

Proposal #2

Caregiving that Works: Good Caregiving Jobs Health Reimagined: Geriatric Care Expansion

“California will need a larger health care workforce that is trained in geriatrics, including Alzheimer’s and all dementias, and is more representative of the diversity within California.” – *Master Plan for Aging*

POLICY ISSUE: Currently, every role along the health, aging and Alzheimer’s workforce continuum is experiencing shortages. By 2025, 840,000 Californians are projected to be living with Alzheimer’s disease and related dementias. This diverse population will encounter a wide array of professions, job types, categories and classifications over the course of their disease progression. The workforce *and* care recipients both benefit from investments in pipeline development, recruitment and retention, compensation, career ladders, licensure and certification, cultural competence, full scope of practice and dementia training. Below are the positions identified as critical to quality dementia care:

- Community Health Workers and *promotores* (CDPH/DHCS)
- Informal, unlicensed home care aides (registered with DSS)
- In-Home Supportive Services (IHSS) workers (DSS)
- Licensed home health aides (CDPH)
- Hospice and palliative care teams
- Registered Nurses, Licensed Vocational Nurses, Certified Nurse Assistants (licensing boards, CDPH)
- Licensed Clinical Social Workers, Marriage and Family Therapists (licensing boards)
- Long-term care staff (Administrators, Managers/Supervisors, direct care staff)
- Information and Assistance providers (AAAs, ADRCs)
- Geriatric Care Managers, Dementia Care Managers, Care Coordinators, Care Navigators
- Medical and Osteopathic Doctors (Neurologists, Psychiatrists, Geriatricians, Internal Medicine, Primary Care Physicians, General Practitioners, Ob/GYNs) (licensing boards)
- Psychologists and mental health clinicians (licensing boards)
- Physician Assistants and Nurse Practitioners (licensing boards)
- Physical, Occupational and Speech Therapists (licensing boards)
- First responders and law enforcement
- Site specific providers as appropriate (where not covered elsewhere)

RECENT EFFORTS BY THE NEWSOM ADMINISTRATION AND LEGISLATURE

Both the Master Plan for Aging and the Governor’s Alzheimer’s Prevention and Preparedness Task Force focused considerable attention on workforce development

and training. Preceding these reports was the comprehensive work of the California Future Health Workforce Commission. For years, workforce shortages have been predicted; in 2020, the pressures of a global pandemic on the economy and workforce exposed the formidable challenges in the health and human services sector. Conversely, the state's COVID-19 emergency response created new opportunities to design and deliver care differently. Included below are the recommendations specific to Alzheimer's disease and related dementias:

Master Plan for Aging

Initiative 54 - Diversify and align with aging demographics the pipeline of residents in clinical geriatrics, primary care, and geriatric psychiatry, including dementia care, through career incentive strategies such as workforce shortage and loan forgiveness programs. (Lead Agency: CHHS)

Initiative 55 - Explore including geriatric training requirements, including dementia training, as well as racial and diversity demographics, via all state health licensing boards for new and continuing licensing. (Lead Agencies: CHHS & BCSHA)

Initiative 57 - Support expansion of geriatric emergency department certifications statewide. (Lead Agency: CHHS)

Initiative 60 - Collect data on geriatric care provision to assess strengths and gaps, with equity metrics including race and disability (for example, dementia care, oral health). (Lead Agency: CHHS)

Initiative 61 - Continue COVID-19 ad hoc geriatrics advisory group and broaden scope and participants in 2021 to include geriatric care expansion initiatives. (Lead Agency: CHHS)

Initiative 64 - Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care. (Lead Agency: CHHS)

Initiative 65 - Seek stakeholder feedback on models of care coordination for IHSS participants with dementia or cognitive impairment. (Lead Agency: CHHS)

Initiative 66 - Assess options to increase Adult Day Services, especially for people with dementia. (Lead Agency: CHHS)

Initiative 67 - Strategically plan and lead the growing number of California's pioneering Alzheimer's and all dementia initiatives with renewed leadership and partnership for the California Health and Human Services Agency Alzheimer's Advisory Committee beginning 2021. (Lead Agency: CHHS)

Governor's Alzheimer's Prevention and Preparedness Task Force

- Create competitive wage and benefit incentives for all health care workers as California remains one of the nation's most expensive states to call home. Offering above average compensation would entice national and possibly world-leading experts to bring their skills and expertise to California.
- Offer loan forgiveness to students who commit to completing their healthcare degree and commit to serving in California's healthcare field post-graduation and certification. This recommendation would be modeled after similar programs offered to physicians, nurses and other healthcare workers.
- Diversify the workforce to ensure access to linguistically appropriate, culturally competent care for all Californians. We will focus on recruitment efforts on expanding outreach to diverse communities to attract and retain people of color in the health care workforce.
- Expand career exploration avenues by creating educational internships starting at the high school level to encourage youth to consider a health care community path. Additionally, partnering with universities and colleges to establish internship programs offering college credit or internship hour fulfillments.
- Provide residency stipends, as most clinical or residency periods are unpaid and students are often placed in different cities or states than the student's current residency place. This recommendation would offer a stipend for students pursuing their advanced degrees in the healthcare world who complete their residency within California.
- Examine funding through the Office of Statewide Health Planning and Development with an "aging lens" to bring equity to geriatrics, gerontology, gynecology, psychology and psychiatry programs. In coordination with public and private partners, establish benchmarks and formal milestones to measure progress
- Set a wage floor above minimum wage for direct care staff, including benefits (health insurance and paid time off), access to training and career ladder opportunities to overcome workforce shortages.
- Elevate the care in all communities by expanding access to evidence-based education and training for formal and informal caregivers.
- Support all caregivers (informal, formal and IHSS) with education and training to ensure quality and safety.
- Elevate the job quality of paid, direct care staff by defining comprehensive employment benefits, training, scheduling, safety regulations and appropriate compensation levels for work performed, acknowledging increased knowledge and skills with higher wages.
- Engage with state-supported partners (e.g. California Alzheimer's Disease Centers, Family Caregiver Alliance) to explore new initiatives.
- Build on the nationally acclaimed, evidence-based research and training of the California Long-Term Care Education Center focused on In-Home Supportive Services (IHSS) workers, the California Independent Training Center.

- Meet the demands of a growing population by exploring initiatives to embrace undocumented workers and attract foreign caregivers.
- Collaborate with community partners, including labor, educational institutions, health systems, and nonprofit organizations to design curriculum and deliver culturally competent dementia training where students can earn caregiver certification upon completing the program.

The Future of the California Health Workforce Commission

Establish and scale a universal home care worker family of jobs with career ladders and associated training, helping to meet the need for an estimated 600,000 home care workers by 2030, and potentially reducing spending on unnecessary emergency department visits and hospitalizations by more than \$2.7 billion over 10 years due to enhanced training and care. (Recommendation 3.2)

Scale the engagement of community health workers, *promotores*, and peer providers through certification, training, and reimbursement, broadening access to prevention and social support services in communities across the state. Community health workers and *promotores* (CHW/Ps) and peer providers can help meet increasing demand for team-based integrated primary and behavioral health care, drawing on lived experience to support better outcomes for all and to promote recovery and self-sufficiency for people with mental illness.

NEW FUNDING OPPORTUNITIES:

The state's FY '22 state budget and the Home and Community-Based Spending Plan combined invest over \$400 million in new workforce funding:

- Direct care workforce skill building and career ladders - \$295M
- HCBS clinical workforce - \$75M
- Dementia Aware - \$25M
- Geriatric workforce - \$8M
- Dementia "Standard of Care" \$4.5M

ADVISORY COMMITTEE RECOMMENDATIONS:

The committee acknowledges this topic is inordinately complex – yet absolutely central to quality dementia care. Accordingly, the committee requests that the Secretary consider the following:

1. Convene a "Workforce Solutions Table" with representation from this committee to advise on issues related to Alzheimer's disease and dementia.
 - a. Include representatives of state government, health and human services professions involved in dementia care, legislature, educational institutions, labor, and other stakeholders.
 - b. Work with Department of Labor to determine which of the above job types/categories have the most acute shortages currently and projected deficits to prioritize new solutions.

- c. Review existing dementia curricula and either adopt or develop core dementia “basic training” to adapt and embed across all classifications rather than reinventing for each job type. Catalogue and assess existing model trainings and best practices including: HRSA 25 Modules (<https://bhw.hrsa.gov/alzheimers-dementia-training>), Alzheimer’s Association [Dementia Care Practice Recommendations](#), evidence-derived [EssentiALZ](#), Center for Caregiver Advancement [IHSS training](#) curriculum, UCSF Dementia Ecosystem care navigator training, etc.
- d. Examine workforce solutions through the lens of a person with dementia and of caregivers who are likely to utilize home and community-based services, facility-based long-term care [nearly half of all nursing home residents have dementia] and hospitals/emergency departments (logging more than 1 million visits annually).