

Home Care and Assisted Living Program Advisory Council Meeting Notes – Tuesday, July 26, 2022

Attendees

Council members: Sue Boyd, Mariclaire England, Genevieve Gaboriault, Nancy Haugen, and Jarrod Peterson

Minnesota Department of Health (MDH): Lindsey Krueger and Daphne Ponds

Public: Many attendees via conference call

Guests: Mollie O'Brien

Agenda

- Welcome
- Continued Conversation – Dementia Training Proposal
- Social Connection Grant Discussion
- Next Steps

Welcome

Lindsey Krueger welcomed the Council Members. Council Members were unmuted and encouraged to speak freely while public attendees were muted to reduce distractions but were encouraged to place any comments or questions in the chat feature.

Lindsey is the current chair to the Advisory Council but Daphne Ponds, the new Executive Regional Operations Manager for State Operations, will slowly work to transition over to fill Lindsey's position. Lindsey reviewed the agenda – please see coinciding PowerPoint presentation. Lindsey also reminded the group about HRD's ALL Together bi-monthly newsletter and provided a link for anyone interested in subscribing. She also celebrated the upcoming one year anniversary of assisted living licensure.

Dementia Care Training Grants Proposal

Dementia Care Training Team:

- Doug Beardsley – Care Providers
- Robert Freeman – Alzheimer Association
- Nicole Mattson – Care Providers
- Mollie O'Brien – Alzheimer Association
- Jill Schewe – Care Providers
- Heidi Simpson – Leading Age

Please see coinciding PowerPoint presentation.

Dementia Training Discussion

- Lindsey: Daphne and I have had discussions and it has been determined that this will need to be a contract.

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- Mollie: We all have the shared goal to increase competency. How do we remove cost to help support individuals to be further trained on dementia care?
- Nancy: Was able to review the training and there seems to be some basics pieces. Two questions:
 - If one or two people took the training to share with others, how would that happen? It didn't seem like there was material to do that (train the trainer).
 - Is the Alzheimer's Association the only agency approved by MDH to provide the training?
- Mollie: Alzheimer's Association is one option that people can use to meet statute. They also endorse others and those are listed on our website. There is a lack of "train the trainer" material in the training. Training the staff is the end goal.
- Jarrod: I believe what the Alzheimer's Association has *is* the curriculum for the trainer, but the facility needs to develop their own training to meet the statute requirements. This allows flexibility for them to develop training that works for them. They can adjust training according to job position. We need to make sure what is approved is acceptable when it comes to survey.
- Mollie: Did inquire with the home office about a "train the trainer" model and found one out of the MA/NH chapter.
 - Trainer goes through a 7 hour training, given PowerPoints, handouts, etc. They then use these materials in a 13 hour staff training.
 - \$700 for first individual, \$350 for a second. No fee to train their staff but if they want to demonstrate competency, they pay \$20 to take the test.
 - Lindsey: Doesn't have to be ALZ, EduCare also approved.
- Sue: Only the person overseeing the exam needs to pass a test. How do we know the information is being passed down appropriately? If we give them money, will they use it appropriately?
- Nancy: Is most concerned about the residents. How does the training make its way to the bedside?
- Sue: Maybe we challenge facilities, and they must submit RFPs as well.
- Jarrod: Are you suggesting that we take it a step further than compliance and move towards excellence? Go beyond meeting the standards – more than just checking the box.
 - Sue: We could just fund people to go through the Alzheimer's Association training, but it doesn't feel like they want that either. They want it better for staff at the bedside.
 - Jarrod: I like this. I want to fund more than just those that want to check the box.
 - Nancy: Along with that, some type of affirmation or certification that this has been completed. Something they can show they community. Would rather see more money go to communities that meet the needs of people than \$60 vouchers for basic training.
 - Genevieve: Could we do both? Is there an immediate need that training vouchers could help with?
 - Sue: How do we share and celebrate if someone does have a good program? Is this something the associations can help with?
 - Mariclaire: Is there a way to have a portal on the MDH website that could list all these programs? Staff could be directed to that site and the grant money can be used right there. That way there's not time, energy and money spent. They can choose. Then we could have someone

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come and speak on additional topics. This happened years ago (Mark of Excellence), and it worked well. Then facilities could post that they went through this additional training. There is this initial need for this to help meet the new requirements but then they can go above for meeting resident care.

- Nancy: I struggle with supporting very large multi-site providers. Is Mariclaire saying that any staff member they would provide for? Or just one or two?
 - Mariclaire: one or two to start with. Places have money but that doesn't mean that are not cited. I would like to see equal opportunity. There are not enough staff.
- Mollie: Maybe you have two trainers and put them through the "train the trainer" program. Then they have staff and need \$20 per person to put them through the exam. Maybe this is the "bronze" level. Then maybe you want to work towards a silver or gold level by having extra trainings and/or doing other best practices.
- Nancy: I see Sarah's comment as such an important piece and a best practice.
 - Sarah Hook: "In person or online simulation scenario's is what I do for my frontline dementia care workers in addition to the EduCare courses. That way the requirement of resident specific care are covered as well."
- Sue: I don't want to put people in a box. I could be fun to see if the buildings themselves meet the requirements. The facility could request X amount of money for a "train the trainer" requirement, then X amount for staff.
- Jarrod: Maybe we are going a bit too high – maybe we need to be granular to start. There are a certain amount that are going to check the box. We want to make sure we have competent trainers at every facility. Start at the base and build up. We are almost getting too clever for our own good. We are thinking too hard about how this is going to work.
- Sue: I like Mollie's suggestion with the levels – start out getting the trainers trained. Silver = frontline staff taking the Alzheimer's Association test. Gold = evaluation of the culture of the facility.
- Genevieve: In general agreement of where we can spend some money. Would like to figure out the details that could be in a broad RFP. We don't have to come up with all the ideas – the RFP would be the avenue for the ideas - but just need to decide how much specificity we want to have in the RFP.
 - Jarrod: I agree. Let's get it started and see what ideas are out there.
- Lindsey: To submit a recommendation to the commissioner we need to provide something specific. Goal to improve bedside care, improve dementia care. What would be the top level of funds?
 - Sue: 5000 tests is about \$164,000.
 - Mariclaire: What is the need? Are 5000 tests enough?
 - Jarrod: Is the training portable? If yes, then it should be enough.
 - Lindsey: I will draft the recommendation and send it around for feedback by the end of next week.
 - Jarrod: Round up to \$175,000.

- Mariclaire: How do we incorporate equity?

Social Connection Grant

- Lindsey submitted the Advisory Councils proposal for a second round of grants to the Commissioner on July 14th.
- See corresponding PowerPoint slides.
- Need to work through application verbiage.
- Will place application in OneDrive so we can work on edits as a group.

Next Meeting

Next meeting will be in September and will focus on getting the Social Connection Grant off the ground.

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