



Indiana Family and Social Services Administration
&
Bowen Center for Health Workforce Research & Policy

Indiana DSW Plan Strategy Session

Tuesday, July 26th, 2022



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Introduction

Indiana Family and Social Services Administration (FSSA) and the Bowen Center would like to extend our appreciation to each contributor and attendee that was involved in the Indiana Direct Service Workforce (DSW) Plan Strategy Session held on July 26th, 2022.

The objectives of this event were to engage DSW Stakeholders in facilitated discussion to 1) identify the top issues facing the Indiana DSW, 2) obtain input on state-level DSW strategies (both those identified through research and newly identified), and 3) gauge level of interest/support for certain DSW strategies.

In the weeks prior to the Indiana DSW Plan Strategy Session several informational sessions were held. The intention of these information sessions was to provide background on the Indiana DSW Plan Project and present findings from the research into state-level DSW strategies. Early feedback was received from stakeholders during several of the informational sessions. This feedback was incorporated into materials provided to attendees of the July 26th meeting.

The purpose of this document is to present a summary of the July 26th meeting including information gathered from participants. The document is organized as follows:

- Attendee Overview
- Facilitation Outcomes
 - Top Issues Facing Indiana's DSW
 - Feedback on DSW strategies
 - New strategies and general feedback
- Prioritization Exercise
- Meeting Evaluation

Attendee Overview

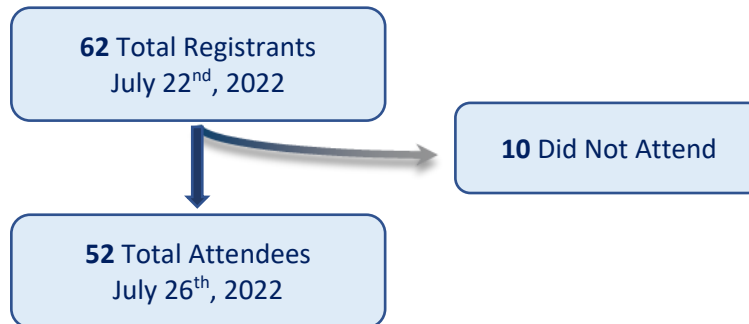
Registration Process

Peggy Welch, Chief Advocacy Officer (FSSA) extended invitations to delegates from various perspectives to attend the July 26th in-person session at the Government Center. Individual emails providing logistics and the registration link were sent by the Bowen Center.



Registration Attendance

At the close of registration, a total of 62 individuals had registered to serve as delegates of their organizations/perspectives. Of those registrants, a total number of 52 individuals attended the day long DSW Plan Strategy Session event.



Attendee Perspectives:

During the registration process, registrants were asked, "Which perspective will you represent at this strategy session?" The responses were collected, and the counts are identified below.

Perspectives In Attendance	Count
Consumer/Consumer Advocates	9
DSW Advisory Group Members	6
Provider Agency/Association	20
State Agency/Affiliate	12
Trade Association	2
Other	3

Facilitation Strategy and Findings

The objectives of the event included engaging DSW Stakeholders in facilitated discussion to 1) identify the top issues facing Indiana’s DSW and 2) obtain input on state-level DSW strategies (both those identified through research and newly identified).

Facilitation Strategy

To identify top issues facing Indiana’s DSW, attendees were invited to share their perspective on the top issues or challenges facing the DSW on post-it notes (one issue per post-it). The exercise was done to identify and document the type and frequency of issues facing the DSW.

Prior to the meeting, attendees received information on 19 state-level DSW strategies identified in published research or through review of publicly available information on policy and programming that has been successful in other states. For purposes of organization and presentation, strategies were grouped into six “bucket areas” (see figure below): 1) Recruitment, 2) Training & Regulation, 3) Wages & Benefits, 4) Retention & Career Development, 5) Workforce Data & Tracking, and 6) Social & Other Supports.

Researched Strategies



In consideration of COVID-19 and to minimize exposure risk to attendees, the majority of facilitated discussion occurred in groups (typically ranging from 5-8). Six groups were formed at



the beginning of the day based on the seats attendees selected. Attendees remained in their group throughout the day.

Six individuals with graduate training in Public Health, Public Policy, and/or a related field served as expert facilitators for the event. To standardize facilitation to the greatest extent possible, all facilitators participated in a preparation session and were provided with facilitation guides. Whenever possible, facilitators were assigned to a specific bucket area based on their expertise or experience. Facilitators rotated to each of the six groups throughout the day to ensure all attendees had the opportunity to provide feedback, input, and perspective on all of the six bucket areas. Additional information on the facilitation approach is available upon request. The following individuals served as facilitators.

- Becky Boustani, Bowen Center Policy Analyst (Retention and Career Development)
- Courtney Medlock, Bowen Center Assistant Director for Policy and Strategy (Recruitment)
- Mykayla Tobin, Bowen Center Research Coordinator (Social and Other Supports)
- Dr. Jackie Prokop, Health Management Associates Senior Consultant (Wages and Benefits)
- Dr. Erica Reaves, Health Management Associates Senior Consultant (Training and Regulation)
- Sierra Vaughn, Bowen Center Assistant Director for Data and Research (Workforce Data and Tracking)

Following the small group facilitated session, a high-level overview of the captured feedback was presented to the full group and Dr. Hannah Maxey facilitated full group discussion and additional feedback.

Findings from the facilitation sessions are presented by bucket area. New ideas are presented separately.



Recruitment

Top Issues

Besides general DSW capacity issues, the most commonly reported challenge to recruitment was a lack of public awareness about the important role of direct service workers (and related employment opportunities) which may stem from the lack of a statewide coordinated marketing/recruitment strategy. Additionally, attendees reported that the lack of clarity and role definition for the DSW and an overall lack of respect for their contributions also contribute to recruitment challenges.

Strategies Feedback

Strategy #1: Public Marketing Campaign for DSW: Marketing campaigns are commonly used by states to share information regarding a certain topic, such as the recent campaign related to COVID-19 or promoting tourism.

- Participants provided feedback on the content and target audience for any DSW marketing campaign. Several attendees suggested that the DSW should be a part of the marketing strategy and advised that care should be taken to ensure marketing be inclusive and representative of workforce and clients (gender, race, ethnicity, ability status, and age). Multiple marketing modalities were suggested (social media, news outlets, awareness month, etc.), and the importance of evaluation to inform longer-term investments was also noted.

Strategy #2 Virtual DSW Hub: A website to organize and facilitate the sharing of information related to the DSW.

- Participants shared numerous ideas for content that might be hosted on a virtual DSW hub, including peer to peer socialization/networking resources, training modules/materials, and a DSW registry.
- Several participants expressed concerns regarding the return on investment for the time/resources required to develop and maintain a virtual hub. Direct service worker internet access issues were raised as a potential barrier to equitable access to information contained on a hub. Additionally, some noted that resources currently exist on other state websites or resources (example: Indiana 2-1-1) and identified challenges associated with securing buy-in for centralization on a hub or duplication of efforts.

Strategy #3: DSW Career Pathways in High Schools: Indiana's public high schools provide students with training and preparation for high-demand occupations through Career and Technical Education (CTE) programming. Currently, no CTE programming for the DSW exists under the



Governor's Workforce Cabinet or the Indiana Department of Education's programming document for Health or Human Service Career Clusters. (Programming does currently exist for some DSW types such as Certified Nurse Aide).

- There was broad support for the establishment of DSW career pathways in Indiana high schools. Attendees provided feedback on program design and approach which, among other things, ranged from curriculum considerations to the structure of internships and apprentice/pre-apprenticeship pathways extending beyond high school, and suggested that marketing would be important to recruit interested students.

Strategy #4: Support the DSW to Earn While They Learn: It is recognized that completion of training impacts productivity such that a direct service worker completing training would not be providing services to clients. To support and incentivize training among the existing DSW, the state may consider offering incentives to providers to offset loss of productivity.

- Attendees suggested that currently many of the DSW "Earn While They Learn," but the provider is not reimbursed for training costs/time. They suggested that compensation for providers/supervisors for time spent training would be most helpful.

New Strategy: Ongoing Indiana DSW Strategic Planning

- Attendees indicated the need for ongoing strategic planning for the DSW. Concerns were raised that the current Indiana DSW State Plan project would not be successful if it were a one-off. It was recommended that the state should engage in ongoing strategic planning for the DSW.

Training and Regulation

Top Issues

The lack of consistent, high quality, comprehensive, and accessible training was the most frequently cited issue associated with DSW Training in Indiana. This gap threatens Indiana's ability to develop and/or strengthen a career pipeline or professional development pathways for the DSW. Several attendees suggested that Indiana will need to adopt a recognized definition for the various DSW roles and associated skills/services prior to the development of a comprehensive training approach.

Strategies Feedback

Strategy #5: State Definition of Direct Service Worker: There is currently a universal lack of clarity around who the DSW includes. The DSW operate under a variety of titles, provide numerous types of services and supports, and have inconsistent training requirements across roles, employers, payers, and settings. There may be an opportunity to standardize the definition of "direct service worker" through modifications to code, administrative code, or state plans.

- Support for the development of a state definition for direct service worker, including titles, roles, and responsibilities, was frequently cited among attendees; however, there were a few attendees that suggested such a definition and any associated regulation might stifle workforce innovation among providers.
- Several attendees noted opportunities to enhance respect for the DSW through change to nomenclature, specifically by using the term "Professional" as opposed to worker.

Strategy #6: Standardized State Minimum Training: Currently, there are inconsistencies of references, training, and services provided by the DSW across agencies/divisions, payers, and settings. Some states have created and adopted state minimum training standards for direct service roles.

- There was broad support for a standardized state minimum training to be established. Attendees provided input and considerations related to curriculum content and development, as well training models that support and advance person centeredness (example: beneficiary-led training). Training frequency, continuing education/professional development, and training costs were also raised as considerations.

Strategy #7: DSW Regulation: Among the DSW, only Indiana Certified Nurse Aides (inc. Qualified Medication Aides) and Home Health Aides currently have a clear regulatory structure and standardized, formalized entry requirements and registry requirements. The lack of clarity among others in the DSW results in variations in entry training and regulation of other direct service



workers. Indiana could take steps to formalize and standardize the regulatory structure and entry requirements for all of the DSW.

- Desire for a state maintained DSW registry to support portability of DSW training/certifications and serve as a hiring resource for employers (providers and self-directed beneficiaries) was a top mentioned consideration; however, several attendees raised concerns about administrative burdens associated with increased regulation.



Wages and Benefits

Top Issues

Low wages and a lack of (all types of) benefits for the DSW were consistently identified as top issues among attendees. Reimbursement rates were cited as a factor contributing to low wage and benefits challenges. Competition from other sectors, such as manufacturing, logistics, and the food service industries were also noted challenges. Finally, several attendees identified the benefits cliff and wage compression as current and future concerning issues.

Strategies Feedback

Strategy #8: ARPA Bonus Payments: One-time bonus payments are a means to both recruit new direct service workers into the workforce, while also rewarding the current workforce for their ongoing efforts and incentivizing retention. Funding provided by the American Rescue Plan Act provided states with an opportunity for additional financial resources that could be flexibly used to support workforce strategies.

- Attendees suggested the need for evaluation of previous and any future ARPA Bonus Payment to determine their efficacy in achieving the desired outcome (enhancing DSW recruitment and/or retention). Several attendees suggested the need for bonus metrics which connect the receipt of a bonus to predefined measures to support future evaluation initiatives, but flexibility of bonus fundings was also raised as a consideration.

Strategy #9: Routine Payments to the DSW: The DSW generally experience low wages as compared to other entry-level occupations in the health sector and other sectors. As such, many states have sought strategies to address DSW wage issues through providing payments to be distributed to the workforce. These payments are generally referred to as “wage pass-through strategies” and the implementation structure of these strategies varies significantly by state. Wage pass through strategies are available under both fee-for-service and managed LTSS payment structures, but implementation varies significantly between the two payment modalities.

- Ensuring that funds intended to enhance DSW wages or benefits are directed to the DSW was a top consideration. Attendees suggested this may be accomplished through policies or provisions focused on allocation assurance.
- Several attendees raised the issue of wage compression among managers, agency administrative staff, etc., and suggested that this should be a consideration in any routine payment strategy for the DSW.
- There were a number of attendees that mentioned miscellaneous/administrative costs borne by DSW (transportation associated costs, use of personal mobile devices, and other

job-related expenses), and suggested that a strategy for reimbursement of these costs should be considered.

Strategy #10: Tiered/Alternative Reimbursement: Reimbursement rates for a specific service may be structured to vary in amount by the type of provider that renders the service (for example, a physician may be reimbursed at a higher level than a physician assistant or advanced practice nurse). Such structuring may be referred to as “reimbursement tiers” which align rates with credentials or provider types through variations in provider fee schedules. Provider fee schedules or an alternative reimbursement or payment structure may be explored to create financial incentives for tiered credentials among the DSW to support additional training or credentialing which, in theory, results in higher quality services.

- Many attendees indicated support for tiered reimbursement payments based on level of patient complexity such that the higher the complexity of patient needs the higher the reimbursement for service provided. Tiered reimbursement may be aligned with DSW training strategies to ensure reimbursement is based on level of skills and services. Reimbursement for training was raised as a consideration that would need to be addressed to support such a model.

New Strategy: Routine Rate Readjustments for DSW services

- Attendees identified routine (annual or biannual) review of reimbursement rates for DSW services and automatic adjustments based on inflation as strategic initiatives to support Indiana DSW recruitment and retention. It was suggested that rate reviews consider broader labor market factors, including wages within competing sectors (example: food service, manufacturing, logistics).

New Strategy: Benefits Coverage

- Access to state benefits (Medicaid, subsidized childcare, and SNAP) was identified as a top and new strategy to support Indiana’s DSW. Attendees indicated provisions which extend continued or offered step down of state benefits for the DSW whose wages increase would ensure that workers do not fall off the “Benefits Cliff.”



Retention and Career Development

Top Issues

A perceived lack of opportunities for career growth through training and mentoring, as well as an overall lack of clear career pathways for the DSW within Indiana were the most commonly cited challenges categorized as retention issues. In addition, high physical demands, long hours, and a perceived lack of support (for physical and mental well-being) were cited as contributing to high rates of burnout among the DSW.

Strategies Feedback

Retention and Career Development

Strategy #11: Micro-credentials: Micro-credentials are stackable trainings, credits, or certificates that provide specialized training and result in new skills which lead directly to greater employability or promotion. In the DSW sector, micro-credentials could be implemented to support expansion of knowledge and skills related to specific services or populations, or as a mechanism to disseminate emerging best practices.

- There was general support for the establishment of a micro-credential training strategy for the DSW that would align increased training, credentialing, and skills with increased wage through tiered reimbursement (strategy #10). Attendees identified that trainings should be accessible and attainable for the DSW, and also provided feedback on the curriculum/training content.

Strategy #12: Macro-credentials: DSW roles require minimal training (typically less than 1 month), and many enable earn-and-learn opportunities whereby individuals can be hired with no-to-little training and receive training from their employer while receiving a paycheck. Although DSW roles may be considered entry-level, they can be mapped to additional macro-credentials outside of DSW roles. Macro-credentials may be in the form of education or training (i.e., a degree), an industry certification (i.e., certified medical assistant), or a state-issued certification or license (i.e., certified nurse aide or licensed practical nurse). Macro-credentials for the DSW could be mapped within the LTSS sector (to roles such as Certified Nurse Aide, Qualified Medication Aide, or Licensed Practical Nurse) or within the health/human services sector but outside of LTSS (such as case management or medical assisting).

- Attendees noted that the identification of existing or development of new career pathways for the DSW were important to supporting career development. Multiple suggestions and considerations for career pathway approaches were shared, including but not limited to program designs such as exploring connection to nursing career ladders or other health professions. Additionally, attendees noted the importance of ensuring



equitable access to career pathways for all direct service workers regardless of race, gender, ability status, or age.



Workforce Data and Tracking

Top Issues

A lack of centralized workforce data threatens Indiana’s ability to perform assessment and proactively determine DSW needs. Several attendees identified that a DSW registry is needed to track training and/or support client safety in the case of workers determined to have substantiated incidents associated with neglect, abuse, or misappropriation. Technologies, such as the Electronic Visit Verification system, were identified as potential opportunities for workforce data collection, but were noted to have challenges that would have to be addressed for broad adoption.

Strategies Feedback

Strategy #13: Leverage Regulatory Processes to collect workforce data: Many occupations undergo a routine regulatory process to renew license, certification, or authorization to practice in the State. This renewal period provides a strategic opportunity for states to capture up-to-date information from the individual worker on their training, employment, or practice characteristics.

- Attendees indicate that care should be taken to ensure the least burdensome process for collecting workforce data as part of DSW state certification/renewal. It was recognized that only certain DSW roles currently have state certifications. Attendees indicated that workforce data collection should be a part of any new DSW registries that may be established. Additional feedback including that such initiatives should focus on collection of demographic, employment, and labor market information in a manner that supports longitudinal tracking of the workforce.

Strategy #14: Leverage Administrative Processes to collect workforce data: The 21st Century Cures Act mandated states to require use of an electronic visit verification (EVV) system to report details associated with certain home visits. EVV could be a potential data source to capture additional key data variables, such as virtual vs. in-person, linking EVVs/services provided to an individual, etc.

- Concerns were raised regarding the reliability of the EVV system and its potential, in its current format, to be a source of DSW information. Attendees indicated technical challenges with the EVV system, and suggested that upgrades, troubleshooting, and trainings regarding EVV use are needed prior to any expansions.
- Some attendees suggested that the EVV has potential to serve as a mechanism for additional purposes, such as incident reporting or engagement surveys.



Strategy #15: Provider workforce reporting: Providers (personal service agencies and home health agencies) enroll with the respective FSSA division (Aging or Disability and Rehabilitative Services (DDRS)) in order to receive reimbursement for services provided under an HCBS waiver. As such, the State could create a mechanism for collecting and maintaining data from providers on characteristics including workforce measures. Provider reporting could be required as a condition of license, division, or Medicaid renewal.

- Attendees indicated several considerations for provider related workforce reporting. Reducing reporting burden and incentivizing providers to report workforce data were noted comments. Recommendations on the types of data that could be reported included wages, benefits, turnover, demographics, missed shifts, etc. Additionally, attendees identified that a statewide strategy and system is needed to effectively implement and leverage information from provider workforce reporting.
- Several attendees suggested that there may be value in implementing client surveys to capture population needs (demand).

Strategy #16: Longitudinal Workforce Tracking: The State is in development of a Statewide DSW Plan which will describe current supply and demand estimates and suggest strategies to enhance individual-level workforce data available for planning. Although it is important to have information available for point-in-time assessments, it will be critical to monitor the workforce closely over time.

- There was general support for longitudinal DSW tracking and periodic needs assessment. In order to achieve this, attendees indicated that an inventory of existing data should be created and a plan for additional data collection and reporting be developed and have clear goals/objectives. DSW data and reporting should be shared with providers and direct service workers.

New Strategy: Develop State Action Plan for DSW Data

- Broad support was indicated for the development of a state action plan for DSW Data Collection and Reporting. It was noted that this would support organization of workforce data initiatives, decrease risk for duplication of efforts, and minimize reporting burden on all involved.



Social and Other Supports

Top Issues

A general lack of support systems (peer and mentor/supervisory) to assist the DSW in feeling connected, managing stress, and supporting their mental well-being was commonly cited as an issue facing the DSW. Challenges associated with transportation were also frequently noted among attendees. As were housing security and accessible, high-quality childcare.

Strategies Feedback

Strategy #17: Transportation Support: Direct service workers that provide services in home and community-based settings may be required to travel significant distances to provide services to clients (particularly in in-home settings, and especially those in rural communities). Costs associated with transportation (such as reimbursement of gas or mileage, taxi, or shared ride fees, etc.) may be supported through grants or other mechanisms provided to the DSW through providers.

- Consider alternative transportation strategies that remove the burden and reliance on direct service worker personal vehicle and out of pocket expenses, including providing “company” cars, shuttle services, and ride booking services (taxis, Uber, Lyft, etc.).
- Ensure appropriate reimbursement for mileage that, at minimum, matches the state/federal rate. Consider additional reimbursement or funds to defray costs associated with gas prices, automobile repairs, or (potentially) to support vehicle purchases.

Strategy #18: Social/Workforce Services Navigator Role: The DSW may benefit from having a dedicated FSSA staff member to connect direct service workers to social and workforce services. This role could be implemented as a permanent position or term limited.

- Mixed feedback was provided on the DSW Navigator as a strategy. Several individuals indicated that having a state-level navigator “codifies” that direct service workers are the working poor.
- Several attendees shared thoughts related to where this type of resource/role should exist. Some attendees indicated that this role should either be available to the DSW at the local/community level, while others indicated that this role should be a function of employers. Several attendees noted that one person within the state would not be enough to serve all the DSW in this capacity.
- Feedback on the factors that might make this role successful included that any candidate has DSW experience, be multicultural, and able to communicate in all of the languages direct service workers speak.



- It was suggested that career navigation would be an important function of this role, as would support for navigating any benefits cliffs that might occur. Also noted was the potential for this role to provide Employer Assistance Program like services for the DSW.

Strategy #19: DSW Information Guides and Resources: A DSW Information and Resource Guide could be prepared to serve the DSW through aggregating information on programs (social services, career services, etc.), contact information, and links to resources.

- There was broad acknowledgement of the value of a DSW Information and Resource Guide. Feedback on the types of information that could be made available through such a resource included financial literacy, peer networks, and other support and training materials. Several attendees noted that this could be part of a Virtual Hub, but there were also comments related to potential duplications as some resource/information already exist and are accessible. Others suggested there may be opportunities to share such information to the DSW through the EVV. Ease of access and navigation was mentioned as a top priority for any such initiatives.

New Strategy: Subsidies for Providers

- Several attendees indicated that social and other supports can and are often provided by providers/employers. They indicated that one mechanism to enhancing the availability of these type of supports may be to provide subsidies to providers/employers that offer them to the DSW.



Prioritization Exercise

At the conclusion of the meeting, attendees were asked to indicate their perspective on those strategies that should be prioritized for consideration in the Indiana DSW State Plan. Attendees were provided with 20 dot stickers and were asked to indicate their prioritization by placing stickers on the corresponding strategy. They were limited to placing a maximum of 5 stickers on one strategy. The following table presents results of the prioritization exercise.

Strategy ID	State-level DSW Strategies Identified through Research	Strategies	Votes
1	Recruitment	Strategy 1: Public Marketing Campaign	31
2	Recruitment	Strategy 2: Virtual Hub	25
3	Recruitment	Strategy 3: High School Pathways	33
4	Recruitment	Strategy 4: Earn and Learn Models	33
5	Training and Regulation	Strategy 5: State definition of direct service worker	17
6	Training and Regulation	Strategy 6: Standardized minimum training	31
7	Training and Regulation	Strategy 7: DSW Regulation	16
8	Wages & Benefits	Strategy 8: One-time payments/ARPA Bonus Payments	10
9	Wages & Benefits	Strategy 9: Routine Payments to the DSW	28
10	Wages & Benefits	Strategy 10: Tiered/Alternative Reimbursement	46
11	Retention & Career Development	Strategy 11: Micro credentials	20
12	Retention & Career Development	Strategy 12: Macro credentials	8
13	Workforce Data & Tracking	Strategy 13: Collect workforce data from workers through regulatory processes	0
14	Workforce Data & Tracking	Strategy 14: Collect workforce data through administrative process	1



15	Workforce Data & Tracking	Strategy 15: Collect Workforce Data from Providers	0
16	Workforce Data & Tracking	Strategy 16: Longitudinal Tracking	7
17	Social & Other Supports	Strategy 17: Transportation Support	40
18	Social & Other Supports	Strategy 18: DSW Navigator	22
19	Social & Other Supports	Strategy 19: DSW Guides and Resources	6
New	Wages & Benefits	Routine rate readjustments	54
New	Social & Other Supports	Subsidies for providers who offer benefits	48
New	Wages & Benefits	Health care/insurance benefits for the DSW	38
New	Retention & Career Development	Development of peer mentoring strategy	38
New	Recruitment	Ongoing Strategic Planning	34
New	Workforce Data & Tracking	Develop state action plan for DSW Data	26



Meeting Evaluation

After the conclusion of the Stakeholder Engagement Meeting, attendees were invited to provide an evaluation of the day-long session along with any feedback which could help to improve future discussions. As of August 9th, a total of 17 attendees responded to the evaluation survey.

When asked to provide their overall satisfaction of the stakeholder engagement meeting, the majority reported that they were either extremely satisfied or somewhat satisfied with the session (52.9% and 29.4%, respectively). When asked to evaluate the facilitation of the small group discussions on the bucket areas, the majority also reported being extremely satisfied or somewhat satisfied (62.5% and 12.5%, respectively). Most respondents also agreed that the session met their expectations and provided enough opportunity for input.

The respondents valued the facilitation which allowed for 'bite-size' discussions on the bucket areas and allowed attendees to comment on each strategy. Additionally, the respondents appreciated the guidance of the discussion that was provided by facilitators and that facilitators captured all feedback from attendees. On the other hand, the respondents also identified weaknesses in the sessions. This included the lack of representation among the disabled community and the numerous conversations that made hearing everyone difficult. Additionally, respondents expressed not knowing what the next steps would be with utilizing the feedback to inform the next action plan for LTSS workforce development.

Suggestions for improving stakeholder engagement meetings included holding small groups in different rooms; allow attendees to change groups to hear different insights; have a more efficient and electronic form of data collection. Finally, the biggest takeaways that respondents identified were that more discussions are needed – many valued the insights and challenges identified in the different aspects of LTSS. A lot of work needs to be done, and this meeting has certainly set the momentum.