

## Health Care Workforce Strategic Plan Advisory Group - Minutes

Wednesday, September 25, 2024, 10:00 AM

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**Attendees:** Heri Troche, Suzanne Tremblay, Jessa Barnard, Anne Bilodeau, Patrick Gallivan, Johanna Beliveau, Betsy Hassan, Rebecca Kapsalis, Sherry Callahan, Stephanie Pagliuca, Cheryle Wilcox, Luca Fernandez, Devon Green, Angela Smith-Dieng, Geoffrey Baptista, Eric Covey, Mary Kate Mohlman

### **Presentation on the Direct Care Workforce Peer Learning Collaborative:**

Angela Smith-Dieng, Adult Division Director at DAIL, presented on Vermont's participation in a multi-state peer learning collaborative focused on the direct care workforce (DCW). The [collaborative](#) is led by the Direct Care Workforce Strategy Center, a national technical assistance center, stood up by the Administration for Community Living in collaboration with CMS, the US Department of Labor and others.

DCW's are a broad group of workers who go into people's homes to help with daily living. They are personal care aids, direct support professionals, home health aides, licensed nursing assistants and independent direct support workers. They are also workers in community-based settings, like adult day centers or residential care and nursing homes. They serve many Vermonters who are ageing, with physical disabilities, and with intellectual or developmental disabilities. They are the backbone of our long-term care system. Home and community-based services are dependent upon having a strong DCW.

We know that there is a huge DCW shortage. It's national and in Vermont. That's partly why the U.S. Department of Health and Human Services is investing in efforts to strengthen the DCW.

Vermont's cross system team is currently made up of:

- Angela, from the Department of Aging and Independent Living (DAIL) overseeing [Choices for Care](#) and programs for older adults and physical disabilities.
- Jennifer Garabedian the director of the Developmental Disability Services division at DAIL.
- Cindy Robillard, the Assistant Director of the Workforce Development Division at the Department of Labor.
- Suzanne Tremblay the Director of Health Care Workforce Development in the Agency of Human Services

Current initiatives for the DCW:

- ARPA funds for a DCW media campaign focused on the value of and recruitment for DCW's
- Tuition reimbursement and scholarship programs
- Working with Department of Labor and CCV on an apprenticeship program for direct support professionals in the developmental disability area of care
- There is a focus on the DCW in the [WIOA state plan](#)
- ARPA funds to increase HCBS Medicaid rates and bonuses to DCW's for retention
- The HCWD Advisory group and the [healthcare workforce strategic plan](#)

The Vermont team is working to develop a strategic road map for cross system collaboration specific to the DCW. To help inform the roadmap the group is conducting an inventory of the work around the

state before we take on more steps. We anticipate our road map will focus on three strategic priorities that are cross systems and collaborative.

- Respond to the increasing demand for DCW
- Prioritize the care of the participant and workforce
- Leverage data to better understand the DCW

A goal we have is to ensure that that work is not happening in a silo but integrated with the broader work around healthcare workforce.

- A participant asked Angela to share some best practices. Angela responded that [PHI](#) is doing a lot of work on universal credentialing and professional development that establish basic core competencies creating a baseline for people coming into the field. I don't know that anyone's figured it out 100%, but there are some key pillars to being able to have a good direct care workforce strategy and it involves wages, quality training, respect and recognition, real opportunity and quality support.
- In response to a question about extending the work to residential care settings Angela mentions that the learning collaborative is focused on HCBS but the internal team recognizes the need for the DCW across the continuum of care and the strategies for the road map will benefit across sectors. Although the funds we received for the collaborative were to focus on Home Based Care, it does not exclude us from including others in our planning.

Angela asked the group if they see a place for the direct care workforce in this group moving forward whereby participants agreed that it is really important and that they are excited for the DCW to get some space in this group.

#### **Presentation: Health Care Workforce Data Center (HWDC) [Stakeholder Report](#)**

**Heriberto Troche**, the Health Care Workforce Data Center manager provided an overview of the HWDC Stakeholder Report provided by Freedman Healthcare. All the recommendations provided by the stakeholders and found in the report will carry over into actionable activities in the form of an implementation and analytics plan slated for delivery by Freedman Healthcare in December 2024.

The report offers 6 categories that will be reviewed today.

- 1. Use Cases**
- 2. Data Sources and Prioritization**
- 3. Data Governance**
- 4. Data Security, Architecture and Technology**
- 5. Staffing**
- 6. Financing and Sustainability**

From the interviews with stakeholders, we were able to put together a comprehensive list of **use cases** for the data center. All cohorts suggested the need to identify supply and demand; to inform the education system, incentive programs and grants; and serve a diverse list of users.

- A member asked if we were engaging in data that would identify clinical rotation or clinical involvement, oversight and management at a centralized level for other positions like respiratory nursing. Heri mentioned that centralizing the data in one place certainly came up for all aspects of the education pipeline and we have discussed better understanding the data across the care continuum including but not limited to respiratory.

As for **data sources and prioritization** we found many data sets currently exist and it was recommended we integrate them. See the Stakeholder Report for the full list. Stakeholder recommendations were that we start with well-documented data that is readily available and support the most use cases. We are prioritizing the integration of the recommended data sets using a tiered approach over years one, two, three, four, and five.

- In addressing a question, about what data we identified for demand and from who, Heri mentions that we have identified the need to get demand data directly from employers. This will be more detailed in the analytics plan. Based on recommendations we will also integrate national data.

Stakeholders recommended we establish a well-defined **data governance structure** and that we leverage the data governance council that exists to save funding and repurpose existing infrastructure. Implementing comprehensive data sharing and use agreements and following a comprehensive rules-based system was also recommended.

**Data security, architecture and technology** are already established within the current infrastructure. We also explored a sophisticated, configurable website to produce and display data outputs. We found that not everybody is collecting data in the same way and standardizing the data inputs will require a formidable effort as the system matures.

**Staffing** the healthcare workforce, data Center and workforce development is certainly a part of the health system transformation work and based on stakeholder discussions we've identified a need to have staff on hand to support data owners as needed while ensuring we have the staff to implement and maintain the data center operations.

Finally, we explored **funding opportunities** beyond asking for state fiscal dollars. We looked at the potential for grant opportunities, acquiring federal financial participation and explored fees to help fund the work. Based on conversations with other states, Heri states he is confident that federal financial participation may fund some of this work.

As for technology development, the data team has put in a request for all public data from VDH. This will help us begin the work on data architecture and the technology build. We have an idea that will provide us a solid plan to create and provide outputs and reports by December 2024.

#### **General Updates: Suzanne**

- The information gleaned from our last meeting relating to Legislative Priorities was provided to the Secretary of the Agency of Human Services and to the agencies policy director, who will inform the office of the governor.
- The financial incentive work group met in August.
  - We are building out a repository of funding to help identify gaps in funding.

- Preliminary data shows we will be losing about \$80 million in ARPA funding over the next couple years. Replenishing that is going to be important. Much of which is for HCBS.
- This group will meet again in October to talk about the current landing page for scholarships and loan repayment and to begin envisioning a future for the landing page.

**Other Discussion:**

It was suggested and agreed that we should discuss further, the Act 167 recommendations and the potential impact on the workforce at our next meeting.

**Note:** Members mentioned that the workforce is concerned. Almost all hospitals feel like recruiting will be more difficult after the report because it portrays Vermont as being in crisis and not a desirable place to work for healthcare providers. Also, the recommendation that we have enough healthcare workforce that can be redeployed to other areas seems to insinuate that highly specialized people are fungible. They are asking members to make note of turn over, if their recruitment efforts are faltering or if they are feeling the burn of having a crisis attached.

It was suggested for this group to explore this concern and work to respond to the notion and to reinforce the committees and State's support and efforts in developing Vermont's health care workforce.

**Meeting Wrap & Next Steps:**

- The next committee meeting will be held on Wednesday November 20, 2024, at 10am.
  - Recommended topic for next full committee meeting- ACT 167 as noted above
- The Financial Incentive Groups meets Thursday October 17<sup>th</sup> at 9am. Let Suzanne know if you would like an invitation
- Past items to consider for meetings:
  - Get full picture of AHEC
  - VTPM has data to share
  - Review Financial Incentives
  - LHP Residency Program
  - Legislative Speaker

Meeting adjourned.

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Respectfully submitted by Suzanne Tremblay

Health Care Workforce Development Director