

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Governor's Task Force on Caregiving		Time Started: 10:00 a.m.	Time Ended: 3:00 p.m.	Attending: Taks Force Members: Lisa Pugh, Denise Richter, Annette Cruz, Mo Thao-Lee, Lisa Schneider, Ted Behncke, Jason Endres, William Crowley, Todd Costello, Beth Swedeen, Carol Bogda, Jane Bushnell, Rep. Chuck Wichgers, Patty Schachtner, Anne Rabin, Maria Konecke for Rep. Kolste, Adien Igoni, Jane Mahoney, Elsa Diaz-Bautista, Michael Lauer, Mike Pochowski, Irma Perez, Helen Marks Dicks, Susan Rosa, Stephanie Birmingham, Laverne Jaros Staff: Lynn Gall, Faith Russell, Allie Boldt, Beth Wikler, Carrie Molke, Andrew Evenson Guests: Monica Sundal, Michael Bruhn, Margie Reichwald, Laura Nolan, Kerry Winkler, Joe Kallas, Tom and Elaine Burzinski, James Mietus, David Dorn, Margarat Waldo, Pam Thewis, Janet Zander, Teri Z. Halvonsen, Mari Lon White, Linda Haiklert, Maxine Olesgoh, Mary Ann Hansen, Carrie Witt, Joyce Buchman, Sara Jenner Jahn, Judy Gnuch, Forbes McIntosh, Julie Relzenski
Date: 11/18/2019				
Location: Radisson Hotel and Conference Center, 2040 Airport Rd., Green Bay, WI		Presiding Officer: Carrie Molke, Director, Bureau of Aging and Disability Resources, Wisconsin Department of Health Services		

Minutes

**Governor's Task Force on Caregiving
Meeting Minutes (Draft)**

Monday, November 18, 2019
10 a.m. to 3 p.m.

Radisson Hotel & Conference Center
2040 Airport Drive, Green Bay, WI

- I. The meeting was called to order at 10:00 a.m.**

- II. Welcome and traditional blessing by Oneida Indian Tribe of Wisconsin
Chairman Tehassi Hill**

- III. Approval of Task Force Minutes from 10/25/19**
Jason Endres moved to approve the October meeting minutes
Second by Elsa Diaz Bautista
Passed unanimously

- IV. Presentation - Family Caregivers on the Frontline of Home Care**

Presenter: Elaine M. Ryan, AARP Vice President, Government Affairs State Advocacy and Strategy Integration ((*PowerPoint available on the Task Force website at <http://gtfc.wisconsin.gov>*)

- V. **Break/Working Lunch** – Brief overview of Wisconsin’s Open Meetings Law and discussion on setting a quorum for official Task Force votes. Members were reminded that workgroups are consensus groups that will move recommendations with merit to the full Task Force for consideration and possible vote. Co-chairs Lisa Pugh and Todd Costello recommended a 20 vote super-majority to send a recommendation forward. The two Task Force workgroups are research bodies whose job is to ensure that ideas are well vetted, but voting and recommendations can only come from the full 29-member Task Force. A vote on adopting a quorum threshold will be taken at the January 30 full Task Force meeting.

Workgroup Breakout Sessions – Members of both workgroups separately conducted a visioning exercise to describe what their end product should look like, and began grouping high-level ideas into categories. These ideas will be considered in more detail at future workgroup meetings.

The Family Caregiving Workgroup Vision:

- We have a culture where caregiving is viewed as honorable
- People have supportive relationships
- Community resources are available
- The caregiving profession is valued, elevated in prestige and backed resources to support services, salaries and provide competitive compensation
- Think of caregiving with the same pride for caregiving that comes with new parenthood
- Get rid of negativity; provide support
- Family members learn/prepare throughout life how to be a caregiver
- Learn how not to be defined only as a caregiver
- Caregivers are accepted and valued by all of society

Strategies

- Define what it means to be a caregiver
- Education/public media campaigns to promote caregivers and caregiving
- Include hospitals, schools, day programs in addition to others, employers – collaboration among agencies
- Better care planning
- Respite care
- Emotional counseling/screenings – Have people tell caregivers to take breaks, provide support
- Eliminate fear, take down barriers to care

- Embed outreach into systems to prevent caregivers from having to ask – people assume you need help
- Develop different types of strategies for different caregivers
- Caregiver assessment – natural supports

Outcomes

- Blow open expectations around natural supports
- Support caregivers to feel competent, confident, willing
- Caregivers need a wide array of supports and services
- Get people to identify as a caregiver
- Make sure caregivers have resources they need
- Want more employer support
- Caregivers can get the help they need
- Caregivers better education and training on medical needs, communication with medical systems
- Smoother transitions
- Family relationships maintained
- Caregivers know where to go and can get all care they need
- Enable people to stay in home with natural supports
- Training on self-care, emotional needs

Strategies

- Assessment has to be connected to all types of services for patients and caregivers
- Professionalize caregiving
- Allow options for caregiving, must be a choice to be a caregiver
- Provide resources to people
- Family alternatives – find ways to promote conversations
- Build an army of caregivers – increase community capacity, train volunteers
- Create resources to support community caregivers. “Share The Care” expand
- Support caregivers to identify strengths and weaknesses and draw lines
- Facilitate community conversations among employers, insurers, etc.
- Provide grant funding for a Village Movement to create a care network
- Facilitated conversations – Volunteer hub
 - Interfaith caregiver associations
 - Need quality controls, ensure safety
 - Background checks
- Educate existing infrastructure on caregiver needs and resources
- Database of people that have been per-certified – registry; Example: SAIL in Dane County
- Include repair workers and other contractors in definition of respite. Care providers are not the only ones who give a person respite
- Technology – use this to create new avenues of support; telehealth and transportation

Research Needed

- What are people doing who are not at the table? Nurses, SAIL (village movement), caregiving supports like Share The Care?
 - Survey research: What do caregivers value? Requires developing a tool for feedback, testimony, public comment, survey
 - Community problem solving
 - Public health nurses – self care
 - Nurse Family Partnerships- model coffee with caregivers, friendly visiting program, isolation toolkit, chores.

Research and follow-up for December 11 workgroup meeting:

1. Examples of Caregiver Needs Assessments
2. Research and bring back information about what the UW School of Nursing, [Sharing Active Independent Lives](#) (SAIL) in Dane County and other organizations/agencies not represented on the Task Force are doing.
3. Share the Care
4. Connect with 60+ caregiver coalitions and Survival Coalition - Get information directly from family caregivers
5. Identify successful community-based programs, especially in underserved areas
6. Explore community health nursing options
7. Consider friendly visitor programs for caregivers, in addition to care recipients.
(Relieves caregiver isolation)

The Direct Care Workforce Workgroup Vision:

- Wisconsin comes together in a bi-partisan nature to find solutions for those needing services/supports and the people providing them
- There is a sufficient supply of professionally credentialed, equitably paid, direct care workers to provide quality, individualized long-term care needs across care settings
- News headlines would say “WI Experience a Surplus of Caregivers”. + Visual showing: No wrong door, and no one falls through cracks
- Feelings of empowerment, togetherness, creativity, quality of life, economic security, ample resources
- There would be an equitable payment system reflecting acuity levels across care & provides adequate support for direct care workforce & support services that go along with that
- Opportunities to age in place. There are different perceptions of caregiving across settings. Impacted individuals would not have to choose between living with dignity and what the system tells them they can have
- Headline: “Needs Meet Remedy: Governor’s Task Force Overcomes Obstacles to Provide Better Outcomes for Persons Served and Community Integration” [E.g.,

- unmet needs that we've known of for a decade; many obstacles including legal, funding, structural; obstacles are complicated by diversity of field.]
- A visual representation: Heart of problem = Having enough caregivers with the right skills

Research and follow-up for December 11 workgroup meeting:

1. Learning from Medicare Advantage and/or large company buy-outs (and company ability to send thousands of caregivers to people's homes). Even the larger companies have the same challenges; from the provider perspective, they are still looking to contract with providers
2. Is there a way to estimate the cost to taxpayers and families of doing nothing?
3. Different definitions and perspectives regarding costs
 - First there is a loss of caregivers
 - Next there is a loss of providers that follow loss of caregivers
 - Medical errors and quality of life reduction.
 - Money dump is not enough to solve the problem
 - One person cautioned: When faced with the root cause of a systemic problem (need for significantly more investment), it may be deemed "too political" to act.
4. Challenge of having fewer applicants given competition from other industries (e.g., higher wages from Amazon; tech industries and other fields have option to work remotely)
5. Ways to attract people into this field:
 - Establish career paths - a clear way to advance in the profession. Raise the ceiling. Jobs cannot offer advancement if there is nowhere higher to go. Establishing more of a career path may also help make the case for labor investment (sometimes there's an argument that these are too low of wage earners for investment) Example- one high school in Milwaukee allows individuals to graduate with their CNA license. Cuts down cost for high school students and once they graduate, they can begin advancing faster
 - Earn credits from lived experience (e.g. family caregiver whose family member has died may not seem like they have a resume, but they have rich experience.
 - Training: Make skills/trainings transferrable. Now issue and use of a lot of different training materials. Are there ways to build a uniform training tool?
 - Provide relief for student loans
 - AmeriCorps or volunteer programs (or something like providing a stipend for this work for a year) This could help create exposure to the field and reinforce a career path. (Note: This will not be an option for all consumers—not all consumers will be able to train/work with a brand new worker or volunteer)
 - Provide other things of value e.g. opportunity to apply to educational institutions
 - Tap into otherwise-untapped sources (employees, volunteers, students, Winona example (using nursing home rooms), younger retired adults, family caregivers that wish to re-enter the workforce after their caregiving role has ended)

- Improve perceptions about the value of caregiving as a profession, and show that these are fun and important roles
- Increase wages
 - Potential workers want to be assured they will be able to support themselves
 - Need willingness to create a unified vision that among business owners, government and caregivers as to how caregiver wages can be competitive enough to attract dedicated talent

VI. Public Comments

Teri Halvonsen, UW Green Bay Continuing Education; Kerry Winkler, UW Green Bay Wisconsin Caregiver Academy; and Laura Nolan, UW Green Bay Community-Based Training Registry spoke about what UW Green Bay is doing and plans to do in the future: UW GB Badging program - Quality badges that caregivers earn based on what they learn in their classes. Goal is to build on credit for prior learning by providing quality information to keep paid caregiver skills up to date. Different certificates are awarded upon completion. The Wisconsin Caregiver Academy train the trainer program is the most popular for care facilities that award digital badges. Providing feedback to staff is a positive way to show career progression. Some classes are in person, some are online.

Caregiver Registry: UW Green Bay has been working with DHS to make the current CBRF Training Registry more searchable. <https://www.uwgb.edu/cbrf-registry/> Speakers offered their resources to help the Task Force. As a university, UW GB has developed a curriculum related to issues the DHS Division of Quality Assurance was seeing. Speakers shared a pamphlet and will share their contact information with us.

Julie Relzenski – Parent of child with disability noted that most family caregivers are unpaid. She feels the Task Force should find a way to change programs so that they can more easily get paid. She has been told that she could not get paid for taking care of her disabled child because it was the typical job of a parent. However, Ms. Relzenski pointed out that that assertion is not true because her child is now 21 years old, and if he were typical “I’d be kicking him out,” she said. She said providing care to her son requires a lot of days off work, transportation, and medical appointments a long distance away. She feels some payment/coverage should be provided to family members because even if enrolled in Family Care, the most she can pay an in-home provider is \$13, and workers usually get closer to \$7.50. When caregivers are talked to about what they need, they need to be respected. We are so discounted. When I go in and ask for help, I am overlooked. Medical professionals don’t know what I’m talking about. She would like for communities to be more inclusive so that children and adults with disabilities can learn social skills and go out in public without acting out or feeling stigmatized. Caregivers need help figuring out what will help most. Her comments included: A lot of us are living in 5 minute increments; we don’t know what we will need tomorrow; we just hope we make it through the night; we need someone coming to us; assessments shouldn’t ask what you as a caregiver need -- assessments require facilitation by someone trained to name the things that might be needed; some agencies say that they have respite, but there aren’t people available to help you when it is needed.

Monica Sundal from Sen. Baldwin's office introduced herself to let the Task Force know that she will be attending regularly and listening for connections between the Task Force and federal policies.

VII. Adjourned at 3:00 p.m.

Prepared by: Lynn Gall, DHS Office on Aging on 11/25/19.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/30/2020