Caring for those with mental and behavioral health challenges: Preparing the direct care workforce

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HOME CARE AIDE COUNCIL
Agenda

- Background
- History of the Supportive Home Care Aide (SHCA) Service in Massachusetts
- Mental Health SHCA Grant Overview
- Mental Health SHCA Curricula Content
- Final Questions
Thank you to our Funder!

The development and evaluation of this curriculum was funded by a Health Care Workforce Transformation Fund grant through the Commonwealth of Massachusetts, Executive Office of Labor and Workforce Development. The grant program was administered by Commonwealth Corporation.
Home Care Aide Council (Council)

• Founded in 1967
• Non-profit trade association of home care agencies and partner organizations
• Committed to enhancing quality of care throughout the home care industry by focusing on the advancement of the home care workforce
Services Provided by the Council

- Working with industry partners to establish Standards of Best Practice
- Providing direct care workforce training curricula and training tools
- Offer supervision resources and training
- Public Information and Referral
- Advocacy
Additional Council Grant Initiatives

• Massachusetts Personal and Home Care Aide State Training (PHCAST) Initiative
• Preventing Violence against Older Adults: Training for Home Care Aides in Massachusetts
• HEART Consortium Workforce Development Initiative
• Setting the Agenda: Data-Driven Advocacy to Address Home Care Aide Policy
• A Statewide Approach of Increasing Education and Career Opportunities for Direct Care Workers and Supervisors
• The Changing Face of Substance Abuse Among Older Adults: What is the Role of HHAs?
• Direct Access Program: Enhanced Care for Vulnerable Home Care Clients
Background

DIRECT CARE WORKFORCE
Direct Care Workforce

**Definition:** Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions.

**Growth Outlook:** Direct-care workers are one of the largest and fastest growing workforces in the country.
Workforce Statistics

Massachusetts – **94,530** total Direct Care Workers

• Home Health Aides/Hospice Aides (HHAs) = **23,520**
• Personal and Home Care Aides = **31,020**
• Certified Nursing Assistants = **39,990**

*US Department of Labor (DOL) estimates, 2015*
Workforce Statistics

Increased Demand

Estimates of Increased demand in MA by 2024

• 37.5% increase in the number of HHAs
• 24.7% increase in the number of personal care aides
• 9.9% increase in the number of CNAs

US Department of Labor (DOL) estimates, 2015
### Workforce Statistics - National Demographics

#### HOME CARE WORKERS
- 89% of Home Care Workers are Female
- Median age = 45 years old
- 54% have a high school diploma or less
- 42% are White, 28% are African American, 21% are Hispanic/Latino
- 72% are U.S. Citizens, 15% are Citizens by Naturalization

#### CERTIFIED NURSING ASSISTANTS
- 91% of CNAs are Female
- Median age = 36 years old
- 51% have a high school diploma or less
- 47% of CNAs are White, 35% are African American, 10% are Hispanic/Latino
- 80% are U.S. Citizens, 12% are Citizens by Naturalization
Background

MENTAL AND BEHAVIORAL HEALTH
Background: Mental & Behavioral Health

- According to NIMH, 16% of adults age 50+ in 2012 reported having mental illness, not including substance abuse.

- There is a lifetime risk of developing a mental illness of 50.8% (Kessler, et al., 2005).

- Substance misuse among older adults:
  - 16% of men and 11% of women 65+ participate in at-risk drinking.
  - 19.6% of men and 6.3% of women 65+ are binge drinkers.
  - SAMHSA data in 2012 showed that 17% of adults age 50+ report using illicit drugs in the past month.

- Increasing diversity in the older population will affect the provision of mental health/substance use services, requiring training in the provision of culturally competent care in the coming decades (APA, 2009).
Background: Mental Illness & LTC

- Older adults with mental illness who are hospitalized for their condition are doing so for a shorter duration (Hoover, et al., 2008)

- 8-32% of older adults admitted to the hospital have depression
  - Of those with a mental illness, nearly half had functional impairments as well

- In 2005, 27.4% of those admitted to nursing homes had a mental illness diagnosis; MA was one of the states with the highest rates of new NH admissions with mental illness

- Men and women with mental health conditions are between 2 and 3 times more likely to receive home care than those without these conditions

- Under Federal regulations, none of the required HHA training is specific to mental health, CNAs trainings does require training on mental health
Supportive Home Care Aide Service
Background: SHCA in MA

• SHCA Service established in 1976 by Home Health VNA in Haverhill, MA
  ◦ Created in response to the need for specially-trained home health aides
  ◦ Initially ran through Home Health VNA with Elder Services of Merrimack Valley

• EOEA expanded the service statewide

• Curriculum was developed for the statewide SHCA program in 1995-15 hours in addition to
  75 HHA hours
  ◦ Focused on providing care to clients with mental and behavioral health issues including Alzheimer’s
    Disease and Related Disorders (ADRD)

• SHCAs receive enhanced supervision and support
  ◦ Weekly support – trainings/in-services, team meetings, supervision including in-home, by telephone, or
    in-person
  ◦ Team meetings – a minimum of two hours each month
Updating the SHCA Curriculum

Attachment A: Homemaker Standards and Personal Care Guidelines

• EOEA Updates Standards: Revise SHCA guidelines and Incorporate into Standards

• Revisions:
  ° Two Tracks – 12 hours of training for each track
    ▪ Mental Health SHCA
    ▪ Alzheimer’s SHCA
  ° Changes to SHCA Support:
    ▪ Weekly support: training/in-services, team meetings, supervision that includes in-home, by telephone, or in-person
    ▪ Team meetings:
      ✓ NEW: Quarterly
      ✓ NEW: Reference to case reviews/interdisciplinary case conferences
Introduction to Health Care Workforce Transformation Fund Grants

• The Council awarded two Health Care Workforce Transformation Fund Grants to revise, evaluate and disseminate the Mental Health SHCA Training

• 2014: Planning Grant
  ◦ **Goals**: Review existing mental health trainings and consult with aides, supervisors and stakeholders about the needs around providing care to individuals with mental illness in the community

• 2015-2016: Implementation Grant
  ◦ **Goals**: Develop, evaluate, and disseminate the newly created Mental Health SHCA curriculum and Supervisor’s training
Overview of Planning Grant

2014
Planning Grant Overview

- 10 Focus Groups
  - 5 with home care aides (HCA)
    - 2 with supportive home care aides (SHCA)
  - 3 with supervisors/agency administrators
  - 2 with key stakeholders in the state

- 5 Key Informant Interviews

- Review of Existing Mental Health Trainings

- Development of a Curriculum Outline
Overview of Implementation Grant

CURRICULUM DEVELOPMENT AND EVALUATION

2015-2016
Curriculum Development

• SHCA Curriculum developed by a team of nurses, agency and Council staff
  ◦ Winter 2014-Spring 2015
  ◦ Began with the Council’s old curriculum
  ◦ Reviewed available curriculum, agency’s trainings
• Partners in Care, Supervisor’s training developed by Sue Pratt
  ◦ Spring 2015
  ◦ Council staff and curriculum development team assisted
Curriculum Overview

- 12 hour SHCA Mental Health Curriculum
  - Behavioral focused instead of diagnosis focused
    - Description of the behavior
      - What does it look like- signs and symptoms
      - How to respond
      - What to report/Red flags
  - 3 hour complementary supervisor’s training- Partner’s in Care
    - Support focused
Pilot Testing

PHASE 1: SPRING 2015

• 5 Aide Trainings
  ◦ Hosted by 5 home care agencies
  ◦ 49 SHCAs trained

• 3 Supervisor Trainings
  ◦ Hosted regionally
  ◦ 28 supervisors trained

• 2 ASAP Partners

PHASE 2: FALL 2015

• 8 Aide Trainings
  ◦ Hosted by 8 agencies
  ◦ 77 SHCAs trained

• 4 Supervisor Trainings
  ◦ Hosted regionally
  ◦ 34 supervisors trained

• 5 ASAP Partners

TOTAL AGENCIES: N=13
TOTAL AIDES: N=126
TOTAL SUPERVISORS: N=62
Evaluation
Evaluation

• Immediate Impact:
  ◦ Pre/post test of knowledge acquisition
  ◦ Satisfaction surveys
    ▪ From aides and supervisors

• Long-Term Impact:
  ◦ 5 month follow-up focus groups at each agency with both aides and supervisors
  ◦ 5 month follow-up survey to ASAP case managers
  ◦ 5 month follow-up to agencies regarding cases and aides
## Aide Demographics (n=126)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Average (or %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>M=41.5; SD=13.7</td>
</tr>
<tr>
<td>Female</td>
<td>90%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28%</td>
</tr>
<tr>
<td>White</td>
<td>51%</td>
</tr>
<tr>
<td>Black</td>
<td>22%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
</tr>
<tr>
<td>Annual HH Income &lt;$29,000</td>
<td>38%</td>
</tr>
<tr>
<td>High school Education or less</td>
<td>38%</td>
</tr>
<tr>
<td>English Language as a barrier</td>
<td>29%</td>
</tr>
<tr>
<td>Foreign-Born</td>
<td>35%</td>
</tr>
<tr>
<td>Question</td>
<td>Strongly Disagree/Disagree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>What I learned in this training will help me preform my job</td>
<td>3.5%</td>
</tr>
<tr>
<td>I feel prepared to work with clients with mental and behavioral health diagnoses</td>
<td>2%</td>
</tr>
<tr>
<td>I know what to do if a challenge arises while I am with my SHCA client</td>
<td>3%</td>
</tr>
<tr>
<td>I would recommend this training to others</td>
<td>3%</td>
</tr>
</tbody>
</table>
SHCA Pre/Post-Test Results

![Chart showing SHCA Pre/Post-Test Results](chart.png)

- **Pre-Test**
  - Test Scores: 24
  - Percent: 68.6%

- **Post-Test**
  - Test Scores: 28
  - Percent: 80%
Supervisor Survey Results (N=62)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree/Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Strongly Agree/Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The training provided me with new information that I did not know before.</td>
<td>0%</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>What I learned in this training will help me perform my current job.</td>
<td>2%</td>
<td>2%</td>
<td>96%</td>
</tr>
<tr>
<td>Attending this training gives me a better sense of what SHCAs face on the job.</td>
<td>0%</td>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>I anticipate that attending this training will improve my working relationship with the SHCAs I supervise.</td>
<td>0%</td>
<td>2%</td>
<td>98%</td>
</tr>
</tbody>
</table>
Focus Group Results

### Themes from Aide FGs
- Less frustration because of better understanding of mental health
- Increased reporting of behaviors—more confidence in reporting
- Families and interaction with the care team are still challenges
- Helps with personal relationships as well

### Themes from Supervisor FGs
- More aware of ‘closing the loop’ with aide
- More frequently bring aides into the office to discuss client’s behaviors
- Families and interactions with case manager/ASAP are still challenges
- Coordinators could benefit from more training as they are on the phone with clients often
ASAP Survey Results (N=13)

In the last 5 months, have you noticed a reduction in the complaints made about aides relative to clients who receive assistance from a Mental & Behavioral Health Supportive Home Care Aide?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

ASAP Case Manager’s Quotes

“More comfortable with clients.”

“More Mental Health Supportive Aides are needed.”

“More consistency.”

“Communication is more open and more comfortable talked about.”

“I am working with more clients who have mental health and having a SHCA makes it much easier to get these client’s daily services.”
Mental Health SHCA Curriculum Review
SHCA Curriculum Overview

• 12 Hour Training
  ○ Nine Modules

• Target Audience: Home Health Aides
  ○ Seen as an advanced training
  ○ Experienced aides or those who have a particular interest in working with the population

• Modules:

  1. Overview of Behavioral Health
  2. The Role of the Supportive Home Care Aide
  3. Dealing with Conflicts, Setting Boundaries & Practicing Self-Care
  4. Working with Hoarding Behavior
  5. Working with Psychotic Behavior
  6. Working with Substance Abuse
  7. Working with Medications
  8. Dual Diagnoses
  9. Working with Depressed, Suicidal & Anxious Behaviors
Training Key Focus Areas

• Observing, responding to, and reporting behaviors
• Setting appropriate expectations
• Communication
• Building relationships with the client
  ◦ Importance of trust
  ◦ Limit Setting
• Personal safety
Module 1: Overview of Behavioral Health

- Introduction to Behavioral Health
- Where does Mental Illness Come From?
- Myths and Realities of Mental Health
- The De-Institutionalization of Mental Illness
- Most Common Diagnoses
- The Impact of Trauma
- Communication
Module 2: The Role of the Supportive Home Care Aide

- The SHCA Job Description
- Success on the Job
  - Barriers to Care
  - Working with Challenging Families
  - Clients who Resist Care
Module 3: Dealing with Conflicts, Setting Boundaries, & Practicing Self-Care

- Introduction to Conflict Resolution
  - De-Escalating a Situation
- Maintaining Professional Boundaries
- Self-Care
  - Stress Management
Module 4: Working with Hoarding Behaviors

- Introduction to Hoarding
- Signs and Symptoms of Hoarding
- How to Respond to Hoarding Behavior
- How to Measure Success
Module 5: Working with Psychotic Behaviors

- Introduction to Psychotic Behaviors
- Responding to Psychotic Behaviors
- Your Safety
Module 6: Working with Substance Abuse

- Introduction to Substance Abuse
  - Abuse vs Addiction
- Addiction as a Disease
- Signs of a Problem
- Responding to Clients with Substance Abuse Issues
Module 7: Working with Medications

• Introduction to Receiving Treatment
• Introduction to Medications
  ◦ Non-Adherence
  ◦ Delirium
• Responding to Clients with Medication Issues
  ◦ The SHCA’s Role
• Picking Up Medications
Module 8: Dual Diagnoses

• Introduction to Dual Diagnoses
• Responding to Clients with Dual Diagnoses
Module 9: Working with Depressed, Suicidal, & Anxious Behaviors

- Introduction to Depression & Anxiety
  - When is it mental illness?
  - Depression versus Sadness
  - How to Respond to Depression

- Introduction to Suicidal Behaviors
  - Passive vs Active Suicidal Behavior
  - How to Respond

- Introduction to Anxiety
  - Signs & Symptoms
  - Anxiety Levels & How to Manage
  - How Anxiety Impacts the SHCA and How to Respond
Mental Health SHCA Video
Partners in Care
Supervisors Training Review
‘Partners in Care’ Curriculum Overview

• 3 Hour Training
  ○ Four Modules

• Target Audience: Nursing supervisors, schedulers
  ○ Anyone the aide perceives as their supervisor
  ○ Anyone who works directly with SHCAs

• Modules:
  ○ 1. Introduction to the SHCA Role & The Planning Grant
  ○ 2. Role of the Supervisor in Managing the SHCA Program
  ○ 3. Training Adult Learners & Working with SHCAs
  ○ 4. Supporting the SHCA
Training Key Focus Areas

• Their Role as the SHCA Supervisor
• Increasing Communication in Small Ways
• Providing Leadership
• Giving/Showing Support
Module 1: Introduction to the SHCA Role and The Planning Grant Findings

Key Module Components:

• Introductions

• Introduction to the Mental Health SHCA Service
  ◦ Requirements under EOEA Contract
  ◦ Differences by ASAP

• Introduction to the Planning Grant
  ◦ Overview of Data Collection and Key Findings
Module 2: Role of the Supervisor in Managing the SHCA Program

Key Module Components:

- Introduction to the SHCA Service
  - Who are Mental Health Supportive clients?

- Introducing/Placing the SHCA
  - Need for Information
  - Client-Aide Relationship Building
  - Behavioral Care Plan

- Behavioral Care Plan
  - How/Is it being used?
  - How can your agency add, include information
Module 3: Training Adult Learners & Working with SHCAs

Key Module Components:

• Adult Learning Styles
  ◦ Review Different Ways of Learning

• Introduction to the SHCA Training Curriculum

• Dementia versus Mental Health SHCA Skill Set

• Supervision through Communication

• Coaching as a Means of Supervising
Module 4: Supporting the SHCA

Key Module Components:

• Why is Support Important
  ◦ Review relevant literature

• Review Assisting SHCAs to Manage Challenging Behaviors
  ◦ Using behavioral contracts

• Supporting the SHCAs through Team Meetings
  ◦ Ideas for Hosting a Quarterly Meeting
    ▪ Theme-Centered, Case-Centered, or Worker-Centered
Questions?

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