Colorado Respite Provider **Training Toolkit**

COLORADO RESPITE COALITION

easterseals Colorado

NMSC Nonprofit Management Services of Colorado

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Introduction

The Colorado Respite Provider Training Toolkit was created as part of the recommendations set forth by the Respite Care Task Force. The Respite Care Task Force was created through House Bill 15-1233 to research and pose recommendations designed to address systemic barriers to respite care access and availability in Colorado. Easterseals Colorado, and its program, the Colorado Respite Coalition, was awarded the contract to implement these recommendations. The project is overseen by the Colorado Department of Human Services and funded by State General Funds.

While the Respite Care Task Force and this toolkit are primarily focused on respite care providers and agencies, much of the content of this toolkit is also applicable more widely to any professional in the direct care industry. This toolkit is intended to improve the quality of training available for respite providers around the state.

Within the context of this guide, the term respite care applies to care for an individual of any age, with any special health care needs, who is looked after for a period of time within which their family caregiver can take a break from providing care. Respite care may be provided overnight, for multiple days, or just for a number of hours. Respite care may occur in a variety of settings, including the individual receiving care's home, a day program or other facility, in the community or in a recreational setting, such as a camp.

In the state of Colorado there is no certification or mandated training program to become a respite care provider. With minimal state regulations on training needs based on facility types or funding streams, this leaves the challenge of understanding and organizing training needs at the discretion of the respite agency or individual provider. While this opens the field of respite to new professionals, it also results in varying levels of training and competency between providers and agencies. In turn, this may lead to varying levels of care provided to individuals with disabilities and health challenges.

The Colorado Respite Provider Training Toolkit was produced via a collaborative effort between the Colorado Respite Coalition, a program of Easterseals Colorado, and Nonprofit Management Services of Colorado (NMSC). The Bell Policy Center has worked with Easterseals Colorado on the Respite Care Task Force project since 2017 and has contributed an appendix to this toolkit that discusses the larger workforce issues that confront the direct care workforce as it relates to training. This piece highlights the value of training in helping to address workforce gaps across long term services and supports for Colorado families (please see page **Appendix A**).
This toolkit is funded by Colorado State General Funds.

About the Organizations

easterseals Colorado

COLORADO RESPITE COALITION

Colorado Respite Coalition & Easterseals Colorado: Easterseals Colorado has worked with individuals with disabilities and their families for more than 90 years, helping them achieve limitless possibilities. The Colorado Respite Coalition (CRC) is a program of Easterseals Colorado. The CRC is a statewide network of families, agencies and community partners working to strengthen and support caregivers of individuals of any age, with all special health care needs. The CRC strives to expand the respite network across Colorado and connect caregivers to local resources.

NMSC
Nonprofit Management Services of Colorado

Nonprofit Management Services of Colorado (NMSC) is a team of business professionals uniquely skilled in the operations of small business and nonprofit organizations. NMSC performs the back-of-house duties that enable purposeful missions to thrive, with significant experience in the field of intellectual and developmental disabilities (I/DD). Our services include: billing & financial reporting, human resources, information technology, communications & creative, and training. For more information on NMSC training, please see page 33.

The Bell Policy Center

The Bell Policy Center: The Bell Policy Center is a non-partisan, nonprofit dedicated to providing policymakers, advocates, and the public with reliable resources to create a practical policy agenda that promotes economic mobility for every Coloradan.

Key Terms and Definitions

Coaching is the process of enhancing learning by asking thought-provoking questions that requires the employee to reflect on what they've learned and communicate how it relates to their work.

Cultural Competency is being aware of one's own world view, possessing or developing positive attitudes towards cultural differences, and gaining knowledge of different cultural practices and world views. In a training situation, cultural competency embraces learners with different backgrounds and what they contribute to the learning environment.

Direct Care Industry/Provider applies to all professionals and individuals who provide direct care services, often medical or personal care, to an individual or individuals, with in-person contact between a service provider and an individual receiving care services. Respite care falls within the direct care industry.

Family Caregiver is an individual who provides caregiving support to a loved one, often a relative or close friend. Some family caregivers receive some compensation for caregiving, but the majority of family caregivers provide informal and unpaid support. A family caregiver can support an individual of any age and any special healthcare need.

Person-Centered Thinking (PCT) is a philosophy that extends outside of providing supports and services. This philosophy focuses on keeping the individual being supported at the center of all decision-making, valuing them as people first (not just their diagnosis), focusing on abilities, and empowering them to set and identify goals and direct their care in whatever way they can. This is a powerful philosophy that can and should be applied within your agency in valuing your staff and direct care providers for their abilities, experience, and many identities.

Respite Care refers to care for an individual of any age, with any special health care needs, who is looked after for a period of time within which their family caregiver can take a break from providing care. Respite care may be provided overnight, for multiple days, or just for a number of hours. Respite care may occur in a variety of settings, including the individual receiving care's home, a day program or other facility, in the community or in a recreational setting, such as a camp.

Respite Care Agencies are companies or organizations that provide respite care services. Agencies can be many different sizes, but typically employ more than one respite care provider and provide care for more than one family.

Respite Care Providers are individuals who provide respite care services. Respite providers and professionals may work independently or as an employee within a larger respite care agency.

Universal Design is a set of oncepts around teaching and learning that gives all students an equal opportunity to learn. A trainer or training that incorporates these concepts allows for flexibility in materials and methods to meet the needs of each learner. The three principles of universal design are:

- **Representation** is the act of providing more than one format in which the learner can access or take in the information.
- **Action or expression** is a method of offering flexibility in how learners can demonstrate what they learn.
- **Engagement** is the act of exploring different ways to motivate and sustain learner interest.

Training is a direct investment in employees and the people they serve.

The Value of Training

The Colorado Respite Provider Training Toolkit is designed to outline the importance of training within the respite field as an investment in service providers and individuals receiving respite care services. Training is vital during the onboarding and preparing of new staff members or providers, as well as to support their ongoing education and advancement.

Ultimately, it is through training that respite care providers can see a more valued, professionalized workforce for the critical work they do with diverse populations. Investing in training can mutually benefit all members of the Colorado community by providing career and advancement opportunities and helping to ensure quality care for Colorado families. While this toolkit focuses on supporting respite care provider agencies, the information included may also be applicable to families and other providers in the direct care industry.

This guide endeavors to provide:

- The Colorado Respite Care Task Force's recommendations on training competencies (to view the full recommendations, please see **Appendix B**).
- An overview of the value training has for service providers, and the national issues associated with workforce development for direct care professionals, respite care providers, personal care workers and/or home healthcare staff.
- A discussion of the cycle of training, including identifying the needs of your team, implementing and tracking, and finally, continuing to evaluate trainings.
- Details of the different mediums of training.
- Challenges in training that exist across the state.
- The value of investing in ongoing professional development and continued education.
- Additional training resources from across Colorado.

Why Training Matters

☑ *Establishing Basic Competencies*

Training for respite care providers has been a persistent challenge for families and providers. In Colorado, requirements for respite providers vary by agency and population being served. The requirements to provide respite typically depend on the funding streams. There are not unifying, or base competencies, required to provide respite services and training levels often vary. As a result, many providers express feeling ill-prepared for challenging situations, or lack confidence in providing services. This may result in difficult, and at times unsafe, situations for the individual being cared for as well as the provider.

☑ *Reducing Staff Turnover & Caregiver Burnout*

Lack of training or outdated training, and the challenging care situations providers may face, may also lead to costly staff turnover.[1] This reduces the already low workforce of respite providers available across Colorado.

Additionally, families report feeling concerned that providers are not trained well enough.[2] Lack of confidence in providers may result in families not seeking out respite care for their loved one. This can lead to family caregiver burnout, which may place the person being cared for in a less than desirable situation.

Training is a direct investment in employees and the people they serve. As a service agency, creating a clear, comprehensive, and applicable training program is essential. Provider rates for services continue to be low, and many agencies may not be able to increase wages. Agencies can use training and growth opportunities to keep their staff engaged and to demonstrate that staff are valued.

1 "Colorado Caregiver Survey and Caregiver Interviews." Colorado Respite Coalition. 2018. https://www.coloradorespitecoalition.org/cmsAdmin/uploads/caregiver-survey-2018-summary.pdf.

2 O'Donnell Wood, Natalie, and Andrea Kuwik. "Supporting Colorado Caregivers Through Respite Services."." Supporting Colorado Caregivers Through Respite Care. December 29, 2018 https://docs.google.com/viewerng/viewer?url=http://www.bellpolicy.org/wp-content/uploads/2018/12/Respite-Care-Report-FINAL.pdf

Inciting Creative Solutions

Training empowers employees to think outside of the box to meet the needs of the individuals they are supporting. By establishing base expectations for how to deliver services and support individuals, training can help providers find creative solutions, trust their decision-making on challenges they may observe, and build confidence in their ability to ask meaningful questions.

Many respite care providers may find themselves doing this work in a part-time capacity, or to explore a new career field. These individuals can be vital to an organization's growth. As respite care providers gain new skills through training, they may feel more confident working with individuals that have higher needs, allowing an agency to care for more diverse populations. This may also keep providers engaged and learning which can, in turn, decrease turnover and increase job satisfaction.

Improving Quality of Care

Most importantly, studies find a lack of adequate training results in poor quality of care.[3] This may result in unintentional instances of mistreatment or neglect, which is just as dangerous as intentional abuse, mistreatment or neglect. An example of such a situation might be if an individual with some challenging behaviors is with a respite care provider that may not be prepared, or feel confident, in supporting the individual through an escalation. Without adequate training, the provider may resort to inappropriate interventions that may result in injury or harm to the person being supported, as well as the respite care provider. Although more extreme, these unfortunate and unsafe situations can be reduced when providers receive the proper training to better meet the needs of the people they serve.

Person-Centered Thinking (PCT) as a Training Tool

Since the 1970s, the person-centered movement has slowly and steadily gained momentum. This is especially true of providers that bill Health First Colorado (Colorado's state Medicaid program) through Home and Community Based Services (HCBS) waivers. In 2016, new federal guidance required agencies to begin creating person-centered policies and support individual rights.[4]

3 "Alzheimer's Society's View on Mistreatment and Abuse of People with Dementia." Alzheimer's Society. Accessed May 14, 2019. https://www.alzheimers.org.uk/about-us/policy-and-influencing/what-we-think/mistreatment-and-abuse-people-dementia.

4 Blessings, Carol, and Michael Smull. "System Wide Person Centered Planning." Home and Community Based Services Training Series. May 2016. https://www.medicaid.gov/medicaid/hcbs/downloads/system-wide-person-centered-planning.pdf.

Person-centered thinking (PCT) is a philosophy that extends outside of providing supports and services. This philosophy focuses on keeping the individual being supported at the center of all decision-making, valuing them as people first (not just their diagnosis), focusing on abilities, and empowering them to set and identify goals and direct their care in whatever way they can. This is a powerful philosophy that can and should be applied within your agency in valuing your staff and direct care providers for their abilities, experience, and many identities. Adopting a person-centered approach to training is helpful for organizations, agencies, and communities.

A person-centered approach to training will enable organizations to better assess the individual needs of their employees. This may also facilitate deeper conversations by making employees feel valued and that their work is important. Ultimately, being person-centered is good management practice.[5] When staff feel valued and not replaceable, they are more motivated and likely to perform better.

5 "Person-centred Practices within Organisations." Helen Sanderson Associates. http://helensandersonassociates.co.uk/teams-organisations/leading-organisations/person-centred-practices-within-organisations/.

Person-Centered Thinking

focuses on abilities by empowering people to set and identify goals and direct their care in whatever way they can.

The Training Cycle

Establishing a training program at your agency will require a clear understanding of your training needs, some investigation, and a workable process that you can stick with. In this section, we will discuss the cycle of training, including: identifying the need, reviewing options, implementing and tracking, and evaluating training. Evaluating training should be done routinely, and this toolkit refers to a cycle of training where you should continue to assess the needs and skills of your team regularly.

1. Identifying Training Needs

When looking to create or implement a new type of training at your agency, you should start by identifying the need or concern you are trying to answer, for example:

- Do your employees need to learn a new technology?
- Does your direct care provider lack a skill, or not understand how to apply a skill?
- Are there new regulatory requirements that you need to meet?

Sometimes answers may seem obvious, but other times you may have to look more critically at your staff and programs.

Included in this toolkit are recommendations of core competencies from the Respite Care Task Force (**Appendix B**) which may help you understand the valuable skills that your employees may need. These recommendations are intended to help providers assess the basic skills all direct care workers should have in place. Additionally, even if your trainings are meeting the regulatory requirements, there may still be opportunities to improve skills in order to deliver exceptional support for your customers as well as your employees.

As you begin the training cycle, start by establishing a baseline to determine how your staff is currently operating and think about any gap areas. You can identify training gaps by talking with your employees and team leaders to understand if they feel unsure of themselves when performing certain tasks. Have you, your supervisors, individuals or families you serve spoken about a concern? An annual survey or taking time out of a scheduled meeting to address concerns could be helpful in understanding the needs of your staff and team. In using a survey, you can explore free options like Survey Monkey that allow employees to deliver anonymous feedback, encouraging honest responses.

Observing your employees in action is another good way to identify training gaps. It is important to understand the skills and knowledge your employees need to perform safe and person-centered services and to address any gaps that may exist.

If a gap is identified it can lead you to the next step in a training cycle - a training needs assessment. A training needs assessment includes questions that your agency can use to better understand the needs of your respite care providers. A training needs assessment is a proactive way to assess:

1. Who needs training?
2. What do they need to learn?
3. What skills are needed and for what reason?
4. What skills are already in place?
5. What is missing from existing training?

Answering these questions can assist you in targeting the right skills, the right people, and the right method for delivering the training.[6] A training needs assessment can be done with all of your direct care providers or your management team and can create buy in with your team and demonstrate your commitment to improving the quality of care and their skills.

A sample training needs assessment can be found in **Appendix D** of this toolkit. While this sample may be helpful in determining the needs of your team, you may also want to consider working with a training agency to better understand and evaluate your training program. Sometimes an outside perspective may be beneficial.

2. Reviewing Training Options

Once your agency has determined a need for training, it can be challenging and overwhelming to decide which training is the best fit for your team. There are many aspects involved in assessing individual trainings. Consider working with an organization that can help you customize a learning plan for your team. Regardless of how you move forward, this toolkit hopes to leave you empowered so that when you encounter trainings, you can speak knowledgeably about your specific training needs and find the best fit for your team.

Here are some easy tips on what to look for in a quality training:

☑ *Consider your employees*

In order to train in a person-centered way, you should look for training that meets your team's diverse learning styles. Often people do not know what their preferred learning style actually is. Luckily, skilled trainers should work to include a variety of activities and strategies to be inclusive and incorporate all the learning styles: visual, auditory, and kinesthetic. Here are some things to look for when you are seeking trainers or trainings that are more inclusive of diverse learners:[7]

When evaluating training for diverse learners, you want to look for engaging, not passive, training. You do not want your staff to sit in front of a screen or in a lecture for 45 minutes and expect them to just learn, particularly for hands-on skills. Rather, look for trainings that reinforce skills for the diverse learners. If content is being delivered in person or online, can the learner see the captions or definitions? Are there activities or ways to participate or reinforce knowledge via checkpoints,

6 Admin. "DON'T Skip the Training Needs Analysis! Here's Why." February 13, 2018. https://www.shiftelearning.com/blog/dont-skip-the-training-needs-analysis-heres-why.

7 Post, Helen W. "Teaching Adults: What Every Trainer Needs to Know About Adult Learning Styles." Family Advocacy and Support Training (FAST) Project. https://www.pacer.org/publications/fasttraining/Other/teachingadults-whattrainers-needtoknow.pdf.

Visual learners generally learn more from seeing content. This may include a PowerPoint, handouts, maps or charts. What visual elements are included in the training? What resources are the learners left with for ongoing support?

Auditory learners are the listeners, and they usually learn best in lecture format or discussion-based trainings. Are there opportunities in the training for discussion or to read aloud? For online trainings, make sure audio is included.

Kinesthetic learners are more active or tactile learners. These learners thrive in environments where they can touch, feel or experience what they are learning. Are there opportunities to engage with the learning through activities or filling in notes? How about hands-on demonstrations to practice skills?

quizzes, or group activities? Are there examples or case studies that may prove helpful and relevant to their roles?

When you review training options, it is important to pay attention to the many details. These details can be overwhelming. If you are unsure about why an activity may be included or how information is presented, you should advocate for yourself and your agency—ask the training agency or instructor. You are investing your staff's time, energy and organizational resources, and it is important to understand the intentionality in trainings being delivered to meet your needs.

Learning as an adult is different from learning in school. Typically, adult learners thrive when:

- They have explanations as to why a concept is being taught
- The learning is geared to a specific task
- The training takes into account the learner's lived or professional experience
- The training allows for self-direction or discovery

In this respect, you want to value your employee's time and efforts. Training should be applicable to their role and you should communicate the importance of actively engaging with the content and ensuring understanding of the material.

In the direct care workforce, diverse learning styles are only one aspect of diversity that you need to be aware of when you are looking for quality training. You also want to be mindful of trainings that are culturally competent[8] for the diverse respite care providers and individuals they may support. To achieve this, strive to provide an inclusive learning environment where the learner feels valued, can access the information in a way that makes sense to them, and is comfortable participating.

☑ *Assess the method of delivery*

Another element to assess is the actual method of delivery: whether that is in person, online, blended or another approach. For more information on choosing the right method of delivery for your training needs, please see the section on learning mediums (page 22).

In addition to looking at how the content is being delivered, it is important to assess the quality of the content. Some easy items to look for are:

- Clear and applicable learning objectives that meet your goals
- Accurate and relevant content
- Opportunity for learner engagement with the material
- An assessment tool to measure the learner's understanding[9]
- Additional resources that may include coaching and ongoing learning opportunities[10]

Some organizations that provide trainings may allow you to preview the training(s) that you are looking to acquire for your team. If possible, it is highly recommended that you invest your time to screen the training. Determine if the training meets the objectives that you want your team to learn or accomplish. One way to assess the objectives is to write down the objectives you expect the training cover or have the objectives provided to you before the training.

Once the training is complete, use the list of objectives and reflect back as to whether you felt the objective was adequately covered.

8 See key terms and definition section on page 6
9 Included in Appendix E
10 "What Are the CDC Quality Training Standards?" Public Health Education and Training Development. https://www.cdc.gov/trainingdevelopment/standards/standards.html.

Screening the training in advance can also provide you with additional opportunities to coach or engage your direct care providers in meaningful conversations around the individuals you serve and the skills you hope they will gain.

Coaching is a very effective way to work with adult learners to apply the learning from specific training to their job functions. Coaching is partnering with staff in a thought-provoking process that inspires them to maximize potential through supportive, ongoing learning.

For example, if you send one of your staff members to a course on documentation, the staff cannot be expected to come back an expert after only a few hours. It is important for you and/or your team leaders to schedule follow up conversations to show the respite care provider what that skill looks like at your agency. You can also encourage staff by recognizing they will likely need a refresh on the skills and creating a plan to achieve that. What high standards are you setting? Does your follow up reflect that you value the time and effort they are putting into learning, or are you merely communicating that training is something that must be passively completed? Your intentions matter.

You may not be able to screen every training, which is why it may be helpful to work with an organization that specializes in delivering training to agencies like yours.[11] You can also ask other service providers what they use to meet their training needs.

3. Implementing & Tracking a Training Program at Your Agency

Once you have identified the training requirements necessary for your providers to deliver services through your agency, it is time to set up a system for scheduling and tracking those trainings. There is a good chance that you will have at least some trainings that will require your providers to recertify on a regular basis.

A common example for most agencies is Cardiopulmonary Resuscitation (CPR) and First Aid, which generally require recertification every two years. If your agency bills for services through Health First Colorado (state Medicaid program) then you may have additional regulatory training requirements from the State of Colorado.[12]

11 NMSC is one such training organization
12 For many health care agencies in the state of Colorado, who bill through Health First Colorado or Medicaid's Home and Community Based Supports (HCBS) Waivers, the oversight will be from Colorado Department of Public Health and Environment (CDPHE): https://www.colorado.gov/cdphe

Assessing & evaluating the training needs of your team will require intention and attention.

Make a plan to stay on top of when your staff need to be recertified. There are many ways to track recertifications. For your convenience a sample tracking sheet is included in **Appendix C**. Many larger organizations use a Learning Management System (LMS), which will be discussed in more detail in this section.

Managing the onboarding and recertification training schedules for each of your providers can be tricky, but it is very important. The Department of Health Care Policy and Financing (HCPF) and Colorado Department of Public Health and Environment (CDPHE) are the government entities that oversee programs and supports for the aging populations and individuals with disabilities, which includes approving licensing agreements for agencies providing services. They can and will audit agencies to ensure health and safety standards are being met. You can learn more about the requirements by contacting these departments directly, as requirements vary significantly.

One of these standards is the appropriate training of providers. Whether you are providing your own training in house, sending your providers elsewhere for classroom training, or having them complete online courses, you will need to maintain a method for tracking each of these trainings for each of your providers.

Tracking Training in Spreadsheets[13]

Smaller agencies (i.e. less than 10 providers) can usually meet their training tracking and scheduling needs by setting up a simple Excel spreadsheet, or Word document, that includes the providers' names and each of the trainings that are required for both onboarding and recertification. An administrator at the agency schedules the classes for each provider and then enters a completion date when the training has been successfully completed. Sometimes it is necessary to pass a test to complete a training. Be sure to include a space to enter test scores on the spreadsheet.

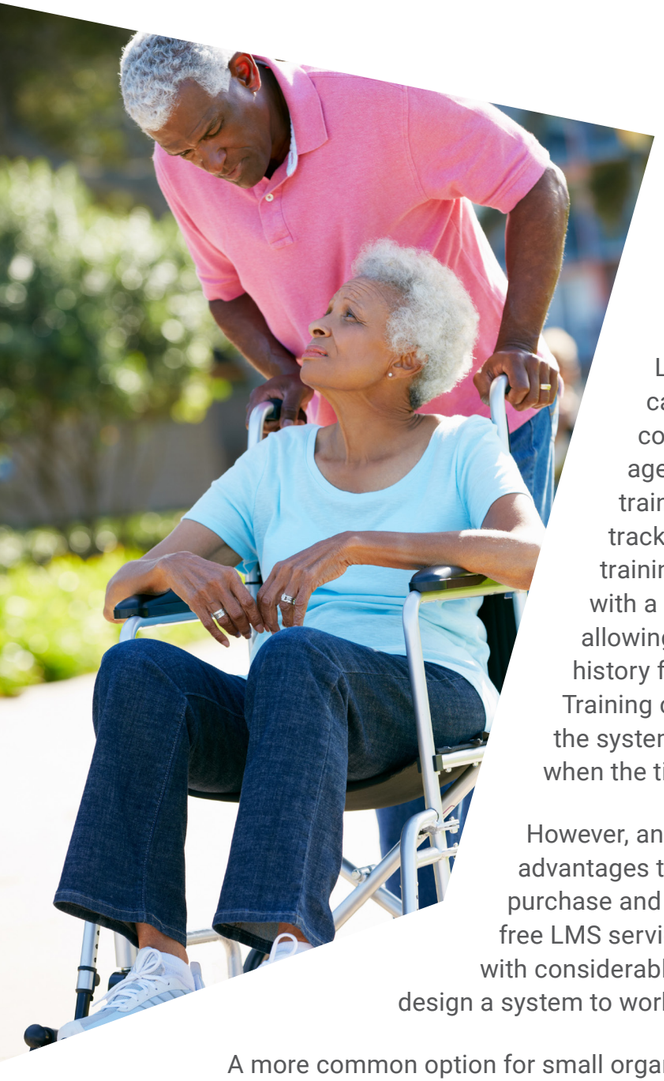
13 See Appendix D for examples

Tracking Option Comparison

	LMS	Spreadsheet	Outside Agency/ External LMS
Staff Needs	• Content creator • System administrator	System Administrator	Minimal
Content	Develop or purchase content	In house trainers or purchase trainings	Varies
Course Completions	Manual or Automatic	Manual	Automatic
Scheduling	Varies; can be automated	Typically manual	Varies; can be automated
Record Keeping	Varies, usually stored by LMS	Hard Copies	Varies, usually stored by LMS
Benefits	Decreased ongoing cost after initial set up	Cost-effective for smaller agencies (<10 providers)	• Decreased staff time & cost • Real time data & notifications
Drawbacks	• Dedicated staff • Increased upfront cost	• Human Error • Ongoing staff time	• Learning curve for technology • Paying per course for each learner

The spreadsheet is essential for the administrator to manage training schedules and to look back on completions; however, it is usually not enough to simply provide a copy of the spreadsheet to state auditors. Be sure to collect and file training certificates from each of your providers for each of their trainings. A training certificate, indicating successful completion of a course, should be provided by any external classroom trainer, and by all online training companies.

Even after providers leave your agency, you will need to maintain a record of their training certificates. Nonprofit Management Services of Colorado (NMSC), a Colorado-based training organization for the direct care industry, recommends keeping training records for seven years for audit purposes, and to protect against human resource claims that can arise up to seven years after a person's termination date.



Tracking Training with an LMS

Given the amount of tracking required for onboarding and recertification, not to mention maintaining training records for seven years, even small agencies can quickly become overwhelmed. A Learning Management System (LMS)[14] can be a valuable investment. These computer-based systems can allow agencies to access and complete online training with completions and test scores tracked automatically for you. Classroom trainings can also be scheduled and tracked with a little manual support in these systems, allowing you to have a complete training history for each of your providers all in one place. Training certificates are usually also saved within the system making it easy to respond to auditors when the time comes.

However, an LMS is not for everyone. Despite the advantages they provide, an LMS can be expensive to purchase and maintain yourself. It is possible to find free LMS services, however you would need someone with considerable technical skills in your organization to design a system to work for you.[15]

A more common option for small organizations is to subscribe to an LMS service that hosts the training content that you need and provides much of the technical administration for you. These services are not free; however, they can offer the peace-of-mind that your agency's training requirements are being managed and tracked securely with minimal time required on your part.

In some cases, these services will provide support to your agency during a training audit. NMSC and Relias are two examples of companies that provide LMS subscription services. If your agency uses Therap for documentation, you may also be able to add extensions that include tools like an LMS. Prices will vary depending upon the level of support that you need and the number of providers that you are training.

14 Some examples include: Blackboard, Absorb, Desire2Learn, etc.

15 Sharma, Ankit. "Top 11 Free and Open Source LMS Tools for Your Small Business." Top 12 Free and Open Source LMS Tools for Your Small Business. February 5, 2019. https://blog.capterra.com/top-8-freeopen-source-lmss/.

Regardless of how you choose to track your trainings & maintain an accurate training schedule, the key is to set up a system that works for you.

4. Evaluating Training

When implementing a training program, you want to make sure that you are getting the return on investment (ROI) that your staff and agency need. There are several items to look at when evaluating training. Authors James and Wendy Kirkpatrick propose that there are four levels of training evaluation: reaction, learning, behavior, and results.[16] Refer to **Appendix E** for a sample training evaluation.

Reaction: Ask your employees what they thought. This can be done through an anonymous survey delivered immediately after the training is completed. An example of a training evaluation is included in **Appendix E** If you are partnering with another agency to provide the training, ask them to share their evaluations with you. Another option is to observe your team during the training for nonverbal ques or facilitate a discussion after the training.

Learning: Hopefully you have established learning objectives for the training so you can measure how your team performed before the training, and then how they performed after the training. This can be done through something as simple as a pre and post-test. You can also ask questions to measure the provider's confidence in performing a specific task. The learning objectives will shape how you ask the question or what you are trying to measure. The idea here is to have a sense of where your team started and the immediate impact on your team after the training. You can refer to the example in **Appendix E** for more information.

Behavior: Measuring behavior change takes time. Behavior does not change overnight. As an employer, you want to know if training has made an impact weeks or months after completion. If the training dealt with a new technology, is the direct care provider using it effectively? This is also a great way to engage the provider's supervisor in the assessment process. Have they observed any changes? If the answer is yes, be sure to acknowledge their effort!

If the provider has not changed their behavior or applied the skill, then some additional supports may be necessary. Pair the person up with another skilled provider that can mentor them appropriately. Or, have their supervisor coach them on the changes that are necessary. Assessing behavioral change may be

16 "Kirkpatrick's Four-Level Training Evaluation Model." Mindtools: Essential Skills for an Excellent Career. https://www.mindtools.com/pages/article/kirkpatrick.htm.

difficult, especially if your respite care providers are spread across the state. Some creative ways to assess this may be connecting with families or individuals being served and asking specific questions about skills, or a delayed survey to the provider that may take place 3-6 months after the initial training to reflect on what they learned.

Results: What returns are you seeing as a result of your investment in the training? For example, are your providers making fewer errors? Are you experiencing a higher level of customer satisfaction? Has employee morale and/or retention increased? Take this opportunity to reengage with your customers or families that you are supporting- send out a satisfaction survey to see if families or individuals have seen a change. Be sure to include specific questions that can measure the objective or desired results that you hoped to get from the training—examples can be found in **Appendix F**.

Again, assessing and evaluating the training needs of your team will require intention and attention. You want to make sure that you continue to ask questions and work with your team to make sure they feel confident in their role. If something is not working, you may hear feedback from customers, or if you see a skill consistently misused by many members of your team, go back to the beginning and assess the need for training. It may be helpful to review the CRC's recommended core competencies (**Appendix B**) or other recommended training guidelines at least annually to ensure your employees are receiving adequate training in each skill area.

Learning Mediums

In Person Training

Probably the most recognizable way of learning is inside a classroom. Instructor-led trainings (ILTs) are scheduled in-person, face-to-face trainings. ILTs are often facilitated in a lecture style setting with reading materials provided (i.e. PowerPoints and handouts) during or after the class. This type of training allows for interpersonal interactions, collaboration and partnership between learners and instructors. It is in this type of setting that functional skills, like CPR, are best taught so individuals can experience the content hands-on and complete evaluation of their new skills.

Classroom trainings can range from just a couple hours to multi-day and are hosted at a specific time and location. Accessibility to ILTs are less common in rural areas or may require more travel time. They are often more expensive and may not work with your schedule and timeframe. Trainings provided by skilled facilitators can greatly enhance a provider's learning experience, resulting in new skills that translate to better care for the individuals in service.

eLearning

Respite care providers often have busy, unpredictable schedules. While training is extremely important, it can be tough to work around care schedules in order to attend in-person classes. eLearning creates flexible, cost-effective access to Online Trainings (OLTs) by using technology, like computers or tablets, and the Internet. OLTs are typically predesigned courses that use a variety of multimedia elements like audio/visual, videos, animations, presentation-type reading materials, etc. to teach learners. OLTs are available on-demand so you may access them at your own convenience and complete them at your own pace.

Oftentimes OLTs are provided through a Learning Management System (LMS), which allows for managers, trainers, and employees to track their progress through an internet-based portal.

While the access, cost, and flexibility of web-based trainings are positives, this medium of training does not typically include collaboration or partnership between other learners and instructors.

Sometimes the design of the course or curriculum is not conducive to a learner's learning style which might take away from the experience. Another downside to OLTs is there may not be much follow-up interaction or recognition of achievements.[17]

17 Hackel, Evan, and Dan Black. "Which Delivery Medium Will Ensure Your Training Gets Results?" Training Industry. August 16, 2017. https://trainingindustry.com/blog/learning-technologies/which-delivery-medium-will-ensure-your-training-gets-results/.

An alternative to OLTs are Webinars— a crossroad between OLTs and ILTs, webinars are a combination of live audio and visual elements within a scheduled web-conferencing environment (i.e. Skype). You could expect to be alone at home on your computer, but you are also learning beside many other webinar-attendees too. This type of environment creates space for real-time interaction between participants and trainers which can allow for a more dynamic learning experience. Sometimes webinars include course materials and can be recorded for later reference. To attend a webinar, you will most likely have to sign up online to obtain a private link that you will access at the scheduled time of the webinar. The number of participants for webinars may be capped to create a more meaningful experience. This often requires high-speed Internet and reliable access to video.

Blended Learning

Blended learning is a mixture of in-person instruction and eLearning. eLearning beforehand can allow learners to become more familiar with course content and materials before participating in a facilitated, peer environment. This type of learning is truly effective when skills can be first introduced through an OLT setting then demonstrated and practiced within an ILT setting. Vice versa, skills can be taught in a classroom setting then reinforced afterwards in an OLT. Blended learning offers the benefit of reduced time in the classroom, while still ensuring that the learner can demonstrate understanding with a skilled facilitator to confirm the transfer of knowledge.

Additional Types

Self-study learning can be done through research via the Internet, libraries, public access information, etc. This is a self-driven type of learning that can only be executed if you take the initiative to dive deep. A good example of a self-study found on the internet are TedTalks. Content and quality can vary greatly. This method requires critical evaluation skills.

Online Discussion Boards/Forums like Reddit or Quora can facilitate community discussion around specific topics. Like self-studies, these are typically accessed through your own initiative, but can also be provided when accessing classes through an LMS. While information provided in mediums such as this may prove helpful, it is important to note that these resources may not be credible. As a result, if your staff utilizes information from these sources, you want to make sure to put quality controls in place. One example of a situation that may arise is if a respite care provider begins searching online for tips for dealing with challenging behavior. In this case, they may

find information that could be in conflict with practices and values that your agency holds. One way to counter this flow of information, while not penalizing initiative, is to create space for problem solving on teams or regular in-person check-ins with individual providers. You may also discuss the importance of evidence-based practices.[18]

Social Learning can provide learning within a more informal, social environment. Sometimes organizations or individuals will host events like “Lunch and Learns” that focus on specific topics while making space for less formalized training content and more hands-on interaction. Look for these in your community or consider hosting lunch and learns for your staff. Many membership groups host social learning that combine networking opportunities for your respite care providers with educational opportunities. This may encourage them to create a community of learning and find colleagues within the field. Additionally, this may hold an ROI for your agency if, or when, you need to find new employees.

Like anything, so much depends on your needs. Where you live has a major impact on the available access to trainings. If you live in a more rural area, your options might be more limited to eLearning. If you live in a more metropolitan area, your options for in-person learning usually increase. If your training budget is slim, online learning is usually the most cost-effective way to achieve your learning goals. Someone who learns best in quiet environments might lean more toward eLearning and blended, whereas folks who learn best with others might go for an instructor-led class. Consider your team and organization’s needs, as well as what resources are available, when creating your training plan.

18 Evidence based training refers to content or methods that are supported by research demonstrating their success. This terminology may apply to content such as crisis de-escalation strategies or aspects of training design.

Challenges Around Training

A common challenge for many service agencies is finding time for other employees to cover services while staff attend training. This is especially true with longer classroom trainings that may be held farther away. When a classroom training is necessary, consider paying your provider to attend the training outside of their scheduled work hours. Doing so may also incentivize the training and demonstrate your commitment to their education.

Another option is to explore online trainings, which are typically shorter and more convenient for staff to complete directly before or after their scheduled shifts. Keep in mind that online trainings can vary greatly in quality, and some training will always require a classroom element. For example, medication administration training requires an observation of practical skills.

Some agencies have found that training their providers all at once in an intensive training session works well. They do this by closing the agency for a specific amount of time to onboard new providers, re-certify current providers, or provide additional training to their whole team. This keeps everyone on the same re-certification cycles for trainings like First Aid and CPR, while also allowing for teambuilding and collaboration.

Cost of Trainings

Cost can also be prohibitive for agencies, as well as independent contractors. The average cost to onboard a new direct care provider is about $1,170.00, including the cost of online trainings and average hourly rate of pay.[19] Training costs may include:

Course or certification fees: this is especially true of certifications from a third party, like American Heart Association, Red Cross, QMAP/Medication Administration, etc.

19 This figure is based on mostly online menu of recommended onboarding trainings, and an hourly wage of $13.50. The amount would increase with classroom training and/or a higher hourly wage.

Consider paying your provider to attend the training outside of their scheduled work hours. It may incentivize the training and demonstrate your commitment to their education.

Staff time: this includes the time the agency is paying the learner to be in the classroom or in front of a computer and not providing reimbursable services. It also will likely include staff time from managers or the training team that may be delivering training content on an as needed basis

Purchase of materials for the learner

Leading your own training in-house may provide some cost savings, however you must factor in the expense of paying a person to provide the training, even
if you are utilizing an employee. In the end, you may find that outsourcing training might actually save you time and money. For example, some companies offer volume discounts when purchasing multiple trainings at once. You can then use the trainings you have purchased at a discount over an extended period of time.

It may be beneficial to consider partnering with other organizations to deliver trainings. For example, if you live in Craig, Colorado and there are four respite care agencies in a certain geographic area, instead of sending your staff to a training in Grand Junction, it may be beneficial for all agencies to collaborate and bring the trainer to Craig.

Do not be afraid to negotiate. If you are looking to partner with an agency to provide your training, call them directly to see if they can create a training package that meets your company's needs at a price point that makes sense for both of you.

Geography

Access to training can be more of a challenge, particularly in rural locations. Geography may affect training in the following ways:

Proximity to training resources can be limited outside of larger population centers. This is especially true when it comes to classroom-based trainings. Online training can be very helpful; however, some training requires face-to-face interaction and demonstration.

Internet connection and speed can be slower, limited or more costly in some rural areas, making online training difficult. When a provider does not have access to a home computer they may be relying on a public computer at the library. Computer usage at public libraries is usually time limited and the computers often include pop up blockers for protection from viruses that can disable functionality in some online

trainings.

Dispersed staff may also present a problem, especially for agencies based in more urban areas that has respite care providers living and working in rural parts of the state. Reimbursing mileage and travel time for in person class may be prohibitive. This also impacts the ability of supervisors and leaders to coach new skills or observe job functions.

If you operate in a rural area, do not despair, there are ways around these challenges. For example, you can consider identifying someone in your organization to attend training to become a certified trainer for your organization. If there are other agencies nearby, talk with them about pooling your resources to pay for training certification to support both organizations. Online training can be a cost-effective and easily accessible option. Talk with the training company to understand if their trainings will work reliably on public computers. Or, consider investing in a couple of computer stations or laptops to have available for your providers anytime they need to complete their online trainings.

Diversity

The direct care workforce in Colorado is made up of a diverse group of individuals. Respite providers may represent different educational, socioeconomic, linguistic, ethnic, age, gender identities, national groups, etc. As a result, training people with such diverse backgrounds presents unique challenges. Agencies should be on the lookout for trainings that are: inclusive for all abilities, use elements of universal design[20] for ideal outcomes, deliver information in a variety of ways to engage more people, and are appreciative of cross-cultural differences.

There are many ways to create a positive and effective learning experience for all members of your team:

- ☑ Use classroom instructors who have experience supporting diverse learning styles. Many trainers are familiar with the needs of this workforce and adapt their training in a person-centered way. This may include offering materials in advance, coaching after the classroom portion is complete, and follow up with the respite care provider's supervisors.

- ☑ Have another more experienced member of your team mentor the new provider one-on-one to help clarify and reinforce online, or in person training.

20 See terminology section on page 6

- ☑ Look for online trainings that include different learning modalities like text, and visual or video-based reinforcement. Seek online trainings that provide a coaching guide to help clarify the materials and include questions for supervisors to ask to ensure the participant understood the information.

- ☑ Additionally, you may want to evaluate if the information can be delivered in a learner's native language and what biases or assumptions the instructor or online training may possess. An inclusive environment is essential in this regard.

- ☑ Also note, when working with non-native English speakers or staff with different cultural backgrounds, learning styles may change. That is to say that while the individual may learn best auditorily in their native language, they may have to rely more on visual or kinesthetic tools to make sure they understand the content in an English-speaking classroom. As a result, you want to make sure you have a skilled instructor who is patient with diverse learners. You also want to make sure your agency has appropriate learning checkpoints for when the respite care provider is applying what they have learned.

Incorporating a person-centered approach to training at your agency will result in better understanding and retention of training content. Keep in mind that the Americans with Disability Act provides rights to your staff if they have a recognized disability and disclose it to you. Some disabilities may require accommodations for training.

Digital Divide

While online learning can present increased access to trainings at an affordable rate, it is worth remembering that not everyone has access to a computer, tablet or smartphone. Additionally, some of your direct care personnel may have limited comfortability using computers or other technologies. It is important to keep factors like this in mind when creating, implementing and evaluating your training program.

The Role of Continuing Education & Professional Development

High employee turnover is a challenge for any employer, particularly in the direct care industry. We know that hiring and training new employees can be a drain on time, money, and quality of care, as new staff create a disruption in the consistency of delivery of services. We also know that trained and experienced respite care providers add tremendous value to the people they serve, and the organizations they work for.

So, how can you retain your best people in an industry where pay is often limited by fixed reimbursement rates? The good news is that pay is only one of many factors that motivate employees to stay or leave a company. Providing pay that is consistent with others in your industry is important; however, in a competitive work environment you can stand out as an employer by focusing on continuing education and opportunities for growth. Companies that focus on these career development strategies help to professionalize the direct care industry and generally benefit from a higher level of employee satisfaction and retention.

Regardless of your company's size or budget, you can create your own unique career development program that can help you retain talented employees longer and develop a reputation as an employer of choice. Here are some suggestions:

Locate educational opportunities for your providers. There are many low to no-cost continuing education workshops and online classes for all levels of providers, however, you will need to look in your community to see what is available. Find classes that meet your business needs and the interests of your staff. Set an expectation and encourage your staff to share what they learned from the class with other employees. This helps to spread the knowledge and allows the employee who attended the training to teach what they learned to others. Please refer to the Training Resources section (page 33) for ideas of where to find trainings.

Regardless of company size or budget, you can create a unique career development program to retain talented employees and develop a reputation as an employer of choice.

Talk openly with your employees about their career.

Employees may be afraid to bring up the topic of career development with their supervisors; however, these conversations can be healthy. Learn where your employee's professional interests lie, even if they see respite care as a temporary or time limited position. They may be surprised to learn of the variety of options that exist in the industry. Talking openly with your employees about their professional interests demonstrates a person-centered approach. It lets them know you care, and you are eager to support their career development.

Identify opportunities for career development outside of promotion.

When organizations create opportunities for career development, their employees feel more confident about their future, and are more likely to stick around to learn new skills. In smaller organizations, even if upward mobility is limited, employees can still gain the benefits of skill development and career progression through lateral movement. Lateral movement means creating opportunities for employees to move into a different role at the same level of employment. For example, a respite care provider who has experience working with older adults, may be interested in a role caring for children with special needs in order to learn new skills and expand their portfolio of care. Think outside of the box. Perhaps you have an employee who is interested in opening their own Program Approved Service Agency (PASA)[21] someday. A lateral move for this person might be working as an office or billing assistant.

Studies consistently show that companies that offer continuing education and career development, including through lateral movement, experience higher retention rates and overall higher levels of employee satisfaction.[22]

Of course, the real winners are the individuals who are receiving support from well trained and experienced care providers who are enthusiastic about their future.

21 A PASA is an agency that can bill through Medicaid HCBS waiver services.

22 "Managing for Employee Retention." 2019. https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/managingforemployeeretention.aspx.

Training Resources

The following list highlights several training topics that respite care providers and agencies often pursue. Additionally, many of the trainings a respite care provider may need can also be applicable to other direct care providers. Possible trainings may include:

Behavior management, including de-escalation & crisis management	Physical transfers	Standard precautions
First Aid and CPR	Mental Health First Aid	Medication management (e.g. QMAP training)
Disability etiquette	Disease & disability-specific trainings	Person-centered practices
Mistreatment, Abuse, Neglect, Exploitation (MANE), including mandatory reporting	HIPAA[1] and confidentiality	Self-care for providers

1 Health Insurance Portability and Accountability Act of 1996

Helpful Training Organizations

Individuals and agencies seeking training programs for respite care and direct care professionals may need to get creative with where they find training. Unfortunately, dedicated training organizations for direct care professionals aside from large online learning platforms can seem few and far between, and often charge a high price for trainings. This does not mean that such trainings do not exist, but they may be offered by non-training-specific organizations as a one-time event and can be more difficult to identify.

NMSC Training is a nonprofit organization based in Colorado that provides online, classroom, and virtual classroom trainings for agencies supporting individuals with intellectual and/or developmental disabilities (I/DD). Their menu of trainings includes regulatory compliance and onboarding courses, as well as continuing education, and management and leadership. They offer full LMS services to track and report on learner outcomes.

Relias is a company that provides training and tracking solutions for organizations across diverse industries such as hospitals, older adult care, behavioral health, and intellectual and/or developmental disabilities (I/DD). They have trainings around compliance, continuing education, management and leadership. In addition to offering training, their LMS services allow you to track and assess learner outcomes.

The National Association of Direct Service Providers (NADSP) is another helpful organization dedicated to elevating the status of direct support professionals by improving practice standards, promoting systems reform, and advancing their knowledge, skills and values. In 2019, NADSP introduced the "E-Badge" Academy to encourage continued learning and professionalization of the direct care workforce. Learners may earn badges or even combine them toward certifications (DSP-I, DSP-II, DSP-III). An organization can purchase the E-Badge Academy and be able to enroll staff. This would work similarly to an LMS subscription.

THERAP is an organization you may already be familiar with around documentation, medication management or health tracking. In addition, Therap's Training Management System (TMS) operates similarly to an LMS and allows administrators to enroll, track, and manage learners as they complete their required trainings.

Other Organizations

To find trainings appropriate to your needs, you may have to think outside of the box. Here are some examples of where you might look to find trainings, like the ones above and more, for respite care and direct care providers:

Universities and technical colleges

Places of education are all about training! See if they have classes that are open to the public, or if you can participate in any upcoming trainings. Nursing and CNA schools are also ideal places to search for a training facilitator or instructor, especially if this individual needs to be accredited.

Health clinics

Like places of education, health care facilities can be a great source for training instructors. Plus, many health clinics organize community education days, which may be beneficial to make connections and share with respite care providers.

Libraries, recreation and community centers

These types of organizations often schedule classes and speakers on a variety of topics, including those related to the direct care industry.

Other respite care agencies and organizations

The cost of training may be based on facilitator fees or the number of participants attending the training. In certain situations, it may make sense to join up with another respite care or direct care organization to share training fees. Similarly, if a neighboring agency is hosting a training that some of your staff could use, reach out to see if they would accept some extra participants. Other agencies may provide their own internal training that may benefit your staff. Reach out to determine if these are open to the public or if your staff can attend.

Disease and disability specific organizations

Particularly when seeking disease and disability-specific trainings, organizations that support individuals with specific conditions and diagnoses can be a great support. They may either host trainings themselves or be able to point you in the direction of an appropriate facilitator or training. These groups can help prepare your staff to address specific needs and populations. Some examples include the Alzheimer's Association, Brain Injury Alliance of Colorado, local chapters of The Arc and more.

National or regional health organizations and charities

Certain large health-related organizations such as the Red Cross regularly schedule trainings across the state, especially in CPR and First Aid and other basic certifications. Some national organizations offer online trainings that can be attended from any location.

Mailing lists

Useful trainings are often scheduled as a onetime event or are only offered periodically. By making sure you receive e-newsletters from many associated organizations in your area, you can remain up to date on local information.

Colorado's Area Health Education Center (AHEC) Program

The AHECs are six regional government-funded agencies dedicated to supporting and strengthening the health education industry across Colorado. For more information, including links to each region specific AHEC, please visit: www.ucdenver.edu/life/services/ahec/Pages/index.aspx

Colorado Respite Coalition's Caregiver Resource Center

This information center, accessible via www.ColoradoRespiteCoalition.org, contains listings on the following four resource types: Educational Materials, Events & Training, Resource Organizations and Respite Providers. A great place to find trainings and trainers alike.

This list is not fully comprehensive but is intended to provide you with a starting point for finding training resources. If you find a helpful training organization in your area, share the knowledge with other providers in your region, or encourage them to register as a training resource on www.ColoradoRespiteCoalition.org.

Trainings Offered by the Colorado Respite Coalition at Easterseals Colorado

Aside from sharing information on partners' events and trainings around the state, the Colorado Respite Coalition coordinates two evidence-based training programs for individuals in the direct care industry:

REST Program

REST stands for Respite Education & Support Tools. REST is designed to train individuals to be volunteer or paid respite care providers for individuals with a range of special health care needs or disabilities. REST provides training on companionship-level care, with some light activities of daily living (ADLs) such as feeding assistance. REST can be offered as a one full day (eight hour) training or divided into multiple sessions.

Stress-Busting for Professionals

This training, originally developed for emergency first responders, is available for both professional and family caregivers. The professional track is designed to teach direct service providers tools to help relieve stress and reduce compassion fatigue. This is a one-day training. These trainings are available in several regions of the state. For more information, please visit: https://coloradorespitecoalition.org/our-programs/educational-programs.php

In addition to providing access to training, the CRC may be able to provide a small amount of funding for your agency and your community. You can submit a training proposal to partner with the CRC to provide or host a respite training. These funds may not be used for required staff training but may be used to support ongoing professional development or continued education. For more information or to complete the required training proposal form online, visit: https://coloradorespitecoalition.org/our-programs/educational-programs.php or contact the CRC directly.

Trainings Offered by NMSC Training

NMSC has been creating and delivering learning experiences specifically tailored for direct service professionals and others working in the I/DD field for more than 50 years in Colorado. Their offerings include individual courses and customized learning tracks designed with the unique regularity needs and professional development needs of your staff in mind. Class formats include: online, classroom, & virtual classroom.

For more information on our courses or to connect someone from the Training team, please visit: http://nmscolo.org/lod

HEALTH & SAFETY

- Universal Precautions (online)
- Nutrition & Food Handling (online)
- AHA CPR/AED (adult, child & infant)
- First Aid (online)
- Active Shooter for Direct Care (online)

PERSON - CENTERED (PC)

- Introduction to I/DD (online)
- Introduction to PC Training
- Individual Rights (online)
- Abuse Prevention (online)
- PC Behavioral Supports
- Personal Choice & Communication (online)

DOCUMENTATION

- Service Plans & Documentation
- HIPAA & Confidentiality (online)

LEADERSHIP & SKILL BUILDING

- Feedback
- New Manager
- Leadership
- Change Management
- Emotional Intelligence
- Project Management

APPENDIX A

THE VALUE OF TRAINING OUR RESPITE CARE WORKFORCE

In Colorado, as in much of the country, the gap between the need for and availability of well-trained respite and other direct care professionals is increasing. If unaddressed, this worker shortage will have wide-ranging impacts for clients, their families, providing agencies, and the state as a whole. An essential component to fostering a quality direct care workforce in Colorado centers on creating, offering, and maintaining comprehensive training standards for these workers.

Containing well-rounded and expert recommendations to bolster worker training, this toolkit represents a step toward creating the direct care workforce Colorado needs. Though specifically offered to professionals in the respite care industry, the overlap in responsibilities between long-term care positions expands the applicability of this toolkit to the entire direct care workforce. With their adoption, these practical resources provide an important mechanism to meet the growing need for a quality direct care workforce in Colorado.

A Growing Need for Well-Trained Direct Care Workers

Despite the demand for their services, well-trained respite and other direct care workers are in short supply. Three compounding factors contributing to this trend include:

An Aging Population: With the number of Coloradans aged 65 and older projected to increase by more than 46 percent by 2030, our state's population is aging rapidly. As older adults are one of the main beneficiaries of long-term care services, their growing numbers correspond to an increased demand for workers to provide long-term care.

More Complex Health Needs: Colorado's changing demographics not only require a larger direct care workforce, but also a more skilled one. It's good news Coloradans are living longer, but our increased longevity is directly connected to a greater prevalence of complex health problems, like dementia. More specialized training is often required to meet new health needs.

Fewer Family Caregivers: Family caregivers, most of whom are unpaid, provide the majority of long-term care. However, as documented by AARP, the number of available caregivers is decreasing. In 1990, for every Coloradan aged 80 and older — an age where older adults typically need more care — there were eight potential caregivers. With declining fertility rates, this ratio is projected to decrease to fewer than five caregivers for each older Coloradan by 2030. This drop is expected to continue, and by 2050, it will be only one caregiver per older Coloradan. With a shrinking number of available caregivers, there is an imminent need for caregiver supports — like respite, or short breaks from caregiving — and more paid workers to supplement unpaid care.

These compounding factors have made the direct care workforce one of the fastest growing occupations in Colorado. In addition to the almost 58,000 direct care workers employed in the state as of 2018, the workforce will need to grow by more than 24,000 positions between 2016 and 2026 to keep up with demand.

APPENDIX A

The Impacts of Workforce Shortages

Though Colorado's aging demographics are driving the demand for these professionals, the inadequate supply of qualified workers has broad implications for service beneficiaries of all ages and needs, their caregivers, and our communities as a whole.

Clients and Caregivers: Studies connect inadequate training and high turnover rates in the direct care workforce to lower quality care for clients. In a similar way, we know family members who provide unpaid care suffer when they lack needed supports, including respite care. Studies show in addition to physical and emotional challenges, there are economic impacts to caregiving—from leaving the workforce earlier to cutting back on hours and changing jobs. Without supportive services like respite care, many caregivers are confronted with long-term economic security challenges.

Cost to Taxpayers: Care for older adults and people with disabilities — the primary clients of the direct care workforce — accounts for 44 percent of Colorado's Medicaid budget. This number is only expected to grow as Colorado ages. State revenue to cover these expenses, however, isn't keeping pace. To provide the same level of services to older adults in 2030 as we do today, the Colorado Health Institute estimates our state will need an additional $488 million a year. Increased preventative support provided by a well-trained, robust direct service workforce is needed to reduce long-term care costs, which may otherwise cut into investments in other state-wide priorities like education and transportation.

The Value of Training

Better initial and ongoing training is an important element in addressing the shortage of respite and other direct care workers. Quality, comprehensive training can:

Lower Turnover Rates: There are multiple linkages between inadequate training and high turnover rates in the direct care workforce. Many direct care professionals who leave the workforce within the first several months of starting cite a lack of preparedness as a reason for their departure. To address this, it has been indicated better initial training can help align worker expectations with the responsibilities of their positions, in turn leading to lower turnover rates. Connectedly, when workers are provided with more comprehensive training, they feel better prepared and more confident in their work, and as a result, are less likely to leave their positions.

Increase the Quality of Care: Quality training allows workers to provide better care for their clients. This is especially true for clients with more complex health needs. As an example, studies show when people with dementia receive skilled care, their quality of life increases and they're less likely to exhibit symptoms of dementia.

Ensure Greater Access to Benefits: In "Supporting Colorado Caregivers Through Respite Services," a report produced for the Respite Care Task Force, the Bell Policy Center heard from respite care beneficiaries about how high worker turnover rates and inadequate training kept them from realizing the benefits of respite care. In interviews, some beneficiaries said they didn't feel comfortable leaving their loved one with inexperienced and under-trained respite providers for extended periods of time. More comprehensive training is a way to address this problem.

APPENDIX A

Training in Action

States and providers across the country are taking note of the benefits that come with comprehensive training standards for direct care workers, as can be seen through:

> *Iowa's Prepare to Care Curriculum:* Through state legislative action, Iowa created the Prepare to Care curriculum. This curriculum provides both basic and advanced direct care worker training and includes pathways to advanced roles. An initial pilot finds home care agencies using the curriculum were more efficient and had lower worker turnover rates. Due in part to these findings, multiple providers throughout the state voluntarily utilize the curriculum.
>
> *Arizona's Principles of Caregiving Curriculum:* The Citizens Work Group on the Long-Term Care Workforce was appointed by Arizona's governor to increase both the size and skill of the state's direct care workforce. Comprised of a diverse group of stakeholders, including providing agencies, consumer advocates, and state agencies, the task force created the Principles of Caregiving Curriculum. Focusing on a handful of central competencies and containing more specialized training for those working with unique populations, this curriculum — or those certified as containing similar components — is universally used by providers across the state. Piloted before full-fledged implementation, evaluations showed workers overwhelmingly found the program met or exceeded their expectations.

Moving Forward

Colorado needs to build a larger, better trained respite and direct care workforce. This toolkit includes valuable information to move us forward in meeting these goals. A range of resources are included in this toolkit, among them: comprehensive training components, information on different learning styles, a guide to conducting baseline needs assessments, and a list of available resources. By utilizing these thorough and well-researched materials, providers will be tapping into best practices and lessons learned by states and agencies throughout the country. With their adoption, we will take steps to create a workforce that's better able to support Coloradans of all ages and needs, their families, and entire communities.

APPENDIX B

Respite Provider Training

Background

Respite provider training has long-been a challenge for both providers and families in Colorado. Individuals seeking caregiving-related training often report that they do not know where to look, and some agencies use outdated trainings, for lack of a better alternative at accessible cost. Currently, in Colorado there is no training requirement or certification to become a respite provider, so training levels between providers and agencies differ widely.

Many families report that they feel providers are not trained well enough, and providers may have to repeat non-standardized trainings between agencies.[1] Lack of consistent and comprehensive training can leave providers feeling ill-equipped to complete their care tasks at work, potentially creating dangerous situations for individuals receiving care and/or providers. This lack of comprehensive training can also lead to high turnover, which is costly to respite providers, and reduces respite care availability at a statewide level.

Similarly, friends and family members of loved ones with special healthcare need(s) often find themselves in caregiving situations without having received adequate training, or any training at all. This can pose a danger to both family caregivers and individuals receiving care. Inconsistencies between providers, and lack of information regarding trainings, can leave families unsure which training(s) respite providers should have completed when hiring new providers. This poses risks to the individuals receiving cares' need for safe and adequate care.

As such, the Respite Care Task Force recommended two implementations regarding training:

(1) The development of an online database listing training and educational resources and opportunities for both family and professional caregivers, across the state;
(2) Create a respite training best-practices template, to advise respite professionals, provider agencies and families on skill-based competencies that providers should be able to demonstrate.

The online database was developed and went live in 2018 on www.ColoradoRespiteCoalition.org. The database includes a variety of resources for professionals and families, including trainings occurring across the state. This document outlines the recommended core competencies.

Development of Proposed Core Competencies

The respite training core competencies template is intended to provide a framework for respite professionals, agencies and families to consider the skills required to be a respite provider. It should be multi-tiered, to reflect differing levels of care required by individuals across the lifespan and with varying special health care needs. The template should also be evidence-based, be based on national models, use a person-centered approach, address core

[1] O'Donnell Wood, Natalie, and Andrea Kuwik. "Supporting Colorado Caregivers Through Respite Services."." Supporting Colorado Caregivers Through Respite Care. December 29, 2018 https://docs.google.com/viewerng/viewer?url=http://www.bellpolicy.org/wp-content/uploads/2018/12/Respite-Care-Report-FINAL.pdf.

competencies, and relate to training available in multiple settings and formats, according to the Respite Care Task Force. The proposal is intended as a recommendation and resource only, and hopes to combat some of the issues surrounding irregular training standards currently facing the respite care industry in Colorado.

A thorough analysis of state- and nation-wide training models for direct care workers and respite professionals was conducted by Respite Care Task Force project staff. Models ranged from actual training courses to core competency recommendations to portfolio-based training certifications, for providers who could demonstrate they had met certain training and work experience requirements. The analysis compared various aspects of twelve training models, including training topics, format, cost, training tiers, exam element or certification, and whether successful candidates would be included in a provider database (available in some states).

Initially, 11 core competency training areas were identified by compiling and synthesizing the training topics in the identified models into distinct 'categories': Self-Care for the Caregiver; Behavior Management; Safety; Activities of Daily Living; Advocacy; Diagnosis; Wellbeing; Clinical Skills; Non-Clinical Skills; Cultural Competency; and Navigating Systems.

A community feedback survey was then conducted, asking respondents which training topics they considered the most important. Twenty-five respondents indicated that the most important training topic was Behaviors, followed by Safety; the least important was Non-Clinical Skills, followed by Diagnosis and Advocacy. Taking this feedback on board, the 11 training topics were re-evaluated and reduced conclusively to six core competency areas: **safety and emergencies; crisis prevention and intervention; mobility and physical wellbeing; social and emotional wellbeing; communication and cultural competency; professionalism and ethics**.

Furthermore, conversations were held with respite providers regarding which health care challenges are most difficult to accommodate, where training is most needed, and training barriers experienced at the professional level. These providers represented a multitude of respite care settings, ages and needs served. Major themes from these conversations included:

- Individuals receiving care with high-level medical and/or behavioral needs are most difficult to provide for, due to a lack of staff trained in these areas. Behavior-related training, in particular, is not offered regularly or at an affordable cost.
- Staff training often comes as a response to a crisis or emergency, rather than as a proactive preventative measure. Staff are sometimes unsure of the skills they should be able to accomplish, or areas in which they can access further training and education. This leaves staff feeling unsupported and, at times, unsafe.
- There is frustration among staff who may have to repeat trainings between agencies due to lack of uniform trainings across the industry or proper ways to document trainings.
- In general, it is difficult to find quality, up-to-date trainings at a reasonable price. This contributes to providers using old and potentially outdated trainings.
- In some circumstances, a lack of clear federal or state training requirements for professional respite providers makes it challenging to understand which trainings would be useful and necessary to require of staff.

Proposed Core Competencies

The six proposed core competency training areas draw heavily on the Centers for Medicaid and Medicare Services (CMS) Direct Service Workforce Core Competencies, Final Competency Set, which was developed as the result of a multi-phased research project implemented through the National Direct Service Workforce Resource Center (DSW RC). The project is entitled the "Road Map of Core Competencies for the Direct Service Workforce" and was developed and funded by CMS.

Each of the six proposed core competency areas is set out as follows:

- Core competency name and statement of explanation – *names and defines the core competency*
    - Skills statements
        - For the "typical respite professional" – *indicating skills that all respite professionals should be able to demonstrate, including those that provide companion and homemaker style services. This tier is also applicable to informal respite providers, such as neighbors, friends and family.*
        - For the "advanced respite professional" – *indicating direct care skills that advanced respite providers should be able to demonstrate, such as those working in day programs, community connector programs, and some in-home care services.*

Of these six proposed core competencies, two were selected as areas of possible specialization: Crisis Prevention and Intervention, and Mobility and Physical Wellbeing. These two competencies have a third tier of skills statements, for providers who wish to provide specialized care for individuals with high-level behavioral and/or medical needs. The decision to select these training areas for specialization reflects research regarding the individual receiving care needs that providers may struggle to meet.

By presenting skill statements, as opposed to required specific trainings, we envision respite professionals may use a range of available trainings to learn the skills needed to demonstrate competency in each area. Tiered skills statements reflect the difference between basic homemaker/companionship respite services, and services that require higher skill levels. A matrix of core competency areas and skill statements is depicted in Table 2. This matrix can be used by respite professionals, workplace managers and families alike to track which recommended skills and core competencies an individual provider has grasped, to which skill level. By assessing which skills statements and core competencies the professional has not reached proficiency in, we hope it becomes easier to identify trainings that the professional should take to maintain safety and deliver excellent quality respite care.

The proposed recommendations for respite provider training are as follows:

The Respite Care Task Force Core Competency Training Recommendations for Respite Care Professionals

(1) Safety and Emergencies | The respite care professional maintains high safety standards to avoid and protect the individual receiving care from harm, and is able to respond effectively and safely during emergency situations.

Skills Statements
The typical respite care professional:

a. Uses universal precautions and is certified to give CPR/First Aid as needed in an emergency
b. Helps individuals to be safe and learn to be safe in the community, and maintains the safety of an individual in the case of an emergency
c. Is able to identify, prevent, and report situations of abuse, exploitation, and neglect according to laws and agency rules, including mandatory reporting guidelines

(2) Crisis Prevention and Intervention | The respite care professional identifies risks that can lead to behavioral escalation and potential crisis, and uses effective strategies to prevent or intervene in the crisis.

Skills Statements
The typical respite care professional:

a. Recognizes and avoids environmental risk factors and common triggers that might prompt challenging behaviors

The advanced respite care professional also:

b. Uses positive behavior supports and pre-emptive strategies to prevent behavioral escalation that might lead to crisis
c. Uses safe, appropriate and approved intervention approaches to resolve a crisis, that reflect an individual's dignity and needs
d. Sees own potential role within a conflict or crisis and changes behavior to minimize conflict

The respite care professional that specializes in Crisis Prevention and Intervention also:

a. Creates a crisis plan with the individual receiving care and other members of their support team, outlining steps that should be taken to avoid and respond to a crisis situation, and intervention strategies for de-escalation
b. Understands the main principles of trauma-informed care and nonviolent crisis intervention, and incorporates these into their work

(3) Mobility and Physical Wellbeing | The respite care professional completes day- to-day care tasks important to the individual receiving care's personal health and hygiene, mobility, and overall physical wellbeing, as per the professional's training and certification.

Skills Statements
The typical respite care professional:

a. Respects the individual's privacy and dignity and acknowledges their ability to perform personal care tasks independently or with minimal assistance, if so desired
b. Demonstrates a basic understanding of fall prevention and, if applicable, seeks to reduce chances of the individual receiving care falling

c. Possesses a level of understanding of the individual receiving care's diagnosis and other health care needs, that supports the individual's mobility and physical wellbeing

The advanced respite care professional also:

d. Assists as needed with activities of daily living and other non-medical daily care tasks
e. Demonstrates safe transfer techniques, and other means of assisting the individual with close-range physical mobility
f. Understands and respects the individual's durable medical equipment (i.e. wheelchair, cane, prosthetics, AFOs) as an extension of their body, and, if appropriate, assists with operating such equipment

The respite care professional that specializes in Mobility and Physical Wellbeing also:

g. Has the necessary training and certification(s) to perform a range of skilled medical care tasks, as required by the individual receiving care
h. Completes necessary skilled care tasks, such as medication administration, g-tube feeding, changing a colostomy bag, re-applying medical dressings and bandages

(4) Social and Emotional Wellbeing | The respite care professional monitors and strives to ensure the social and emotional wellbeing of the individual receiving care, including pursuing appropriate activities and relationships.

Skills Statements

The respite care professional:

a. Gathers and monitors information about the individual's social and emotional health, and strives to be aware of changes and risks to their wellbeing
b. Possesses a level of understanding of the individual's diagnosis and other health care needs that supports the individual's social and emotional wellbeing

The advanced respite care professional also:

c. Incorporates activities into the individual's care plan that seek to maintain and/or improve the social and emotional wellbeing of the individual receiving care
d. Helps the individual learn to recognize qualities of positive and appropriate social interactions and relationships and, if appropriate, encourages the individual to pursue activities that will contribute to their wellbeing

(5) Communication and Cultural Competency | The respite care professional communicates with the individual receiving care and their family in a manner that is easily understandable and culturally appropriate.

Skills Statements

The typical respite care professional:

a. Communicates pertinent information regarding the individual's health, wellness and care plan with the individual and their family in a respectful and culturally appropriate way, using person-centered language
b. Uses positive and respectful verbal, non-verbal and written communication in a way that can be understood by the individual, and actively listens and responds to the individual in a respectful, caring manner

The advanced respite care professional also:

c. Demonstrates a willingness to learn about the individual's cultural background and, if appropriate, incorporates understandings into the individual's care
d. Is able to communicate proficiently with the individual in their chosen communication style(s), i.e. using sign language, native language, and/or using augmentative communication devices, such as picture books, switches, or tablets

(6) Professionalism and Ethics | The respite care professional works in a professional and ethical manner, maintains confidentiality and respects individual and family rights and boundaries.

Skills Statements

The typical respite care professional:

a. Uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals
b. Builds collaborative, professional relationships with the individual, their family and others on the support team, while maintaining professional boundaries
c. Respects the individual and their family's right to privacy and confidentiality as per the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
d. Follows relevant laws, regulations and guidelines, including accurate and timely reporting and documenting
e. Seeks assistance and/or supervision when completing new or unfamiliar tasks
f. Understands their own professional limitations and the need to practice self-care in

Research on National Direct Care Training Programs and Certificates

Program/ Credential	Organization	Location	Certification/ Certificate?	Free?	Pre-requisites?	Topics	Format	Exam?	Tiers of Training?	Provider Database?
Road Map of Core Competencies for the Direct Service Workforce	Centers for Medicaid & Medicare Services	National	×	✓	×	Behaviors; Safety; ADLs; Advocacy; Non-Clinical Skills; Cultural Competency; Navigating Systems	Recommendations	×	×	×
Lifespan Caring Network Training	Respite Care Association Wisconsin	WI	✓	✓	×	Self-Care; Behaviors; ADLs; Advocacy; Clinical Skills; Non-Clinical Skills; Cultural Competency; Navigating Systems	Online	✓	×	✓
Direct Support Professional (Certified)	NADSP (National Alliance for Direct Support Professionals)	National	✓	$150	NADSP Membership + signed "Code of Ethics" Communication of Support Training Records	Behaviors; ADLs; Advocacy; Non-Clinical Skills; Cultural Competency	Portfolio	×	Certification Level II 5 "Specialist" Certifications	×
Competency-Based Direct Support Professional Certification Program	NADD	National	✓	$160	1 year calendar experience + 1,000 hours direct support 2 recommendations + good standing Knowledge screening self-report NADD membership + signed "Code of Ethics"	Self-care; Behaviors; Diagnosis; Safety; Advocacy; Non-Clinical Skills; Navigating Systems	Portfolio	×	×	×
Respite Care Training Program	Illinois Respite Coalition	IL	×	✓	×	Self-Care; ADLs; Advocacy; Clinical Skills; Non-Clinical Skills; Cultural Competency	Online	×	×	×
Certified Respite Provider**	NAMI (National Alliance on Mental Illness)	ME	✓	✓	18+, HS Diploma/GED 2 personal references 30+ hours child-related experiences	Behaviors; Diagnosis; Safety; Non-clinical Skills; Cultural Competency	Online	✓	×	✓
Home Visiting Core Practices and Principles	Nebraska Lifespan Respite Network	NE	×	✓	×	Self-Care; Safety; Non-Clinical Skills; Clinical Skills; Navigating Systems	Online	✓	×	×
Direct Care Associate Certificate**	Iowa Prepare to Care	IA	✓	✓	×	Self-Care; Safety; ADLs; Non-Clinical Skills; Clinical Skills	Online	✓	5 "Advanced Certification" Topics 3 "Advanced Training Certificates"	✓
DCW Curriculum – Fundamentals	AZ Direct Care	AZ	×	✓	×	Safety; ADLs; Advocacy; Non-Clinical Skills; Clinical Skills	Guide-book	×	Aging and Physical Disabilities Developmental Disabilities	✓
R.E.S.T.	NYSCRC (New York State Caregiving and Respite Coalition)	NY	✓	✓	×	Self-Care; Behaviors; Safety; ADLs; Navigating Systems	In-Person Class	×	×	✓
Direct Service Provider Certificate Series	Human Services Network of Colorado	CO	✓	$450	×	Self-Care; Behaviors; Safety; Non-Clinical Skills; Cultural Competency	In-Person Class + Online	×	×	×
Fundamentals of Home Care	MA Direct Care	MA	✓	✓	×	Safety; ADLs; Advocacy; Cultural Competency	Online	×	Precursor to: Home Care Aid C.N.A.	×

Core Competency Training Recommendations for Respite Care Professionals

	Crisis Prevention and Intervention	Mobility and Physical Wellbeing	Social and Emotional Wellbeing	Communication and Cultural Competency	Safety and Emergencies	Professionalism and Ethics
	The respite care professional identifies risks that can lead to behavioral escalation and potential crisis, and uses effective strategies to prevent or intervene in the crisis.	*The respite care professional completes day- to-day care tasks important to the individual receiving care's personal health and hygiene, mobility, and overall physical wellbeing, as per the professional's training and certification.*	*The respite care professional monitors and strives to ensure the social and emotional wellbeing of the individual receiving care, including pursuing appropriate activities and relationships.*	*The respite care professional communicates with the individual receiving care and their family in a manner that is easily understandable and culturally appropriate.*	*The respite care professional maintains high safety standards to avoid and protect the individual receiving care from harm, and is able to respond effectively and safely during emergency situations.*	*The respite care professional works in a professional and ethical manner, maintains confidentiality and respects individual and family rights and boundaries.*
The typical respite care professional:	• Recognizes and avoids environmental risk factors and common triggers that might prompt challenging behaviors	• Respects the individual's privacy and dignity and acknowledges their ability to perform personal care tasks independently or with minimal assistance, if so desired • Exhibits a basic understanding of fall prevention and seeks to reduce chances of the individual receiving care falling • Possesses a level of understanding of the individual receiving care's diagnosis and/or other health care needs that supports the individual's mobility and physical wellbeing	• Gathers and monitors information about the individual's social and emotional health, and strives to be aware of changes and risks to their wellbeing • Possesses a level of understanding of the individual's diagnosis and/or other health care needs that supports the individual's social and emotional wellbeing	• Communicates pertinent information regarding the individual's health, wellness and care plan with the individual and their family in a respectful and culturally appropriate way, using person-centered language • Uses positive and respectful verbal, non-verbal and written communication in a way that can be understood by the individual, and actively listens and responds to the individual in a respectful, caring manner	• Uses universal precautions and is certified to give CPR/first aid as needed in an emergency • Helps individuals to be safe and learn to be safe in the community, and maintains the safety of an individual in the case of an emergency • Is able to identify, prevent, and report situations of abuse, exploitation, and neglect according to laws and agency rules	• Uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve personal goals • Builds collaborative, professional relationships with the individual, their family and others on the support team, while maintaining professional boundaries • Respects the individual and their family's right to privacy and confidentiality as per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) • Follows relevant laws, regulations and guidelines, including accurate and timely reporting and documenting
The advanced respite care professional:	• Uses positive behavior supports and pre-emptive strategies to prevent behavioral escalation that might lead to crisis • Uses safe, appropriate and approved intervention approaches to resolve a crisis, that reflect an individual's dignity and needs • Sees own potential role within a conflict or crisis and changes behavior to minimize conflict	• Assists as needed with activities of daily living and other non-medical daily care tasks • Demonstrates safe transfer techniques, and other means of assisting the individual with close-range physical mobility • Understands and respects the individual's durable medical equipment (i.e. wheelchair, cane, prosthetics, AFOs) as an extension of their body, and, if appropriate, assists with operating such equipment	• Incorporates activities into the individual's care plan that seek to maintain and/or improve the social and emotional wellbeing of the individual receiving care • Helps the individual learn to recognize qualities of positive and appropriate social interactions and relationships and, if appropriate, encourages the individual to pursue activities that will contribute to their wellbeing	• Demonstrates a willingness to learn about the individual's cultural background and, if appropriate, incorporates understanding into the individual's care • Is able to communicate proficiently with the individual in their chosen communication style(s), i.e. using sign language, native language, and/or using augmentative communication devices, such as picture books, switches, tablets and iPads		• Seeks assistance and/or supervision when completing new or unfamiliar tasks • Understands their own professional limitations and the need to practice self-care in order to maintain safe and healthy professional care standards
The specialized respite care professional:	• Creates a crisis plan with the individual receiving care and other members of their support team, outlining steps that should be taken to avoid and respond to a crisis situation, and intervention strategies for de-escalation • Understands the main principles of trauma-informed care and nonviolent crisis de-escalation, and incorporates these into their work	• Has the necessary training and certification(s) to perform a range of skilled medical care tasks, as required by the individual receiving care • Completes necessary skilled care tasks, such as medication administration, g-tube feeding, changing a colostomy bag, re-applying medical dressings and bandages				

APPENDIX C

Sample Training Tracking Sheets

	A	B	C	D	E	F	G	H	I	J
1	**Employee Name**	**Date of Hire**	**American Red Cross CPR/First Aid**	**Universal Precautions**	**HIPAA**	**Mandatory Reporting Training**	**Person Centered Training**	**Supporting Challenging Behaviors**	**QMAP**	
2	Recerification Cycle	N/A	2 years	1 year	None	None	2 years	1 year	None	
3	Ana Rodriguez		5/15/2016	5/20/2016	12/18/2018	5/16/2016	5/21/2016	12/20/2018	7/1/2019	6/1/2016
4	Mohammed Abdul		3/15/2018	3/17/2018	3/20/2018	3/19/2018	3/19/2018	3/22/2018	7/1/2019	4/1/2018
5	John Bailey		1/10/2015	1/24/2015	1/30/2019	1/20/2015	1/20/2015	12/10/2018	7/1/2019	2/1/2018
6	Nicole Smith		7/20/2019	7/25/2019	7/30/2019	8/2/2019	8/1/2019	8/15/2019		8/1/2019
7	Jesus Calderon		1/10/2019	1/19/2019	1/16/2019	2/2/2019	2/14/2019	3/1/2019	7/1/2019	2/1/2019
8	Lisa Luciano		8/15/2017	9/3/2017	8/20/2018	9/2/2017	9/15/2017	10/1/2019	7/1/2019	9/1/2017
9										
10										
11										
12										
13										
14										
15										

To download this tracking form, please visit:
https://docs.google.com/spreadsheets/d/12XLWns0VSUsSZiRQyEdPolJPRUUf2W7gm5J9sVMfjs0/edit#gid=0

This document is set to view only, so click on “File” in the upper left, then “Download As” an excel document.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**Employee Name**	**Date of Hire**	**Course Name**	**Completion Date**	**Course Name**	**Completion Date**	**Course Name**	**Completion Date**	**Course Name**	**Completion Dates**	**Course Name**	**Completion Date**	**Course Name**	**Completion Date**	**Course Name**	**Completion Date**
2	**Training Provided By:**		*Rocky Mountain CPR Center*		*Relias*		*NMSC*		*Colorado State*		*NMSC*		*Relias*		*Western Colorado Health Education Center*	
3	Ana Rodriguez	5/15/2016	CPR/ First Aid	5/20/2016	Universal Precautior	12/18/2018	HIPAA	5/16/2016	Mandatory Reporting Training	5/21/2016	Person Centered Training	12/20/2018	Supporting Challenging Behaviors	7/1/2019	QMAP	6/1/2016
4	Mohammed Abdul	3/15/2018	CPR/ First Aid	3/17/2018	Universal Precautior	3/20/2018	HIPAA	3/19/2018	Mandatory Reporting Training	3/19/2018	Person Centered Training	3/22/2018	Supporting Challenging Behaviors	7/1/2019	QMAP	4/1/2018
5	John Bailey	1/10/2015	CPR/ First Aid	1/24/2015	Universal Precautior	1/30/2019	HIPAA	1/20/2015	Mandatory Reporting Training	1/20/2015	Person Centered Training	12/10/2018	Supporting Challenging Behaviors	7/1/2019	QMAP	2/1/2018
6	Nicole Smith	7/20/2019	CPR/ First Aid	7/25/2019	Universal Precautior	7/30/2019	HIPAA	8/2/2019	Mandatory Reporting Training	8/1/2019	Person Centered Training	8/15/2019	Supporting Challenging Behaviors		QMAP	8/1/2019
7	Jesus Calderon	1/10/2019	CPR/ First Aid	1/19/2019	Universal Precautior	1/16/2019	HIPAA	2/2/2019	Mandatory Reporting Training	2/14/2019	Person Centered Training	3/1/2019	Supporting Challenging Behaviors	7/1/2019	QMAP	2/1/2019
8	Lisa Luciano	8/15/2017	CPR/ First Aid	9/3/2017	Universal Precautior	8/20/2018	HIPAA	9/2/2017	Mandatory Reporting Training	9/15/2017	Person Centered Training	10/1/2019	Supporting Challenging Behaviors	7/1/2019	QMAP	9/1/2017
9																
10																

To download this tracking form, please visit:
https://docs.google.com/spreadsheets/d/15PVWoAuhRx02kzwQpSP7_UWs3VOkMPI56SmJl78TnQw/edit#gid=0

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APPENDIX D

Needs Assessment Documentation Form

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A training needs assessment is a proactive way to assess:

- Who needs training?
- What do they need to learn?
- What skills are needed and for what reason?
- What skills are already in place?
- What is missing from existing training?

There are many ways to perform a training needs assessment. It can look formal and be a questionnaire that you ask your respite care providers or supervisors to submit that can include questions like the ones mentioned below:

Questions for respite care providers:

What trainings do you feel would improve your job performance?

Which of the following training topics would benefit you in the coming year? Please choose no more than three (3).

- ☐ *Food Safety*
- ☐ *Active Shooter Awareness Training*
- ☐ *HIPAA and Confidentiality*
- ☐ *Improving Documentation Skills*
- ☐ *Crisis De-Escalation*
- ☐ *Person Centered Thinking and Planning*
- ☐ *Positive Behavioral Supports*
- ☐ *Management and Leadership Training (giving feedback, supervisory skills, project management, etc.)*
- ☐ *Professional Development (ie managing up, project management skills, time management, etc.)*
- ☐ *Self-Care Best Practices*
- ☐ *Personal Care Skills (supporting individuals with transfers, showering, toileting, etc.)*

Which of the following skills do you feel confident performing, if the situation arises with an individual:

- ☐ *Having trouble breathing*
- ☐ *Dealing with materials that include human waste or blood*
- ☐ *Supporting an individual with challenging or violent behavior*
- ☐ *Handling confidential medical information*
- ☐ *Witness a situation of suspected abuse or neglect*
- ☐ *Dealing with challenging family members or natural supports*
- ☐ *Understanding the rights and responsibilities of a guardian*

What area would you like to grow or develop professionally?

- ☐ *Improving technical skills*
- ☐ *Understanding the administrative responsibilities of a home care agency*
- ☐ *Learning how to support another population with respite*
- ☐ *Supporting individuals with challenging behavior*
- ☐ *Improving time management*
- ☐ *Supporting a better work-life balance*

<u>Questions for management:</u>

What areas or skills do you feel that the providers on your team need to improve?

What concerns do you have around the job satisfaction of your team?

What types of training would the people you supervise be excited to take?

What are your priorities for your team in the next 12 months? Are their any skills you feel your team needs to meet those goal?

One great educational tool that may support you as you develop a training program is known as a “KWL” chart. This chart can help you understand what your respite care providers know, what to know, and have learned. You could have your respite care providers feel this out individually about their roles or job functions.

What do I know?	**What do I want to know?**	**What I learned?**
This column may serve to establish a baseline of understanding for the individual provider.	*This column may help identify gaps or potential training opportunities for your team.*	*This column can be a reflective to evaluate or assess the outcomes of a specific training.*

APPENDIX E

Course and Instruction Evaluation Form

Class Title: **Date:**

Instructor(s): **Location:**

The most important thing I learned in this class was:
What improvements can be made to this class? Such as: more examples, activities, group work, instruction, information specific to your position, etc.
What exercises or activities did you like the most? Why?

INSTRUCTOR EVALUATION:		**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**
Preparedness &Organization	I was able to remain focused on the content, important concepts, and learning objectives.	1	2	3	4
Professionalism	I felt the instructor was knowlegable and demonstrated a positive attitude about the subject and agency; I felt comfortable asking questions.	1	2	3	4
Teaching Style	It was easy for me to remain actively engaged during the class.	1	2	3	4
Over-All Performance	I am satisfied with the overall instruction by the instructor for this class.	**1**	**2**	**3**	**4**

CLASS CONTENT AND CURRICULUM EVALUATION:		**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**
Relevance to Job	I understand how I can apply what was taught in this class to my job.	1	2	3	4
Interest	The activities, exercises, videos, and handouts were interesting.	1	2	3	4
Usefulness	The activities, exercises, videos, and handouts helped me to understand the course content and learning objectives.	1	2	3	4
Over-All Class Quality	The over-all content of this class was satisfactory.	1	2	3	4
Length of Class	This class was: □ Too Short □ Just Right □ Too Long to learn objectives and understand the content.				

GENERAL COMMENTS:
What additional types of classes would you like to help you grow professionally? What subjects interest you?

□ ***Please check the box if additional comments are continued on the back of the evaluation form***

APPENDIX F

Customer Satisfaction Surveys

Below are some samples of questions that you can include in customer satisfaction surveys to better assess the impact that training is having on the individuals and/or families that your agency is supporting. You may also be able to identify training needs.

Examples:

How prepared was the respite care provider to support you/ your loved one?

- Very prepared
- Adequately prepared
- Somewhat prepared
- Not prepared

In reports and documents that you have received from the provided is your/your love one's name included?

- Yes
- No
- I didn't notice

In the past 60 days, have you seen any positive changes in your respite care provider? Please explain.

In the past 30 days, what additional training do you feel your respite care provider needs?

We are trying to assess how effective our recent Person-Centered Thinking (PCT) training was for our team and our families. Which of the following strategies if any, has the respite care provider use with the individual being supported:

- One-page profile
- Offering choice
- Including you/ the person in decision making
- Supporting you/ the individual to learn new skills as opposed to just doing what is needed

APPENDIX F

Tips to Consider:

It is important to make these surveys based on your customers and their families. This is important to get the best feedback available. For example, if you serve a diverse population where English is not the family's or individual's native language, perhaps use dual language surveys or simplify the language you are using.

When you are looking to assess behavior change resulting from a training, you should include a few questions that connect back to the objectives or takeaways that your team identified. Two of the questions below reference a training on person-centered thinking (PCT) and a training on documentation.

Colorado Respite Coalition
A program of Easterseals Colorado
393 S Harlan Street, Suite 108
Lakewood, CO 80226
303.233.1666