

**Meeting Notes**  
**Thursday, June 9, 2011**  
**10:00 a.m. – 3:00 p.m.**



**Pizza Ranch**  
**448 University Ave SE**  
**Waukee, IA, 50263**

**Advisory Council and Committee Members**

Ann Aulwes, Iowa Board of Nursing  
Matthew Clevenger, Direct Care Professional  
Greg DeMoss, Department of Inspections and Appeals  
Erin Drinnin, Iowa Department of Public Health  
Marcia Driscoll, Kirkwood Community College  
Meredith Field, Center for Disabilities and Development  
Vicky Garske, Direct Care Professional  
Terry Hornbuckle, Iowa Department on Aging  
Melanie Kempf, Local Long Term Care Ombudsman  
Anne Peters, Home Instead  
Brad Richardson, University of Iowa  
Lin Salasberry, Direct Care Professional  
Anita Stineman, University of Iowa College of Nursing  
Pat Thieben, Department of Education  
Lisa Uhlenkamp, Iowa Center for Assisted Living  
Amy Wallman Madden, H.O.P.E.  
Anthony Wells, Direct Care Professional

**Guests**

Lila Starr, Iowa Department of Human Services  
Anne Porter, A-plus Home Care Services  
Marvin Firch, Iowa Department of Public Health, Bureau of Professional Licensure

**Staff**

Stacie Bendixen  
Erin Davison-Rippey  
Jennifer Furler  
Michelle Rich

**Welcome and Overview of Agenda**

Jennifer Furler welcomed members to the last Council meeting of the fiscal year and gave an overview of the day's agenda. She introduced the pilot evaluator, Brad Richardson from the University of Iowa. Erin Drinnin and Furler commended the Council's accomplishments and noted that this meeting represents a culmination of the Council's progress, and begins a transition period where IDPH will actively implement the Council's recommendations.

## **Pilot Update**

Drinnin gave an update on the pilot. The grant leadership team has met regularly over the last six months. The next six months is the planning phase, and the Council's role in the upcoming year will largely be providing feedback on the pilot as it progresses.

Notices of Intent to Award to seven pilot sites have been announced, representing a diverse group. Both community colleges that are participating are interested in bringing providers on board to participate in their regions. The pilot sites have identified their leadership teams, which will all include DCPs. The pilot sites are becoming partners in the project to help shape the implementation phase. A regional meeting will be held in each of the two regions (Workforce regions 11 and 15) for pilot sites to learn from each other. There will also be a statewide meeting with all the pilot sites to brainstorm together on topics such as curriculum (competencies), the evaluation process, and mentoring. Orientation meetings are being scheduled with the sites. Webinars will be developed for the grant leadership team to communicate directly with the DCPs that will be participating in the pilot.

During the next six months the following elements are expected to be finalized:

- Curriculum, including which type will be used at each site. Pilot sites may tweak or develop their own curriculum or use the test curriculum. Most have said they will use the test curriculum the work groups are developing or a combination of that and their own.
- Management Readiness Mentor Program Toolkit. The pilot sites will be engaged in establishing mentor programs. The grant leadership team will provide technical assistance and resources and is working with Iowa CareGivers Association to develop the toolkit (which would likely be available online) in partnership with the Upper Midwest Public Health Training Center. Meredith Field noted that the Center for Disabilities and Development has worked with UMPHTC in the past on training modules, which are available on Prepare Iowa, a learning management system. Drinnin noted that the pros and cons creating an online learning management system for training DCPs and what that would involve have been discussed. Drinnin is interested in developing the Core training in an online format as a starting point.
- Data collection tool for pilot evaluation activities.
- Reimbursement structure for pilot training, with agreement from the pilot sites. Training is expected to start at the beginning of 2012. This grant is to pay for training, but the details of how have yet to be worked out in collaboration with the sites.

For the IT system development, supplemental financing from Iowa Access, a state fund, has been approved. IDPH is collaborating with the Department of Inspections and Appeals on alignment with the DCW registry and data sharing. The target start date for development of the IT system is July 1, 2011, and it is expected to take 10 months before "going live." Several boards have already implemented the AMANDA system, so there are lessons learned and best practices.

On mentoring and retention development, early retention strategies are being developed and mentor training is being updated. A management readiness toolkit is being updated and posted online. Furler reminded members that mentoring is a specialty on the Career Pathways. Drinnin noted that the goal is to track, but not limit, mentor training in order to try to link retention and turnover to common factors.

Stineman gave an update on the curriculum development progress. The DCP Educational Review Committee met a few weeks ago, and first received an orientation on the Council's work and recommendations and their role as reviewers. They reviewed the Home and Community Living module, and Stineman said they gave helpful feedback. The committee liked the learning activities, especially the scenarios. Based on their diversity in settings, they suggested additional scenarios to represent additional populations. They liked the resources and structure of the curriculum. They were practical and

wanted specific ideas the DCP could implement right away and suggested some. There were a few concerns about places where the complexity of material seemed to be above the level of the target student, so they gave some suggestions on making the level of material and terminology appropriate. The next time they meet they will address the Personal Support module, with a conference call ahead of time to explain how the module was developed. The committee asked for more time to read the material in detail before discussing, so they will receive the module in advance to review at home, will meet with each other to discuss, and then will meet with Stineman to share their thoughts. The Personal Support module is to be finalized by July 2011. A provider review group is being put together to look at Home and Community Living; then the PADL work group will be put together. The work groups are developing test questions on the content, as they are most familiar with the key points. Drinnin noted that the critical value of the DCP Educational Review Committee is becoming evident, and this practice is being shared with other states. Furler noted that the committee represents diverse in settings and populations, especially considering their past experience in addition to their current positions. The curriculum will continue to be updated during the pilot testing based on feedback and evaluation findings.

For pilot evaluation, control groups composed of providers similar to the pilot sites (the treatment groups) will be identified this fall; factors to be considered include population served, size of agency and number of DCPs to be trained, demographics, and employment data. The pilot sites will be asked who provides similar services as them that could be tracked as a control group for comparison. Baseline and ongoing data collection will include employer data (demographics, training, length in field, turnover); DCP data (knowledge and skills, survey on job satisfaction, support, leadership, opportunities); focus groups and interviews with trainers, instructors and employers; and exit interviews with some targeted DCPs who leave their jobs during the pilot period. It was also noted that incident reports could be used for data collection.

Brad Richardson presented a graphic model of the evaluation process for the pilot project. He provided background on his work in recruitment and retention in the nursing field, and tracking turnover in the direct care profession for the Iowa CareGivers Association; the instruments from that work will be adapted for the pilot. Richardson pointed out key elements of the evaluation instrument, which starts with exogenous variables and splits into processes for the treatment and control groups. Each group takes a pre-test and post-test, with the treatment group receiving the "intervention" in between (being trained in the curriculum); follow-up with the treatment group to measure retention of training and skills learned; and employer follow-up for each group on workforce retention and turnover and family/caregiver satisfaction. Furler noted that the information gleaned from the evaluation will be given to Council members to digest and interpret based on their experience and the intentions of their recommendations. Richardson noted that the data collected will be useful to answer many questions about the DCP workforce in the future. It was pointed out that some members of the control group may have some alternative existing training, such as for a new hire. It was clarified that "No Curriculum" on the diagram means that the group will not receive the test curriculum. What happens with the control group will be diverse. The control groups will be outside the two pilot regions. Control group members will be asked via survey and employer information what training they have had between the pre- and post-tests. The treatment group will only include DCPs receiving the test curriculum. Drinnin noted that compared to other states, Iowa is taking a unique approach in working with employers and community colleges directly, which is a significant advantage in having employers help track data. It will be more difficult for states working only with DCPs to know what is happening at their pilot sites. Furler emphasized that the curriculum must work for both DCPs and employers in order to be successful. Example DCP survey questions were presented, such as on supervisory support and promotional opportunities, for both the treatment and control groups. They have been shown to be a solid instrument in previous evaluations.

Anthony Wells noted that there has been little connection between employers and DCPs beyond the minimal relationship, which is sometimes adversarial, while this pilot approaches the relationship collaboratively, and predicted that employers and DCPs will feel more supported.

### **Credentialing Examination**

The grant leadership team's recommendations for the credentialing examination process were presented for Council feedback. The recommendation is a three-step process:

1. Access the training/education.
2. Complete an evaluation for each module, to demonstrate the application of learning in each module.
3. Complete a standard state credentialing examination at the end of all training, to demonstrate ability to apply combined learning (a "big-picture" assessment).

Requiring the passage of a state-level exam to earn a credential is favored over simply awarding a credential at the completion of training because it will require DCPs to show an ability to connect all the skills and knowledge gained throughout the training. It also provides flexibility in how to meet individual module competencies, because employers may have individual ways to help their DCPs meet those competencies, while still ensuring all who receive a credential meet consistent statewide standards.

It was clarified that DCPs do not have to complete the credential to be employed (except CNAs). Those who complete the Core would get a certificate as a Direct Care Associate. Documentation of completion of each training module will be provided. The IT system will track completion of modules. The idea is to build in incentives for employers and DCPs to drive people to the credential (to follow a career pathway). The credential test could be an incentive to be recognized for the training a person has completed. Concern was expressed that the public will not be aware of differences in training among people who call themselves a common title – the public tends to think everyone working in a given direct care field has the same training when they do not. Furler pointed out that the one-page career pathway document that explains the levels of training can be used to educate consumers.

There was further discussion of incentives to earn the credential, as opposed to just getting the training. The question will continue to be considered. It was thought that some employers could potentially view the credential negatively because it will warrant higher pay for credentialed workers, as opposed to people who have the same training but just have not taken the final test. It was compared to social workers having the option to be licensed but little incentive to do so. Furler pointed out that new DCPs who do not receive this training and credential may be incentivized by working next to DCPs who have been grandfathered with certifications. There will need to be policy changes so there is money for providers to support workers getting training and credentialing. Furler referenced the cost of turnover report; this training initiative, if it performs as the Council intends, will reduce turnover costs, so employers will benefit from it. Employers will be interviewed to gauge their attitudes on this. Drinnin pointed out that these are core challenges of having a voluntary credentialing system (how to motivate people to pursue the credential). The national movement now is toward credentialing workers to be able to demonstrate that your workforce has met standards. It is a major responsibility of outreach efforts to educate the public about the value of services provided by credentialed workers. It was pointed out that Medicaid pays for direct care services in many cases rather than the consumers directly, which needs to be kept in mind when promoting the value of services by credentialed DCPs. Marvin Firch said that the public is becoming more educated and is more concerned with service providers being licensed; DIA has seen an increase in consumers turning in unlicensed providers, where it used to be licensed peers who would report others working without licenses; this greater public awareness will help with promotion of a credentialed direct care workforce. Stineman reiterated that having statewide standards will help by ensuring expectations are consistent. Amy Wallman Madden asked how a credentialing exam will

measure certain less-tangible skills, and there was agreement that this will be tricky and needs experimentation. Marcia Driscoll pointed out that credentialing and the exam sets minimal qualifications.

The Council expressed consensus that this is how the credential exam will be approached and tested in the pilot.

### **Documents for Review: Continuing Education**

Furler presented a graphic representation of continuing education requirements and the process to complete and document requirements and renew the credential. Lisa Uhlenkamp asked how the Silver Chair online program for continuing education (in-service) will factor in. As long as it has a post-test, in-service training through this or any online system can be counted. Online providers will not be individually approved by IDPH or the DCP Board. DCPs must get one-third of their continuing education in a group setting. The group discussed that some online training is offered in a group format, but it is a difficult issue to address.

The Council expressed approval of the document as a good explanation of the process. The various requirements for the sources of continuing are aimed at diversity. Lin Salasberry expressed that employers should get input from DCPs on what topics they want to study. Greg DeMoss raised concern that documentation could be non-standard and not provide needed information for the registry. Furler said that providers can be given guidelines on information to include on training documentation but there is flexibility on what documentation can look like. Examples of acceptable documentation will be provided.

To fix a problem with alignment of total required hours of continuing education and the required one-third portions from different sources (20 hours is not divisible by 3), the Council opted to change the total requirement to 18 hours.

Some Council members expressed concern that some people may try to take advantage of the flexible guidelines – for example, by counting a mostly-online training that has a small amount of group discussion toward their group training requirement – and suggested that there may need to be more specifics on what qualifies for the different requirements. Others hesitated to get too specific with restrictions that might disqualify unique opportunities. This will have to develop over time as online education evolves. DCPs say they need opportunities to get out and network in person with others. But it was reiterated that now the onus is on the worker to seek out continuing education opportunities, and hopefully employers will offer opportunities as well.

### **DHS Survey Distribution Update**

Lila Starr from the Iowa Department of Human Services informed the Council that the survey on the prevalence of mental health conditions among older adults in long-term care, aging, and disability settings and training needs relating to mental health in older adults has launched and is being distributed in multiple ways to direct care workers. Members were asked for their assistance in getting it out to DCPs. She provided copies of the survey announcement and details on the survey, with the survey link. Starr will provide results to the Council when the survey is complete. Furler asked Council members to share it with their networks.

### **Initiative Timeline and Council Role and Activities in 2011-2012**

Drinnin provided a broad overview of the project timeline from 2011 through 2015. Curriculum development and pilot sites are the first part of the timeline, followed by IT system development. Beginning in 2012, Instructor/Trainer training and pilot training will begin. The legislation establishing the board is planned to be introduced in the 2012 legislative session (winter/spring of 2012),

immediately followed by board appointments. The DCP Board is projected to be in place in January 2013, and at that time the rulemaking process begins. This will likely be a lengthy process with many considerations. The hope is that the grandfathering process could begin before the all the rules are finalized. Based on the Advisory Council's recommendation, the grandfathering process would last two years, with early testing in the pilot. By the end of 2014, the new system would be in place. Drinnin will keep the group updated on goals.

Drinnin shared with the Council that in the next phase of the project, the group will function in a truly advisory capacity, moving away from the development and recommendation phase that has occurred until now. The major roles the Council will play moving forward will include:

- Outreach: Materials review, messaging, and assisting with presentations.
- Pilot feedback: Evaluation outcomes review, feedback on adjustments to pilot activities, review of curriculum competency review process, and review of module evaluation guidelines.
- Governance: Review of state and federal rules and regulations for alignment and proposed changes, and development of side-by-side comparison with current titles and education.
- Program long-term planning: Review of IDPH strategic plan, advising IDPH on resources and sustainability, and review and input on Board training and materials.

Furler mentioned that there will be many opportunities for input from DCPs throughout the next phase. Melanie Kempf asked who at IDPH will continue to work on the project. Drinnin explained that she will continue to serve in her role, and the project director is Julie McMahon. Planning for staffing long-term is yet to be determined, and will be advised by the Department. Historically, the state has provided support for the Council. Regardless of current state funding, the pilot activities are funded by the federal grant, and guided by the state leadership team. Drinnin noted that the Advisory Council's role is critical in the next phase of the project, providing stakeholder input and guidance.

## **Outreach Priorities for Next Year**

### ***Initiative Ambassadors***

Furler explained that IDPH has asked SPPG to explore outreach activities. Part of the process will be building a statewide network of stakeholders, currently being called DCW Initiative Ambassadors. Furler asked for feedback on the concept of ambassadors and the kinds of supports they will need. Wells expressed support for the concept, but had questions about the implementation, with concern for the same people who have been involved historically being taxed by the new role. The hope is to engage new people, including those who applied for the Educational Review committee, as well as DCPs in the pilot sites. Furler noted that these ambassadors could be included in the testing of the IT system as well.

Furler asked for thoughts on employers being engaged as initiative ambassadors. Anne Porter, a guest representing a home health provider, expressed that including employers in the process helps them connect to the initiative and provide a high quality of care. Furler noted that employer ambassadors could be the contact for their peers to answer questions and address concerns. Anne Peters agreed that would be a helpful component for employers.

A toolkit would provide guidance for ambassadors, and they would receive updates on the progress of the initiative. Peters encouraged Council members to serve in an ambassador role as they have a unique knowledge of the process. Meredith Field shared the concept of the "Each One Reach One" that focuses on early engagement and ownership. Peters suggested gathering a meeting of like-businesses to share the Council's progress and accomplishments. Furler asked members to suggest employers who would be interested in being an ambassador. The ambassadors will likely be structured regionally.

Furler asked what DCPs would need to be willing to be an ambassador. Wells said that DCPs will need support to serve in the role, particularly in rural areas, and including financial support. Furler noted that DCPs would be offered training on leadership and group facilitation. Members suggested that it would be helpful to have both written materials and the resources to contact when questions are raised that they cannot answer. Wells suggested that within each region, there should be a DCP, and employer and another partner that could support each other within the region. There was a positive response to the concept of teaming. Stineman suggested that ambassador contact information be included on resource and outreach materials so people could contact them. Drinnin noted that regional contact information would be on the initiative website. Michelle Rich shared the idea of either business cards or posters with tear-off tabs with ambassador contact information. Stineman suggested web access that would be a clearinghouse for all questions that all ambassadors could answer. This could be similar to message boards that could include areas for DCPs, employers and consumers. Rich asked about the number of hours that would be reasonable to drive for ambassador activities, and members said that one to two hours, depending on the scope of the event, would be reasonable. Pat Thieben suggested that the ambassador role could include prestige that would encourage people to be involved, such as a title or plaque. Furler noted that ambassadors could receive an interim credential, like the pilot participants, as an incentive.

### ***Other Outreach Activities***

Furler encouraged Council members to "like" the DCWI Facebook page and invite friends and colleagues to "like" it as well. Providers have been contacted to sign up for the DCWI E-Update using the DIA website contacts, and have been informed that this will be the primary form of communication for receiving updates on the initiative. Legislators have not been contacted to join the list yet, but that will be explored.

### **DCW Council Trivia Game and Outreach Preparation**

Rich led the Council in a Trivia Challenge on the direct care workforce and the Council and Initiative's history, purpose and work. Furler noted that this activity will refresh members on outreach tools and resources.

Following the Trivia Challenge, Rich reviewed outreach strategies, and asked for commitments from Council members on outreach activities. Examples of strategies include:

- Signing people up for the DCWI E-Update
- Talking with your colleagues and peers about the Initiative
- Presenting to a group (large or small)
- Submitting a newsletter article about the Initiative
- Hosting a short "lunch and learn" with your colleagues and/or DCP friends

Members made the following commitments to accomplish two outreach activities before September:

- Field: Share information via College of Direct Support webinar to share information about the Initiative, such as participation in control group; a presentation at a monthly 60 Minutes CDD meeting.
- Vicky: Work with Veterans' Home Commandant and DON to set up an in-service at the Veterans' Home; a friend at a nursing home is inquiring about an in-service.
- Matt Clevenger: Send out an email to corporate administrators inviting them to sign up for the E-Update; an in-service for DCPs about the Initiative.
- Wells: Interested in being on the panel for the ICA conference or another such event; a lunch-and-learn for co-workers.
- Stineman: Present with Drinnin at Nurse Aid Instructor Update (continuing education for instructors of nurse aid curriculum); present at a meeting with all coordinators of continuing

education at community colleges and collect email addresses of people who would like to receive the E-Update; will write an article for Iowa Caregivers newsletter.

- Wallman Madden: Article in H.O.P.E. newsletter; talk to Polk County Health Services to give an overview of the Initiative and pilots.
- Thieben: Present to the Nursing Deans and Health Deans; present to the health occupations student group.
- Driscoll: Lunch for long-term care facility administrators and DONs.
- Peters: Meeting with Home Instead offices and recruit ambassadors; meet with other providers and employers to educate them on the process.
- Kempf: Give presentation to seven local long-term care ombudsmen and the state ombudsman; contact mental health advocates and encourage them to sign up for and send out E-Updates.

Furler encouraged other members to think about how to do outreach and to incorporate more detailed information into regular updates with co-workers. SPPG is happy to assist with presentation materials and presentations as needed.

Furler asked members to look at the dates for future meetings – these dates are consistently the second Thursday of each month, and are slightly different from the dates shared at the last meeting. More information will be shared throughout the summer, and if there are any outreach needs, please contact SPPG or IDPH for assistance.

### **Public Comment Period**

No public comments.

**Upcoming Meetings:** Second Thursday of the month. All meetings will be scheduled from 10 a.m. to 3:00 p.m., unless otherwise noted.

Thursday, September 8, 2011

Thursday, October 13, 2011

Thursday, December 8, 2011

Thursday, March 8, 2012

Thursday, June 14, 2012