

Meeting Summary
Thursday, June 20, 2013
9:30 a.m. – 12:00 p.m.



Urbandale Public Library – Meeting Room B
3520 86th Street
Urbandale, Iowa

Council and Committee Members

Julie Adair, Iowa Health Care Association
Matthew Clevenger, Direct Care Professional
Greg DeMoss, Iowa Department of Inspections and Appeals
Erin Drinnin, Iowa Department of Public Health
Di Findley, Iowa CareGivers
Vicky Garske, Direct Care Professional
Melanie Kempf, Local Long-Term Care Ombudsman
Ann Riley, Center for Disabilities and Development, U of Iowa
Lin Salasberry, Direct Care Professional
Pat Thieben, Iowa Department of Education
Amy Wallman Madden, H.O.P.E.

Ambassadors and Pilot Participants

Jennifer Hagerty, American Institute of Caring
Kellee McCrory, University of Iowa
Jan Munson, Woodward Resource Center
April Nagel, American Institute of Caring
Lori Reams Parrish, Woodward Resource Center
Jaime Wheelock, DMACC
Mary Ann Young, Iowa CareGivers

Guests

John Hale, Iowa CareGivers
Patty Funaro, Legislative Services Agency
Deborah Thompson, IDPH
Bill Nutty, LeadingAge Iowa

SPPG Staff

Stacie Bendixen
Indira Blazevic
Crystal Hale
Arlinda McKeen

Welcome, Introductions, and Overview of the Day

Arlinda McKeen, SPPG facilitator, welcomed attendees and led introductions. Julie Adair, the new Director of Workforce Development for the Iowa Health Care Association, will now be representing IHCA on the Council. Erin Drinnin, Direct Care Workforce Initiative project manager from IDPH, distributed a state survey on development of the health benefits exchange.

Program Updates

PHCAST: Pilot Sites, Curriculum, Testing, and Online Core

Representatives of several pilot sites were in attendance. The three-year PHCAST grant funding the pilot project ends this September.

Drinnin provided an update on the curriculum. Curriculum development is complete and each module has been delivered at least once. Northeast Iowa Community College is piloting the Health Support Professional courses. Instructors have been meeting regularly and share resources with each other. It is expected that the curriculum will continue to be updated after the PHCAST grant period ends this September. The curriculum can be copyrighted to maintain its integrity. Anita Stineman, the project

curriculum director, has undertaken development of advanced credential exams. These are expected to be available in the next month or so, and enough DCPs will have completed advanced training to qualify for exams.

Development of the online delivery of Core is expected to be completed by August 1. Drinnin showed one of the videos created for the online Core that demonstrates a skill covered in the module. The videos are not publicly available yet (permission is required), but Council members will be sent the links to view the videos.

Kellee McCrory, the PHCAST pilot project evaluator, provided an update on evaluation data, such as how many DCPs have taken pre- and post-assessments surrounding the curriculum, the numbers of DCPs who have left their jobs during the pilot, and themes from the DCPs' responses to interview questions about their job satisfaction and why they left if they had left their job. Among DCPs who left, a common issue was communication with their employers. The majority of those who left did so within the first six months; a common reason among those people was that they learned direct care work is not for them. Overall, data show that high proportions of DCPs want to stay in their jobs for a long time. Data is also being collected from a control group. McCrory expressed that the pilot sites have been a joy to work with. A theme is that many participants are staying within the field of direct care even if they leave their current job. It was asked whether respondents who said they left because they were uncomfortable doing their jobs were asked why; McCrory will look into that.

Pilot sites were asked to track retention throughout the project. They have now been delivering training for about a year, and were asked what change in retention they have seen. Pilot sites have seen improvement in retention: Easter Seals has seen a 13% reduction in turnover, Iowa Home Care 34%, and Home Instead 59%. HOPE has noted that the Core training lines up well with CARF, and Monroe County Professional Management has DCPs asking for the training, which is a new phenomenon. Almost all the pilot sites are requiring their new staff to take Core; Monroe County Professional Management is also having current staff take the Core and they have found it beneficial across the board.

Pilot representatives had the opportunity to comment. Jennifer Hagerty from American Institute of Caring, which trains direct care staff for Iowa Home Care, said things are going well. They are projected to train 125 DCPs and receive positive feedback from DCPs. Amy Wallman Madden described how HOPE incorporated the Personal Support course into their recent career conference. Most of their providers are part-time and have difficulty having time for training; many said this was the best conference they had been to. Providers did group projects and were excited about them; the instruction techniques Anita Stineman teaches were very helpful. Drinnin acknowledged that one of the biggest challenges for many agencies is institutionalizing a new training system and finding time for DCPs to go through lengthy modules; HOPE is a great example of making this program work in their model. Jaime Wheelock from Des Moines Area Community College reported that DMACC coordinates offerings of the trainings that any of the pilot sites can send staff to. Des Moines-area pilot sites have been collaborating to inform each other of when their trainings are and inviting staff from other agencies; this contributes to a diversity of settings and makes the training focus on the DCP's role rather than the setting they currently work in. This reflects a major benefit of the training being standardized – it creates more opportunities for sharing resources. Wheelock plans to continue to teach the courses after the pilot ends, as long as the curriculum is available, and wants to set up the training as a short-term certificate program at DMACC. Woodward Resource Center will be hiring new staff and implementing some training soon.

It was asked how much a poor economy contributes to reductions in turnover that are occurring in the pilot; it is impossible to tell. It has been discussed, but it is unclear how to quantify those factors.

Data on pre- and post-assessments show that the training increases DCPs' knowledge, showing that the curriculum is effective.

The pilot project leadership team has shared or hopes to share about this project at a few national conferences and has opportunities to compare Iowa's work with other states in standardizing education for direct care professionals.

The project is nominated for an innovation award from the Archstone Foundation as part of the American Public Health Association conference. This is nice validation that Iowa's project is unique and highly regarded.

IT System Development

Drinnin reminded attendees of the three components: The course completion and advanced credential exam system, the online credential application and board functions, and the Appraisal of Work Experience (grandfathering) system.

The course completion system will allow trained, credentialed instructors to input information when DCPs complete a training course in order for education to be tracked. Instructors viewed this system at a recent instructor meeting.

Last week, groups of DCPs tested the online application and credentialing system through the public portal. The take-away was that the site itself is not very challenging to navigate; the bigger issue is struggles that DCPs who lack computer skills have.

The Appraisal of Work Experience is an online questionnaire for which DCPs will indicate the skills they perform or are trained in, and the automated system will determine which advanced credential(s) they are eligible for.

Drinnin showed attendees the test website for the public portal and DCP application. She demonstrated how a member of the public would search for a direct care professional and information that is available, including their training, credentials, and specialties, and whether the board has taken any public action against the DCP. DCPs will create an account to manage their information and apply for and renew credentials. She demonstrated the online application process DCPs will complete to apply for new credentials and specialty endorsements. Vicky Garske participated in testing the system and offered comments: It was easy to navigate when following the step-by-step instructions.

Ambassadors

Indira Blazevic, SPPG, provided an update on the Ambassador program, the network of local advocates. There are currently about 70 Ambassadors, including DCPs and employers. Two orientations for new Ambassadors were held recently. A few people who were new to being official Ambassadors but have been involved with the project for years said they still learned more about the project and conducting outreach. Monthly webinars are held for Ambassadors to learn updates and explore a certain topic.

Mentoring and Leadership

Iowa CareGivers has developed the mentor and leadership programs as part of the PHCAST grant. Every pilot site has a mentoring program in some form, and several have seen great success. Mary Ann Young from Iowa CareGivers, who is managing the mentor and leadership programs for the PHCAST project, provided an update. Twenty-nine peer mentors have been trained, and evaluation feedback on the training and how it will benefit them in their work has been positive. A peer mentor training may be offered in northwest Iowa in the fall. A number of other agencies and regions have expressed interest in

hosting the peer mentor training. The instructor manual for the mentor program will be enhanced over the summer, and resource development for sustainability of the program will be addressed.

Several leadership trainings were held this spring and there may be interest in holding another one soon.

Specialty Competencies Development

Through the PHCAST project, competencies with which the board can evaluate curricula for specialty endorsements are being developed for three more specialty areas: mental health, Autism, and oral health. Experts in each area are invited to gather for the development process. Groups for mental health and Autism first met this week and an oral health group will meet in July. It was asked if the Direct Care Professional Education Review Committee will review the competencies the same way they have reviewed curriculum; that is unknown at this point but is a good idea. A survey of DCPs on oral health that Iowa CareGivers conducted was distributed; the results, showing the importance of oral health in overall care and the need for oral health training for DCPs, will be part of the oral health group's discussion.

Legislative Update and Advisory Council Role for the Next Year

McKeen summarized the outcome of the legislative session in regard to direct care issues. Legislation to establish the Board of Direct Care Professionals, as recommended by the Council, was introduced for a second year this session. This year's legislation represented significant compromise reached last session and in the interim, intended to address concerns of various stakeholder groups. The bill did not meet a deadline to continue to be considered. An alternative route was identified that involved proposing the board and system as all voluntary, which the Council agreed to pursue as the only way it would move forward. This proposal was intended to be amended onto another bill, but that bill was never brought up in the second chamber so the opportunity to reintroduce the board did not occur. The Legislature did pass funding to continue the work of the Advisory Council and conduct activities such as making the curriculum available statewide.

McKeen reviewed the Council's legislative charge to work to implement its recommendations. That now means considering what can be done without a board. The idea of quality, standard training is widely popular. The five items the Legislature has charged the Council and IDPH to continue working on are:

1. Finalize curriculum and competencies and make them available statewide.
2. Provide education and outreach about the curriculum to all interested parties.
3. Establish tracking and evaluation of the impact of the training using this curriculum, including retention and job satisfaction. (Some of the biggest concerns about a voluntary system have been that public protection through the ability to ensure quality and statewide standards is lost.)
4. Work with statewide associations to promote adoption and utilization of the competencies and curriculum for training and to support tracking.
5. Begin to study differential reimbursement based on competency-based training as demonstrated through standard credentials.

Drinnin added that the next steps for IDPH are unclear, and the Department will need to figure out what it can do to continue using as much as possible of the elements developed through significant investment of time and resources. How to do that is being discussed. The web-based systems being developed offer a lot of capability to be modified to support other approaches.

It was asked if the goal is to try introducing the board again next year in the Legislature. That remains to be seen. Drinnin expressed that there is great opportunity to continue the work already underway even without a board yet. Many elements of the initiative require a lot of time, and more time has been given.

Deborah Thompson, legislative liaison for IDPH, commented that if legislation moves forward again next year, she hopes the Department would have more opportunities to be involved in discussions of proposals. This year the Department was concerned about the proposal for a voluntary board; it was unclear how that would be resourced and how the Department would discuss it with the Governor's Office.

McKeen stated that representatives of the Advisory Council were present and gave input when asked by legislators for information and to advise. McKeen said it is assumed that IDPH is already aware and involved when the Council's input is sought. Thompson noted that because the Department has the responsibility to implement the legislation, more coordination of efforts of the Advisory Council and the Department would be helpful.

The next steps are that the bill that includes Council funding needs to be signed by the governor (he is expected to take action on this bill today), and IDPH will develop strategies for implementing the new charges. Those discussions will include funding and staff resources and how existing resources can be utilized. The hope is to build upon what has already been invested into the Initiative. The PHCAST grant ends at the end of September and there has been no word on continuance yet. The state funding is a great opportunity to be able to continue this work.

Outreach Updates and Discussion

McKeen summarized the legislative charge as it relates to outreach. The activities are to include educational efforts on the Initiative to organizations, individuals, legislators, and staff; the development of appropriate materials; and responding to requests for information. Additionally, content on the state DCWI will be updated and a communication plan will be developed, as a guide to Ambassadors, pilots, and all stakeholders involved. Work will begin on the development of strategies for implementing the legislative direction. Lastly, strategies will be developed for continuing focus on the key elements of the 2012 recommendations of the Advisory Council.

The goal for the upcoming outreach initiative is to make the issue a public priority and to actively involve Advisory Council members, pilot site participants, and Ambassadors. The three key elements of the planned outreach events are community and business leaders, media engagement, and DCPs. The goal is to hold the series of outreach events between August 19 and September 27, 2013. The initial thoughts on the target locations for outreach events are the Quad Cities, Dubuque, Mason City, Sioux City, Atlantic, and Des Moines. Di Findley, Iowa CareGivers, offered a comment regarding the confusion in the public sphere regarding the Initiative and suggested that everyone involved in the Initiative try to use consistent messaging throughout outreach efforts, in order to attain a more coordinated effort overall. Drinnin added that the more focused legislative charge this year may help with some of the confusion and messaging. Included in the next steps is being more specific in the messaging.

Public Comment Period

Ann Riley pointed out the need to be careful in utilizing the "wave statements" because of the way they may resonate with individuals with disabilities or those who work with them. Instead of utilizing wave statements, being specific about how they are a part of the community will resonate well with disability providers.

McCrary added that the "wave" is the aging population, but it is really about how people can age in their own homes. McKeen clarified that the Initiative is here to address the issues of the direct care workforce. McCrary also noted the difficulty of balancing meeting the needs of aging parents and at the same time being able to remain in the workforce.

Lin Salasberry pointed out that it is not just age and intellectual disabilities that are a concern, but also the physical disabilities and individuals who will always need care. Jan Munson, pilot participant from Woodward Resource Center, added that there is also a need for quality care providers who will support veterans.

John Hale, Iowa CareGivers, added that family caregivers and direct care workers, both paid and unpaid, need to start to think of this as a movement they are all in together. Family caregivers and paid direct care professionals develop partnerships, which will help drive the recognition that this is a public policy issue that people cannot continue to ignore.

Closing Comments

McKeen made closing comments. The staff to the Advisory Council will keep the Council posted on the next steps for the Initiative. McKeen thanked everyone for wrapping up another year of good work.