

Kansas Direct Care Worker Training & Credentialing Project

Goal: Increase availability of qualified respite providers and skilled family caregivers

- a. Collaborate with community college(s) on development of direct support professional training and credentialing program or associate's degree
- b. Explore feasibility of connecting the community college direct support professional program with the Kansas Apprenticeship Program
- c. Explore feasibility of bridging community college direct support professional program with a university(s) bachelor's degree program

Objective: Increase availability of qualified respite providers and skilled family caregivers.

Accomplishments to advance this objective include the following:

- A. To increase the availability of quality trained respite providers, the Kansas Lifespan Respite Project partnered with 7 community colleges to develop a "Direct Support Educational Pipeline". The Direct Support Educational Pipeline was created to transform the educational process for direct support professionals resulting in a long-term care workforce that has increased capacity and high competence. The new educational infrastructure was designed to address worker recruitment and retention issues by offering training that results in nationally recognized credentials through the National Alliance for Direct Support Professionals and college credit with associated career pathways. During the initial development phase, three college classes were piloted. The classes were a hybrid of online instruction and on-the-job training and were conducted in partnership with Butler Community College as well as in collaboration with local employers. Students enrolled in the classes were from

various regions around the state. In January 2014, Direct Support 100 was held with 8 students enrolled; in August 2014, Direct Support 201 designed for frontline supervisors was held with 18 students enrolled; and in January 2015, Direct Support 100 was held with 12 students enrolled. The classes incorporated: 1) online curriculum through Direct Course; 2) collaboration with employers for on-the-job training; and 3) submission of direct support work samples. The classes offered an option to obtain a nationally recognized credential through the National Alliance for Direct Support Professionals. While the program faced some barriers with the Kansas Board of Regents who did not ultimately approve the program, the lessons learned from the pilot and the overall effectiveness of the classes guided next steps to continue the development of a training and credentialing program that would not require approval from the Kansas Board of Regents.

- B. To garner more expertise about the process of developing a direct care worker training and credentialing program, Kansas began networking with Ohio who is a leader in the United States when it comes to direct care worker training and credentialing. Ohio created their DSPaths Training and Credentialing Program in 2003, and it became the first statewide program accredited by the National Alliance for Direct Support Professionals. Together, Kansas and Ohio have created a vision to cofound a national training consortium. The strategic planning phase is scheduled through March 2016. Ohio's classroom training will be combined with Kansas' hybrid of online training and on-the-job training to result in students obtaining national credentials through the National Alliance for Direct Support Professionals. Kansas will pilot this new franchisee model of training with four employers in 2016.

Kansas will also lead the development of an online library of classes to supplement Ohio's classroom training along with on-the-job training. Once refined, the franchisee training model will be offered to other states.

Challenges faced during the project and actions to address these challenges:

The development of the direct care worker training and credential program

experienced multiple challenges that ultimately shaped the direction of our current plan to cofound a national training consortium with Ohio. While the challenges took much of the grant period to work through, they provided invaluable experience and insight to support innovative program development going forward. The first challenge came when we attempted to link direct care training development with the Kansas Accelerated Opportunity Grant Project which aligned with our project because of the shared goals of creating new training programs and expanding career pathways. Key agencies and organizations involved and the associated barriers they presented included:

- a. The Kansas Department of Commerce who remained steadfast in believing community colleges are focused on creating new training specific to their own regional needs rather than coordinating replication of any one training program.
- b. The Kansas Board of Regents who remained steadfast in not supporting a direct care training program with the following arguments:
 - i. It is not mandated by the state or the managed care organizations
 - ii. Wage enhancements post training wouldn't be sufficient to warrant the cost of training

- iii. Questions as to whether this training would lead to positions with a living wage
- iv. Assumption that because no state agency currently requires this training, it doesn't support the reported need for the training
- v. Concern over whether this is a "cost shift maneuver" between noncredit trainings employers would typically pay for to CEU's supported by state financial assistance

The challenge of replicating consistent direct care training and credentialing across the state also involved needing commitments from employers to offer competitive wage increases post training. **Action was taken** to recruit a group of employers from across the state to participate in program development. A core group of eight employers came together and recruited seven interested community colleges in their areas. A wage survey was sent out statewide to employers who serve individuals with disabilities to determine: 1) market share for the direct care worker training and credentialing program; and 2) employer capacity to provide wage increases for trained workers. The survey revealed employers are not confident in how they will find the dollars upfront to spend on wage increases until savings are realized on the back in from reduced turnover costs. **Action taken** to address this concern was to reach out to CMS and the Lewin Group for technical assistance regarding the feasibility of states securing resources for training costs and wage increases. Employers advised if short-term federal financial assistance became available, it would empower them to invest in training and wage increases now while eventually recovering and redirecting savings from reduced turnover to sustain training costs and wage increases long-term. Ultimately, the Kansas Lifespan Respite Project was not successful in

influencing the state to apply for matching federal funds to support training costs and wage increases.

Momentum in program development was garnered when Butler Community College agreed to take leadership in applying for program approval with the Kansas Board of Regents. The Director of Program Innovation at Butler Community College evaluated that the barriers presented by the Kansas Board of Regents could be overcome in time. The Director assisted the Kansas Lifespan Respite Project in the development of two direct care training classes while the program application was in process. In May 2013, a major turn of events occurred when the Director of Program Innovation was unexpectedly laid off after the President of Butler Community College resigned, the college underwent a \$1 million budget reduction, and a hold was placed on all new program development. In response, **action taken** was to recruit a different community college to take the lead on applying for program approval from the Kansas Board of Regents. By October 2013, Independence Community College became the program lead and planned to achieve program approval by June 2014.

In March 2014, another challenge impacted program development when our leader at Independence Community College was laid off due to budget reductions. In response, **action was taken** to recruit a third community college to lead the program application process with the Kansas Board of Regents. After 6 months of recruitment, Barton Community College agreed to take the lead role and resumed the planning process in October 2014. In December 2014, our leader from Barton Community College was derailed by unforeseen family caregiving responsibilities which were then followed by concerns amongst Barton's administration that the college would not be successful in influencing the Kansas Board of Regents to approve the program. Ultimately, Barton removed their staff from the training program development

process indefinitely due to other higher priority projects. In response, **action was taken** to discontinue the initiative of connecting direct care training to an Associate's Degree, and efforts were refocused on collaborating with Ohio to replicate their successful statewide direct care training and credentialing program. Subsequent strategic planning has elevated this goal of replicating training to cofounding a national training consortium.

Lessons learned from undertaking this project – *philosophically*:

1. A good idea that fails may still be a good idea just in need of some repackaging. It was difficult to concede to the Kansas Board of Regents who refused to approve the direct care worker training and credentialing program for an associate's degree program. The volume of supporters involved in advocating for the direct care worker training and credentialing program including seven community colleges, one university, eight employers, the Kansas Lifespan Respite Coalition, and Interhab, a statewide association of services providers for people with disabilities, seemed strong enough to negotiate some form of change with the Kansas Board of Regents, but that was not the case. What was deemed a valuable direct care training and credentialing project for Kansas needed to be repackaged. Because the "no" received from the Kansas Board of Regents was not allowed to stop the project, the project is now better positioned to become a national franchisee training model with even greater impact.

With the Kansas Lifespan Respite Grant period coming to a close, the core activities are positioned to continue as follows:

1. **Direct Care Worker Training and Credentialing Program** – Funds from the lifespan respite grant will enable four employers to pilot the Ohio Direct Support Paths

curriculum in 2016. Additional funding was secured from Respite Outreach Care for Kansans Organization to bring executives from the Ohio Paths program to Kansas for a joint meeting to: 1) train trainers in Kansas to train employees in the Ohio Paths program; and 2) participate in a strategic planning retreat to firm up details regarding cofounding the national training consortium including Kansas' role in developing an online library of classes to supplement the classroom learning. The four Kansas employers who participate in the Ohio Paths training program will be committed to pay an annual fee. Part of the fee will go back to Ohio as a franchise fee and part of the fee will go to Interhab (a statewide association of service providers for individuals with disabilities), who is the lead agency in Kansas who will be coordinating the training and creating the online classes to supplement the Ohio Paths program. Preliminary discussions with interested employers revealed that they are willing to cover the annual fee which starts the second year of the pilot project. In order for more organizations (beyond the first four) to replicate the training program, they will need to pay a one-time kit fee to purchase the curriculum followed by the annual fee starting the second year. If organizations are not able to afford the one-time kit fee to purchase the curriculum, then Interhab will lead efforts to seek additional funding to support access to the curriculum. Interhab will sustain its administrative costs for the project through the portion of annual fees they will be retaining. The Kansas Lifespan Respite Coalition will remain an advisor to the project and will participate in strategic planning sessions and help seek additional funding as necessary.

Experiences and results from the Kansas Lifespan Respite Project have given confirmation of some theories about the delivery of respite care as well as provided new insights as it relates to integrating a respite care infrastructure into larger systems influenced by public policy.

Through the development of training and credentialing programs for respite professionals, findings include:

1. The quality and effectiveness of training programs are significantly improved when in-person classroom time and opportunities for cohort networking are incorporated beyond online education classes.
2. To address the shortage of workers in the field of direct care, a key improvement is to involve training as early as the high school level which can include high school academies. Creating community awareness amongst young people about opportunities in the direct care field as an alternative to the typical restaurant or retail industries will provide a pipeline of human resources even if the duration of service is limited to high school and college years due to pursuit of other career pathways.
 - 1) Additional benefits of recruiting a target population of younger workers:
 - i. Wage expectations would align with the Medicaid pay rate structure
 - ii. Population has the benefit of health insurance coverage through their parents up to age 26
 - iii. Inherently higher motivation to learn from the experience and desire to provide quality service to benefit their future career path whether that is to:
 1. Choose an ongoing career in the direct care field; or

2. Grow into other related career fields such as medical, special education, occupational/speech/physical therapy, psychology, social work, geriatrics, administration of service organizations, etc.
3. Initiating innovation to influence cultural change takes significantly more time than anticipated when public policy must also be changed. In an attempt to improve quality training for direct care workers, elevate professionalism of the industry at large, and provide a pipeline of workers to strengthen the direct care workforce, the momentum of the Kansas Lifespan Respite Project combined with the support of seven community colleges and one university was not sufficient to influence public policy that controls the educational process in Kansas. The vision of incorporating direct care worker training into an associate's degree that links to related bachelor's degrees and career pathways was ultimately blocked by the Kansas Board of Regents. While time available during the Kansas Lifespan Respite Project was not enough to influence required changes at the system level, clarity of what those changes entail are known for future initiatives.

Measurable outcomes of the Kansas Lifespan Respite Project:

- 1) Increased training opportunities for family caregivers and respite professionals
 - i. **Indicator:** 3 direct support training and credentialing college classes were held to help students gain new skills in the field of direct support including respite care (2 classes for Direct Support 100; and one class for Direct Support 201 for frontline supervisors)

- ii. **Indicator:** 38 students completed direct support training and credentialing classes for college credit
- iii. **Indicator:** 3 graduates from the Direct Support 201 training class for frontline supervisors obtained a nationally recognized credential through the National Alliance for Direct Support Professionals; they were the first three people in the U.S. to earn this new credential