

No. 81857-6

SUPREME COURT OF THE STATE OF WASHINGTON

COMMUNITY CARE COALITION OF WASHINGTON *et al.*

Petitioners,

v.

SAM REED, Secretary of State,

Respondent,

and

PEOPLE FOR SAFE QUALITY CARE and LINDA LEE,

Interveners.

DECLARATION OF ADAM GLICKMAN

Knoll D. Lowney, WSBA No. 23457
Smith & Lowney, P.L.L.C.
2317 East John St.
Seattle, WA 98112
(206) 860-2883

Michael C. Subit, WSBA No. 29189
Frank Freed Subit & Thomas, LLP
705 Second Ave.
Suite 1200
Seattle, WA 98104
(206) 682-6711

I, Adam Glickman, hereby declare and state as follows based on my personal knowledge:

1. I am Vice President and Director of Public Affairs for SEIU Healthcare 775 NW. The mission of SEIU Healthcare 775 NW is to unite the strength of all long term care workers, to improve the lives of working people and lead the way to a more just and humane world. In Washington, public funds, including Medicaid, comprise a majority of the money dedicated to providing long term care.

2. I have been very involved in our union's work with its members to pass reform to improve long term care in Washington. In particular, I have been working with union members, including Linda Lee, and with People for Safe Quality Care to enact reform through either the legislative or the initiative process. I have supervised and am knowledgeable of the efforts to pass reform through the Legislature and then, when that was unsuccessful, in our effort to qualify for the ballot and pass an initiative to the People.

3. During the 2007 and 2008 legislative sessions we lobbied the Legislature for needed reforms. We fully intended to proceed to the ballot if we could not timely obtain legislation. In 2007 we began to

gather signatures for I-973, but withdrew the initiative after the Governor signed HB 2284 which established a workgroup to study training reforms.

4. In late 2007 and early 2008, we began testing concepts and language for initiatives. These initiatives were filed by a union member who listed the Union's address as her contact information. We submitted our various proposals to the Secretary of State as separate initiatives. This is a common practice for initiative proponents. Our proposals varied as to training requirements, implementation timelines, and exemptions.

5. We did not proceed with signature gathering efforts for any of the initiative measures that we filed in late 2007 or early 2008, prior to Initiative 1029.

6. On the day before the 2008 legislative session ended, we assisted Linda Lee in submitting what became I-1029 to the Secretary of State. She deliberately designated the measure as an "initiative to the People." Ms. Lee listed the Union's address as her contact information and I delivered the initiative for her to the Secretary of State.

7. The proponents of I-1029 made a deliberate decision **not** to gather signatures for an initiative to the Legislature and to move forward only on Initiative 1029 to the People.

8. We took the steps necessary to move the Initiative 1029 campaign forward. Judy Krebs, General Counsel for SEIU Healthcare 775 NW, was the chief point of contact with the Secretary of State for the proponents of I-1029. She corresponded with the Secretary's office regarding the Code Reviser's suggested changes, and the ballot title and summary for the initiative.

9. The proponents for I-1029 hired an outside consulting firm to prepare the petition and told them to prepare a petition for an initiative the People for the November 2008 ballot. Upon receiving the draft petition from them, an employee of our Union carefully proofread the text of the initiative printed on the petition.

10. Unfortunately, nobody proofread the boilerplate language on the petition and none of us recognized that our consultant had mistakenly inserted the phrase referring to submission of the measure to the Legislature. We printed and circulated the petitions with this undiscovered error.

11. I-1029's proponents did not deliberately put erroneous petitioning language mentioning the Legislature into the signature petitions or allow such language to be put in the petitions. We were not trying to play the system as the opponents of I-1029 suggest. Our

consultants simply made an error and nobody noticed it until the petition drive was over.

12. We collected signatures for I-1029 in two teams. We had volunteers and union members collecting signatures and we hired a professional signature gathering firm. Everyone involved knew this was an initiative to the People and that the signatures we were collecting would place I-1029 on the ballot in November, 2008.

13. From the beginning of the process to this day, we have always intended I-1029 to be an initiative to the People and our campaign has always been truthful of our intentions. We never intended to deceive people and we would have no incentive to do so.

14. For example, we have made a major push to gain endorsements from organizations and individuals. Each endorsement form asked the endorser to pledge to "Gather ___ signatures to qualify I-1029 for the ballot." *See Exhibit A.*

15. We sent out press releases and had media communications that always indicated we intended to have I-1029 appear on the November 2008 ballot. For example, on June 25 we sent a press release to various outlets throughout the state, stating "Citizens have been collecting signatures for weeks, aiming towards a July 3 deadline to get the measure

on the November ballot.” See Exhibit B, page 2. This was before we had learned about the error in the petition.

16. Our materials consistently described the legislative inaction that required us to take our proposal to the People. This was discussed with voters, in our endorsement requests, in our communication with editorial boards, and in our factsheets. See Exhibits C-F.

17. Media reports on I-1029, described it as an initiative to the People heading towards the ballot. See Exhibit G.

18. On April 22, our campaign placed an Opinion Editorial in the *Seattle Post-Intelligencer*. Exhibit H.

19. Prior to the end of the petition drive, I had never heard of the error in the petition and I had never heard any suggestion that I-1029 should be sent to the Legislature. I was intimately involved in the petition drive and I would have heard if this issue had been raised by anyone. To my knowledge, nobody affiliated with the campaign noticed the error until it was brought to the Secretary of State’s attention at the conclusion of the signature petition drive.

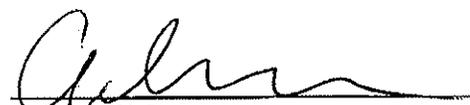
20. Sending I-1029 to the Legislature, as the Petitioners in this case have requested, would be disastrous to our campaign. We have spent well over \$600,000 securing our place on the November ballot and

beginning the campaign. Our campaign to pass I-1029 in November is well underway. We have hired staff and consultants, conducted public opinion polling, and developed a campaign strategy geared towards the 2008 general election ballot. All of this work would be wasted if the Court prevents the People from voting on I-1029 this November.

21. We have made a good faith effort to utilize the initiative process and our political opponents should make their case to the voters, not dwell on a technical error.

22. The attached Exhibits A-H are true and correct copies of the original documents.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.


Adam Glickman

8/22/08
Dated



Initiative 1029: Safe, Quality Care For Seniors and People with Disabilities

Yes! I endorse I- 1029, the quality long-term care initiative for background checks, certification, and improved training for home and community based long-term care workers.

Signature: _____

Individual endorsement

Organizational endorsement

Name: _____

Organization: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Here's how I (or my organization) can help pass I-1029:

Educate my members through newsletter, email list, or other means (size: _____)

Be a public spokesperson for I-1029

Gather _____ signatures to qualify I-1029 for the ballot.

Make a financial contribution of \$_____.

EXHIBIT A



SAFE, QUALITY CARE FOR SENIORS

For Immediate Release
Contact: Jeff Parsons
Yes on 1029
Phone: (888) 224-3851

Citizens push initiative for greater training, tighter background checks of homecare workers

Concerned about caring and protecting the elderly and those who can't care for themselves, a statewide citizens group is in their final push to collect signatures for Initiative 1029, which will set higher training standards and tough federal background checks for homecare workers.

"Our seniors deserve safe, quality care," said Louise Ryan, Long term Care Ombudsman of Washington. "As it stands now, you need more training to be a beautician or a dog masseuse than a care worker. That's just wrong."

Initiative 1029 would raise the training level for the vast majority of homecare workers to 75 hours from the present 34 hours. By comparison, a hairdresser must have 1,000 hours of training and even a dog masseuse needs 300 hours of training. The initiative would also require homecare workers to go through a federal background check to protect patients from predators that prey on the elderly by moving from state to state.

"It is only reasonable to require federal background checks. These workers are entrusted with caring for the most vulnerable of members of our community," said former Senior Deputy Prosecutor Timothy Leary. "In this age of mobility, state-only screening is wholly insufficient. We need to require the federal background checks so that someone does not slip through the cracks."

Under Initiative 1029, starting in 2010 homecare workers would be required to have at least 75 hours of training and pass an FBI criminal background check. The training is consistent with the federal standard for Certified Nursing Assistants in a nursing home. The ballot measure also provides for enhanced, elective training after 2011 to expand homecare worker's skills and establish an apprenticeship program.

EXHIBIT B

The initiative does not require certification for state paid long-term care workers who are hired to care for a son, daughter, or parent or who are hired on an intermittent basis.

"Our seniors and those with disabilities that depend upon care by others deserve better," said Nancy Dapper, Executive Director of the Washington Alzheimers Association of Western and Central Washington. "Initiative 1029 makes sure we care and protect our seniors and disabled. It is the decent and just thing to do."

Backers of the initiative include the Washington State Long-Term Care Ombudsman, Alzheimer's Association of Western and Central WA, Resident Councils of WA, Washington State Fraternal Order of Police, and Washington Association of Churches,

|| Citizens have been collecting signatures for weeks, aiming toward a July 3 deadline to get the measure on the November ballot.

-- 30 --

I-1029: The Quality Long-Term Care Initiative
Petitioning Rap and Talking Points

Opening Sentence (to get people to stop):

- Sign here to protect seniors/Help protect seniors
- Sign here for quality care for seniors/help ensure quality care for seniors

Rap

- You know, to be a hairdresser you have to be certified with 1000 hours of training. But to provide care to a vulnerable senior with alzheimers or dementia you need little or no training at all. This initiative requires caregivers to be certified with improved training and a federal background check.
- Vulnerable seniors and people with disability deserve to be able to get quality care in their homes and communities. But right now caregivers have to get little or no training, and many don't even need to pass a federal criminal background check. This initiative will ensure high standards and protect seniors.

Additional Information (mostly to respond to questions)

- Initiative specifics: The initiative will require home care workers to get 75 hours of training – the same standard the federal government sets for nursing home workers. It also requires caregivers to pass a certification test and a federal criminal background check. It doesn't apply to hospitals or nursing homes which already have high standards, but to in-home care, adult family homes, and boarding homes which have low or no training standards.
- Who supports/opposes: We're just now starting the campaign, but similar legislation in Olympia was backed by Alzheimers Association, the Long-Term Care Ombudsman, the ARC, and major home care agencies. It was opposed by some for-profit boarding home and adult family home companies.
- Cost: The state hasn't costed it out yet but a similar version in the legislature was estimated to cost the state about \$15 million a year. Since it's Medicaid funding the Federal Government will automatically match whatever the state spends.
- Why an initiative: We've gone to the legislature twice to pass the legislation, and there was even a task force of legislators, state agencies, and advocates that proposed similar legislation, but special interests stopped it from passing. As the senior population grows and more people need care, we really need to build a well-training workforce to care for them, so we don't think we can afford to keep waiting.



May 30, 2008

Name
Address
City, State Zip

Dear First Name:

We are writing to encourage you to join with us to endorse Initiative 1029, which establishes certification, improved training, and improved criminal background checks for home and community-based long-term care workers.

What's wrong with this picture: In Washington, hairdressers need 1,000 hours of training and dog masseurs need 350 hours. But Washington's long-term care workers, on the other hand, need only 34 hours of training.

Long-term care touches the lives of every Washingtonian. Thousands of seniors and people with disabilities in our state receive care today. And even thousands more will need care over the next few decades as our senior population grows.

Our state made thoughtful decisions more than a decade ago to shift long-term care resources into more cost effective home and community based service settings. As a result, seniors and people with disabilities - who in most states would be in a nursing home - are receiving long-term care in their own homes, adult family homes, or other community-based settings.

Yet, there is still a lot of room for improvement - especially in the area of long-term care workers training. Long-term care workers include home care aides and other direct care workers who make it possible for seniors and people with disabilities to receive care in the community.

Long-term care workers complete only 34 hours of training. That's less than half the training required of workers who provide very similar care in nursing homes. This is especially bewildering when you consider that often the care is provided without an on-site nurse or supervisor.

There is also a major loophole in the criminal background check system that allows people who have committed disqualifying crimes in other states (like rape) to move to Washington, wait a few years, and then work as a caregiver for vulnerable seniors and people with disabilities.

In 2007 Governor Christine Gregoire signed legislation establishing a Long-Term Care Worker Training Workgroup. Charged with evaluating and making recommendations on new training standards for long-

EXHIBIT D

term care workers, the workgroup included employer, consumer, long-term care worker, and public policy representatives.

After months of study and deliberation, the Workgroup concluded that the current 34 hour training standard for long-term care workers was insufficient. A majority of Workgroup members recommended an 85 hour training and certification standard for long-term care workers. This recommendation would require long-term care workers to have the same level of training as workers in nursing homes.

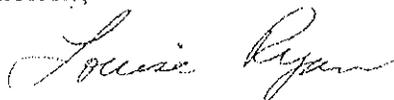
It should have been easy for the legislature to act on the Workgroup's recommendation. The Governor strongly supported a compromise that would have improved training and made a personal appeal to get a bill enacted this session. Advocates for seniors and people with disabilities, workers, employers, and policy makers supported the Governor's compromise legislation. Yet, the legislature failed to act. This outcome is simply not acceptable.

That's why advocates, workers, and providers have joined together to support I-1029 -- based on that compromise legislation. Enclosed is additional information about the initiative. But the basics of the measure are:

- Requiring 75-hours of training and certification for home and community based long-term care workers, including home care workers, adult family home workers, and boarding home workers.
- Requiring a federal criminal background check for all new long-term care workers.
- The initiative includes exemptions for people who care for immediate family members and for intermittent workers who work only a small number of hours a month.

Enclosed is also an endorsement form and return envelope. We encourage you to join with us in endorsing the initiative and helping to ensure quality care for seniors and people with disabilities.

Sincerely,



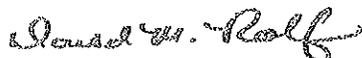
Louise Ryan
Washington State Long-Term Care Ombudsman



Nancy Dapper
Executive Director, Washington State Alzheimers Association



Hilke Faber
Advocacy Director, Residents' Council of Washington



David Rolf
President, SEIU Healthcare 775NW – The long-term care workers union

Dear editorial page editor:

We want to introduce you to Initiative 1029, which establishes certification, improved training, and tougher criminal background checks for home and community-based long-term care workers.

Consider this: In Washington, hairdressers need 1,000 hours of training and dog masseurs need 350 hours. But Washington's long-term care workers need -- get this -- only 34 hours of training.

Long-term care touches the lives of every Washingtonian. Tens of thousands of seniors and people with disabilities in our state receive care today. And hundreds of thousands of us will be needing care in the decades ahead as our senior population grows.

Our state made thoughtful decisions more than a decade ago to shift long-term care resources into more cost effective home and community based service settings. As a result, thousands of seniors and people with disabilities - who in most states would be in a nursing home - are receiving long-term care in their own homes, adult family homes, or other community-based settings.

Yet, there is still a lot of room for improvement -- especially in the area of long-term care worker training. Long-term care workers include home care aides and other direct care workers who make it possible for seniors and people with disabilities to receive care in the community.

Long-term care workers complete only 34 hours of training. That's less than half the training required of workers who provide the same type of care in nursing homes. This is especially bewildering when you consider that often the care is provided without an on-site nurse or supervisor.

There is also a major loophole in the criminal background check system that allows people who committed disqualifying crimes in other states (like rape) to move to Washington, wait a few years, and then work as a caregiver for vulnerable seniors and people with disabilities.

There is a significant body of evidence that suggests that increased training for direct care workers improves the quality of care for vulnerable residents, reduces turnover, and helps with recruitment. For example:

- In the recent report "Retooling for an Aging America," the Institute of Medicine wrote: *"Direct-care workers are the primary providers of paid hands-on care and emotional support for older adults, yet the requirements for their training and testing are minimal. Furthermore, even though patient care has become much more complex... very little is done to ensure the competence of personal care aides. The committee concluded that current federal training minimums are*

inadequate to prepare direct care workers and that the content of the training lacks sufficient geriatric-specific content.”

- One national review of literature on the impact of training on recruitment and retention found that, in general, higher levels of training for direct-care workers helped employers both find and keep employees, especially in home care agencies (cite: Workforce Strategies #3, Paraprofessional Healthcare Institute, January 2005; <http://www.directcareclearinghouse.org/download/WorkforceStrategies3.pdf>)

In 2007 the Governor signed legislation establishing a Long-Term Care Worker Training Workgroup. Charged with evaluating and making recommendations on new training standards for long-term care workers, the workgroup included employer, consumer, long-term care worker, and public policy representatives.

After months of study and deliberation, the Workgroup concluded that the current 34 hour training standard for long-term care workers was insufficient. A majority of Workgroup members recommended an 85 hour training and certification standard as the new standard for long-term care workers.

It should have been easy for the legislature to act on the Workgroup's recommendation. Governor Gregoire strongly supported a compromise that would have improved training and made a personal appeal to get a bill enacted this session. Advocates for seniors and people with disabilities, workers, employers, and policy makers supported the Governor's compromise legislation. Yet, the legislature failed to act.

That's why advocates, workers, and providers have joined together to support I-1029 – based on that compromise legislation. Enclosed is additional information about the initiative. But the basics of the measure are:

- Requiring 75-hours of training and certification for home and community based long-term care workers, including home care workers, adult family home workers, and boarding home workers.
- Requiring a federal criminal background check for all new long-term care workers.
- The initiative includes exemptions for people who care for immediate family members and for intermittent workers who work only a small number of hours a month.

We will be filing the required signatures with the Secretary of State in early July. We are interested in meeting with you to discuss the initiative. We hope you will support improved training, certification, and criminal background checks for home and community-based long-term care workers.

Enclosed is additional information on I-1029 and the need for improved training for direct care workers.

Sincerely,

Louise Ryan
Washington State Long-Term Care Ombudsman

Nancy Dapper
Executive Director, Alzheimers Association of Western and Central Washington

Hilke Faber
Founder and Advocacy Director, Residents' Council of Washington

Myths and Facts About Long-Term Care Worker Training

Long-Term Care Worker Training Workgroup Recommendations

MYTH: Critics charge that the Long-Term Care Worker Training Workgroup established by the Legislature in 2007 did not recommend 75 hours of training, with an implicit suggestion that the Workgroup recommended a lower number. Some go further and suggest that the Workgroup recommended a 35 hour training standard.

FACT: This is an intentionally misleading claim. As the report clearly states, a majority of Workgroup members recommended an 85-hour training and certification standard. A minority of members recommended a range between 45 and 90 hours with only one member recommending no change to the current standard. Many of the backers of I-1029 pushed for an 85 hour standard during the 2008 legislative session, and agreed to a compromise of 75 hours in order to reduce the cost. 75 hours is consistent with the federal standard for direct care workers in nursing homes (CNAs).

For more information on the Workgroup's recommendations:
<http://www.governor.wa.gov/lrcf/workgroup.htm>

Impact of Improved Training On Workforce Supply

MYTH: Critics charge that increasing training will reduce the supply of workers.

FACT: While critics provide no evidence of this claim, there are numerous studies by respected long-term care workforce experts that suggest just the opposite – that improved training will improve both recruitment and retention of caregivers. For example:

- In the recent report "Retooling for an Aging America," the Institute of Medicine wrote: *"Direct-care workers are the primary providers of paid hands-on care and emotional support for older adults, yet the requirements for their training and testing are minimal. Furthermore, even though patient care has become much more complex... very little is done to ensure the competence of personal care aides. The committee concluded that current federal training minimums are inadequate to prepare direct care workers and that the content of the training lacks sufficient geriatric-specific content."*
- One national review of literature on the impact of training on recruitment and retention found that, in general, higher levels of training for direct-care workers helped employers both find and keep employees, especially in home care agencies (cite: Workforce Strategies #3, Paraprofessional Healthcare Institute, January 2005;
<http://www.directcareclearinghouse.org/download/WorkforceStrategies3.pdf>)

EXHIBIT

F

- When nurse aides reported that training prepared them well for their jobs, intent to leave and actual workforce turnover were lower (2007 - "Job Satisfaction of Nurse Aides in Nursing Homes: Intent to Leave and Turnover, The Gerontologist, 47)
- In Pennsylvania's home health agencies, more staff training was found to be associated with lower reported recruitment and retention problems (2001 – Pennsylvania's Frontline Workers in Long Term Care, report to Philadelphia Geriatric Center)

Relationship Between Training and Quality of Care

MYTH: Critics suggest there's no evidence that improved training leads to improved quality care.

FACT: These critics are ignoring a substantial body of evidence that suggests that improved training does increase quality care – though much of the research has been done in nursing homes, not home care. For example:

- A 2000 Institute of Medicine report found "some agreement among experts...that there is a relationship between the level and type of training and the quality of care that nursing assistants provide." The report also noted that improved training and job quality decreases turnover, which impacts both quality of care and quality of life for residents."
- In one study comparing quality of care in nursing homes before and after establishing national CNA training standards in 1987, quality of care improved after the law's training mandate went into effect (Bernard Gross, Quality of Care Defined, PA Department of Education, 1995)
- A 2001 survey of nursing facility administrators, nursing directors, nursing assistants, social workers, family members, and surveyors found that "training, orientation, or education" was tied for first place as a means of improving quality of care. (2001 – "Redefining Quality and Excellence in the Nursing Home Culture, Journal of Gerontological Nursing)

Impact of Training Legislation on Union Membership or Union Finances

MYTH: Critics charge that I-1029 will require long-term care workers to join a union, increase union membership, or provide financial gains to a labor union.

FACT: None of this is true. Nothing in I-1029 requires, encourages, or facilitates long-term care workers joining a union. I-1029 simply establishes a new standard for training, certification, and criminal background checks that will apply to all home and community-based long-term care workers, regardless of whether they're in a union or not.

Initiative backers refused to compromise at the legislature

MYTH: Critics charge that the backers of I-1029 refused to compromise down from their initial position on training standards.

FACT: Advocates for better training worked to problem solve with legislators, stakeholders, and the Governor's Office to address legitimate concerns and build consensus among stakeholders. Based on this collaborative process, SEIU Healthcare 775NW, for example, moved from an initial 150 hour training and certification proposal to a less costly and more flexible 75 hour training and certification proposal reflected in the Governor's 75 hour striking amendment.

SEIU Healthcare 775NW started this process in the Spring of 2006 when the union sought to bargain with the state over training standards for individual provider home care workers. The state, however, refused to talk about the issue at all. In January 2007 SEIU backed legislation consistent with the findings of the Paraprofessional Healthcare Institute which had been commissioned to analyze the current training program and develop a blueprint for a 21st Century training system. That proposal was for 150 hours of required training for all home and community based caregivers. Midway through the 2007 session, SEIU and other advocates floated a compromise of an 85 hour standard, consistent with the standard for nursing home workers in Washington State. At the end of the session, supporters agreed to a compromise that established a workgroup of legislators and stakeholders to develop a new training standard.

A majority of workgroup participants supported an 85 hour standard for all caregivers. However, legislators introduced legislation that had 85 hours of training – but most of it could be satisfied through unstructured and unsupervised on the job training. We viewed this as a starting point for discussions. However, rather than engage in serious efforts to compromise, legislators gutted the bill entirely to create a 35 hour training standard – only 1 hour more than the current standard.

At the end of the session, advocates supported a significant compromise proposal by Governor Gregoire that would have established a 75 hour training standard, addressed concerns raised by family and intermittent caregivers, and reduced the cost of the measure. In the end, however, legislators passed nothing.

The initiative will cost \$100 million

MYTH: Despite clear evidence to the contrary, critics continue to suggest that the initiative would cost Washington State \$100 million a biennium.

FACT: While a fiscal note of I-1029 hasn't been completed, fiscal note by OFM of virtually identical legislation during the 2008 session estimated the cost at just over \$23 Million GF-S through the 2009-11 biennium.

University of Washington State Relations

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Initiative Signature Deadline Next Week

June 27th, 2008

With a presidential and gubernatorial election coming this November, it's pretty easy to lose track of how statewide initiative gathering is coming this summer. But believe it or not, next Thursday July 3, is the deadline for turning in signatures for measures that proponents want to appear on the November 2008 ballot.

So far, the two most high profile ballot measures (I-985 and I-1000) seem to have managed to turn in at least the minimum 225,000 signatures required, but the campaign leaders also know that they probably need to collect another 30,000 to 50,000 signatures by next Thursday because many signatures collected initially are often found to be invalid.

The two major ballot initiatives vying for a spot this November are:

Initiative 985: Tim Eyman's latest foray into the initiative world is aimed at reducing traffic congestion. The measure opens HOV lanes to all traffic during certain hours and creates a traffic congestion relief fund to be financed by using a portion of sales tax on cars, red light ticket cameras and funds set aside for art on transportation projects.

Initiative 1000: Former Governor Booth Gardner's assisted suicide initiative which would permit physicians to help terminally ill patients end their lives. The measure is modeled after Oregon's law which took effect in 1997.

Another measure which might also qualify is **Initiative 1029** which would require newly hired long-term care workers who work with the elderly or the disabled to be certified after passing an examination and would require increased training and background checks. The initiative is modeled after legislation introduced this past legislative session which did not pass.

Entry Filed under: 2008 Interim

Calendar

August 2008

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EXHIBIT 6

Seattle Post-Intelligencer

http://seattlepi.nwsourc.com/opinion/360135_longtermcare23.html

More training for long-term care workers

Last updated April 22, 2008 5:23 p.m. PT

By **NANCY DAPPER AND LOUISE RYAN**
GUEST COLUMNISTS

What's wrong with this picture? In Washington, hairdressers need 1,000 hours of training and dog masseurs need 350 hours. Washington's long-term care workers, on the other hand, need only 34 hours of training.

Long-term care touches the lives of every Washingtonian. Are you one of the millions of seniors and people with disabilities receiving care today? Or one of the 78 million baby boomers who will need long-term care? Are you caring for aging parents who use long-term care? If you answered yes to any of these, you know how important quality long-term care is for seniors and people with disabilities and their families.

Our state made thoughtful decisions more than a decade ago to shift long-term care resources into more cost-effective home- and community-based service settings. As a result, thousands of seniors and people with disabilities -- who in most states would be in a nursing home -- are receiving long-term care in their own homes, adult family homes or other community-based settings.

Yet, there is still a lot of room for improvement -- especially in the area of long-term care worker training. Long-term care workers include home care aides and other direct care workers who make it possible for seniors and people with disabilities to receive care in the community.

Long-term care workers complete only 34 hours of training. That's less than half the training required of workers who provide the same type of care in nursing homes. This is especially bewildering when you consider that often the care is provided without an on-site nurse or supervisor.

In 2007, Gov. Chris Gregoire signed legislation establishing a Long-Term Care Worker Training Workgroup. Charged with evaluating and making recommendations on new training standards for long-term care workers, the work group included employer, consumer, long-term care worker and public policy representatives.

After months of study and deliberation, the work group concluded that the current 34-hour training standard for long-term care workers was insufficient. A majority of work group members recommended an 85-hour training and certification standard as the new standard for long-term care workers. This recommendation would require long-term care workers to have the same level of training as workers in nursing homes.

It should have been easy for the Legislature to act on the work group's recommendation. The governor strongly supported better training and made a personal appeal to get a bill enacted this session. Advocates for seniors and people with disabilities, workers, employers and policymakers supported the governor's proposed legislation. Yet, the Legislature failed to act. This outcome is not acceptable.

Issues affecting seniors and long-term care keep getting lost in Olympia. We have a tradition in Washington of going to the voters when the Legislature fails to act on critical issues. Perhaps this is one of those special situations where the initiative process is especially fitting. The Legislature has had two opportunities to do the right thing for seniors and people with disabilities and failed. Maybe it's time for the people to finish what the Legislature started?

Long-term care workers are the bedrock of our long-term system. We expect much of these workers -- how can we not give them the training they need to meet our expectations?

<http://scattlepi.nwsourc.com/printer2/index.asp?ploc=t&refer=http://seattlepi.nwsourc.com/opinion/3...> 8/20/2008

Nancy Dapper is director of the western and central Washington state chapter of Alzheimer's Association. Louise Ryan is the Washington state Long-Term Care Ombudsman. Nora Gibson, executive director of Elderhealth NW, and Hilke Faber, founder of the Resident Councils of Washington, also contributed to the column.

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