

## MEMORANDUM

TO: Washington State Representatives.

FROM: Saul Petersky, Master of Social Work Candidate – University of Washington (UW), Mental Health Specialist II – UW Medicine Harborview Respite, Clinical Intern – Catholic Community Services of Western Washington, Represented – WFSE Local 3488 (AFSCME), Precinct Committee Officer – 37<sup>th</sup> Legislative District Democrats.

DATE:

SUBJECT: SUBSTANCE USE DISORDER TRAINING FOR WA HOME CARE AIDES

### **Executive summary**

There is a critical gap in substance use disorder (SUD) education for Washington (WA) state home care aides, despite their essential role in supporting Aging and Long-Term Support Administration (ALSTA) clients with complex needs. One in ten ALSTA clients over 65 and one in four under 65 experience SUD. ALSTA clients are trending younger as 40% of clients are now under the age of 65 (ALSTA, 2024). The prevalence of SUD among ALSTA clients has not been formally addressed through training of home care aides.

This memorandum discusses the limitations of the current home care aide training system around SUD topics, evaluates the Advanced Home Care Aide Specialist (AHCAS) program as a solution to address these gaps, recommends SUD integration into its curriculum, and updates to the Comprehensive Assessment Reporting and Evaluation (CARE) tool. These changes aim to create a more equitable long-term care system for people with SUD.

### **Overview**

Each month, approximately 71,200 older adults and people with disabilities receive care through ALSTA (ALSTA, 2022a). These clients often face co-occurring physical and behavioral health challenges, including high rates of depression, dementia, and observable behavior issues (ALSTA, 2024; Sanders & Rector, 2021; Engels, 2014). Despite investments in caregiver wages, workforce shortages leave about 7% of eligible clients without sufficient support. A well-trained and adequately staffed caregiving workforce is needed to provide care for ALSTA clients.

Individual and agency providers, herein collectively referred to as home care aides, deliver in-home personal care to Medicaid-eligible ALSTA clients (DSHS, 2017). Despite the state allocating \$762 million for wages and benefits in the 2023-2025 budget (SEIU 775, 2023a), a shortage of home care aides leaves approximately 7% of eligible clients without adequate staffing (ALSTA, 2024). This memorandum will primarily examine the training of home care aides who serve ALSTA clients with SUD needs and workforce challenges impacting service delivery.

### **Limitations of SUD training for home care aides**

#### ***Basic and specialty training for home care aides***

Washington's training for home care aides includes a 75-hour basic training covering communication, infection control, and personal care (DSHS, 2022a), followed by written and practical competency tests (WAC, 2023a). For many newly hired, non-credentialed aides, this is

their first exposure to caregiving principles, but its broad scope often leaves them unprepared for managing complex behavioral health needs (Smith et al., 2023).

Specialty training is required for home care aides serving populations with specific needs, such as clients with dementia, developmental disabilities, or mental health disorders (WAC, 2023b). Mental health specialty training, for instance, includes eight hours of instruction focused on topics such as symptom recognition, de-escalation strategies, and therapeutic communication (DSHS, 2023). While existing basic and specialty training for home care aides are developed to satisfy many important competencies of providing care to ALSTA clients, there are critical gaps present in the curriculum around SUD.

### ***Lack of SUD training for home care aides***

ALSTA's mental health specialty training contains minimal information about caring for a client with SUD (Regensburg, et al., 2022). A 2014 study of 397 stakeholders working in WA state long-term care facilities provided overwhelming feedback that more training was needed around SUD within the specialized mental health curriculum for direct care providers (Coraggio Group, 2014). One respondent noted: "Substance abuse [is] not really covered. If you are taking a holistic look at a person, you got to talk about some of those issues."

Research indicates the critical need for integrated mental health and SUD training for caregivers. Caregivers report experiencing burdens in working with clients with SUD due to fear of clients harming themselves or others, a lack of guidance on managing these complexities effectively, and the physical inaccessibility of outpatient treatment programs (Cabin, 2020; Labrum, 2018). Effective SUD training requires practical, scenario-based exercises on crisis management, recognizing substance misuse, and risk mitigation (Galvani et al., 2023). Without this training, caregivers struggle to identify and address substance use, increasing risks for both them and clients (Ebenau et al., 2020). For example, untrained caregivers may be unable to perform harm reduction interventions or opioid overdose reversal effectively (Galvani et al., 2023). Interviews with Seattle-area providers suggest harm reduction education could ease caregivers' safety concerns in permanent supportive housing (PSH) settings (Johnson et al., 2024). Integrating SUD education into ALSTA training could improve care outcomes and caregiver confidence. However, systematic barriers exist in implementing SUD education for home care aides.

### ***Challenges in changing basic and specialized curriculum***

A clear gap exists in ALSTA training on SUD, but adding competencies for home care aides introduces logistical and financial challenges. WA home care aides often rearrange schedules and travel long distances for training, incurring costs such as lost wages and travel expenses (Ordway et al., 2019). Many already face financial insecurity (Campbell, 2017). Additional training requirements could delay certification, reduce the workforce, disrupt care continuity, and worsen caregiver shortages (Ordway et al., 2019). Additionally, ALSTA's Training Development and Learning Management Team is understaffed and faces a backlog of training development requests (ALSTA, 2023a). Requiring substance use education in basic and specialized home care aide training would place additional strain on the provision of home care aide services in WA state. Additional avenues for including SUD education for home care aides must be explored beyond incorporation in basic and specialized training programs.

## **Advanced Home Care Specialist (AHCAS) program**

One pathway to addressing the gap in SUD education for home care aides is the Advanced Home Care Aide Specialist (AHCAS) training program, which already provides advanced training. The AHCAS program consists of eight modules administered by the Service Employees International Union (SEIU) 775 over eight weeks (SEIU 775, 2024). Home care aides receive their regular hourly wage for attending the training, as outlined in their collective bargaining agreement with their employer. The seventy-hour curriculum equips home care aides with skills to support ALSTA clients with challenging behaviors or other significant complexities (ALSTA 2022b; DDA, 2017). Home care aides who complete the AHCAS are eligible for a \$0.75 hourly wage premium (SEIU 775, 2024). According to SEIU 775's webpage, the curriculum lacks specific skills labs or a focus on substance use (SEIU 775, 2024). The compensated structure and wage incentives of the AHCAS program offer a tangible opportunity to address the lack of SUD education opportunities for WA home care aides. Nevertheless, potential structural limitations exist in adding SUD training and expanding eligibility for AHCAS.

### ***Eligibility limitations of AHCAS***

The implementation of SUD education within the AHCAS program would require an overhaul of client eligibility criteria. To receive services from an AHCAS, clients must be eligible for the Health Home program through the WA state Healthcare Authority or have a Behavioral Point Score of 12 or higher on the Comprehensive Assessment Reporting and Evaluation (CARE) web tool (DDA, 2017). These eligibility limitations directly impact the feasibility of integrating SUD education into the AHCAS program.

Health Home eligibility requires clients to be diagnosed by a healthcare provider with at least one chronic condition that places them at risk for another, as well as a Predictive Risk Intelligence System (PRISM) score of 1.5 or higher (ALSTA, 2023b). PRISM criteria do account for SUD diagnoses, chronic physical health conditions related to substance use, and the prescription of medication-assisted treatments for alcohol and opioid use disorders (DSHS, 2022). However, recipients of in-home caregiving services may lack formal or current connections with SUD treatment systems that provide these diagnostic evaluations (Cabin, 2020). Additionally, reliance on chart-review to determine PRISM scores may be affected by patients who underreport SUD symptoms (Lapham et al., 2012). As a result, clients with undiagnosed SUD may fail to meet the Health Home eligibility requirements despite having significant care needs, as their documented conditions may not generate higher PRISM scores.

In contrast, the CARE tool, which is administered by case managers from the Home and Community Services (HCS) Division of ALSTA, offers an in-home assessment of clients' needs. The CARE tool provides structure for evaluating client needs by evaluating functional abilities and determining eligibility for long-term care services (WAC, 2021). Significantly, 14% of enrollees in the 2024 WA State Foundational Community Supports Supportive Housing Program (n=13,897) have been evaluated by the CARE tool in the last fifteen months (DSHS, 2024). Notably, the CARE tool notably lacks any specific mention of SUD-related needs or behaviors—past or present—apart from “unsafe smoking” (ALSTA, 2020). The omission of recognizing the behavioral health impacts of substance use in the CARE tool may present a challenge for ALSTA case managers who have difficulty in distinguishing between behavioral symptoms attributable to substance use versus psychotic or mood disorders (APA, 2022; Quello, 2005). The

CARE tool requires restructuring to explicitly address SUD-related behaviors to accurately and expand eligibility for AHCAS services.

### ***Labor limitations of AHCAS***

Despite its potential, the implementation of SUD education within the AHCAS program would need to navigate existing funding and capacity constraints in coalition with SEIU 775. AHCAS is funded through a combination of state resources and employer contributions outlined in collective bargaining agreements between long-term care agencies, the State of Washington and SEIU 775. Long-term care agencies can enforce a limit on the number of workers who may complete AHCAS. For example, the collective bargaining agreement between Catholic Community Services of Western Washington's Long-Term Care division and SEIU 775 allowed a maximum of sixty-three employees to complete AHCAS between 2023-2025 (SEIU 775, 2023b). These funding and capacity constraints pose significant challenges to implementing SUD education within the program, despite its potential benefits.

### **Recommendations**

Expanding AHCAS eligibility and integrating SUD education could make the program more appealing to prospective home care aides. A strategy to consolidate ALSTA clients with behavioral health and SUD needs within smaller geographic areas, particularly in harm reduction settings like permanent supportive housing (PSH), could also improve logistical efficiency (Johnson et al., 2024). This approach would reduce caregivers' transit and parking challenges, enabling them to serve multiple clients in less time. Therefore, SEIU 775 could leverage increased AHCAS eligibility to negotiate higher participation caps with long-term care agencies, ensuring broader access to this advanced training. Despite the clear benefits for clients and home care aides, legislative support is also needed to convince long-term agencies to invest in these recommendations.

To move forward, it is essential that the Washington State Legislature allocates financial resources to incentivize interdisciplinary collaboration on this issue among SEIU 775, long-term care agencies, and ALSTA. This collaboration could enable the implementation of the following recommendations to improve training and service delivery for home care aides and their clients with SUD.

First, the AHCAS training curriculum could be strengthened by SEIU 775 with the addition of a skills lab focusing on SUD topics. The AHCAS program is already a well-established and incentivized framework for advanced training, making it ideal for incorporating specialized SUD education. A dedicated skills lab would offer practical, scenario-based exercises focused on recognizing early signs of substance misuse, intervening in crises such as withdrawal or overdose, and navigating referral pathways for treatment and harm reduction services. SUD education would empower AHCAS to support clients with co-occurring behavioral health and substance use challenges, improving client outcomes and confidence as care providers.

Second, revisions to the CARE tool are necessary to improve the identification and service allocation for clients with SUD. Currently, the CARE tool's omission of SUD-specific indicators limits its effectiveness in evaluating the needs of this population. Adding criteria such as drug-seeking behavior, withdrawal symptoms, accidental overdose, and risky use patterns would enhance the tool's ability to name the challenging behaviors experienced by ALSTA clients as

SUD-related (APA, 2022). By expanding its measurement of mood and behaviors to include the needs, current behaviors, and past behaviors of clients with SUD, the tool could provide more accurate evaluations and appropriate service assignments. Implementing these recommendations requires coordinated efforts and legislative investment to address the systemic challenges in training and service delivery.

## **Conclusion**

We need actionable strategies and legislative support to address the critical training gap for home care aides around SUD. Implementing SUD education in WA's home care aide training framework requires legislative action and investment to encourage collaboration across government, labor, and healthcare sectors. Incorporating SUD education into the AHCAS curriculum would address a major gap in training without disrupting the existing basic or specialized training structure for home care aides. Revising the CARE tool to include SUD-specific indicators would expand AHCAS eligibility. These recommendations aim to improve care quality for ALTSA clients with SUD and support workforce development for home care aides in WA state.

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