IMPROVING THE ABILITY OF THE DIRECT CARE WORKFORCE TO MEET THE NATION'S GROWING DEMAND FOR HOME AND COMMUNITY-BASED SUPPORTS:

Innovative approaches and lessons learned from six states implementing standardized training and credentialing for direct care workers
Workforce

- Personal and home care aides
  - Constitute the fastest growing occupation in the U.S. workforce
  - Play a key role in aging-in-place strategies and in meeting increased demand for services
  - States are facing worker shortages
  - The workforce lacks clear training and competency standards, and is plagued by poor job conditions
"Authorized under Section 5507(a) of the Patient Protection and Affordable Care Act, the Personal and Home Care Aide State Training (PHCAST) Program addresses a health work force need for the training of competent direct care workers capable of handling the needs of an aging population.

PHCAST supports six state demonstration programs in the development, implementation, and evaluation of competency-based curricula and certification programs to train qualified personal and home care aides.

The Affordable Care Act appropriated $5 million dollars annually for fiscal years (FY) 2010 – 2012 to fund the six demonstration grants and the required evaluation. Funding included grant awards and contracts, as well as costs associated with grant reviews, grant processing, and follow-up performance reviews.
The Personal and Home Care Aide State Training (PHCAST) program, administered by the DHHS Health Resources and Services Administration and legislated through the Affordable Care Act, has funded the development, implementation, and testing of statewide competency-based training models in six states (California, Iowa, Maine, Massachusetts, Michigan, and North Carolina).
Core competencies

- The role of the personal or home care aide
- Consumer rights, ethics, and confidentiality
- Communication, cultural and linguistic competence and sensitivity
- Problem solving, behavior management, and relationship skills
- Personal care skills
- Health care support
- Nutritional support
- Infection control
- Safety and emergency training
- Training specific to an individual consumer’s needs
- Self-care.
Caveats and Acknowledgements

- Projects are nearing the end of their third year and numbers are not yet finalized.
- Each state could do a presentation on its own but each was asked to drill down on a specific topic to share learning across sites.
- We would like to acknowledge the Health Resources and Services Administration (DHHS) for their support of these six grants.
In this panel discussion, each state will share a lesson learned thus far in their project, including these topics:

- Iowa—Engaging direct care workers (DCWs)
- MA—Needs of ESL workers
- CA—Worker needs in consumer-directed settings
- NC—Career lattice development for DCWs
- Maine—Systems that support direct service worker cross-training, particularly for rural workers
- Michigan—Engaging stakeholders in development and delivery of training
IOWA PHCAST: STRATEGIES FOR ENGAGING DIRECT CARE WORKERS IN THE CONVERSATION
Project Phases

1) Curriculum Development
   - Work groups with content experts
   - DCP Education Review Committee - application process
   - Employer/Educator Review
   - Pilot Sites – instructor meetings, instructor review/revision

2) Engagement/Involvement

3) Leadership Opportunities
Engage and Involve the Workforce

- Decision Makers – Advisory Council, planning teams (included DCWs, instructors, community college, HR, admin.)
- Reviewers – Curriculum review and editing
- Testers – online systems, exams, etc.
- Representatives of the project – Ambassadors, mentors, speaking opportunities
Leadership Opportunities for DCWs

- Partnership with Iowa CareGivers
- Leadership trainings
- Mentor trainings
- Ambassador program
- Legislative presentations
- LOEs, Op/Eds, newsletter articles, national meetings
Jamie Beste, DSP, Easter Seals and Instructor for PHCAST-Iowa

“It’s exciting to be a part of creating a career pathway for this workforce. I see how much direct care professionals need training and mentoring. We don’t currently have standardized training for this workforce in Iowa and it means that direct care professionals have to take redundant training and have no ownership over their training and future. It is going to make a huge difference in Iowa to start talking about direct care as a career with opportunities. I chose direct care and this project helps encourage other people to choose it as their career as well.”
MASSACHUSETTS PHCAST:
NEEDS OF ESL WORKERS
TRAINING AND RETENTION

Massachusetts
Executive Office of Health & Human Services
Executive Office of Elder Affairs
University of Massachusetts Medical School, Commonwealth Medicine, MassAHEC Program

Leanne Winchester
Total Completers: 623 (full) and 404 (auxiliary)

Average trainee profile
- Female (91%)
- Age 30-39 (32%)
- White, Non-Hispanic (41%)
- Low Income (81.5%)
- High School education (25.7%)
- Unemployed (55%)

Difficulty with English: 1-in-5 (Yrs. 1-2); 2-in-5 (Yr. 3)

*Minority: 2-in-5 (Yrs. 1-2); 2-in-3 (Yr. 3)

* This number is assumed to be higher since some minority groups (i.e. Brazilian) self report as white, non-Hispanic/ Latino
Bilingual Training: Spanish, Haitian Creole, Brazilian Portuguese
Case management

- Began with recruitment remained ongoing to completion of program
- Provided ten hours of soft skills and life skills training as part of the curriculum
- Adult Learner Centered Training
- Participant materials developed in a 6th-7th grade reading level
- Participating community colleges and community programs enrolled Limited English Proficient trainees into ESL programs, when applicable
- Partnerships between PHCAST and Head Start supported registration, childcare, translation, and transportation for trainees who were dually enrolled in both programs (Year 2)
- Partnerships between PHCAST, Workforce Investment Boards (WIBs), Career OneStops, and Senior Community Service Employment Programs (SCSEP) increases workforce training opportunities for low income, unemployed, and eligible participants (Year 3)
Recommendations

- Videos should remain as a video demonstration with limited to no narration to defray future costs with expansion into other languages
- Keep written material to a minimum
- Establish relationships with state funded programs, offering case management and/or ESL early in the process
- Increase participation of PCA employers and direct care workers in the development and implementation phase
- Remain transparent with development of all PCA training programs
- Offer hybrid and/or online training options
CALIFORNIA PHCAST: WORKER NEEDS IN CONSUMER DIRECTED SETTINGS
TRAINING IHSS WORKERS

Susan A. Chapman, PhD, RN
Melinda Neri, BA
In Home Support Services (IHSS)

- Largest Medicaid HCBS personal care services program in the country
- 440,000 consumers – self directed model
  - Hire, fire, train, supervise providers
  - Aligned with Independent Living philosophy
- 376,000 paid caregivers
  - Includes paid family, spouse, and friends
  - Paid by state/county
  - All workers are represented by the union
What do PCAs need to know about consumer direction and why?

Elements of CA PHCAST curriculum:

- Discuss what it means to be a IHSS consumer
- Understand the philosophies of consumer direction and independent living
- Listen to the consumer
- Recognize consumer right to make decisions and respect consumer choice
- Respect for consumer right to privacy
- Promote consumer independence
How Well Did CA PHCAST Address Consumer Direction

- Content in 7 of 25 modules
- Concepts reinforced throughout curriculum
- Training – targeted a majority of students working in IHSS model

- No consumer representative on Advisory Committee
- Didn’t use consumers as classroom teachers or guest speakers
- Some students not working in IHSS model didn’t grasp concepts as well
Recommendations

✓ Include consumers in all aspects of curriculum development and training regardless of delivery of care model or setting

✓ Strengthen curriculum, standardize, and assess for competency in consumer direction

✓ Balance standardization of training and certification with consumer direction and independent living philosophy
Context ripe for change

- Accountable care organizations
- Rising focus on culturally competent care
- Rising focus and need to support growing electronic health records
- Pressure to create nursing pipelines
- Educational institutions have more pressure to measure student success rather than numbers
NC Four Phase Comprehensive Training and Competency Program for Direct Care Workers in Home Care, Health Care and Residential Settings

Who is a Direct Care Worker
Direct Care Worker works in various settings to provide care for individuals of all ages who have physical, mental, and developmental disabilities or a chronic illness.

Building Skills from Phase to Phase

Basic Training
Phase I - Introduction To Direct Care Work
Phase II - Direct Care Basics

Intermediate Training
Phase III - Nurse Aide I

Advanced Specialty Training
Phase IV - Home Care Nurse Aide Specialty
Phase IV - Geriatric Nurse Aide Specialty
Phase IV – Medication Aide Specialty

Entry points for Students can be at Phase I, II and or III.

See back of sheet for detail description of Phases.
Distinctive features of NC PHCAST career lattice

- Special consideration for unemployed workers/new entrants
- Recognition of the permeable boundaries for DCWs between health care settings
- Incremental steps to completion; each meaningful for employment
- Topics based on evidence and stakeholder consensus
- Recognition of changing service needs
- Sustainable delivery structure (e.g. 22 community colleges/allied health programs)
- Registration of specialty training
Recommendations

- Manageable yet meaningful steps
- Multiple pathways and multiple points of entry (e.g., new entrants, unemployed, incumbent workers with experience)
- Partner with existing educational institutions (e.g. community colleges, high schools)
- Align with competencies and rewards for training (employer engagement)
STATEWIDE SOLUTIONS TO TRAINING AND DELIVERY ACROSS WORKER TITLES

Maine Department of Health and Human Services
Office of Aging and Disability
University of Southern Maine
Muskie School of Public Service

Susan Rovillard
The Context

- Maine is a large, rural state with little diversity in its population, many of whom live in isolated areas.
- Maine has had standardized training curricula and certification processes for direct care workers in place for many years.
- Current training requirements inhibit direct service workers from transferring core skills to new settings and populations.
- Access to and flexibility of training is limited.
- Opportunities for continuing education are very limited.
- The Project focused on three categories of Maine’s direct service workforce: Personal Support Specialist, Mental Health Support Specialist and the Direct Support Professional.
Maine’s Approach

- Maine’s project goals are to streamline the training processes, improve access and flexibility in training, improve worker mobility across settings and populations served and expand opportunities for direct service workers.

- The development of a 30 hour “Core” curriculum common to all three job titles.

- The development of “Specialty” modules specific to each job title.

- Development of a website for workers, employers and consumers.

- The development of continuing education modules.
Lessons Learned

- Workers are very interested in multiple certifications
- Workers are very interested in continuing education
- Workers have relatively strong computer literacy skills
- The blended approach to training improves access by reducing travel
- The blended approach means change for trainers
- Students require technical support and coaching to ensure completion of the training programs, a high touch model
- Our rural state requires us to consider access to both computers and broadband for online learning.
- Cultures are very different across the populations served by the three job titles.
MICHIGAN PHCAST: ENGAGING STAKEHOLDERS IN DEVELOPMENT AND DELIVERY OF TRAINING

Michigan Office of Services to the Aging
Independent Nursing Services
Michigan State University College of Human Medicine
PHI

Lauren Swanson
Michigan Building Training…Building Quality (BTBQ)

BTBQ Leads - Michigan Office of Services to the Aging (OSA), PHI, Michigan State University, and the RN Project Director—

- Convened local and state stakeholders to form the Competency and Curriculum Workgroups in the northern and southern regions
- Included 28 Stakeholders: MI Choice Medicaid Waiver Agents (WAs), Systems Change Task Force Members (members are program participants), Personal Care Aides (PCAs), Agency Owners, Workforce Investment Board staff, Care Managers, and Nurses
- Determined competencies and adapted PHI’s Personal Care Services Curriculum
- Adapted three trainings on dementia, home skills, and the prevention of adult abuse and neglect as one-day in-services
Incorporated the State of Michigan’s person-centered planning and services policy to preserve participants’ rights to make their own decisions into the 77-hour, 22 module PCA core training; adult learner-centered methods were used throughout the training.

Recruited and oriented a team of 50 trainers.

Piloted the BTBQ curriculum and coordinated 33 trainings through five regional WAs across Michigan.

Held frequent meetings with BTBQ leads, WAs, stakeholders, trainers, and PCAs to advance the BTBQ.

Trained 476 learners/PCAs in all or part of the core.

Implemented a formal evaluation process with controls.
Lessons Learned:

- Engage local and state stakeholders from the start incorporating regional preferences
- Determine infrastructure policies early on
- Market trainings to learners/PCAs in their neighborhoods (grocery stores, local newspapers, day care centers, laundromats, etc.)
- Hold orientations to gain learners’/PCAs’ commitment to attend trainings
- Address socio-economic barriers of the learners/PCAs (transportation, child care, food, other family responsibilities)
DISCUSSION/QUESTIONS