

OPEN MEETING MINUTES

Name of Governmental Body: Direct Care Workforce Workgroup, Governor's Task Force on Caregiving		Attending: Members: Todd Costello; Lisa Pugh; Beth Swedeen; Margie Steinhoff; Adien Igoni; Stephanie Birmingham; LaVerne Jaros; Jason Endres; Jane Bushnell; Rep. Wicghers; Ted Behncke; Mo Thao-Lee; Anne Rabin; Lisa Schneider
Date: 3/19/2020	Time Started: 9:00 pm	Time Ended: 4:04pm
Location: Zoom: Meeting ID, 776-019-560		Other: Carrie Gartzke (TMG), Kerry Winkler; Sarah Barry (Legis.); Erin Fabrizium, Janet Stockhausen State Staff: Faith Russell, DHS, Lynn Gall, DHS, Allie Boldt, DHS, Andrew Evenson, DWD, Ashley Swatzell, DHS, Betsy Genz, DHS, Amy Chartier, DHS, Davis Ciotola, DHS
Minutes		Presiding Officer: Lisa Pugh and Todd Costello

GOVERNOR'S TASK FORCE ON CAREGIVING Direct Care Workforce Workgroup March 19, 2020

I. THE MEETING WAS CALLED TO ORDER AT 9:03 a.m.

II. APPROVAL OF MINUTES FROM 3/5/20

Jason Endres moved to approve minutes; motion seconded by Stephanie Birmingham. No votes in opposition.

III. WELCOME AND OVERVIEW

Todd Costello overviewed intention to use meeting as an opportunity to harness skill and first-hand experience of Task Force/Workgroup members to explore immediate possible solutions relating to the COVID-19 pandemic

IV. DISCUSSION OF POTENTIAL RECOMMENDATION FOR IMMEDIATE ACTIONS RELATED TO COVID-19 AND IMPACT ON THE WORKFORCE

Todd Costello provided context for this discussion. Would like to explore as a workgroup the barriers members are facing and possible immediate solutions to help continue services and offer necessary relief while keeping clients and staff safe during this COVID-19 pandemic. Are there any policy recommendations that this group has been looking at that could be modified or expedited in some way in the current environment? Examples might include: allowing hiring of family members (including spouses, children under 18 years old, domestic partners); opportunities to recruit displaced workers; supporting entities facing challenges transitioning to more remote work/activities; recommendations for additional protective equipment, etc.

Members were a number of documents reflecting sample COVID-19-related recommendations/suggestions from various associations in WI and elsewhere (attached).

Workgroup members provided the following remarks re: the impact of COVID-19.

- Lisa Pugh: Her adult daughter is in IRIS, and day support programming has closed. Now, both parents are juggling working and providing personal care and supports to their daughter, as no personal care workers are coming into the house. Believes this is typical of a lot of families right now.
- Jane Bushnell: Work spans residential care, in-home care, as well as self-direction, and they are seeing a strain on all programs. Perhaps the biggest focus has been prevention and other related education and communications resulting from daycares being closed. They are also seeing a strain on family caregivers where people are not coming to work. Is there a way to permanently recruit individuals who have been displaced from working?
- Jason Endres: Currently, both Jason and his wife have care workers. They would be able to manage activities by themselves should their care worker(s) not be able to work due to COVID19 exposure, but many people who rely on care workers are not in this situation. For instance, they know someone who requires total care, if even one of that individual's care workers were unable to work due to COVID-19 exposure, would be a major problem, and might even require him to be placed in a nursing home or hospital.
 - Interested in exploring interim waiver of 40-hour rule (DOL requiring OT pay).
- Beth Swedeen: She has seen the provider network struggling primarily with two things: (1) Many people have changed routine so their needs have changed. Providers are facing uncertainty re: laying off workers and are concerned with whether there would be an uptick in demand after workers are laid off; and (2) Safety protocols for employees.
 - In addition to suspension of the 40-hour rule, would like to see recommendations regarding hazard pay or time-and-a-half for workers.
 - Also would like to recommend the state find ways to quickly identify laid-off workers and get them into care roles (while also ensuring the health and safety of workers and clients).
- Rep. Wichgers: Has seen realities of how lean these businesses are currently running. This crisis is showing a need for reimbursements proportionate not only to caregivers themselves, but also to business owners and rigors they are enduring daily. Hopes this body's recommendations will also address this need for greater sustainability for business owners.
- Adien Igoni: Would like to see additional DHS guidance re: dealing with providers as well as members/clients who feel onset of any one of 3 symptoms associated with COVID-19. For instance, can the provider cease sending employees into a home where the client has COVID-19 symptoms, even where that conflicts with otherwise-applicable requirements? Encourages DHS to release interim guidance as quickly as possible—currently, agencies are each taking their own touch-and-go strategy.
 - Todd Costello: DHS recently released guidance approving RN Supervisory Visits to occur over the phone (not in-person). Also, notes that MCOs are also struggling right now with challenges/questions similar to those facing providers. The more guidance that can be afforded to align what MCOs are doing would be helpful.
 - Jason Endres echoed Adien's remarks.
- Stephanie Birmingham: Currently staying at her parents' house and relying on parents for personal care needs. Made the decision to stay at parents for a while in part due to

shut-down of city buses in Green Bay, as well as uncertainty of caregivers coming in and out, which put her at risk. Knows that many other parents are not in a position to take in their children with care needs, which is a great concern for a lot of people who are relying on care workers.

- Mo Thao-Lee: Encourages DHS to develop a comprehensive emergency strategy for situations like this for the healthcare workforce, to help ensure that clients who are still able to be seen can be provided services. Echoes Stephanie's remarks that a big concern is for individuals who do not have family members or others in their personal networks to rely on.
 - Another concern right now is that some responses seem to be conflicting. For instance, nurses may be allowed to do remote visits in some situations, but are required to follow a different set of rules when working for an HMO.
 - Also concerned regarding a possible requirement that small businesses continue to pay workers—this would put many agencies at the risk of going belly up.
- Ted Behncke: Their own workforce has been relatively stable, but an emerging issue is going to be staffing and testing. If a care worker has symptoms or reports coming into contact with someone that has contracted COVID-19, that care worker will be tested. But the wait for test results can be between 3-5 days and even up to 2 weeks. When someone has been exposed, it is not just the employee who is on lock-down, but also anyone they came into contact with, including the clients/people being served. Believes that as more and more people are exposed, will require a lock-down of more and more of the workforce—and providers just don't have the staffing depth to handle this.
- Todd Costello: Would like to emphasize that the same courtesy being shown for hospital staff needs to also be afforded to the home care community—including things like guidelines and having proper equipment and access to testing. Currently, it seems a disparity as greater courtesy is being shown to hospital workers. Would like to elevate that home- and community-based service workers are risking just as much to do their jobs.

The Co-Chairs specifically requested input from members relating to any barriers to hiring that they are facing which could be addressed, while ensuring the health/safety of workers and clients. Members were referred to the attached documents showing what other states are doing with respect to displaced workers. Members provided the following remarks:

- Lisa Pugh:
 - Would it be possible to do an income disregard to allow displaced workers to receive medical insurance for themselves? Could imagine this could be a big incentive right now. Could the state simultaneously offer a way to connect displaced workers with local direct care opportunities?
 - Can we build an expedited pipeline of workers by loosening training and other background check requirements (perhaps with an interim or end date)?
- Jane Bushnell: A related income disregard approach might be to allow employees to disregard any unemployment they are receiving from their primary job, while being temporarily placed in the workforce.
- Todd Costello: Would be concerned about temporarily placing people in direct care roles, then there being a mass void/exodus as people return to their former roles. Can we use this moment to recruit people to this line of work more permanently?
- Ted Behncke: Could an income disregard address child care? Any other possibilities around child care since that is a barrier for many people right now?

- Todd: Do agencies have the infrastructure to train given the restrictions around small groups? Trainings are hands-on/experiential, as well as didactic/classroom learning. Can training requirements be shortened? Can it be happening remotely?
 - Faith Russell conveyed some related information from Otis Woods (Administrator, DHS-DQA): due to the Governor's Declaration, DQA is now able to consider changes to training requirements contained within the Wis. Admin. Code (such as DHS 129 for CNAs). DQA has been receiving requests re: interim measures involving training (e.g., using volunteers in nursing homes and possibly ALFs). DQA will be responding to these requests, and would welcome specific feedback or suggestions regarding possible adjustments.
- Jane Bushnell: Would like to make suggestions around adjusted training/onboarding, but would have to go back to her organization's Human Resources team to ask what their suggestions would be. Suggests allowing members an additional 24 hours to send comments to Faith.
- Todd: Re: funding that's been available for Direct Care Workforce providers, received information that the next payment could be expected in late spring. Would it be possible to expedite release of funding (or minimally, provide a definitive date) so that providers could use funds to incentivize people working in direct care roles?
- Lisa Pugh: Could WI (DWD) help with direct funneling of individuals using job centers to agencies/providers? Is DWD or the state considering a paid social media campaign?
 - Andrew Evenson (DWD): Recommends that providers post any openings they can on the job center website—the work search has been waived.
 - Beth Swedeen: Survival Coalition met with DWD Secretary and Asst. Secretary yesterday.
- Jason Endres: He and his wife are having hard time with timelines of when to send applications into FSAs-- the turnaround estimated is almost two weeks. Wonders why we are getting so much push back and long wait times for onboarding new employees.
- Todd: Would like interim recommendations to include relaxing rules to allow temporary hiring of children under age of 18, spouses, domestic partners, and guardians. This will be crucial for individuals who have lost income or who are finding themselves in a new caregiving role.
- Lisa Pugh: The enhanced MA match will be another key piece here to help get through this crisis.
 - Jane Bushnell: How can we ensure we get this to providers and workers?

Next steps:

- Group consensus that members can check in with their own organizations and send additional remarks to Faith by noon on Friday 3/20/20. Co-chairs will review comments, draft minutes and incorporate in a letter from the co-chairs elevating concerns/questions/suggestions from the group.
 - Recap of some themes to emerge thus far: possible training expediting/onboarding; expediting of DCW funding; loosening of regulatory and oversight functions; relaxation of restrictions around background checks and hiring family members; connecting displaced workers to openings while ensuring safety; testing; relaxation of 40-hour rule and options for hazard pay; looking at business ability to continue to operate/contingency types of consideration
- Individuals encouraged to visit DHS COVID-19 central website; a Medicaid site is also forthcoming for provider updates.

V. FOLLOW-UP QUESTIONS: DISCUSSION WITH STATE AGENCY STAFF

A. CERTIFIED NURSING ASSISTANT (“CNA”) TRAINING

Ashley Swatzell from DHS-DQA spoke to nursing assistant training/certification requirements. First, addressed group’s questions regarding counting work experience. Ashley explained that current federal law does not allow work experience to replace requirements for supervised clinical training and nursing classes. The CNA training program is required to be a minimum of 120 hours in length, which includes at least 32 hours in a clinical setting approved by the Department.

DQA has received inquiries regarding how to deal with current limited access to clinical training sites. Based on CMS guidance, many nursing homes and other facilities have limited or barred visitors from entering facilities, which has affected some training programs. DHS is working with CMS and other states to see what can be done to get through clinical sessions so that students can move onto testing and hopefully get certified to join the workforce.

- Todd Costello: Question regarding a waiver process for re/certification. In his experience, new CNAs tend to receive the message that to maintain their license they must have relevant work experience, usually, in a facility. Interested in being able to clarify and encourage new CNAs toward community-based services as well.
 - Ashley: This is something DQA is currently looking into. This relates mostly to the requirement re: working under supervision of a RN or LPN. Would exceptions be appropriate? Could a waiver allow more CNAs to renew employment in assisted living settings or personal care agencies that employ a nurse?

B. IRIS BACKGROUND CHECK POLICY

The Workgroup was joined by Betsy Genz from DHS-DMS (Director for Adult Programs) and Amy Chartier (Section Chief, IRIS Section). Adult Programs provides policy oversight for Family Care, Family Care Partnership, and PACE programs, as well as full oversight (policy and operations) of the IRIS program. Members were provided with an excerpt of the policy manual for IRIS re: background checks, as well as a letter from Disability Rights WI dated 2/20/20, included as attachments.

Betsy and Amy provided a broad overview of the IRIS background check policy:

- IRIS is Wisconsin’s only fully self-directed program.
- History: The background check policy in place currently dates to 2015, and is stricter than policies for other programs. While Betsy was not involved in discussions preceding this policy, she was informed that part of the thinking behind the policy is that perhaps additional protections should be considered where hiring workers given that there are vulnerable people in the self-directed program.
- Overview of policy and how it compares to other programs:
 - The current policy aligns somewhat with the rules governing background checks for agency workers (e.g., from DHS Chapter 12 and Wis. Stat. 50.065), but, there

- are **48** additional offenses applicable in the IRIS background check (that do not apply for agency workers).
- This is reflected in the policy manual excerpt: the **bolded offenses** are those included in statute governing background checks for other programs. For those applying to work in an agency, there is a Rehabilitation Review Process available for bolded offenses. Unlike agency workers, IRIS participant-hired workers are not eligible for Rehab Review Process, so the bolded, barred offenses keep workers from working in the IRIS program (even where convictions are very old).
 - The non-bolded offenses are those that are unique/additional to the IRIS program.
- The IRIS Advisory Committee has recommended changes to IRIS's background check policy to increase consistency across programs. This would require a statute change. Members recently met with the DMS Director to compare the lists of offenses and begin discussions around how to change the policy. There is still some significant concern about eliminating some of the IRIS-specific offenses. DMS would appreciate feedback from advocates including on specific offenses.

Members provided the following questions/remarks:

- Lisa Pugh: The list is somewhat surprising (including that some of the non-bolded, IRIS-specific violations are not considered in other programs). Can DHS identify which of these infractions are keeping a lot of people out? What are some of the most problematic?
 - Amy: Theft is probably the most problematic, and follows people over their lifetime. Theft is a bolded offense that is considered for agency background checks as well (but agency workers have the Rehab Review Process). Also see a lot of drug-related offenses—including convictions that can be 15, 20, or 30 years old that continue to bar people despite no further law enforcement engagement. Occasionally, also see battery charges.
 - People who are barred under IRIS may get referred over to an agency. The agency can go through its normal processes to employ the care worker and match them to the individual receiving care services. However, it is more expensive to hire workers through an agency as opposed to a participant-hired worker (where the IRIS participant is the employer of record).
- Question: How often is the Rehab Review Process utilized? Frequently?
 - Answer:
 - The DHS Office of Legal Counsel (OLC) does the Rehab Review Process, so they would have a better gauge. However, IRIS workers who are not eligible for Rehab Review can try to appeal by contacting DMS directly. Amy estimated that DMS receives anywhere from 10-15 requests per week asking for permission for individuals to be employed. Where the participant is so requesting, the determination in the majority of instances is to let the participant hire the worker.

- Jason Endres: Has been an IRIS participant from the beginning. Previously, if anything turned up in a background check, the IRIS Participant could see what all the offenses were, and then make a determination whether to hire. Under current practice, not receiving the same information and not seeing the offenses. Notes it is inevitable that some workers are going to have offenses, and that the care worker shortage will continue if we continue to bar people for minor offenses.
 - Amy's response: The process must follow the policy outlined in Ch. 12 and Wis. Stat. 50.065. However, DHS has some latitude where appeals are sent directly by the IRIS participant pertaining to one of the 48 IRIS-specific offenses, which are frequently received. So some FSAs must be funneling results to participants—will look into whether there are way to ensure this is done consistently.
- Mo Thao-Lee: Question: What measures are taken for non-English-speaking IRIS participants to ensure they can also make decisions re: background checks?
 - Answer: IRIS consultant agencies (ICA) are responsible for providing translations services. All ICAs currently have IRIS Consultants that speak other languages. Further, DMS currently receives IRIS background check appeals that are written entirely in another language. In this situation the Department internally gets those translated and makes sure to respond in-language.
- Anne Rabin: Question: Is there a way that background checks could be expedited more quickly for folks self-directing in IRIS? Currently it can take weeks for that to happen and in this situation people are having to bring new staff over.
 - Answer: IRIS program does track the efficiency of background checks, and typically, they are happening very quickly. However, it's very difficult to expedite where records from other states and/or countries are involved, because it takes time to get that information back.
 - There is a common misconception that background checks delay the process, yet more often, delays are caused by issues re: accuracy of information from FEAs (such as required information that is missing, or conflicting address information).
 - There has been a workgroup, including members of the IRIS committee, to assess challenges relating to the hiring process—including whether there are errors or missing information that could be corrected or completed via phone (while still complying with DOL and other applicable standards). DHS is actively working to examine barriers and streamline the process.
 - Answer: In the current/COVID-19 context, DMS has been working with DMS to examine and identify the documents that are absolutely necessary for people's onboarding, after which they can get paid.
- Anne Rabin: Question: Could it be possible to extend the retainer payment to cover the COVID-19 situation (e.g., if the participant or worker were to fall ill)? Could the retainer be extended to more than one worker where there are multiple workers/shifts?

- Answer: DMS is looking to submit to a request CMS to make things easier and to retain staff, even as we speak. Hopefully will have more information to share on that in the near future. DMS is creating its own Medicaid-specific COVID-19 landing page where people can access what we're distributing to members, providers, MCOs.
- People can also direct COVID-19 questions to the DHS central inbox for this.
- Margie Steinhoff: What is the anticipated timeline for the change in background check policy for IRIS?
 - Answer: No clear timeline; just beginning to work through it. There is real concern about some of the IRIS-specific, non-boldded offenses which will be worked through. Workgroup members encouraged to send additional questions/ comments on this to Faith.
- Jane Bushnell, Mo Thao-Lee: Anne mentioned a retainer under IRIS where 75% of wages can be paid for workers if their participant goes in the hospital – is there a retainer in place between MCOS and providers for this type of event? How are retainers obtained?
 - Answer: Yes. For members on Family Care and Family Care Partnership, contact their case manager and talk to them about what to do re get access to retainer payment. Note there are no retainer payments available for fee-for-service at this time.
- Stephanie Birmingham: How would people who currently have no smartphone/Wi-Fi access submit and receive hours/payment?
 - Answer: Would recommend reaching out to I-LIFE/FEA and requesting their preferred method of receiving this info. Could potentially submit over the phone, with the requirement that paper documentation follows to ensure they can look back at it and make sure they paid appropriately.

C. ENTITIES BACKGROUND CHECKS

Davis Ciotola is the Director of the Office of Caregiver Quality within DHS-DQA. The Office administers caregiver programs including those involving background checks and investigations of abuse, neglect, and/or misappropriation by caregivers in regulated settings. Davis provided a brief overview of the work of his office as well as more information regarding background checks for agency workers.

- Last year, DQA received thousands of reports of abuse/neglect. Investigations are done on-site, by field investigators across the state, into issues involving e.g., sexual assault, verbal abuse, financial exploitation, neglect that can result in death or harms, and abuse of advance directives. DQA works in partnership with Adult Protective Services at the county level, the ombudsman program, DOJ, provider associations, and other agencies, and provides training.
- The background checks performed by Davis's office include both "entity background checks (e.g., DQA checking on licensees), as well as the background checks for the individual care workers—the latter will be the focus for this meeting.

- The background check law applies to all entities regulated by DQA, including ~17-18 different provider types (e.g., CBRFs, adult family homes, hospice, nursing homes, and hospitals). The law applies to the employers, who must comply and perform a background check when they would like to hire an individual who meets the definition of a caregiver (e.g., an employee with regular, direct contact with clients and under client's control). The entity/employer is the one to conduct the background checks – not DHS. The role of DQA is to oversee compliance with the requirements.
- Overview of the background check process:
 - A background check is required upon hiring. The individual is required to provide a Background Information Disclosure (BID) form. This asks the person to self-disclose convictions, findings of abuse/neglect, and other regulatory actions from DSPS or DCF that may limit their ability to provide care. The individual is also asked to disclose if they have resided somewhere else
 - Where no information is disclosed on the BID, the next step is a background check through DOJ. This is a straightforward process where the employer goes to the website and enters the person's name and SSN; can also be done via mail. The background check includes information from WI's criminal history depository; also queries an integrated background check statement involving different agencies' systems (e.g., DHS, DCF, DSPS) for any findings of abuse/neglect. The results are processed nearly instantaneously online. There is a \$10 fee for running a background check online.
 - Findings that can limit employment include the offenses that Betsy and Amy reviewed. However, due to the Rehab Review process through the OLC, all of the offenses *are* redeemable. Some of the offenses require Rehab Review, but Rehab Review can also be requested by the caregiver by completing a form and essentially getting an appointment to go before a panel. The panel considers a number of factors e.g. how long ago the offense occurred, any "rehabilitation" or education, and character references. That panel ultimately will make decision re: whether the prospective employee can work in a regulated facility.
 - Employers do have the discretion to not hire someone due to a conviction for an offense that is not barred. The employer could determine for instance that the offense is substantially related to duties of employment. DHS does not weigh in on these kinds of decisions. Providers have to comply with requirements around documenting this process.
 - Background checks are required every 4 years. In that interval or w/in the 4 years, the employer may also conduct a background check again if they wish to—the system is open to the public. Some offenses may require the caregiver to disclose.
 - There is a provision that if the individual has resided out of state, the entity is required to make a good faith effort to obtain the individual's criminal record from the pertinent state(s). The law includes an exception that allows such individuals to work in a facility for 60 days pending the background check (assuming no convictions disclosed in the BID).
 - Entities are required to share the results of background checks with each other upon request.

Questions and comments:

- Stephanie: what if someone isn't honest on their BID? How do you go about knowing you have all the info that you need? If someone doesn't disclose, how would you know to check another state?
 - Davis: These are some of the limitations to the program, which seeks to balance affording employer discretion and protecting clients in DHS facilities. It does not require checks in other states unless the applicant has disclosed that. If a facility happens to find out, they could look elsewhere. One possible solution to this problem is that an employer could request fingerprint background checks thru DOJ, which are different from the name-based checks required by the DHS regulations. That would query info from all states and the FBI; would automatically look at other repositories.
 - Follow-up: In one instance, a care worker was transparent about charges she was accruing with the person receiving care, but NOT reporting that to the agency. Are there penalties for not disclosing?
 - DHS 12 includes some requirements around disclosure. What is being described seems like a violation of work policy, and the employer COULD make a business decision to dismiss the individual. However, DQA would only become involved if the individual has been convicted of a barred offense, and the entity DID have knowledge of that, but still hired them. In addition, sanctions could be imposed on facility itself for failure to meet background check requirements. Individual sanctions may also be possible.
- Lisa Schneider: Question: if a care worker who works for an agency like an adult day center that has temporarily closed its doors, then is approached by a family member/individual who would like to hire that person—have agencies received guidance about whether to allow their employees to take on work for agency clients? Would a temporary exemption be possible where this agency worker may not ordinarily be eligible to be hired by the family?
 - Answer: DMS is still trying to evaluate some of this. They're also looking within IRIS, e.g., whether someone who's already been supporting one participant could go support another. This is where they are thinking about and trying to determine the bare minimum of paperwork/documentation required to pay someone (would need, for instance, an authorization to allow payment). Other streamlining might require CMS approval.
- Jane: If our agency hires someone from a competitor, does this mean we could take the background check from the other agency? If so, how far back can we go on that? Would have concerns for instance using a background check that is one year old in case something has happened.
 - Davis: Can actually go back 4 years. See Wis. Stat. 50.065(2)(bg). However, this provision isn't being utilized a lot for this exact concern cited. The cost associated with conducting the background check is \$10—while DHS would not take regulatory action if an agency did avail themselves of that decision, from a business perspective, understands it probably makes sense to run the background check.
- Mo: There is such high turn-over. If we have someone who we've done a background check previously, can we rely on it?
 - Davis: Yes, but for some of the reasons just discussed, it may still be prudent to do the background check again. Could also verify other resources out there – e.g., CCAP and the Caregiver Misconduct Registry (free, public source). Could check there if you don't want to do a full-blown background check.

VI. CALL FOR PUBLIC COMMENTS AT 11:38 AM.

There were no public comments.

VII. RECAP/ NEXT STEPS

Co-chairs continue to encourage people to meet and communicate as small groups to continue to move the work forward and incorporate what the group is learning from DHS staff; but also realistically understand the situation we are all in now.

People in the small group working on background checks should circle up in light of the information presented today to work on moving that recommendation forward.

For now, intend to hold remote meeting on 4/2/20 (as originally intended).

Yesterday, small groups met to work on registry and awareness campaigns:

- Registry update:
 - Sub-group had a call with Curtis Cunningham, who talked about the EVV system they will be required to put in place from CMS. This will basically require enumeration or individual documentation of almost every worker within the MA funded direct care system across variety of job categories. When entered in the system, they can also be verified in terms of certification and background check status.
 - GTFC recommendation around a registry could somehow be coordinated with the EVV process, whether that be with the state taking leadership role or a public/private partnership.
 - The conversation also ties in with conversations relating to training. Curtis mentioned that if the GTFC moves forward on training recommendations (e.g., a career pathway option allowing for recognition of different levels of training), the registry could also document that as well. There's a lot of moving parts but helpful to have that big picture re how connected.
 - Ensuring that the registry group and the training groups are linked is a good idea.
- Public awareness campaign update:
 - Small group met with Beth Kaplan (DHS) and Jim Wood (Wood Communications) and had a very informative meeting. The big question/concern given everything going on in our world is that people are distracted. So, what would be the timeline for rolling out such a public awareness campaign (e.g., this summer)?
 - One idea noted was using a public/private partnership like PEW foundation to consider target populations through focus groups.
 - This meeting also included members of the family caregiving workgroup who have been working on their own awareness campaign recommendation.
 - The group also talked about some of the organic awareness happening in the current crisis: people on the front line are being understood as heroes and as an

important part of the solution – are there ways to leverage this without a formal campaign?

- We will need to prioritize final asks in terms of fiscal impact (especially considering the significant fiscal impact this crisis is likely to have).

Members should please remember to send additional ideas to Faith Russell by noon tomorrow re: COVID19 barriers and solutions. The Co-chairs will incorporate common themes in a letter.

MEETING ADJOURNED AT 11:51AM.

Prepared by: ALLIE BOLDT, DHS OFFICE OF POLICY INITIATIVES AND BUDGET on 3/20/2020.

These minutes are in draft form. They will be presented for approval by the governmental body on: 4/2/2020