so that aides can take the test at the conclusion of their training in the same location. Such integration also may help overcome the challenges associated with students' forgetting information during long lag times between the initial training and certification, alleviating the need for refresher courses. As Department of Health program managers alluded, failure to successfully complete certification is linked to turnover, and turnover harms quality of care; therefore, better integration also may help mitigate these issues.

During interviews with several home care aides, we learned that the Training Partnership model still has room for improvement. For example, the peer mentoring program has worked well for some aides, but not all. The Training Partnership is assessing the strengths and areas for improvement in the current peer mentoring program and will make improvements based on this assessment. Additionally, even with the addition of 36 new continuing education courses each year, some aides interviewed wanted more topics offered. For example, some mentioned wanting more classes on HIV and AIDS, and others wanted courses on human sexuality and how to address these issues with consumers with developmental disabilities. One aide suggested additional information on community resources for consumers and how to access them, i.e., food banks and places to get lower-cost medical equipment. The demand from aides for more information and better service may be indicative of the vacuum the Training Partnership is beginning to fill. Filling it as fast and as well as these customers would like may be challenging.



SERVING IMMIGRANT AND RURAL WORKERS

The Training Partnership has developed a wide range of tools and approaches to better meet the needs of limited English-proficiency workers and rural workers. Delivering training in multiple languages and online has expanded their ability to reach and train these critical worker populations. However, some challenges remain, which can be addressed by the Training Partnership and/or the Department of Health. Pass rates on the state's Department of Health certification exam for non-native English speakers are far below those of English speakers which the Department of Health is addressing through translation improvements. While numerous training options are located throughout the state, it appears that home care aides in rural areas may have to travel great distances to sit for the certification exam; the Department of Health is working to improve this problem. Reaching non-native English speakers to recruit them into the profession and provide services to immigrant and non-native English-speaking consumers also can be a challenge. As other states embark on efforts to train home care aides, many are likely to also face these challenges.

In one creative endeavor, the Training Partnership partnered with the worker center Casa Latina, to pilot a mini-version of the basic training. The aim was to provide Casa Latina workers who are providing home care services through the "gray market," i.e., the unofficial, unregulated market such as on Craigslist, with some training. An issue arose when — although the gray market is not regulated by the state in terms of requiring training and certification — the new state regulations for home care aides had the effect of increasing the qualifications demanded in the gray market. With this new development, the Training Partnership and Casa Latina are rethinking how to best position the worker center workers in the home care services market.

To help reach workers in rural parts of the state, the online courses are helpful, especially for skills acquisition on targeted topics. However, all of the interviewees indicated that the in-person classroom training was extremely valuable for hearing and sharing stories of how to deal with complex care situations, being able to ask questions, and for overcoming the deep isolation inherent in the job.

DEVELOPING CAREER PATHWAYS AND ECONOMIC ADVANCEMENT OPPORTUNITIES FOR HOME CARE AIDES

Efforts are underway around the country to build career pathways for workers in many occupations including health care. The goal of these pathways is to link training and employment opportunities progressively across occupations such as certified nursing assistants, licensed practical or vocational nurses, and registered nurses, so that workers can enter and seamlessly advance in the industry. But, home care is a very "flat" occupation with few natural structured advancement opportunities. Nevertheless, some home care aides interviewed for this case study expressed interest in career advancement; the Training Partnership has validated that they have heard these desires, as well. True to their customer-centric values, the Training Partnership created an advancement opportunity with its Advanced Home Care Aide Registered Apprenticeship program. As described in this case study, they also are creating other advancement opportunities for home care aides.

However, these efforts are not without their challenges. Despite the large goals for the Registered Apprenticeship program, the numbers served thus far have been relatively small. The Training Partnership and its employer partners have made a commitment to expand the Registered Apprenticeship program nationwide and train 3,000 apprentices each year within five years, which is about 10 times more per year than they can train now. One question is how replicable the registered apprenticeship program is in other states with different contexts, such as less concentration of Individual Providers or less robust or even no labor-management partnerships in home care. The answer to questions like this will have national implications, as the federal government has prominently invested in expanding registered apprenticeships nationwide.

Another challenge for the apprenticeship program is that graduates earn a relatively small wage increase of just 25 cents per hour in addition to the 25 cents per hour they earn after completing their entry level training. SEIU 775, the Training Partnership, employers and the state of Washington recognize that this wage increase, while a start, will not go far toward making the average home care aide wage of \$12 a living wage in many parts of the state. Surveys of home care aides indicate that low wages are a primary reason why they leave the field. In order to reduce turnover and improve continuity of care, it would behoove the entire healthcare system to raise wages, especially as home care aides are caring for more acute and complex cases in more cost-effective home care settings.



The vast majority of home care services are paid for by government sources; therefore, increased compensation for home care aides can be affected through direct public policy. The improved quality of care and health care cost savings would demonstrate good use of taxpayers' dollars. As executive director Raynor described, "The funding to pay home care aides more and lift them out of poverty exists now in our nation's health care system. Unfortunately, it is being spent on avoidable problems and unnecessary care that home care aides could identify and help avoid. By helping to avoid unnecessary care and costs, home care aides can add value to consumer lives and our healthcare system's bottom lines. In turn, they deserve to share in the savings through higher wages."

EVALUATING IMPACT AND OUTCOMES, INCLUDING IMPROVEMENTS IN QUALITY OF CARE

The Training Partnership has delivered basic training and continuing education to tens of thousands of home care aides across the state. Internal data show that home care aides are satisfied with the training, and, anecdotally, the Training Partnership reports employers are satisfied, as well. For the Training Partnership to move forward, however, a stronger understanding of how training is or is not allowing home care aides to do their jobs more effectively and impacts on quality of care is needed. Indeed, the Training Partnership is starting down this path. According to Denise Bakken, senior director of operations at the Training Partnership, "[We] have been primarily inward facing in evaluating our work. Our next step is to develop stronger feedback loops that are not just anecdotal, but that are external-facing so that we can collect and evaluate data from employers and workers in a larger way." The Training Partnership's own data improvement project started in late 2014 and commitment to a rigorous evaluation of the redesigned Registered Apprenticeship also are steps in the right direction. As noted above, the Training Partnership will continuously need to balance these continuous improvement efforts with the continued scaling up necessary to meet the growing demand for well-trained home care aides in the state.

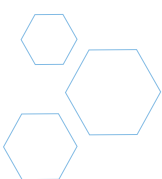
CONCLUSION: VISION FOR THE FUTURE

The Training Partnership's focus for the immediate future includes designing and testing roles for home care aides that add value for the consumer and in the health care system, such as roles that integrate home care aides more into medical delivery and care systems for consumers. It envisions a home care aide workforce equipped with the knowledge and resources they need to collaborate and communicate with their consumers' doctors and care teams. In this vision, home care aides are the front line in identifying potentially harmful symptoms or illnesses earlier, improving the speed and quality of care, and improving the quality of life for consumers and their families. Earlier identification, diagnosis and interventions can reduce emergency room visits and hospitalization, which reduces health care costs — for the consumers and the publicly-funded health care systems.

In this vision, the home care aide is a key component in bringing down health care costs for consumers receiving home care. For readers who wonder about the applicability of this case study in their states, we offer the following observations. It is most certainly true that there is wide variation in the training requirements, reimbursement structures, and other important contextual variables across states. However, Washington state did not always have the Training Partnership. Indeed, part of the purpose of this case study is to share the history of how the Training Partnership was formed, so other states can learn its lessons, such as deeply integrating employers and the industry perspective, having clear goals, and planning for scale from the beginning.

Washington state also did not always have a strong labor-management partnership for home care aides. The mobilization of workers and home care employers has been a key part of the success of this story. Finally, before rebalancing started in the 1990s, Washington — as most states — did not have a robust home care system. The high cost of the institutional long-term care model and importance of consumer choice continue to help make the case in Washington state that home and community care are better alternatives. As Bill Moss from Washington state DSHS summarizes it, "The Washington system has evolved over time. We started out with just individual providers, then the formation of the labor-management partnership, then the Training Partnership. There is no need for other states to re-create the wheel; our story can provide examples to help other states get started or evolve their systems."

Our best advice for readers in other states is to understand your state's context and policies; tailor your strategy accordingly; and study the lessons from other states — both those like yours and those that are closer to your aspirations. One home care aide interviewed for this case study provided the perfect closing remark: "I hope this case study helps improve home care work in other states. It is very hard on [consumers] to move to another state but not have the same well-trained home care aide. There should be more consistency throughout the country."



APPENDIX A: THE EVOLUTION OF HOME CARE IN WASHINGTON: KEY EVENTS LEADING TO THE CREATION OF THE SEIU HEALTHCARE NW TRAINING PARTNERSHIP

Washington is often cited as a positive example of a state that rebalanced long-term care services to offer consumers more choice by providing more home care services. This appendix describes how this rebalancing helped spark a dialogue and concerted efforts to develop training standards and improve job quality for home care aides. These key events contributed to the creation of the SEIU Healthcare NW Training Partnership.

Washington's Medicaid spending on community and home-based care services ranks among the top states in the nation. As in a few other states, this spending marks the state's efforts to shift care away from institutional settings such as nursing homes, which typically have higher care costs, and "rebalance" their system to improve consumer choice and move Medicaid long-term care systems toward community and home-based care.³⁴ In 2012, 67 percent of Washington's Medicaid spending on long-term care went to home and personal care services. Only four other states spent a higher proportion on home and personal care services.³⁵

Washington's shift toward increased delivery of care in homes has widely expanded choice and flexibility for consumers. Today, many individuals who would have previously been forced into a nursing home or other institution now receive care in their own homes. During the 1991-1993 biennium, 80 percent of the Medicaid long-term caseload received care in a nursing home. In the 2007-2009 biennium, 21 percent of the Medicaid long-term caseload received services in a nursing home, 58 percent received services in their homes, and 21 percent in community residential settings.³⁶

The shift toward in-home care, however, means many individuals that previously would have received skilled care in a nursing home or institution, now require care in their homes. Throughout the 2000s, policy makers, organized labor and others in Washington have been grappling with how to deliver quality, cost-effective care in consumers' homes and prepare, train and support the home care aide workforce responsible for delivering much of that care. The confluence of public policy changes and labor organizing during the last decade ultimately changed the home care landscape. This has led to the creation of the Training Partnership, which has become a central component of that strategy, because creating the choice to stay at home depends on having a qualified, committed home care aide.

Much of the sector's transformation can be traced back to SEIU's early involvement in organizing home care aides. As noted earlier, home care aide jobs typically offer low wages, few and erratic hours, few benefits, and limited training and advancement opportunities. These factors contribute to high industry turnover and, ultimately, lower care quality for consumers. Recognizing these issues, SEIU saw an opportunity to professionalize and improve job quality for home care aides that they hoped would improve the quality of care by changing workforce development for this profession.

In 2001, state voters approved the Washington In-Home Care Services initiative, otherwise known as Initiative 775, giving home care aides the right to organize and form a union. One year later, 26,000 home care aides formed a union. Over the next few years, SEIU 775 helped home care aides win wage increases, workers' compensation, health insurance, and paid sick and vacation time.

In the mid-2000s, however, there was greater recognition in the state that more needed to be done to train home care aides. At the time, home care aides were only required by the state to complete 34 hours of training, including an orientation, safety training and entry-level course within 120 days of being hired. A 2007 report on long-term care in Washington commissioned by SEIU 775 revealed some challenges with the curriculum and training delivery system. The commissioned authors of the report, Paraprofessional Healthcare Institute and SEIU1199 New York Training and Upgrade Fund, found that the training curriculum did not align with the

³⁴ Robert Mollica, Rosalie Kane and Reinhard Prister. "Rebalancing Long-Term Care Systems in Washington: State Case Study." *Centers for Medicare & Medicaid Services CMS* (2007). http://www.hpm.umn.edu/ltcresourcecenter/research/rebalancing/attachments/2007_case_studies/Washington_final_case_study_as_of_December_2007.pdf.

³⁵ "Distribution of Medicaid Spending on Long Term Care." *Kaiser Family Foundation*. (2012). <http://kff.org/medicaid/state-indicator/spending-on-long-term-care/#table>.

³⁶ "Aging and Long-Term Support Administration." *Washington State Department of Social and Health Services*. <http://www.altsa.dshs.wa.gov/about/documents/Washington%20State%20Plan%20on%20Aging.doc>.

realities of caregiving work and that the training did not give caregivers the tools or knowledge they needed to care for consumers with increasingly complex conditions or meet consumers' individual and unique needs.³⁷

The report also revealed problems with the training delivery system. The 13 Area Agencies on Aging (AAA) under the Washington State Department of Social and Health Services managed training at that time and each relied on numerous contractors and subcontractors for training delivery (see Appendix B for more information). This decentralized system created challenges for delivering efficient and consistent training, especially to workers in rural regions and non-native English speakers. Data tracking and verification systems also appeared weak, and no centralized data systems were in place. Most importantly, the report called attention to the lack of a workforce development plan for the long-term care sector.³⁸

Following the release of the report, the state legislature created a work group, which included elected officials, labor representatives, consumers and employers, to study and provide recommendations on training standards for home care aides. In 2008, voters approved Initiative 1029, which included many of the working group's recommendations, by a historic margin. Implementation and funding delays by the legislature in 2009 and 2010, however, stalled implementation of these standards. Voters again overwhelmingly approved higher training and credentialing standards for home care aides through Initiative 1163 in 2010. As a result of these policy changes, home care aides in Washington as of 2011 must:

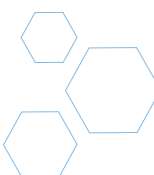
- Complete 75 hours of entry-level training curriculum approved by the Department of Social and Health Services within 120 days of hiring (certain Individual Provider workers have a lower training standard and no certification requirement).
- Pass a certification exam through Washington state's Department of Health within 200 days of hire.
- As of 2012, complete a federal background check in addition to a state background check.

The House of Representatives in Washington state also passed Bill 2284 that established the SEIU Healthcare NW Training Partnership as the exclusive training provider for Individual Providers in Washington. The Training Partnership opened its doors in January 2010 and began to deliver training.

2001	Initiative 775 is passed by Washington state voters. Creates the Home Care Quality Authority (HCQA) as employer of record for IPs for the purpose of collective bargaining. Gave home care aides right to organize.
2002	26,000 home care aides form a union, SEIU 775.
2003-2006	SEIU 775 wins wage increases and other benefits for home care aides. 2004 Legislature approves contract to fund health coverage through the Taft-Hartley benefit fund to direct-care workers in the state. 2006 Union organizes for home care contracts that include a wage scale with step increase for hours worked by home care aides, paid vacation time, workers' compensation and mileage reimbursement for home care aides.
2007	State legislature creates working group to make recommendations related to the composition of the LTSS system that would meet needs of the state. Washington state legislature passes ESSHB 2284, creating the Training Partnership to train SEIU 775 bargaining unit members.
2008	Voters approve initiative 1029, which includes many of the working group's recommendations. Expanded basic training requirements to 75 hours with new curriculum.
2009-2011	In the midst of economic recession, implementation and funding delays by the legislature stalled new standards from going into effect. 2010 Training Partnership begins to develop caregiver training classes. 2011 Voters pass Initiative 1163, a "copy-and-paste" ballot initiative with similar tenets as Initiative 1029. The measure increased and expanded the standard requirements for training and certification of home care aides.

³⁷ "Long-Term Care Training, Support & Career Development Network: A Blue Print for the Future." SEIU 775 (2007). <http://www.phinational.org/sites/phinational.org/files/clearinghouse/Blueprint%20SEIU%20775.pdf>.

³⁸ "Long-Term Care Training, Support & Career Development Network: A Blue Print for the Future." SEIU 775 (2007). <http://www.phinational.org/sites/phinational.org/files/clearinghouse/Blueprint%20SEIU%20775.pdf>.



APPENDIX B: OVERVIEW OF WASHINGTON STATE'S ADMINISTRATION OF HOME CARE SERVICES

The Aging and Long-Term Support Administration (AL TSA), a sub-agency of the Department of Social and Health Services in Washington (DSHS), is primarily responsible for long-term services in the state. AL TSA is responsible for supporting elders, adults with physical disabilities and people with developmental disabilities. This department licenses institutional and residential settings and oversees Medicaid financial eligibility functions. Medicaid Personal Care and Community Options Program Entry Systems programs primarily provide the funding for in-home care services in Washington. Medicaid waiver programs, such as the Medically Needy In-Home and New Freedom waivers, also fund care.³⁹ The Center for Medicare and Medicaid Services and DSHS fund home care in Washington based on a dollar-to-dollar match between the two. AL TSA relies on 13 regional Area Agencies on Aging (AAA) to administer and oversee home care services. Consumers are certified as Medicaid-eligible and matched with caregivers at AAA offices around the state. Many consumers receive care from an Individual Provider, a home care aide employed directly by the consumer via DSHS (DSHS is the employer of record, but the consumer retains many employer rights).

AL TSA has defined 10 different types of Individual Providers, each with different training requirements. For example, there are two different categories of Standard IP (profession is home care aide), differentiated by whether s/he was hired after January 2012 and has or has not earned a home care aide credential. There are four categories of exempt providers, two categories of parent providers, a limited service provider, and a respite care-only provider. See the Individual Providers page on the DSHS AL TSA webpage at <https://www.dshs.wa.gov/altsa/home-and-community-services/individual-providers>.

If consumers do not participate in the Individual Provider program, AAAs assist them with finding a home care aide through a home care agency or through the state registry. Case managers (reporting units) at each AAA office are responsible for visiting consumers once per year and after a change in status (e.g., hospital admission) to determine the number of hours of care they need per week.

AL TSA also implements state regulations and is responsible for approving home care training curricula including the Training Partnership's curricula.

³⁹ "Who Cares? A Portrait of Washington State Home Care Workers." SEIU Healthcare 775NW (2010). http://seiumaster.3cdn.net/c26f600049d59d7591_iqpm6fuee.pdf

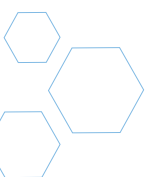
APPENDIX C: ROLES OF TRAINING PARTNERSHIP SENIOR STAFF AND THEIR TEAMS

The Training Partnership has 10 management staff members. Four of the 10 are fully dedicated to and resourced by the Training Partnership: senior director of operations, director of curriculum, director of logistics and manager of the Internal Instructor Network. The other six allocate their time between the Training Partnership and the Health Benefits Trust, and their costs are allocated according to different percentage shares depending on the nature of the work. These are: executive director, director of communications, director of customer experience, director of technology solutions, manager of Human Resources and Administrative Services, and manager of the Office of Project Management.

The Training Partnership has another 25 employees, some of whom have a portion of their time allocated to the Health Benefits Trust. Finally, there are 11 instructors, deployed across the state, who are Training Partnership staff members and form part of the extensive 55-instructor Training Partnership instructor network. An external company under contract provides the full range of financial services including budget development and monitoring, payroll processing, contract oversight and compliance, and accounts payable and receivable.

The primary functions carried out by senior staff members and their teams include:

- **Human Resources and Administrative Services** – Provides human resource and office management administrative support to Training Partnership staff and leaders.
- **Instructor-Led Training Logistics** – Manages and coordinates predictive modeling for instructor-led training demand, training schedule, fulfillment of training materials and training quality assurance. Tracks training quality metrics.
- **Training Partnership Academy Network** – Responsible for coordinating instructor and space to deliver training to the students. This team includes instructors.
- **Product Development/Curriculum** – Develops and oversees training courseware research and development including online and instructor-led.
- **Customer Experience** – Gathers customer experience intelligence from and provides direct customer support to employers and students. Includes managing a multilingual contact center resource.
- **Communications** – Manages student, employer and all other communication platforms, including website, social media and *InSight Magazine*, the quarterly magazine delivered to home care aides in the state.
- **Technology Solutions** – Manages the online portal, website and other key technology platforms of the Training Partnership.
- **Project Management** – Tracks all major projects to assure outcomes, timelines and budgets are met.



APPENDIX D: ADDITIONAL INFORMATION ON TRAINING PROGRAMS

This appendix provides additional information on the basic skills training and training for peer mentors.

Basic Skills Training

Competencies Covered in Basic Training

- Identify the role of home care aides and how the occupation supports consumers.
- Identify the policies and procedures related to supporting consumers.
- Identify the care team members and how they work together to support consumers.
- Use communication and problem-solving skills with consumers.
- Identify individual and cultural differences that impact the support of and interaction with consumers.
- Identify how to promote and protect consumers' rights, dignity and independence while performing tasks related to their daily needs.
- Identify how to promote and protect the health and safety of consumers and home care aides.
- Demonstrate competency in performing activities of daily living (ADL) skills.
- Adhere to basic job standards and expectations.

Basic Training Modules

1	Introduction to Home Care and Consumer Rights	3.5 hours
2	Consumer Rights (Part 2), the Care Team, and the Care Plan	3.5 hours
3	Communication and Problem-Solving	3.5 hours
4	Infection Control	3.5 hours
5	Blood-Borne Pathogens	3.5 hours
6	Human Development, Aging and Proper Body Mechanics	3.5 hours
7	Mobility and Assistive Devices (Part 1)	3.5 hours
8	Mobility and Assistive Devices (Part 2)	3.5 hours
9	Bowel and Bladder	3.5 hours
10	Oral Health and Personal Hygiene	3.5 hours
11	Skin and Dressing (Part 1)	3.5 hours
12	Skin and Dressing (Part 2)	3.5 hours
13	Nutrition and Food Handling	3.5 hours
14	Medication and Managing the Consumer's Home Environment	3.5 hours
15	Grief, Loss and Self Care	3.5 hours
16, 17, 18	Practice Exam & Skills Practice	3.5 hours each
19	Physical Disabilities and Developmental Disabilities	3.5 hours
20	Dementia and Behavioral Health	3.5 hours

The last 14 hours of the basic training program are focused on population-specific training. The student completes one of the following four tracks:

Dementia	
Dementia, Part 1	3.5 hours
Dementia, Part 2	3.5 hours
Dementia: Communication (3)	3.5 hours
Dementia: Respecting Differences (4)	3.5 hours
Developmental Disabilities	
Developmental Disabilities, Part 1	3.5 hours
Developmental Disabilities, Part 2	3.5 hours
Developmental Disabilities: Communication (3)	3.5 hours
Developmental Disabilities: Respecting Differences (4)	3.5 hours
Mental Disabilities	
Mental Disabilities, Part 1	3.5 hours
Mental Disabilities, Part 2	3.5 hours
Mental Disabilities: Communication (3)	3.5 hours
Mental Disabilities: Respecting Differences (4)	3.5 hours
Physical Disabilities	
Physical Disabilities, Part 1	3.5 hours
Physical Disabilities, Part 2	3.5 hours
Physical Disabilities: Communication (3)	3.5 hours
Physical Disabilities: Respecting Differences (4)	3.5 hours

Peer Mentor Training

Module 1: Welcome/Orientation Focused on establishing a mutually supportive relationship. Participants also receive an overview of the Peer Mentoring Program.

Module 2: Effective Communication Skills Participants focus on developing and practicing active listening and clear verbal communication.

Module 3: Problem Solving Skills Participants are taught and guided through a process of identifying and analyzing problems and determining feasible solutions.

Module 4: Effective Communication Skills Module 4 focused on teaching students how to communicate with consumers and ask appropriate questions.

Module 5: Problem Solving Skills In this module, students practice problem solving skills in handling challenging situations with consumers.

Module 6: Developing Professional Behaviors Students learn about time management, prioritizing tasks at work, being punctual and commitment to quality care.

Module 7: Diversity Awareness

Students participate in activities and discussion on individual differences related to diversity.

Module 8: Goal Setting

Students learn about setting career goals.

Module 9: Resources and Support

In this module, students identify support systems and resources that they can use in support of their careers.

Module 10: Developing Self-Awareness

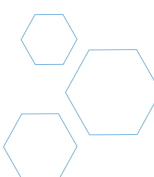
Students focus on developing self-awareness and identifying their communication style.

Module 11: Professional Relationships

Students explore how to establish and maintain positive, professional relationships.

Module 12: Lessons Learned

In the final session, mentees share lessons they have learned throughout the mentoring program.



APPENDIX E: TRAINING PARTNERSHIP ONLINE COURSE LIBRARY

Examples of online courses (continuing education courses are coded with “CE”):

- An Introduction to Dementia (CE)
- An Introduction to Physical Disabilities (CE)
- Best Practices for the Professional HCA (CE)
- Better Health Through Nutritious Cooking (CE)
- Body Mechanics (CE)
- Infection Control and Workplace Safety (CE)
- Multiple Sclerosis
- Traumatic Brain Injury (CE)
- Arthritis & Acute Mental Status Changes (CE)
- Cultural Competency – Nutrition (CE)
- Cultural Competency: Pain Management and Assumptions (CE)
- Cultural Competency: Pain Management and Health Literacy (CE)
- Denture Care and Cleaning (CE)
- Gaining Consumer Cooperation for Oral Care (CE)
- Green Cleaning (CE)
- Hearing and Vision Conditions (CE)
- Oral Health Basics (CE)
- Protecting Worker Safety Through Violence De-escalation, Part 1
- Protecting Worker Safety Through Violence De-escalation, Part 2
- Providing End-of-Life Care, Part 1
- Providing End-of-Life Care, Part 2
- Recognizing and Reporting Consumer Abuse, Neglect and Financial Exploitation
- Reducing the Spread of Infection Through Standard Precautions
- Skin Care Basics (CE)
- Supporting Behavior Changes in Consumers, Part 1
- The Faces of Down Syndrome (CE)
- Providing Consumer-Directed Care for Common Medical Conditions: Dehydration
- Providing Consumer-Directed Care for Common Medical Conditions: Urinary Tract Infections
- Providing Consumer-Directed Care for Common Medical Conditions: Pneumonia
- Recognizing and Reporting Consumer Abuse, Neglect and Financial Exploitation



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