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**Q1 Issue Statement:** [State the problem your recommendation will address. Insert links to reports where appropriate.]

Infrastructure: Workforce

In-Home Supportive Services (IHSS) Training Curriculum

IHSS is the cornerstone of California's home and community-based services system that enables low-income, aged, blind, and disabled individuals to remain safely in the home and avoid institutionalization. A critical component of the IHSS program is the consumer-directed model that allows consumers to hire, fire, and train caregivers. IHSS consumers typically require assistance with activities of daily living such as bathing, eating, or dressing. They also may require services of a paramedical nature, such as bowel and bladder care, tube feeding, and basic medical services. However, no specialized training is required for an IHSS worker to perform services of a paramedical nature - leaving many of them without the core competencies necessary to provide more complex care.

IHSS workers have faced low wages, few benefits, a lack of standardized training, and limited opportunities for advancement. As a result, the home care industry experiences high rates of turnover, reducing the continuity of services to consumers. Studies show that training, increases job satisfaction and can be an effective way to retain IHSS workers and enable consumers to receive more consistent, reliable care. With high-quality training in place, career pathways can be built to other related careers such as in health care and social services. Areas to consider for training include: fall prevention, stroke detection, early signs of dementia, CPR, wound care, gerontology, medication management, behavioral health, nutrition, end-of-life care/decision-making, occupational safety, and dispute resolution/family mediation.

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**Q2 MPA Framework Goal #:** [Check which goal/s this recommendation addresses. View MPA Framework document]

**Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.**

**Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.**

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## Master Plan for Aging (MPA) Recommendation Form

**Q3** MPA Framework Objective #: [Check which objective/s this recommendation addresses. View MPA Framework document]

**Objective 1.1:** Californians will have access to the help we need to live in the homes and communities we choose as we age.

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**Objective 1.2:** Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

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**Objective 3.1:** Californians will live in communities with policies and programs that promote well-being throughout our lifespans.

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**Objective 3.2:** Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

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**Q4** Recommendation: [Explain your recommendation in one to two sentences.]

The state should implement a certified, standardized, voluntary training curriculum that offers a career ladder and increased pay for IHSS workers who increase their capacities to deliver care.

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**Q5** Target Population and Numbers: [Describe groups of Californians impacted by this recommendation, with numbers if available.]

IHSS recipients

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**Q6** Detailed Recommendation: [Insert detailed bullet points describing your recommendation.]

Respondent skipped this question

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**Q7** Evidence that supports the recommendation: [Add links or summaries of research evidence that support the recommendation. Provide links or summaries of research evidence that support your recommendation]

The Area I Agency on Aging developed and implemented a voluntary 28-hour training program for IHSS workers in 1999. It would be available for replication.

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**Q8** Examples of local, state or national initiatives that can be used as an example of a best practice: [Provide any available links and sources.] Local: State: National: Other:

Local - Area I Agency on Aging, serving Humboldt and Del Norte Counties

## Master Plan for Aging (MPA) Recommendation Form

**Q9 Implementation:** [Insert actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

State Legislature

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**Q10 Person-Centered Metrics:** [Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.]

Respondent skipped this question

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**Q11 Measuring Success:** [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

Respondent skipped this question

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**Q12 Measuring Success:** [How would we know that the implementation of your recommendation is successful?]

Respondent skipped this question

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**Q13 Data Sources:** [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Respondent skipped this question

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**Q14 Potential Costs/Savings:** [insert any research, actuarial analysis or other evidence of the cost of this recommendation or potential savings]

Respondent skipped this question

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**Q15 Prioritization:** [How would you prioritize your recommendation relative to other needs/priorities?]

High

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**Q16 Contact information:**

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