



**STATE OF WASHINGTON
WASHINGTON STATE COUNCIL ON AGING**

PO Box 45600 · Olympia, WA 98504-5600

October 25, 2007

The Honorable Dawn Morrell, Chair
Joint Task Force on Long Term Care
PO Box 40600
Olympia, WA 98504-0600

Rick Hall, Executive Director
Home Care Quality Authority
P.O. Box 40940
Olympia, Washington 98504-0940

Dear Representative Morrell and Mr. Hall:

The Washington State Council on Aging has followed the activities of the Long Term Care Worker Training Workgroup. We understand that through your research you have learned that Washington State long-term care training requirements are already among the most stringent in the country. Although we recognize that there is always room for improvement, we recommend that any expansion of the minimum training requirements be based on clearly demonstrated need and be limited to areas where there is a clear connection between the training and improvement to care. Additionally, it is critical for the workgroup to remember that currently and into the future, one of the largest segments of the long-term care workforce will be composed of people who have a prior relationship, as a family or friend, with the person needing care. In their caregiving career they will only provide care for that single person and we should not frustrate them and waste their time, or public money, forcing them to receive training on skills they will never need. Their needs are quite different from the career-oriented caregiver who may work with scores of people with disabilities. The training system needs to support both types of workers --creating a one-size-fits-all training requirement is unnecessary and expensive. It would make more sense to make minor improvements to the current basic training and then provide optional training that could be tailored to individual client needs and worker career interest.

Based on the fiscal note for the early versions of HB2284 it has been estimated that the public costs of each additional hour of mandatory training is \$1million per year to deliver. Given the alternative potential uses for those funds that would benefit seniors and people with disabilities in other ways, please be cautious in your recommendations.

We suggest the following for your consideration:

1. Approximately 65 percent of paid in-home care providers are family members who have taken time off from their regular careers and personal lives and consider it a short-term commitment. In general, they are not seeking a career path in this arena. We have heard from family members caring for individuals with dementia. They have expressed concerns that the potential for increased time in training will make it difficult to maintain consistent care for their loved ones. Replacing well-known family caregivers with unfamiliar substitute workers will significantly disrupt client care.

In addition to retaining a reasonable number of mandated hours in basic training, the SCOA recommends that there be optional additional career-path and specialized training modules in order that those individuals who want to advance their careers can do so and those who want and need disease or behavior-specific training obtain the right help at the right time to improve client outcomes. These training options could either be provided through mandated continuing education or as optional advanced training.

2. We understand that the first thirty days of a long-term care worker's tenure are critical in determining whether he or she will continue. Workers face many new, complex and demanding challenges because of the intimate nature of the care and the medical and/or emotional needs of the client. Newly hired long term care workers might benefit from peer support to mitigate challenges faced in the first thirty days.

The SCOA recommends that peer mentoring within the first 30 days of hire be added to the training options available to long-term care workers, but that it not be required.

3. While all publicly paid care providers must currently complete 34 hours in basic training, there is no professional certification. However, there is portability to other community-based settings. ESSHB 2284 provides that the Secretary for the Department of Social and Health Services (DSHS) may permit all or a portion of the training hours be applied toward nursing assistant certification.

The SCOA recommends that the basic training count towards Washington's nursing assistant certification program by complying with Washington State's Nursing Assistant Certified Practice (NAC) Act for the basic classroom training. We further recommend that additional voluntary opportunities be provided as possible for completion of NAC supervised clinical practice requirements.

4. Access to training is difficult for many long-term care workers, especially in rural settings where transportation is limited and expensive. Current training providers have established deployment methods that work well for the communities being served.

The SCOA recommends that any future training of long-term care workers incorporate as many existing providers as is possible.

5. Washington State is ultimately responsible for client outcomes. It has access to data that can analyze client care needs and health or safety risks as predictors of service and

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training needs. It has administered a successful and well respected training program for long-term care workers; however it is unclear that ESSHB 2284 provides adequate role for the state to set standards related to long-term care worker curricula development.

The SCOA recommends that the State of Washington Department of Social and Health Services have a strong voice in any future curricula development.

Thank you for considering our advice. We look forward to seeing workgroup recommendations that carefully balance the interests of paid caregivers with the needs and perspectives of long-term care consumers and their families.

Sincerely,



Esther Gregg, Chair
Washington State Council on Aging

cc: Jonathan Seib, Office of Financial Management
Kathy Leitch, Assistant Secretary, DSHS-ADSA
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