Competency-Based Training Models for Personal and Home Care Workers

Robyn Stone, DrPh
Executive Director, Center for Applied Research
Senior Vice President of Research, LeadingAge

Demographics and Training Standards
August 14, 2014
Personal and Home Care Aide Workforce

- Constitutes the fastest growing occupation in the U.S. workforce
- Plays a key role in aging-in-place strategies and in meeting increased demand for services
- States facing worker shortages
- The workforce lacks clear training and competency standards, and is plagued by poor job conditions
Personal and Home Care Aide State Training (PHCAST) Program

- Authorized under Section 5507(a) of the Patient Protection and Affordable Care Act (ACA).
- Six state demonstration
- $5 million annual appropriation for fiscal years 2010 – 2013
- Administered by HRSA
Ten Common Core Competencies

1. Role of the personal and home care aide
2. Consumer rights, ethics, and confidentiality
3. Communication, cultural and linguistic competency and sensitivity, problem solving, behavior management, and relationship skills
4. Personal care skills
5. Health care support
6. Nutrition support
7. Infection control
8. Safety and emergency training
9. Training specific to an individual consumer’s needs
10. Self-care
Four Program Models

1. Stand alone (California and Michigan)
   • Revision of current standards to implement a statewide curriculum

2. Individual competency-based instruction modules (Massachusetts)
   • Modules can be incorporated in various training venues across the state

3. Competency-based core curricula (Maine and Iowa)
   • Serve as the foundation to various direct care specialties

4. Career ladder (North Carolina)
   • Progressive direct care specialty training with a foundation in the core competencies
California PHCAST Model

- Competency-based curriculum that leads to certification for PCAs
- 25 modules: Required competencies and modules addressing specific needs of learners in state (paramedical services, customer service, career readiness, and CPR and first aid)
- Classroom format at 3 community colleges and one long-term care workforce institute; also statewide on-line hybrid program
- Addresses consumer direction (content in 7 of 25 modules)
- Training targeted a majority of students working in IHSS model
Iowa PHCAST Model

• Career pathway for the direct care workforce
• Developed by the legislatively-directed Direct Care Worker Advisory Council
• Targets new and incumbent direct care professionals working in a variety of settings with elderly and disability populations
• Core Training: Direct Care Associate
• Advanced Training Modules
  • Home and community living
  • Instrumental activities of daily living
  • Personal support
  • Personal activities of daily living
  • Health monitoring and maintenance
Maine PHCAST Model

- Competency-based curriculum and coordinated training and credentialing system for 3 entry-level positions:
  - Personal Support Specialist
  - Direct Support Professional
  - Mental Health Rehabilitation Technician
- “Core” curriculum and “Specialty” modules specific to each job title
- Streamlines the training processes and improves access and flexibility in training
- Improves workers mobility across settings and populations served
- Expands opportunities for direct service workers
**Massachusetts PHCAST Model**

**ABCs for Direct Care Workers**

*60 hours, stackable modules*

1. Roles & Responsibilities
2. Health Care Support
3. Infection Control
4. Basic Restorative
5. Personal Care
6. Nutrition
7. Consumer needs specific
8. Safety and emergency
9. Consumer rights, ethics, confidentiality
10. Communication
11. Culture and Diversity
12. Housekeeping
13. Life skills

**Continuing Ed**

- Fundamentals Online Education Program
- Alzheimer's/ Dementia
- Safe Transfers/ Overweight clients
- Supporting LGBT Elders
- Asthma and Homecare
- Awareness and Action
- Working with Deaf, Late-deafened, and hard of hearing individuals

---

**PHCAST linkages with career lattice and professional development opportunities**

- Allied Health Professions
Massachusetts PHCAST Model (cont.)

- Case management
  - Soft skills and life skills training
  - Participating community colleges and community programs enrolled Limited English Proficient trainees into ESL programs
  - Partnership with PHCAST and Head Start supported registration, childcare, translation, and transportation for trainees who were dually enrolled in both programs
  - Partnerships with PHCAST, Workforce Investment Boards, Career OneStops, and Senior Community Service Employment Programs (SCSEP) increases workforce training opportunities for low income, unemployed, and eligible participants
- MA PHCAST provided bilingual trainings (Spanish, Brazilian-Portuguese, and Haitian-Creole)
Michigan PHCAST Model

• Personal Care Services curriculum based on core competencies needed by MI Choice waiver clients.
• Adapted PHI’s Personal Care Services Curriculum + 3 one-day in services on dementia, home skills, and preventing adult abuse and neglect
• Problem-based learning that builds on working and life skills (77 hours; 21 modules)
• Trainings through 5 regional Michigan Choice Medicaid Waiver Agents
• Peer mentors to help trainees with initial training and retention as a PCA
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

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

Advanced Specialty Training
- Phase IV - Home Care Nurse Aide Specialty
- Phase IV - Geriatric Nurse Aide Specialty
- Phase IV – Medication Aide Specialty
North Carolina PHCAST Model (cont.)

- Developed to provide multiple pathways to direct care work for diverse trainees
  - Unemployed persons seeking new types of work
  - High school students looking for career pathways
  - Incumbent workers looking to upgrade their skills

- The phased model provides
  - a core set of competencies
  - manageable and meaningful steps on a career lattice
  - educational flexibility
  - specialty tracks at the upper end
  - Recognition of the permeable boundaries between health care settings
Sustainability: Massachusetts

- Working with SCSEP to train group of adults 55 and older at community colleges
- Bridge to CNA program
  - Created curriculum to bridge from PHCAST to CNA training: Portion of hours in PCHAST align with CNA curriculum and additional modules to prepare for CNA training
- Pilot remediation program at community colleges for bilingual (Spanish) PHCAST trainees
  - PHCAST program in primary language
  - Remedial program to get trainees to next phase and prepare them for CNA exam and certification
- PHCAST available online: Users required to attend train-the-trainer session to maintain validity of the program
Sustainability: North Carolina

- Integration into high school and community college infrastructure
- Integration with existing initiatives in state
- Sustainable delivery structure
- Credentials at each Phase that provides consistency and transferability for workers
- Registration of training, specialty designations into a web-accessible registry maintained by Division of Health Services Regulation
Evaluation Design

• 6 case studies
• Summary and comparison of the implementation and outcome findings in the six States
• Selected PHCAST program-wide analyses
  • Overall assessment of the PHCAST program’s implementation and outcome success.
  • Combine findings across all six grantees
    • Project outputs – What did they do?
    • Project impacts – How well did it work?
Preliminary Data for Academic Year 2012-2013*

- 2,951 individuals trained as PHCAs
  - Males: 12.8%
  - Females: 87.2%

- Race/Ethnicity
  - Hispanic (all races): 15.3%
  - Non-Hispanic American Indian or Alaska Native: .9%
  - Non-Hispanic Asian: 4.7%
  - Non-Hispanic Native Hawaiian or Other Pacific Islander: .2%
  - Non-Hispanic White: 51.8%
  - Non-Hispanic/More than 1 Race: 2.2%
  - Underrepresented minorities: 38.3%

Preliminary Results; Iowa and Maine conducting training through summer
Preliminary Evaluation Findings (Academic Year 2012-2013)*

- Disadvantaged Background: 63%
  - Financial and/or educational disadvantaged background
- Rural Background: 22.8%
- Overall Drop-Out Rate for PHCAs: 6.3%

Preliminary Results; Iowa and Maine conducting training through summer
Evaluation Status

• 4 of the 6 grantees are still operating under No-Cost Extensions (completion date 9/30/14)
• Final data available after Jan. 1, 2015
• The Summary and Final Reports will be completed and submitted in April and May, 2015
• State profiles and structured discussions with State leadership teams are complete