

**FEDERAL WORKFORCE DEVELOPMENT
PROGRAMS:
A NEW OPPORTUNITY FOR RECRUITING AND
RETAINING DIRECT-CARE WORKERS IN THE
LONG-TERM CARE FIELD**

Charissa R. Raynor

Research Associate

August 2003

Prepared by the Institute for the Future of Aging Services, a policy research center within the American Association of Homes and Services for the Aging, for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services under contract number HHS-100-97-0010.

TABLE OF CONTENTS

1.	INTRODUCTION AND PURPOSE	1
2.	FEDERAL WORKFORCE DEVELOPMENT PROGRAMS	2
	Workforce Investment Act (WIA)	2	
	Carl D. Perkins Vocational and Technical Education Act.....	6	
	Temporary Assistance for Needy Families (TANF)	9	
	National Registered Apprenticeship.....	12	
	Job Corps	16	
3.		PARTNERSHIPS BETWEEN LONG-TERM CARE AGENCIES/PROVIDERS AND FEDERAL WORKFORCE DEVELOPMENT PROGRAMS	18
	Getting the Message Out: Media Campaigns.....	18	
	Onward and Upward: Building Skills with Supports to Succeed.....	20	
	Sectoral Response: Making Informed Decisions About Needs	21	
	Tapping New Worker Pools: Migrant Farm Workers	23	
	Building the Future: Students as Workers.....	25	
	Strategic Workforce Development: Beginning in Kindergarten	26	
	Sectoral Workforce Development: Statewide Action	28	
	Flexible Solutions: Enabling Providers to Support Workers	30	
	Rural Strategies: Training Welfare Recipients for Work	31	
	HCR Manor Care Partnership with Job Corps.....	32	
	Cascades Job Corps Center	33	
	School-to-Work Apprenticeship in Ohio	34	
	Combining Apprenticeship and Distance Learning in Rural Areas.....	35	
4.	CONCLUSIONS	37
	ENDNOTES		38

I. INTRODUCTION AND PURPOSE

Across the country, long-term care providers are facing a shortage of qualified and committed direct care workers--those certified nursing assistants (CNAs), home health aides and personal care workers who provide hands-on care to millions of older adults and individuals with physical disabilities. Vacancy rates in excess of 10 percent and turnover rates in excess of 100 percent are not unusual.¹

Over the next 10 years, the country will need an estimated 874,000 additional direct care workers to meet growing demand.² At the same time, the supply of workers traditionally relied upon to fill these positions--middle-age women--will fall by about half by 2030.³ To address this emerging "care gap," providers, policy-makers and consumers are likely to consider a broad range of strategies: improving wages and benefits of direct care workers, tapping new worker pools, strengthening the skills that new workers bring at job entry and providing more relevant and useful continuing education and training. A key strategy in this mix will be a focus on workforce development--providing workers with the knowledge and skills they need to perform their jobs.

The purpose of this report is to describe five federal workforce development programs and how some long-term care agencies and service providers use them to improve the recruitment and retention of direct care workers. The five programs are:

- **The Workforce Investment Act;**
- **The Perkins Act;**
- **Temporary Assistance for Needy Families;**
- **Job Corps; and**
- **National Registered Apprenticeships.**

II. FEDERAL WORKFORCE DEVELOPMENT PROGRAMS

Workforce Investment Act (WIA)⁴

<i>Purpose</i>	To design, with states and local communities, a revitalized workforce investment system that provides workers with the information, advice, job search assistance and training they need to get and keep good jobs and to provide employers with skilled workers. ⁵
<i>Administration</i>	U.S. Department of Labor
<i>2002 Budget</i>	Adult and Dislocated Worker formula funds: \$2,189,200,000 ⁶ Youth formula funds: \$1,127,965,000 ⁷
<i>Reauthorization</i>	2003
<i>Long-Term Care Uses</i>	Job preparation, job awareness, supportive services, training

The Workforce Investment Act (WIA) integrates employment, adult education and vocational services into a federal workforce development system for adults, dislocated workers and youth. Under WIA, three key funding streams are authorized --adult, dislocated worker and youth funds.⁸ These funds are allocated by formula to states that reserve 15 percent and pass the remaining 85 percent on to the local level.

Workforce investment boards (WIBs)⁹ oversee WIA service delivery and decide how funds will be used. Each state has a single statewide WIB and multiple local WIBs. This decentralized structure enables WIBs to respond to variation in local workforce needs. The community's highest-ranking official appoints WIB members at the local level and the governor appoints those at the state level. Business leaders, representing industries with employment opportunities, make up the majority of WIB members at both levels.

One-stop centers are the hub of WIA service access and delivery, providing job seekers with access to WIA services, as well as other program services including some services under the Perkins Act.¹⁰ One-stop center locations conform to local labor markets.

How Can Local WIA Adult and Dislocated Worker Funds Be Used?

One-stop centers and approved training providers deliver adult and dislocated worker services in a three-tier system--core, intensive and training services. The services begin with the least resource intensive type and move upward. Supportive services such as transportation and childcare can be made available at any time.

Core services. Core services, available to any adult or dislocated worker, include:

- **Information on how to access supportive services such as childcare and transportation.**
- **Job search, placement assistance and career counseling.**
- **Labor market information (including earnings, job demand and skills required to obtain those jobs).**
- **Training provider information.**
- **Assistance in accessing financial aid for training and education.**

Intensive services. Intensive services are available to an adult or dislocated worker who is (a) unemployed, unable to obtain employment through core services, and who has been determined by the one-stop center to need more intensive services to obtain employment; or (b) employed but is determined by the one-stop center to need intensive services to obtain or retain employment that allows for self-sufficiency. Intensive services include:

- **Employment plan development, counseling and case management.**
- **Prevocational services such as learning skills, communication skills, interviewing skills, punctuality, personal maintenance skills and professional conduct.**

Training services. Training services are available to an individual who (a) is eligible for intensive services but unable to obtain or retain employment through these services; (b) is assessed by the one-stop center to need training services and to have the skills and qualifications to successfully participate in the selected training program; and (c) selects a training program that is directly linked to employment opportunities in the local area, or outside the local area if the individual is willing to relocate.¹¹ **Training services include:**

- **Occupational skills training, such as training for CNAs.**
- **On-the-job training and workplace training with related instruction.**
- **Skill upgrading and retraining.**
- **Job readiness training.**
- **Adult education and literacy activities.**

Some observers believe that WIA discourages training in favor of moving unemployed people directly into the labor force. However, “federal regulations reflect an intention to provide broad discretion to local WIBs to develop detailed policies to determine who is eligible for intensive training services.”¹²

How Can Local WIA Youth Funds Be Used?

Youth services are available to low-income youth, ages 14-21, who face barriers¹³ to successful employment or completing their education. Services are based on participants’ individual needs. Community organizations and training providers deliver youth services through competitive grants awarded by WIBs. **Youth services include:**

- **Preparation for postsecondary education.**
- **Development of strong linkages between academic and occupational learning.**
- **Occupational skill training, such as CNA training.**
- **Summer employment opportunities directly linked to academic and occupational learning.**
- **Paid and unpaid work experiences.**
- **Supportive services (including transportation and childcare).**
- **Mentoring, follow-up services and counseling.**

How Can State 15 Percent Reserve Funds Be Used?

Although state reserve funds are derived from three different funding streams--adult, dislocated worker and youth--they can be used together or separately to target any one of these groups, regardless of the original funding stream. State reserve funds can be used to:

- **Provide incentive grants, such as awards to local areas for exemplary performance.**
- **Develop and implement projects for incumbent workers, such as an employer loan program to assist in skills upgrading.**
- **Demonstration and research activity.**

How Are WIA Programs Designed?

State and local WIBs must develop five-year plans outlining how funds should be used. WIBs at both the state and local levels consider various factors when deciding how to use funds, including:

- **Employment opportunities for entry level workers.**
- **Industry’s workforce needs as identified through a workforce analysis and/or communication with industry representatives. (Industry representatives may participate as elected members of the WIB or request meetings with the WIB to present needs and ways in which these needs could be addressed by the WIB.)**
- **Potential of state and local WIBs to meet performance goals, including earning levels and retention rates. Failing to meet performance goals may result in financial penalties and/or having WIB membership restructured.**

Special Issues for Long-Term Care Providers

WIB Membership. WIA requires that the majority of any WIB’s members consist of business leaders representing industries with employment opportunities. This suggests that long-term care providers should be represented on state and local WIBs. Such representation may help leverage WIA funds and services for direct care workforce development in long-term care. There is no national source of data to identify members on these boards.

Clarifying the “Self-Sufficiency Standard Rule.” Under WIA, self-sufficiency is a “wage-level threshold below which employed workers become eligible for intensive and training services.”¹⁴ In other words, employed individuals who are interested in direct care worker training (or any other type of training) could receive services as long as their current wages do not exceed the local self-sufficiency standard.

Carl D. Perkins Vocational and Technical Education Act¹⁵

<i>Purpose</i>	To develop more fully the academic vocational and technical skills of secondary and postsecondary students who elect to enroll in vocational and technical programs. ¹⁶
<i>Administration</i>	U.S. Department of Education
<i>2002 Budget</i>	State basic grants: \$1,180,000,000 ¹⁷ Tech-prep grants: \$108,000,000 ¹⁸
<i>Reauthorization</i>	2004
<i>Long-Term Care Uses</i>	Job preparation, job awareness

The Carl D. Perkins Vocational and Technical Education Act (Perkins Act) provides funding for vocational and technical education services to youth and adults. Vocational and technical education refers to a sequenced course of study to prepare individuals for further education and careers in current or emerging employment sectors.

The Perkins Act authorizes two key funding streams: state basic grants and tech-prep grants.¹⁹

- **State basic grants** are awarded to states by a formula that reserves 15 percent of the funds and passes the remaining 85 percent to secondary and postsecondary schools at the local level.
- **Tech-prep grants** are awarded to states by formulas that pass 100 percent of the funds down to local consortia, including secondary and postsecondary schools, as well as employers. Local allocation can be made by formula or competitive grant award.

How Can Local Level State Basic Grant Funds Be Used?

State basic grant funds are awarded to secondary and postsecondary schools to develop vocational and technical education programs and provide services, including:

- **Helping students gain experience in and understanding of all aspects of an industry.**
- **Extending professional development opportunities to teachers, including internships with industries.**
- **Involving business and/or labor organizations in the development of vocational and technical education programs.**
- **Offering career guidance**

- **Making work-related experiences available, such as internships, cooperative education and job shadowing.**
- **Forming local education and business partnerships.**
- **Assisting students with job placement.**

How Can State 15 Percent Reserve Funds Be Used?

State reserve funds can be used for statewide activities, including:

- **Professional development for teachers and other personnel.**
- **Supporting partnerships with educational institutions and employers, among others.**
- **Cooperative education (through an agreement between schools and employers, students receive instruction by alternating study in school with a job in any occupational field).**
- **Supporting education and business partnerships.**
- **Assisting students in finding appropriate jobs.**

How Can Tech-Prep Grant Funds Be Used?

Tech-prep grants are awarded to secondary and postsecondary schools, as well as employers, to provide a sequenced course of study in a specified area, such as health occupations. Study programs are designed as either 2+2 programs (two years of high school plus two years of postsecondary education) or 4+2 programs (four years of high school plus two years of postsecondary education). Programs culminate in an associate degree or certificate and ultimately in job placement or further education.

How Are Perkins Programs Designed?

States and local organizations develop five-year plans outlining how they intend to use funds. They consider these factors when deciding how to use funds:

- **The potential of the state and local organizations to meet performance goals, including school completion rates, employment placement and retention rates. Failing to meet performance levels could result in funds being withheld.**
- **How vocational and technical education will relate to state and regional occupational opportunities.**

Special Issues for Long-Term Care Providers

The Perkins Act explicitly encourages partnerships between educators and employers, thereby presenting opportunities to long-term care providers who want to improve direct care workforce recruitment and retention through education, training and awareness activities. Employers can become involved at multiple points. For example:

- **State five-year plan:** Development must include representatives of business and industry and must provide public hearings to allow employers, among others, an opportunity to present their views and make recommendations.
- **State 15 percent funds from state basic grants:** May be used to support cooperative education and education and business partnerships.
- **Local state basic grant funds:** May be used to provide work-related experience (such as internships, cooperative education and job shadowing) and provide local education and business partnerships.
- **Tech-prep funds:** Special consideration in awarding tech-prep grants goes to programs that provide education and training in areas or skills that are experiencing a significant workforce shortage, programs that are developed in consultation with business and industry and programs that include employers.

Temporary Assistance for Needy Families (TANF)²⁰

<i>Purpose</i>	To provide assistance to needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families. ²¹
<i>Administration</i>	U.S. Department of Health and Human Services
<i>2002 Budget</i>	State block grants: \$16,488,667,000 ²² State maintenance-of-effort funds: \$11,106,907,662 ²³
<i>Reauthorization</i>	2002 pending
<i>Long-Term Care Uses</i>	Job preparation, job awareness, supportive services, training

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 created the Temporary Assistance for Needy Families (TANF) block grant program, replacing Aid to Families with Dependent Children (AFDC), the country’s basic cash assistance program, and related programs. TANF espouses a “work first” philosophy, emphasizing work and responsibility over dependence on government benefits--the hallmark of welfare reform.

TANF is a federal/state program funded through federal block grants made to states and state generated maintenance-of-effort funds.

How Can TANF Funds Be Used?

In addition to meeting overall programmatic purposes, three guidelines frame how TANF funds can be used:

- Funds must be used to serve families with children.
- Cash assistance and other “benefits directed at basic needs”²⁴ have a five-year time limit. This rule does not apply to some benefits such as employer subsidies to cover the cost of wages, benefits, training, or supervision and supportive services.²⁵
- Families must meet income thresholds set by the state. Thresholds vary widely from state to state.²⁶ States may choose to have different income thresholds for different TANF-funded programs. For example, a state could make cash assistance available only to very poor families and make transportation assistance available to working families making higher incomes.²⁷

TANF funds can be used to provide the following:

- **Cash benefits.**
- **Supportive services, such as transportation and childcare.**
- **Employment counseling and job placement.**
- **Employability training.**
- **Postsecondary education²⁸ and occupational training.**

How Are TANF Programs Designed?

In general, state welfare agencies, in conjunction with the governor and state legislature, determine how programs are designed. However, the U.S. Department of Health and Human Services encourages states to “develop collaborative relationships with businesses, local agencies and community organizations in developing strategies and delivering services.”²⁹ **States consider various factors when designing TANF programs, including:**

- **How they will meet work participation goals. Work participation refers to subsidized and unsubsidized employment, on-the-job training, and education directly related to employment for recipients without a high school diploma or equivalent. States failing to meet participation goals are subject to financial penalties.³⁰**
- **Labor market employment opportunities for entry-level workers.**

Special Issues for Long-Term Care Providers

Some have suggested welfare-to-work recipients as a new pool from which the long-term care industry could recruit direct care workers. However, anecdotal evidence suggests that long-term care providers’ experiences with hiring these workers have been mixed. Understanding variation in the TANF population may provide some explanation.

Roughly half of the TANF population is long-term welfare recipients, with the remainder being short-term and return welfare recipients. Long-term welfare recipients face multiple barriers to successful employment.³¹ Data show that this group is more likely to be in poor physical or mental health, have not worked for three years or more, and have less than a high school education.³² These barriers highlight the need for additional services, such as employability skills and ongoing childcare, to support successful employment. By contrast, short-term and return welfare recipients face fewer barriers and seem to transition more easily from welfare to work.³³

Despite these barriers, many employers have had success with hiring welfare recipients. A 2001 survey showed that retention rates for welfare recipients are comparable to employees hired through “standard channels.”³⁴ And at least one study suggests that retention rates for former welfare recipients are higher than retention rates of other entry-level workers.³⁵ Primary predictors of job retention for welfare recipients include “starting off in higher-paying jobs; working steadily, initially; finding jobs with benefits; and working in certain occupations, including health care.”³⁶

National Registered Apprenticeship

<i>Purpose</i>	To provide highly skilled workers--through employer-based training--to employers who are experiencing worker shortages.
<i>Administration</i>	U.S. Department of Labor
<i>2002 Budget</i>	
<i>Reauthorization</i>	
<i>Long-Term Care Uses</i>	Recruitment, training, job preparation

The National Registered Apprenticeship program³⁷ provides a framework for employers who are experiencing skilled worker shortages to improve recruitment, retention and the quality of their workforce through on-the-job training and classroom instruction. Apprentices “earn as they learn” and upon graduation receive a nationally recognized certificate of completion from the U.S. Department of Labor. While the program does not provide grants or funding to employers, it does provide a nationally recognized framework for training that may attract previously untapped worker pools such as high school students. The program may also improve the quality of training, which may lead to increased retention.

Since its inception in 1977, the program has primarily focused on construction and manufacturing industries. However in the past two years, this focus has expanded to include apprenticeships in health care, including long-term care. Today, more than a quarter million employers offer registered apprenticeships, representing approximately 440,000 apprentices.

Employers and Apprenticeship

While the program is administered nationally by the U.S. Department of Labor, individual apprenticeship programs are employer-based. That means employers recruit apprentices, develop on-the-job training and classroom instruction standards, and are otherwise responsible for the administration and oversight of their program. In addition to decreased vacancies, benefits of having an apprenticeship program include:

- **Reduced recruitment costs.** Established relationships with a Job Corps center may provide a significant source of recruitment, which would offset the cost for additional recruitment activities.
- **Reduced training costs.** Customized training from the beginning eliminates the need to “retrain” workers.

- **Reduced turnover costs.** These skilled workers tend to stay employed longer than their counterparts do because they are expertly prepared to meet work expectations and have developed a good working relationship with the employer.
- **Reduced worker's compensation.** Training standards include safe workplace practices and responsibilities.

Employers from across the spectrum of long-term care--nursing homes, assisted living facilities, home care agencies and adult day care centers--are eligible to develop an apprenticeship program.

Certified Nursing Assistant (CNA) Apprenticeship in Long-Term Care

CNA is one example of apprenticeship in long-term care.³⁸ **This apprenticeship can be used to train experienced CNAs, newly hired CNAs and individuals who are pursuing certification as nursing assistants. The CNA apprenticeship offers 2,000 hours of on-the-job training and 144 hours of classroom instruction, usually simultaneously, which can be completed over one year full-time or one and a half years part-time.**³⁹

Federal and state-approved CNA training leading to a certification is generally completed early on in the apprenticeship, either by the long-term care provider, if approved to do so, or by a local training program. Becoming certified as a nursing assistant early on allows apprentices to fully maximize on-the-job training. Here is an example of on-the-job training and classroom instruction standards for the CNA apprenticeship:⁴⁰

On-the-Job Training	
	Orientation and safety
	Maintenance of good patient environment
	Vital signs
	Patient care:
\$	Pass trays, assist in transferring, and assist with Sitz baths.
\$	Assist with ambulation, ice bags and throat collars.
\$	Stool and urine specimens, feeding, record intake and output.
\$	Specific housekeeping duties assist in skin treatment.
\$	Activities of daily living (ADL) care: assist with turning, repositioning, dressing, and bathing.
Classroom Instruction	
\$	Applied math, applied communications, employability.
\$	General administrative duties, computer literacy.
\$	First aid and medical emergencies, psychology of human relations.
\$	Infection control and risk management, medical law and ethics, nutrition.
\$	Patient education, basic pharmacology, professionalism, teamwork.
\$	Medical terminology, vital signs, lab test and diagnostic procedure.

§	Clinical chemistry, bacteriology, urinalysis, hematology, phlebotomy.
§	Documentation, human anatomy and physiology.

The employer develops standards for on-the-job training and classroom instruction, based on the Registered Apprenticeship program’s national standards for the CNA apprenticeship.⁴¹ Although national standards for other direct care workers have yet to be developed, the CNA apprenticeship standards can be modified to meet the needs of home care, assisted living, adult day care and other home and community-based employers. Program officials provide significant technical assistance to help employers develop standards that meet their unique workforce needs.

Implementing Apprenticeship

Community colleges, independent vocational education programs and, in some cases, employers themselves provide classroom instruction. In addition, many high schools offer students the opportunity to earn credits for completing an apprenticeship through their “school-to-work” program. In these cases, the high school or affiliate vocational education program provides the classroom instruction.

Once hired, apprentices are matched with a mentor who provides on-the-job training. Mentors may be registered nurses, licensed practical nurses or experienced CNAs who are employed by that provider organization. While there are no minimum program requirements, employers who are selecting mentors can consider a person’s experience in adult education and interest in apprenticing a new worker.

Recruiting Apprentices

Employers select apprentices based on the employers’ workforce needs and criteria. At a minimum, apprentices must be at least 17 years old and have a high school diploma or equivalent (or complete one of these within a year of beginning the apprenticeship).

Apprentices are often recruited from high schools, vocational education programs, community-based organizations and welfare-to-work agencies. Successful recruitment depends on the relationships that employers build with these organizations to promote apprenticeship as a vehicle for beginning a career in long-term care. Program officials can help employers identify and establish relationships with organizations that may be a source of apprentices.

Cost of Apprenticeship to Employers

Upfront costs may include:

- Lower productivity as the apprentice develops skills and knowledge.
- Cost of classroom instruction if not supported by other resources.

In addition, employers are required to provide progressively higher wages to apprentices as they demonstrate new competencies and skills. For CNA apprenticeships, the apprentice may be hired at the local starting wage for CNAs and then receive a 50 cent per hour increase upon completion of the apprenticeship.

For high school apprentices, the public school system provides classroom instruction. For others, this cost can be defrayed through federal, state and local scholarship programs; local workforce development training programs; and existing scholarship programs that providers offer. Program officials can assist providers in identifying these resources.

Technical Assistance

Registered Apprenticeship program officials are available in each state to provide technical assistance to employers, including registering as an apprenticeship site, developing standards for on-the-job training and classroom instruction, establishing relationships with organizations that may be sources of apprentices and implementing the apprenticeship program.

Because training is tailored to each employer's specific workforce needs, apprentices are highly skilled and knowledgeable about their work. Program officials conduct confidential annual audits to provide feedback to employers on how they could improve on-the-job training and classroom instruction standards, enhance on-the-job training and improve apprentice recruitment even more.

Job Corps

<i>Purpose</i>	To provide at-risk youth with the education, training and supportive services they need to develop employment related skills and obtain a decent job.
<i>Administration</i>	U.S. Department of Labor
<i>2002 Budget</i>	
<i>Reauthorization</i>	
<i>Long-Term Care Uses</i>	Recruitment, training, job preparation

Job Corps⁴² is the nation's largest residential training and education program for at-risk youth. Through Job Corps, students earn their general education diploma (GED), learn a vocational trade and develop employment related skills. They also receive a host of supportive services, including on-site housing, transportation, meals, clothes and a stipend. The typical Job Corps student is an at-risk youth, 18-24 years old, who is economically disadvantaged and a high school dropout. On average, students are enrolled in Job Corps more than seven months, although they may stay for up to three years to seek advanced training. For employers seeking to improve recruitment of direct care workers, Job Corps provides a pool of future workers that can be trained to meet workforce needs. Nationwide, there are 119 Job Corps centers serving almost 70,000 participants annually.

Employers and Job Corps

Long-term care providers can use Job Corps to improve recruitment and retention, primarily by hiring students for permanent and temporary positions. In addition, employers can offer their local Job Corps guidance on improving training programs to better meet the needs of long-term care providers. That advice, in turn, may reduce turnover rates among graduates once employed.

Benefits of partnering with Job Corps include:

- **Decreased vacancy rates.** Job Corps is a source of trained, competent and motivated long-term care workers.
- **Reduced recruitment costs.** By establishing a relationship with Job Corps, employers may be able to reduce costly advertising and other recruitment activities.
- **Decreased training costs.** Customized training from the beginning eliminates the need to "retrain" workers.

Long-Term Care Training through Job Corps

An estimated 80 percent of Job Corps centers offer CNA/home health aide training and 5 percent offer licensed practical nursing training. Training curricula vary by Job Corps center because they are developed with input from local long-term care providers. This ensures that graduates are equipped to meet the unique needs of these employers. All training programs meet federal and state training requirements.

Each Job Corps center has an Industry Council, made up of local employers, that helps identify which vocational training programs should be offered based on local workforce needs. The council also advises Job Corps on how training curricula can be improved to better meet employer needs. Generally, any interested employer is eligible to participate on a council. There is no national source of data to assess the extent to which long-term care providers participate on these councils.

Partnering with a Local Job Corps Center

Any long-term provider, including nursing homes, assisted living facilities and home care agencies, can partner with their local Job Corps to improve recruitment and retention. Strategies include:

- **Hire Job Corps graduates.** Job Corps centers offer placement services to match graduates to employers' hiring needs. Job Corps graduates are placed in employment providing at least \$8.50 an hour.
- **Hire Job Corps interns.** This offers temporary placement from three weeks to six months, giving the employer a chance to assess potential for permanent employment, assist in student training and fill temporary staffing needs.
- **Build a relationship with Job Corps students.** Serve as a guest instructor, participate in job fairs and open houses, allow students to tour your organization and host a student to shadow staff at your organization.
- **Serve as a member of a Job Corps Industry Council.** Industry Council members are local employers who provide the center with input on how to improve the quality, appropriateness and usefulness of training. Council members ensure that curricula reflect both current technology and industry standards to meet employer needs. Industry Councils also assist centers in assessing labor market information to make decisions about what types of vocational training to offer.
- **Take advantage of customized training.** Work with Job Corps staff to update their training curricula, serve as a clinical training site and provide industry- specific equipment for students to train with.

III. PARTNERSHIPS BETWEEN LONG-TERM CARE AGENCIES/PROVIDERS AND FEDERAL WORKFORCE DEVELOPMENT PROGRAMS

The following vignettes show how state agencies and long-term care providers have creatively employed the federal workforce development programs highlighted in this report to address critical shortages of direct care workers in the long-term care field.

Getting the Message Out: Media Campaigns

<i>What</i>	Health Care Worker Media Campaign
<i>Where</i>	Lancaster County, Pennsylvania
<i>Who</i>	Lancaster County Workforce Investment Board, Berks County Workforce Investment Board, South Central Workforce Investment Board
<i>Partners</i>	Providers and local television outlet
<i>Funding</i>	Workforce Investment Act, health and long-term care providers
<i>Vision</i>	Increase the supply of workers through an intensive and long-term television campaign to encourage people who are already working to consider health care careers.

The Lancaster County WIB convened stakeholders throughout the area, including long-term care providers, to form the Lancaster County Working Group on Health Care Employment and Training. The Working Group is a permanent infrastructure for employer input to the WIB, drawing on a 10-county area in south central Pennsylvania. Partnering with WGAL-TV, the Working Group launched a television media campaign to increase the supply of workers in health care, including long-term care. The project targets existing health care workers who want to advance their careers and workers in other industries who are looking for a career change.

The media campaign averages 30 messages weekly during high profile time slots. Each message concludes with a toll-free number for more information, which directly connects the caller to his or her local one-stop center. The staff answers questions and invites callers to information sessions. The Health Care Careers Briefing orients participants to various careers, including long-term care, and assists participants in job

placement. The Health Care Careers Orientation provides career information, placement testing, site visits and individual consultation with training providers.

Preliminary evidence suggests the program is successful. The region's nursing schools have waiting lists and allied health training programs are approaching capacity.

A \$100,000 grant from the Pennsylvania WIB provided seed money for production of the messages. Thirty-four providers, including 15 long-term care providers, have contributed \$560,000 to buy airtime for the project by purchasing "employer recognition tags" for each televised message. Tags provide employers an opportunity to advertise themselves to potential employees as an employer of choice.

Onward and Upward: Building Skills with Supports to Succeed

What	CNA Training Pilot Project
Where	Delaware County, Pennsylvania
Who	Delaware County Workforce Investment Board
Partners	Women’s Association for Women’s Alternatives, Delaware County Community College, Fair Acres Geriatric Center
Funding	Workforce Investment Act
Vision	Reduce the turnover rate of entry-level employees by providing them with the skills and supportive services that will enable them to succeed on the job and prepare them to move up the career ladder.

The CNA Training Pilot Project is a partnership between the Delaware County WIB, the Women’s Association for Women’s Alternatives, the Delaware County Community College and Fair Acres Geriatric Center. The goal is to improve vacancy and turnover rates among direct care workers through a comprehensive training and preparation program. The program targets low-income youth, 18-21 years old, who face at least one employment barrier such as school dropout. Long-term care is seen as a good match for this target group because it offers easy entry into a high growth industry with self-sufficient wages and career advancement opportunities. Policy-makers will use findings from the pilot to decide how WIA funds can best be used to train CNAs.

The program is organized into four components:

- **Employability skills training (employer expectations, cultural diversity, communication) provided by Delaware County Community College.**
- **Literacy/documentation skills development also provided by Delaware County Community College.**
- **Career coaching and case management services provided by the Women’s Association for Women’s Alternatives.**
- **A 90-hour CNA training curriculum provided by Delaware County Community College and Fair Acres Geriatric Center.**

Up to 40 participants will be recruited from local high schools and community service programs. Fair Acres Geriatric Center, along with other providers, has committed to hiring graduates of the training program. Students will be placed in full-time employment immediately after completing the classroom and clinical training.

The CNA Training Pilot Project is funded by the Delaware County WIB through a grant awarded to the Women's Association for Women's Alternatives, partnering with the Delaware County Community College and Fair Acres Geriatric Center.

Sectoral Response: Making Informed Decisions about Needs

What	Delaware County Sector Employment Intervention Project
Where	Delaware County, Pennsylvania
Who	Women’s Association for Women’s Alternatives
Partners	Delaware County Office of Employment and Training, Delaware County Commerce Center, National Economic Development and Law Center, Delaware County Legal Assistance Association, Wider Opportunities for Women
Funding	Workforce Investment Act, Delaware County Office of Employment and Training, Pennsylvania Department of Community and Economic Development
Vision	Help health care employers recruit, hire, train, retrain and provide upward mobility to low-income Delaware County residents.

The Delaware County Sector Employment Intervention Project is an initiative of the Delaware County Sector Project Collaborative, a partnership among key community stakeholders including educators, employers and workforce development agencies.

In phase one of this three-phase project, a labor market study was conducted to understand workforce supply and demand, including:

- **Assessment of industry and occupational information, demographic information, self-sufficiency data and employment and training resources.**
- **Focus groups with employers, residents and employment and training service providers.**

Study findings identified health care (including long-term care) as one of two target industries on which WIB initiatives should focus. Health care was identified as a high-growth industry that provides easy entry and upward career mobility.⁴³

Phase two of this project involved the creation of an ad hoc consortium of health care and long-term care providers, training providers and government agencies. This group met quarterly to explore, define and promote systematic responses to the problems facing the health care sector in Delaware County. This phase supported the development of:

- **Directory of Healthcare Training Providers**, a publication for job seekers, guidance counselors, employment training programs, TANF- and WIB-funded programs, schools, social service agencies, faith-based organizations, the community college and other educational institutions.

- ***Day Care/Transportation/Healthcare Employer Map*** so job seekers can find daycare and transportation available near health care employers.
- ***Delaware County WIB's Strategic Plan*** for meeting local health care workforce needs.

Phase three of this project involves implementing a CNA Training Program, also discussed in this report (see “CNA Training Pilot”). This project was funded through local WIA funds.

Tapping New Worker Pools: Migrant Farm Workers

What	Migrant Farm Worker and Limited English Proficiency Training Program
Where	Riverside and San Bernardino Counties, California
Who	Riverside County Workforce Development Board and Economic Development Agency
Partners	California Workforce Investment Board, California Employment Development Department, California Monitor Advocates Office, California Workforce Association, College of the Desert, Campfire Boys and Girls Club, California Nurses Educational Institute, Coachella Valley Housing Coalition, United Farm Workers of America
Funding	Workforce Investment Act, Welfare-to-Work
Vision	Develop partnerships to further long-term care training, train non-traditional populations for the long-term care field, and develop non-traditional methods of training with a long-term care industry.

Through a local workforce analysis, the Riverside County WIB identified high demand for direct care workers in long-term care. In response, the WIB convened long-term care providers, training providers and local businesses to strategize about how to address this need. The Migrant Farm Workers and Limited English Proficiency program is an outgrowth of these meetings.

This initiative matches employers' need for direct care workers with migrant farm workers' need to increase and stabilize their income. The skills developed through this program are intended to promote stabilized, higher incomes for this population while addressing the critical shortage of direct care workers in long-term care.

The initiative is organized into three components:

- **Comfort of Home Caregiver Training is a 40-hour course developed by the College of the Desert to train students to provide basic care. It is offered in English, Spanish and English as a Second Language.**
- **Vocational English as a Second Language for CNA Training teaches medical terminology in English. The course is offered by the Campfire Boys and Girls Club.**
- **CNA Training curriculum is a 160-hour course provided by the California Nurses Educational Institute. Class schedules are flexible to accommodate students' needs.**

Three partners provide intensive outreach within migrant farm worker communities: the California Employment Development Department, which has a migrant and seasonal

farm worker program in the Coachella Valley; Coachella Valley Housing Coalition, which has more than 2,500 units of affordable housing; and the United Farm Workers, which saw value in participating because it offered members the opportunity to diversify their income while providing a mobile skill.

The program offers two transportation options for students, meeting substantial need in this rural area. Ready Rides, created through the local public transportation system, provides door-to-door service for students going to and from classes. Share a Ride reimburses individuals who carpool to classes.

This project was funded through the California Training Initiative using WIA and Welfare-to-Work funds.

Building the Future: Students as Workers

What	Health Occupations Program
Where	Charlotte, North Carolina
Who	West Mecklenburg County High School
Partners	Health and long-term care providers
Funding	Perkins Act, state general revenues
Vision	Prepare high school students for employment and/or continued education by providing them an opportunity to master a specific skill set; expand the number of qualified health care workers, including long-term care workers.

The Health Occupations Program at West Mecklenburg High School provides students a sequenced course of study in health occupations. This program is one of 15 in Charlotte-Mecklenburg County and is an example of such programs throughout the country. West Mecklenburg is classified as a “high risk” school, meaning that students face barriers to completing school and then, after graduation, to securing employment. The health occupations program addresses these barriers by framing high school study as meaningful. It links study to jobs. As one respondent stated, “The Health Occupations Program gives kids a skill to prepare them for self-sufficiency beyond high school.”

The program incorporates academic and hands-on clinical learning including shadowing and internship experiences in long-term care settings. Students have an opportunity to complete a CNA training course that includes a 40-hour experiential component in long-term care.

West Mecklenburg’s program has more than 250 students enrolled from 9th-12th grade. Some students work part-time as CNAs while finishing their high school degree and graduates often work full-time as CNAs.

Long-term care providers have been actively involved, offering program guidance, providing clinical opportunities for students, recruiting graduates and serving as guest speakers to help students explore long-term care as a career path. Currently, 11 long-term care providers participate as clinical sites for the CNA training component.

Strategic Workforce Development: Beginning in Kindergarten

What	Pitt County Health Careers Development Program
Where	Pitt County, North Carolina
Who	Pitt County Memorial Hospital, University Health Systems of Eastern North Carolina, Pitt County Schools, Pitt Community College, Eastern Carolina University, Brody School of Medicine, Greenville-Pitt County Chamber of Commerce, Eastern AHEC
Partners	
Funding	Perkins Act, private funding
Vision	Contribute to meeting the health care career needs of the community by preparing students for future health care careers.

The Pitt County Health Careers Development Program addresses the health care workforce shortage, including long-term care, in Pitt County. Educators, health care employers (including long-term care) and the greater business community have come together to develop and support the program, all seeing it as a win-win opportunity.

This comprehensive program begins in kindergarten and culminates in high school with the Health Sciences Academy. The program consists of three levels: kindergarten through 5th grade, 6th-8th grade and 9th-12th grade.

Each level promotes awareness of careers in health and long-term care through:

- **Career fairs.**
- **Health professional speaking engagements.**
- **Career development portfolio construction.**
- **Instruction and mentoring by health professionals in math and science.**
- **Kid’s Healthy Careers College, a summer camp.**
- **Mentoring with health care professionals.**
- **Participation in various summer academies.**
- **Health careers presentations.**
- **Nursing careers recruitment program.**

Beginning in 9th grade, participants enter the Health Sciences Academy. They take courses based on one of four pathways: therapeutic (which includes nursing), diagnostic, information services and environmental services. Activities include CNA training, internships and job shadowing, tours of health care facilities and scholarship program. Program staff characterizes the Health Careers Development Program as a

strategic and long-term solution--not a quick fix. Program sustainability capitalizes on the idea that building a competent and committed health care workforce is in the interest of educators and employers, as well as the community at large.

Sectoral Workforce Development: Statewide Action

What	California Training Initiative
Where	California
Who	California Employment Development Department
Partners	University of California at Los Angeles, University of California at San Francisco, long-term care providers, labor organizations, education and training providers
Funding	Workforce Investment Act, Welfare-to-Work
Vision	Ensure that California's communities have well-trained caregivers necessary for all levels of care for the elderly population; communities have caregivers necessary for continuity of long-term care; caregivers have opportunities for entry-level employment and for career advancement.

As part of the Governor's Aging with Dignity Initiative, the Caregiver Training Initiative (CTI) awarded \$25 million in grants to assist in developing qualified caregivers to meet the growing needs of California's aging and disabled populations. The program will test various recruitment, retention and training methods within the long-term care workforce. Twelve grants were awarded to the state's nine regions. Grantees are regional partnerships comprised of multiple counties, community colleges, investment zones, area training collaborations, and the long-term care industry and welfare programs. A state advisory council--comprised of providers, educators, businesses, labor organizations and state agencies--provides program guidance and oversight.

Grantee activities vary depending upon regional variation in long-term care workforce needs, but often include career ladder opportunities for CNAs interested in becoming LPNs, RNs and nurse practitioners. Programs target both current and new workers, including welfare recipients, low-income individuals, dislocated homemakers, migrant workers and "aged out" foster youth. Grant programs will be carried out over 18 months and are expected to train 5,000 workers. The regional partnerships that are formed through the grant program are expected to support program sustainability after the grant ends.

The program has commissioned two studies:

- The California Employment Development Department studied how labor supply and demand principles affect direct care worker shortages in long-term care. The report found that compared to other occupations, caregiver occupations may be viewed as less desirable due to lower wages, fewer benefits, higher risk for injury/illness, certification requirements and less opportunity for advancement. The study suggests ways in which providers can position themselves to successfully recruit

and retain caregivers in this market, such as job redesign, positive marketing campaigns and career path development.⁴⁴

- The University of California at Los Angeles and the University of California at San Francisco analyzed wages, benefits and job stability for caregivers. The report found a significant wage spread across employers for entry-level caregivers, although on average it is \$7.00 an hour. Examination of benefits showed that most full-time caregivers have benefits, but part-time caregivers do not. The majority of caregivers are part-time. Analysis of job stability found high levels of turnover, with lower wage caregivers experiencing the highest level of job instability.⁴⁵

Flexible Solutions: Enabling Providers to Support Workers

What	TANF Health Worker Training Initiative
Where	New York
Who	New York Department of Health, New York State Department of Labor, Office of Temporary and Disability Assistance, Office of Children and Family Services
Partners	Nursing homes, home care agencies, hospitals, related not-for-profit association
Funding	TANF
Vision	Support the recruitment, training and retention of individuals eligible for TANF for jobs in the health care sector, including hospitals, nursing homes and home care service sectors.

The TANF Health Care Worker Training Initiative is a \$100 million program to implement interventions at the provider level that will improve the recruitment, training and retention of entry-level health care workers, including those in long-term care. The initiative awards grants on a competitive basis to hospitals, nursing homes and home health agencies, as well as related non-profit associations. In the first round of grants, nearly 80 percent of funds awarded to nursing homes and home agencies. The initiative targets both new and existing workers eligible to receive TANF benefits.

Funds can be used to:

- **Conduct needs assessments to determine appropriate training needs.**
- **Provide training including remediation.**
- **Do basic skill development and educational enhancement.**
- **Provide retention programs, such as career ladder and subsidies.**
- **Supply supportive services, such as childcare or transportation subsidies.**

The funds cannot supplant existing funds used for services such as childcare, transportation and CNA training when the participant is eligible to benefit from these programs. Preference is given to grant applicants whose project design includes training for long-range employment potential or recruitment into high demand health care jobs; have labor union concurrence where appropriate; and develop linkages with social service agencies, Workforce Investment Act Agencies and other community resources.

Rural Strategies: Training Welfare Recipients for Work

What	River Bend Health Care Provider Training
Where	Vermont
Who	River Bend Career and Technical Center
Partners	Vermont Department of Prevention, Assistance, Transition and Health Access (PATH), nursing homes, hospitals
Funding	Partially through TANF
Vision	To address the shortage of health care workers in the region and prepare welfare recipients for self-sufficiency.

The River Bend Health Care Provider Training program offers CNA training opportunities to welfare recipients. The program is a partnership between the River Bend Career and Technical Center, local health and long-term care providers and the Department of Prevention, Assistance Transition and Health Access (PATH), which administers the TANF program for Vermont. The partnership is an outgrowth of PATH's interest in offering more training opportunities for welfare recipients and the community's need for more CNAs. PATH views CNA training as a way for welfare recipients to gain self-sufficiency by developing a skill set that is in high demand. in an industry that offers relatively high wages and good health benefits.

Referrals to the program are screened to identify individuals who would benefit from literacy skill development and/or employability training. These services are provided before and during the program to improve participants' chances for success.

The program provides both classroom and clinical training. Provider partners, including nursing homes, serve as sites for clinical training. The eight-week program is scheduled so that TANF work activity rules are met. Although adult classes are traditionally during the evening, this program makes a point to schedule classes and clinical time during the day because childcare is generally easier to obtain then.

Immediately after graduating from the program, students are placed in employment available through providers who have committed to hiring graduates from this program. As graduates become employed and increase their earned income cash benefits end, however supportive services continue for up to 12 months through PATH's JobKeeper program. This program provides assistance with transportation, childcare and other needed supports to help employees succeed on the job as they transition out of welfare. To date, the program has graduated its first class of CNAs and generated many more interested participants.

HCR Manor Care Partnership with Job Corps

What	HCR Manor Care
Where	Pennsylvania and Cleveland
Who	
Partners	HCR Manor Care facilities, Pennsylvania Keystone Job Corps centers, Cleveland Job Corps centers
Funding	Job Corps
Vision	

HCR Manor Care, one of the largest long-term care providers in the country, has been using Job Corps to improve recruitment and retention over the past four years. Perhaps the best-known long-term care provider-Job Corps partnership, HCR Manor Care began by establishing a relationship with the Keystone Job Corps Center in Pennsylvania. Since that time, the provider network has established relationships with more than 25 Job Corps centers.

HCR Manor Care facilities partner with their local Job Corps centers by serving as clinical training sites, offering shadowing and internship opportunities, and hiring program graduates. HCR Manor Care has helped several Job Corps campuses update their CNA training program to better meet their workforce needs and improve Job Corps students' success once on the job. Most recently, the provider network has partnered with the Pennsylvania Keystone Job Corps and Cleveland Job Corps centers to establish on-campus LPN programs.

Although HCR Manor Care's experience has been positive, it cautions that Job Corps participants require extended orientation and ongoing support to be successful. Support may include everything from assistance with transportation or childcare to help with managing personal responsibilities such as balancing a checkbook.

HCR Manor Care recruits an estimated 400 Job Corps students each year. The provider network does not analyze retention and performance rates for Job Corps employees.

Cascades Job Corps Center

What	Cascades Job Corps Center Training for CNAs
Where	Washington State
Who	

Partners	Cascades Job Corps Center, Mira Vista long-term care facility
Funding	Job Corps
Vision	

Cascades Job Corps Center, a 327-student campus in Washington State, prepares students for work while providing employers with workers who have the skills needed in today's work force. Cascades offer training in 11 vocations, including CNA, which they have provided for 15 years. On average, 100 students complete CNA training every year at Cascades and many go on to complete advanced training as an LPN or RN through Cascade's Advanced Training program at Skagit Valley College.

Mira Vista, a 94-bed skilled nursing facility, is a long-term care provider who has partnered with Cascades to employ job corps trainees and graduates who have completed CNA training. Mira Vista does not make special accommodations for Job Corps students except for offering them flexible schedules to support their continued education and training.

In addition to Mira Vista, Cascades has partnered with ten other local long-term care providers including nursing homes and assisted living facilities. Providers generally offer employment both before and after employees obtain their nurse aide certification, shadowing days where students learn about the rewards of working in long-term care, clinical training as part of their CNA training program, and volunteer opportunities.

School-to-Work Apprenticeship in Ohio

What	CNA Apprentice Program
Where	Ohio
Who	
Partners	Englewood Manor Nursing Home, Miami Valley Technology Center, Department of Labor National Registered Apprentice Program
Funding	
Vision	

Englewood Manor Nursing Home in Ohio has operated an active CNA apprenticeship program for two years. Many of Englewood’s apprentices have been recruited from the Miami Valley Technology Center, a vocational education school. The center offers high school juniors and seniors a program of applied academics and hands-on experience in more than 50 high tech careers. Students have an opportunity to earn high school credit while completing a “school-to-work” CNA apprenticeship in long-term care.

As in most school-to-work programs, Englewood’s apprentices complete all of their classroom instruction at the center. In addition to providing classroom instruction, the center provides substantial technical assistance to Englewood, including registering Englewood as an apprenticeship site, recruiting apprentices, developing on-the-job training standards and monitoring apprentices’ progression through weekly progress reports.

The Englewood apprenticeship model relies on the relationship between the center and its students. Long-term care providers serve as guest lecturers, participate in job fairs and sit on the school-to-work program advisory committee, where they provide input on program development. According to Englewood literature, its CNA apprentices are “trained as you would like them to work” and “students are more motivated to learn and do a good job because they have the added goal of completing their apprenticeship.” Students see the apprenticeship program as a first step toward a career in long-term care and a way to make money while earning high school credit. While the program does not guarantee retention for more than one year, some apprentices remain full-time employees. Others continue part-time employment while continuing their education to become nurses and other long-term care professionals.

Englewood uses its apprenticeship program as one tool in a multi-faceted approach to improve recruitment and retention of quality direct care workers. The apprenticeship program offers them an opportunity to leverage an untapped source of workers--high school students--who are prepared to meet their specific workforce needs.

Combining Apprenticeship and Distance Learning in Rural Areas

What	Comprehensive Model for Long-Term Care Apprenticeship
Where	South Dakota
Who	
Partners	South Dakota State Office on Apprenticeship and Training, local universities, long-term care providers
Funding	
Vision	

Like other rural states, South Dakota is experiencing a migration of direct care workers from small rural communities to metropolitan areas. These workers move to metropolitan areas to pursue training in long-term care that their own communities do not have the capacity to provide. Without instructors and training programs in long-term care, these students leave their communities and often do not return. Because most of South Dakota is rural, this migration contributes to critical and widespread direct care workforce shortages in long-term care throughout much of the state.

In response, the South Dakota State Office on Apprenticeship and Training is developing a comprehensive model for long-term care apprenticeship, using distance learning technologies to build training capacity in rural communities. The model will use local long-term care providers for on-the-job training and university professors for classroom instruction via distance learning technologies. CNAs, LPNs and potentially RNs will be prepared to work in long-term care.

While the model is only in the early planning stages, South Dakota apprenticeship officials are optimistic that it will improve training opportunities in rural communities, thereby helping to address the direct care workforce shortage in long-term care. Because the model is by nature decentralized--provider-based on-the-job training and classroom instruction through distance learning technologies--program officials believe that eventually it could be adopted throughout the country.

CONCLUSION

Options for addressing workforce shortages in long-term care often require job preparation, training resources and job supports those long-term care agencies and providers are not able to assemble independently. This report has identified five federal programs--the Workforce Investment Act, the Perkins Act, Temporary Assistance for Needy Families, National Registered Apprenticeship and Job Corps--that are being used by state agencies, academic institutions and long-term care providers to recruit and train direct care workers for the long term-care field. These programs offer flexible opportunities to address the direct care workforce shortage, including short-term solutions--such as CNA training, childcare and transportation—and long-term solutions such as familiarizing youth with careers in long-term care. By partnering with these programs, long-term care providers and policy-makers can build upon their mutual interest in moving job seekers into successful employment in long-term care.

ENDNOTES

1. Stone, R. I. and Wiener, J. M. (2001). *Who will care for us? Addressing the long-term care workforce crisis*. Washington, DC: The Urban Institute and the American Association of Homes and Services for the Aging.
2. Hecker, D.E. (2001). Employment outlook: 2000-2010. Occupational employment projections to 2010. *Monthly Labor Review*, 57-84.
3. Scanlon, W. J. (2001, May 17). *Nursing workforce: Recruitment and retention of nurses and nurse aides is a growing concern*. Testimony before the Committee on Health, Education, Labor and Pensions, U.S. Senate (GAO-01-750T). U.S. General Accounting Office. Retrieved July 1, 2002 from <http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.21&filename=d01750t.pdf&directory=/diskb/wais/data/gao> In 2000, there were 16.1 traditional caregivers per person aged 85 and older. By 2030 it is estimated that there will only be 8.5 traditional caregivers per person aged 85 and older. Traditional caregivers are women between 25 and 54 years of age.
4. *Statewide and local workforce investment systems. U.S. Code, Title 29, Chapter 30, Subchapter 2*. Cornell Law School, Legal Information Institute. Retrieved August 1, 2002 from <http://www4.law.cornell.edu/uscode/29/ch30schII.html>. Unless otherwise noted, technical information referenced in this section was directly sourced from U.S. Code.
5. U.S. General Accounting Office. (2000). *Multiple employment and training programs: Overlapping programs indicate need for closer examination of structure*. Report to the Chairman, Committee on the Budget, House of Representatives (GAO-01-71). Retrieved July 1, 2002 from <http://frwebgate.access.gpo.gov/cgi-bin/useftp.cgi?IPaddress=162.140.64.21&filename=d0171.pdf&directory=/diskb/wais/data/gao>.
6. Employment and Training Administration. (n.d.). *Summary of Budget Authority, Fiscal Years 2002-2003*. Retrieved May 31, 2002 from [http://www.doleta.gov/budget/03req\\$.txt](http://www.doleta.gov/budget/03req$.txt).
7. Ibid.
8. Adult, dislocated worker and youth funding streams are authorized under Title I of the Workforce Investment Act.
9. More information on WIBs, including contact information for state and local WIBs, can be found at the National Association of Workforce Boards, <http://www.nawb.org/asp/wibdir.asp>.
10. The Workforce Investment Act mandates specific federal programs as one-stop partners. One-stop partners make their services accessible at one-stop centers and have membership on state and local WIBs. This is an effort to coordinate program delivery. Notably, Temporary Assistance for Needy Families was not mandated as a one-stop partner, although there are provisions within the statute to allow this program to be a one-stop partner.

11. It is important to note that in the event that adult funds are limited, priority must be given to recipients of public assistance and other low-income individuals for intensive and training services. The local board, in consultation with the governor, makes this determination.
12. Savner, S. (1999). Kellogg Devolution Initiative paper: Key implementation decisions affecting low-income adults under the Workforce Investment Act. Center for Law and Social Policy.
13. Barriers include: deficient in basic literacy skills; a school dropout; homeless, a runaway, or a foster child; pregnant or a parent; an offender; or an individual who requires additional assistance to complete an educational program or to secure or hold employment. At a minimum, 30 percent of youth funds must be used to provide services to out-of school youth.
14. AFL-CIO Working for America Institute. (n.d.). *Self-sufficiency and good jobs: Setting standards for wages and eligibility for services under the Workforce Investment Act*. Action brief. Retrieved June 25, 2002 from <http://documents.workingforamerica.org/PDF/SelfSufficiency.pdf>.
15. Vocational and Technical Education. U.S. Code, Title 20, Chapter 44, Cornell Law School, Legal Information Institute.
16. U.S. Department of Education. (n.d.). *Guide to Education*. (CFDA #84.048A). Retrieved July 1, 2002 from <http://web99.ed.gov/GTEP/Program2.nsf>.
17. U.S. Department of Education, Office of Vocational and Adult Education. (2002). *FY 2002 Vocational and Technical Education Allocations*. Retrieved July 1, 2002 from <http://www.ed.gov/offices/OVAE/CTE/2002allot.html>.
18. Ibid.
19. State basic grants are authorized under Title I of the Perkins Act. Tech Prep Grants are authorized under Title II of the Perkins Act.
20. U.S. Department of Health and Human Services, Administration for Children, and Families, Temporary Assistance for Needy Families Program; Final Rule. Federal Register, 64(69):17719-17931.
21. U.S. General Accounting Office. (2000). *Multiple employment and training programs: Overlapping programs indicate need for closer examination of structure. Report to the Chairman, Committee on the Budget, House of Representatives* (GAO-01-71). Retrieved July 1, 2002 from <http://www.gao.gov/new.items/d0171.pdf>.
22. U.S. Department of Health and Human Services, Office of Legislative Affairs and Budget. (n.d.). *All purpose table: Fiscal years 2001-2003*. Retrieved August 8, 2002 from <http://www.acf.dhhs.gov/programs/olab/budget/apt03.htm>.
23. U.S. Department of Health and Human Services, Office of Financial Services. (n.d.). *Table E: Analysis of state maintenance of effort spending levels in FY 2000 through the 4th quarter*. Retrieved June 25, 2002 from <http://www.acf.hhs.gov/programs/ofs/data/q400/TableE.htm>. Note that the figure cited is from FY 2000. This is the most recent figure that the federal government has posted.

24. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (n.d.). *Helping families achieve self-sufficiency: A guide on funding services for children and families through the TANF program*. Retrieved on June 26, 2002 from www.acf.dhhs.gov/progrms/ofa/funds2.htm.
25. Schott, L., Lazere, E., Goldberg, H., & Sweeney, E. (1999, April 29). *Highlights of the final TANF regulations*. Center on Budget and Policy Priorities. Retrieved on July 17, 2002 from <http://www.cbpp.org/4-29-99wel.htm>. Basic assistance cannot be provided to a family with an adult head-of-household who has received such assistance for five years cumulatively over that individual's lifetime. Because these guidelines do not apply to state matching funds, some states separate their matching funds from their block grant to support more flexible program options. For example, states that do this can extend services beyond the five year time limit.
26. The Urban Institute. (2002). *Fast facts on welfare policy: Initial TANF income eligibility thresholds*. Retrieved July 16, 2002 from <http://www.urban.org/UploadedPDF/900529.PDF>. In 2000, a family of three would qualify for cash assistance in Alabama if their earned income was \$205 a month, whereas in Hawaii a family of three would qualify if their earned income was \$1,641 a month.
27. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (n.d.). *Helping families achieve self-sufficiency: A guide on funding services for children and families through the TANF program*. Retrieved June 26, 2002 from www.acf.dhhs.gov/progrms/ofa/funds2.htm.
28. Greenberg, M., Strawn, J., & Plimpton, L. (Revised February, 2000). *State opportunities to provide access to postsecondary education under TANF*. Center for Law and Social Policy. Retrieved June 17, 2002 from <http://www.clasp.org/DMS/Documents/997204029.279/state%20opportunities%20to%20provide%20access.pdf>
29. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance. (n.d.). *Helping families achieve self-sufficiency: A guide on funding services for children and families through the TANF program*. Retrieved June 26, 2002 from www.acf.dhhs.gov/progrms/ofa/funds2.htm.
30. Ibid.
31. Weil, A. (2002). *Ten things everyone should know about welfare reform*. The Urban Institute, New Federalism: Issues and options for states (Series A, No. A-52). Retrieved June 4, 2002 from <http://www.urban.org/Template.cfm?NavMenuID=24&Template=/TaggedContent/ViewByPubID.cfm&PubID=310484>. Figures cited are from 1999.
32. The Urban Institute. (n.d.) *Fast facts on welfare policy, long-term welfare recipients are more likely to face barriers to work than other welfare recipients*. Retrieved July 23, 2002 from <http://www.urban.org/UploadedPDF/900527.PDF>.
33. Weil, A. (2002)

34. Wirthlin Worldwide. (2001). Business makes the case for continued efforts to hire off welfare. *The Wirthlin Report*, 11(4). Retrieved July 8, 2002 from http://www.wirthlin.com/extra1/publicns/report/TWR0_501.pdf.
35. Lippman, H. (2000, March). Off welfare and off to work. *Business & Health*: 23-29.
36. W.K. Kellogg Foundation. (n.d.). *Devolution initiative. Workforce development: Employment retention and advancement under TANF*. Retrieved June 16, 2002 from <http://www.clasp.org/DMS/Documents/1011214527.14/workforce%20development%20employment%20retention.pdf>.
37. More information on this program can be found at <http://www.doleta.gov/atels-bat/reg-apprentice.asp>.
38. Licensed practical nurse is also a federally registered apprenticeship.
39. These standards compare to the 75 hours federally mandated and up to 175 hours mandated by some states for CNA training.
40. Standards listed are from Englewood Manor, Englewood, Ohio CNA registered apprenticeship program.
41. Standards of Apprenticeship for the Apprenticible Occupations: Nurse Assistant Licensed Practical Nurse. U.S. Department of Labor. February 1, 2001. These standards are not long-term care specific but were designed to meet the general needs of health care employers who employ CNAs.
42. More information on this program can be found at <http://www.doleta.gov>.
43. Lavelle, M. & Wong, S. (2001) *Delaware County sector employment intervention project: Technical report*. Swarthmore, PA: Women's Association for Women's Alternatives, The Pennsylvania Family Economic Self-Sufficiency Project. A copy of this report is available by contacting Women's Association for Women's Alternatives.
44. Rickles, J and Ong P.M. (2001) *California Caregivers: Preliminary Labor Market Analysis*, California Employment Department.
45. State of California Employment Development Department, Labor Market Information Division. (2000). *The Quest for caregivers: Helping seniors age with dignity*.



