Senior Care Task Force Workforce Subgroup Recommendation List

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C. Career Ladder

9.0 <u>Five-year Career-Path Plan.</u> Establish a five-year plan of state funding for direct career-path training of potential health professionals, including Certified Nurse Aides (CNAs), Certified Medical Aides (CMAs), Rehabilitation aides, and Home Care Aides, as well as potential Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), in cooperation with facilities and agencies providing direct care services, with renewal options of funding after the first five years of the plan.

Plan Lead and Key Collaborator(s)

- a. Assemble a group to create a multifaceted universal career ladder program for the state of Kansas, including the Kansas Board of Regents, Kansas universities, community and technical colleges, Adult Basic Education (ABE) programs as well as regulatory boards such as the Kansas State Board of Nursing (KSBN).
- b. Include regulatory agencies including the Kansas Department for Aging and Disability Services (KDADS) in staffing conversations facilitated by Kansas State Board of Nursing (KSBN) and direct care workers.
- c. In collaboration with technical schools and Adult Basic Education (ABE) programs, KDADS, Kansas Department of Health and Environment (KDHE), and Kansas Department of Labor (KDOL) will identify possible available workers and placement options through interagency collaboration.

Plan Promotion

- d. Partner with Kansas Works Job Fairs, university and college job fairs, and promotions for direct and non-direct care worker job placements.
- e. If Recommendation 9.2 is implemented, ADvancing States' worker matching registry will be marketed at job fairs for direct care certified and licensed students.
- f. The State of Kansas will invest in promotion of ongoing nursing leadership education tracks across the state.
- g. Establish a collaborative with the Kansas Adult Care Executives (KACE), LeadingAge Kansas, Kansas Health Care Association (KHCA), Kansas State Nurses Association (KSNA), and Kansas Hospital Association (KHA) to create a public service marketing campaign about direct care workers, health, and nurses that highlights the career pathway potential, the nobility of the professions, and the impact they have on communities and those they serve.
- h. Provide education and marketing for the difference between Certified Nurse Aides (CNAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs) for understanding their roles and what they provide to patient care.
- i. Market to students the existing tuition grant program and/or loan repayment programs offered across the state. (TF)

- **9.1** <u>Identify Future Workforce.</u> The State of Kansas will develop models of volunteer programs for aging services to identify future workforce.
 - a. Empower high schools, community colleges, and technical schools develop a volunteer training program to increase quality of life through non-nurse and nurse aide staff relieving hours of registered nurses who could be devoted more to care issues.
 - b. Implement a statewide reading program pairing school-aged children with older adults. Students from grades 3-4 would visit nursing homes once a week, where residents would volunteer to listen to them read.
 - c. Encourage high-school and college-age young people, including from clubs such as 4-H or Scouting programs, to pursue volunteer positions or jobs in aging services.
 - d. Develop a strategic approach to building a more diverse workforce by engaging high school students directly to learn what would attract them to work in health care, such as partnering with KansasWorks Job Fairs to create a statewide program to go into high school settings to discuss funding opportunities and career advancements in the healthcare industry.
 - e. Provide non-degree-seeking course offerings at high schools or community colleges to educate and prepare people for caregiving.
 - f. Establish and nurture partnerships with universities and vocational technical and community colleges to encourage and support more opportunities for internships and engagement with geriatric and aging specialized service providers.
 - g. Provide ongoing funding to universities and community colleges to increase the programming and interest of students in professions that work with older adults, individuals with dementia and geriatric mental health issues.
 - h. Increase community college and technical school funding for coursework directly related to geriatric or older adult health support services.
 - i. Develop a strategic approach to building a more diverse workforce by engaging high school students directly to learn what would attract them to work in health care.

W. Expanding Workforce and Alternatives

- **9.2** Enlist in ADvancing States. KDADS will lead the effort to enlist the State of Kansas to contract with ADvancing States and implement its worker matching and placement tool, "ConnectToCareJobs.com".
- **9.3** Workforce Incentives and Benefits. The State of Kansas, in collaboration with Department for Children and Families (DCF), KDADS, and KDHE, shall develop incentives or additional benefits for the direct care workforce, including respite services and childcare assistance.
 - a. The State of Kansas will establish funding to support community childcare centers for healthcare workers with broad hours of operation rather than traditional 8am-5pm.
 - b. Use grants to encourage on-site day care and programs where one kitchen can serve both children and seniors.
- **9.4** Workforce Tax Credit. The State of Kansas will create a workforce tax credit for the aging services direct care workforce.
- **9.5** Caregiver Tax Credit. The State of Kansas will create a caregiver tax credit to help care for loved ones.
- **9.6** Eliminate Barriers to Workforce Entry. The State of Kansas will compile, utilize, and act upon research on how to eliminate barriers for entering the field of aging services and obstacles once in the field.
 - a. Provide the identifiers of Urban, Rural, and Frontier demographics to the public.
 - b. Evaluate numbers of direct care workers who wish to provide home care as CNAs.
 - c. Require or encourage exit interviews for staff that left their places of employment to develop action items that can come from this shared information.
 - d. Encourage and educate about mental health support for those working in healthcare by researching needs and mental health related obstacles for remaining in the field via focus group questions.
 - e. Assess if there is an allowance for open communication support between employers and employees in all decision-making processes.
 - f. Collaborate with workforce and associations who provide a variety of backgrounds and experience that can contribute to healthcare trends and solutions.
 - g. Facilitate communication with nurses throughout the state who practice in a variety of areas for insight normally not heard by other associations.
 - h. Utilize workforce and associations for engagement with student nurses' association at the state and national level.
 - i. Share existing data.

L. Licensing

9.7 <u>Instructor Pay and Benefits.</u> Modify legislation to establish adequate pay and benefits for faculty to teach the nursing direct care workforce, including Certified Nurse Aide (CNA), Certified Medication Aides, and Home Health Aids. Expand opportunities for LPNs and RNs to teach those courses.

F. Funding

- **9.8 SCA Funding Formula.** Put a provision in the SCA funding formula to increase the funding annually, with an initial larger appropriation (to bring it to meet need), to support safe staffing standards and ensure a stable workforce, minimizing wait lists.
 - a. Increase reimbursement rates to nursing facilities to utilize as a wage passthrough.
 - b. Provide appropriations to increase rates paid for adult daycare services.
 - c. Encourage use of retention bonuses or pay-outs for workforce who stay on the job.
 - d. Research funding needed to be able to support safe staffing standards based on best practices.
 - Define the percentages of dollars to be spent on budget items in each category of senior services.
 - f. Track data in long-term care.
- **9.9** <u>Cross-sector Partnerships.</u> Explore cross-sector partnerships or models to align systems and share staffing resources, specifically those that are difficult to recruit for/retain, where appropriate.

Recommendation:	
Rationale:	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
Consider:	Consider:
□Change, (Easiest)	What will the recommendation impact most?
□Pilot,	□ Recruitment
□Overhaul,	□ Retention
□New, (Most difficult)	□ Training
Will cost be a barrier to implementation?	Could the recommendation produce savings in other areas?
Does the recommendation include strategies for continuity? (How does it consider sustainability?)	
Which of the following mechanisms may affect the achievability of the recommendation?	
☐ Legislative session	
☐ Federal approval process	
☐ Regulatory process	
□ Contracts	
☐ Agency budget development	
☐ Grant cycles	
☐ Systems (e.g., IT)	
☐ Technology/Infrastructure	
Action Lead:	Key Collaborators:
[Who takes point on this recommendation?]	[Who should be included as decisions are made about how to implement this recommendation?]
Intensity of Consensus: [Does it align with vision st	ratement of "To utilize a systematic approach to
understand the needs of the formal and informal wor	
discovering these needs, creating a long-term appro-	
workforce to return to and be retained in the senior s	· · · · · · · · · · · · · · · · · · ·
to have supports to make choices for their best lives,	in their preferred environment." To be addressed
during final review.]	
Key Performance Indicators: [How can the state as	ssess progress when this recommendation is
implemented?]	. •