

Minutes

March 15, 2018, 2:30 to 4:00 p.m.

LCC West Campus, S151

|  |  |
| --- | --- |
| **Agenda Items** | **Discussion/Decision Highlights and Next Steps** |
| 1. **Welcome and Introductions** | Present: Marie Patrick, Holt Senior Care & Rehab; Nichole Tarzwell, Nexcare; Melissa Cureton, Dimondale; Janet Maroon, LCC; Kathy Hollister, CAHA; Joe Winkiel, CAMW; Ashley Benjamin, Holt Senior Care & Rehab; Zach Ribble, Calhoun County Medical Care Facility; Regina Traylor, ICHD; Tracie Bolton, ICHD; Morgan McKittrick, CMH CEI; Glenys Warner, LCC; Ronda Miller, LCC; Tammy Lemmer, TCOA; Nicki Guggimos, LCC; Wendy Smith, CCRESA; Mary Anne Ford, CAHA Consultant  Co-chairs: Jeanette Klemczak, CAHA; Luanne Bibbee, LCC/BCI |
| **Summary of Long-term Conversations** | *Discussion/Decisions:*  Review: Mary Anne gave a review of the work the Healthcare Workforce Committee (HWC) did over the last two years resulting in the MA Apprenticeship with LCC, Sparrow, CIMA, McLaren; 8 apprentices started in January 2018, 46-week program. Jeanette- This is a new concept in Healthcare/USDOL; women professions not typically focused in apprenticeships; healthcare has not been a major focus of USDOL apprenticeships.   * Benefits of the MA Apprenticeship collaborative: retention, cohort possible with collaborative effort   Purpose of Healthcare Workforce Committee: Jeanette: to identify issues, decide on focused needs, develop separate workgroups like the MA apprenticeship, and potentially the next initiative, which appears to be long-term care, CNA needs.  Discussion:   * Attending this meeting to learn what CAHA offers, build CNA attraction and training; 2nd/3rd shift daycare pay issues; retention; service providers’ wage levels differ; training offered with no curriculum or certification. Focus is person-centered, quality of care, basic skills; potential to recruit for CNA positions by a career pipeline; direct care workforce, not unskilled workers; address stigma, lack of respect for CNA’s; Apprenticeships could be interested in employer vendor/partners * CNA position can be a stepping stone to go on to school. * Joe – Culture of the facility is important. Retention is difficult. CNA is hard work with high turnover. What’s your facility’s culture like? Is it a good employee environment? * At Holt, Ashley said they try to make all employees feel valued by meeting with them, helping them to feel empowered, holding “town hall meetings”, small employee appreciations, ex: buy every staff member a good gift; try to promote from within for open positions; looking for ladder; tuition reimbursement plan. Two (example of career ladder and employer investment) CNA’s became RN’s with one who will probably stay with them; longevity is rewarded; team work; Still Holt had 60% turnover last year; beginning a committee to focus on recruit/retention with all levels of staff attending. * At Nexcare, $5K per year is budgeted, requires employee to agree to work at the company for one year. Comes from company budget. * Other idea: RN loan forgiveness – up to 10K for 4 years * Joe - talking about growth, career ladder with those who succeed; empowering them. Governor has initiative: Marshall Plan for Talent, Career Ladders by sector. * Glenys: BCI can create bridge programs for at-risk, unemployed, CNA program+ other skills soft skills; nontraditional, more accelerated, modulated; accelerated M-F – to give credits at end; currently working with women in shelter who want the work, but don’t know how to get there. * Skilled trades – credentials with credits, stackable, transferable credits. * Joe – CAMW can guide facilities to apply for STTF (Skilled Trades Training Fund) grants. Companies can receive $1500 for new workers, $1500 for existing employees, $3000 per apprentice; STTF encourages companies to partner with community colleges for training. * WIOA (connected to CAMWA!) – up to $3000/per employee can be obtained. * MNJTP – Luanne gave a summary of the MI New Jobs Training Program to fund trainings. * Collaboratives – Companies can join with other companies to provide classes, often funded through STTF. * Zack – Attending because of LTC interest, recruiting needs, high turnover. Wanted to see the CAHA partnerships, collaboratives; registered dieticians needed, with more demand than what is available. Use contractors but prefer internal hiring. Calhoun Co. Facility is a govt facility in Battle Creek, not an NPO. Some employees try to get away with things because they know they have another job waiting. If employees are trained, they may leave to work for a hospital. Offers tuition reimbursement, longevity incentives – 2 weeks’ vacation with 1 year; 10 to 26 days for any position after 1 year. Union – layers of issues. * “Generation entitlement” – young workers, many receive parental insurance until age 26. Still live at home. Tax refund rich in April. Perks don’t mean as much, but compensation gets them in door. * Luanne discussed other training funding besides STTF. MNJTP is the MI New Jobs Training Program, which runs year-round. Funds come from employ taxes deferred to a community college instead of to the state. * Most express the need for soft skills – employability skills * How work is distributed affects workers’ satisfaction. Issues include workload, bullying, how families treat staff, employee safety, regulations, abuse. * Other career path alternative with practicum: Human Services Career program, certificate, associate’s degree, or bachelors’ degree certificate on aging certification; see LCC, Janet Marion.   *Next Steps:*   * Focus: Long-term care. Issues, strategies, collaborative solutions. * Formation of a workgroup: Who would make the decision about participation? Who would like to be in that workgroup? CAHA will send an email to invite interested parties to a separate subgroup meeting focused on long-term care. Anyone can invite others to attend the meeting. |
| 1. **Next Steps Healthcare Workforce Committee** | *Discussion/Decisions:*  **Deferred to next meeting, due to time constraints.**  *Next Steps: Email to invite* |
| 1. **CAHA Fall Forum: September 19, 2018 – Community Collaboration to Facilitate the Coordination and Integration of Primary Care and Mental Health Services** | *Discussion/Decisions:*  Kathy/Mary Anne– CAHA’s Fall forum 9/19/18 will focus on many topics of primary care and mental health.   * Elements of integration, initiatives in community now, policy perspective, pediatric issues, LTC, capacity resources, assembling the right team (steps); things that community can do, not just individual facilities. * TCOA – Include home services as well as facilities.   *Next Steps:*   * Save the Date |
| 1. **Next Meeting** | Date: May 17, 2:30-4:00pm  Lansing Community College - West Campus |