**American River College**

LO S R I O S C O M M U N I T Y C O L L E G E D I S T R I C T

# **Entry-Level Workforce Report Prepared for the**

# **Master Plan on Aging Stakeholders and Subcommittees**

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## **Introduction**

This entry-level workforce report is relevant to both the Long-Term Support and Services and Research subcommittees. Data about the unmet needs within the workforce should be captured and correlated with other support and service data. The data is available in reports from the California Community College Strong Workforce Reports and the State of California Employment Development Department (EDD).

In addition to workers employed by an agency, organization, or business, there are two major worker categories important to capture/estimate data on to understand our unmet needs.

* The **Grey Workforce,** workers without any screening or training, can make support more affordable, but also increases the risk of errors in care, abuse, exploitation, and neglect. A state tax-credit for employing workers that are registered and meet state requirement would help minimize this problem and provide the missing data.
* **Informal Caregivers,** unpaid family members and volunteers who are currently filling the workforce gap out of necessity, usually due to the cost of care. This makes care possible; however, it also increases the risk of errors in care, abuse, exploitation, and neglect. The suggest state tax-credit voucher suggested for this unpaid work, which was suggested for other reasons, would provide us with that data.

As this report is considered, please keep in mind the need for any solutions to be scalable, equitable across all settings, practical, and enforceable, and that all positions, existing and proposed, need to be reframed in the mind of the public to increase respect. Raising perceptions of people in these roles is essential to workforce recruitment efforts and these paraprofessionals are the bridges between the silos in the field of aging. And, all paraprofessionals deserve to earn a living wage, at minimum.

Ageism impedes our ability to recruit traditional students right out of high school for this field hinders scalability by traditional means. Currently, the most likely candidates for these entry-level positions are people from disproportionately impacted groups, most of whom are of middle age or older. These groups where identified in the February 2019 report, [Future Healthcare Workforce](https://futurehealthworkforce.org/our-work/finalreport/). There are intergenerational educational programs that have been confirmed to create interest in the field among high school age students; however, they are not easily scalable due to the need to bring older people in from the community.

The American River College Gerontology Department is seeking funding to pilot a scalable outreach program within DI high schools in the Sacramento area, beginning in 2020. That program will utilize introductory presentations and an online course.

## **Terminology**

It is **important to use the term paraprofessional** in all agencies and organizations to build esteem and self-esteem for individuals who are interacting with older people daily while working in entry level positions under the supervision of a professional or an administrator.

**Professional:** Individuals holding a California license to practice in the field of health care, mental health care, nursing care, residential care, and/or day centers and programs.

**Paraprofessional:** Individuals holding a California license to practice under the supervision of a licensed professional or who have complete training prescribed and regulated by the state in Title 22.

## **Agencies with Paraprofessional Oversight**

The current oversight structure generally parallels the structure of Title 22 Social Security, with licensing for medical-residential and day facilities within the scope of Title 22 Division 5 overseen by the California Department of Public Health (CDPH) and the oversight of non-medical residential and day facilities within the scope of Title 22 Division 6 overseen by the California Department of Social Services (CDSS). The licensing of physicians, therapist, and clinicians who may work in both medical and non-medical setting falls within the scope of the California Department of Consumer Affairs (CDCA), however the actual licensing is a function of the Licensing and Certification Program (L&CP) within CDPH.

The list below is alphabetized by the umbrella department within the state and provides a key to the sub-departments and **some** of their areas/groups of oversight related to LTSS. This list may need some refinements, for example Certified Nursing Assistant (CNA) and Home Health Aid Assistant (HHA) did not appear on the current CDCA, which was not in keeping with the other assistants listed:

BCSH-Business, Consumer Services, and Housing Agency

CDCA-California Department of Consumer Affairs (Licensing)

 BBS-Board of Behavioral Sciences

 Funeral Sales and Services

Medical Doctor & M Assistant

Nurse Practitioner

Occupational Therapist & OT Assistants

Pharmacist & P Assistants

 Physical Therapist & PT Assistants

Physicians, PA, & PA Training

Professional Fiduciary

Psychologists & P Assistant

Registered Nurse

Respiratory Care Practitioner

Social Workers (Clinical Only)

Speech-Language Pathologist & SLP Assistants

Surgeons

Vocational Nurses

(For some reason, CNAs & HHAs do not appear on the current website list)

CDPH-California Department of Public Health (Title 22, Division 5; Medical)

 CHCQ-Center for Health Care Quality

L&CP-Licensing and Certification Program

Continuing Education Program Applicants (CE Provider & Courses)

L & C Verification Search Page

Nursing Home Administrator

 Training Program Review Unit

CDSS-California Department of Social Services (Title 22, Division 6; Non-Medical)

CCL-Community Care Licensing

Individual Administrators (RCFE)

Vendors (Training course vendors & course approvals)

ASCP- Adult & Senior Care Program-Centralized Application Bureau (all facility types)

ACL-Adult Care Licensing

CBCB-Caregiver Background Check Bureau

CCL-Continuing Care Licensing

HCS-Home Care Services

HCSB-Home Care Services Bureau

SCL-Senior Care Licensing

## **Existing paraprofessional positions related to the field of aging include:**

In addition to the paraprofessionals listed below, it is important to keep in mind that in an RCFE setting, the training requirements for workers performing duties within the scope of some of these paraprofessional positions falls to the scope of the facility. This inconsistency can lead to inequities training and enforcement, e.g. an RHCA only requires 5 hours of training and no continuing education versus the Caregivers within and RCFE, which is required to provide initial and ongoing training.

1. AL-Activity Leader-SNF (CDPH)
2. AC-Activity Coordinator-ADHC (CDPH)
3. CNA-Certified Nursing Assistant (CDPH-L&CP PCB-ATCS)
4. HHA-Home Health Aide (CDPH-L&CP PCB)
5. OTA-Occupational Therapy Assistant (CDCA-CBOT)
6. PTA-Physical Therapy Assistant (CDCA-PTBC)
7. RHCA-Registered Home Care Aide-Aka Personal Care Aide, Caregiver & Companion (CDSS-HCSB)
8. SLPA-Speech Language Pathology Assistant (CDCA-CDCA)
9. SSD-Social Services Designee (CDSS; within RCFE Requirements)

## **Paraprofessional positions needed and yet to be established:**

A shortage of licensed professions has driven the development of the paraprofessional assistants included in the list above. There is a need to for some additional paraprofessional groups, which is supported by EDD reports (see supplemental attachments):

* **Case Manager Assistant**

**Problem:** We do not have enough qualified professional case managers, which creates recruitment and retention issues.

**Factors:** The national professional organization, Aging Life Care Association, sets the professional standards for case managers who specialize in older clients. They have multiple levels of professional certification for geriatric case managers and all of them require 2 to 3 years of supervision. However, because the professionals work independently, seeking a supervisor is problematic. In addition, the organization does not have level of certification for an assistant.

**Solution:** The state needs to establish this category of paraprofessionals to scale up case management service with as little impact on the quality of management as possible. EDD data supports this action, the California Occupational Guide for Social and Human Service Assistants in California is a supplemental attachment.

* **Service Coordinator**

**Problem:** We do not have enough qualified service coordinators with knowledge of aging services. The existing state government structure for aging matters and service inconsistencies in availability and delivery sources and structure at county and local levels, creates obstacles to standardized training. These combined problems create our availability and service quality issues.

**Factors:** The federal government determined that standards for Service Coordinator training was to be set by the national professional organization, American Association for Service Coordinators. They established requirements that among other things, includes 36 hours of training prior to starting work and additional training through their service. This plan is not effective. There is no means of enforcement, no approval of courses and no verification of training before people start work or ongoing training. For example, in southern California Service Coordinators are expected to gain their 36 hours of training withing the first years, rather than before starting work.

**Solution:** The state needs to establish this category of paraprofessionals, set training minimums and curriculum standards. EDD data supports developing this category with its classification for Community and Social Service Specialist, All Other (SOC Code: 21:1798) and the California Occupational Guide for Social and Human Service Assistants in California.

* **Information & Referral Representative Assistant**

**Problem:** We do not have enough qualified Information and Referral Representatives. The existing state government structure for aging matters and inconsistencies in service availability and delivery sources and structure at county and local levels, creates obstacles to standardized training. These combined problems create our availability and service quality issues.

**Factors:** The professional organization, Alliance of Information and Referral Systems, sets the standards of certification and they include a Certification for Community Resource Specialist -Aging/Disabilities. The standards do not include a training component and the organization does not approve training programs or course. Candidates are required to take an exam required for certification and must have: at least 1 year of employment in I&R for applicants with a Bachelors or higher degree; 2 years of employment in I&R for applicants with an Associates/Community College degree; 3 years of employment in I&R for applicants with a High School diploma or GED, and; 4 years of I&R employment with no educational qualifications. These requirements do not include pre-employment training.

**Solution:** The state needs to establish this category of paraprofessionals, set training minimums and curriculum standards. EDD data supports developing this category in the California Occupational Guide for Receptionist and Information Clerks.

* **Medical/Residential Maintenance Assistant**

**Problem:** There is a serious shortage of workers in this area and no specialized training program currently available. In settings that serve people with vulnerable health, they are crucial to quality of care and health.

**Factors:** Janitor positions in any setting are not sought after due to stigma associated with being a *janitor*.

**Solution:** The state needs to establish this category of paraprofessionals, set training minimums and curriculum standards. EDD data supports developing this category in the occupation profile for Janitors and Cleaners, Except Maids/Housekeeping (SOC Code: 37-2011).

## **Established Screening Requirements & General Skill Training Programs**

* \*Background Check (fingerprinting)
* First Aid
* CPR
* \*Mandatory Reporting

\* These training requirements may not be consistent or explicit across all types of paraprofessions and/or settings and this must be corrected to reduce abuse, exploitation, and neglect.

## **Training programs needed and yet to be established:**

* \*Housekeeping & Food-handling (bio-waste, sanitizing, infection control, & food-handling)
* Emergency Preparedness (evacuation & waiting in place for workers in facilities and homes)
* \*\*Basics training about aging
* \*\*Communication training related to person-centeredness, ageism & cultural awareness

\*Some Sacramento area community colleges have been working with professional organizations to develop curriculum outlines for Caregivers that include this and other

\*\*The Gerontological Society of America just launched an online certificate course designed for paraprofessional with any education or linguistic background covering these content areas: *Ageism First Aid: Respectful, Effective, and Appropriate Communication Training*. The Stakeholder Committee can be provided with a link to preview the full course.

## **Issues Related to Training and Oversight:**

* Some training requirements are inadequate (e.g. Registered Home Care Worker-RHCA)
* Inconsistency in oversight (e.g. Activity Leader versus Activity Coordinator)
* Facility surveyor training and survey criteria needs updated in these and other areas

## **WORKFORCE Training Issues**

There are three primary sources of training, non-profit orgs, for profit businesses, and community colleges. The courses are set up in three different formats, in person, online, and hybrid, which is a combination of in person and online. The criteria for the content and conditions for online and hybrid instruction are defined by the department with oversight. Each training source has distinct advantages and disadvantages:

* **For Profit Vendors:**
	+ Charge higher fees for the courses, which can be a problem for students.
	+ The instructors may not have any training as a teacher.
	+ Because the charge more they are better able to recruit and pay their instructors.
	+ Because they are focused on that work, they are in a better position to respond to changing state requirements.
* **Non-Profit Vendors:**
	+ Charge more reasonable fees for the courses, which helps students.
	+ An instructor position for an org provides income security so the jobs are competitive and attract qualified candidates.
	+ Most are in a good position to respond to changing state requirements.
* **Community Colleges:**
	+ Charge the lowest fees for the courses, which helps students.
	+ The instructors meet minimum state qualifications to teach in their field in a community college, which makes them highly qualified.
	+ Pay is low for community college faculties, which makes it difficult to recruit instructors from high-paying fields, e.g. nursing, which limits the growth of the programs.
	+ The curriculum processes and workloads placed on instructors make it extremely difficult for a community college to course that require state review and approval.

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