Adult Day License Stakeholder Group – Meeting Notes

November 13, 2019

Discussion and adoption of ground rules

Proposed ground rules

- Be engaged in the meeting, listen actively, and keep an open mind.
- Stay focused on the meeting agenda and the topics being covered.
- Give full attention to the person speaking.
- Be mindful of your level of contribution. Make sure there is enough time for others to provide input.
- Be understanding towards each other, and be respectful if you disagree with another person's perspective.
- Consider what would be best for the people we serve and for our state.

Stakeholder input

- Add: Share information in plain simple language (no acronyms) for those that are not experts in a specific topic area.
- Add: Review the agenda and materials in advance of the meeting and be prepared to actively participate in the meeting.

Data related to the service

Adult day service utilization

- Elderly Waiver had a 22 percent increase, State Fiscal Year 2014 to 2018

License holders

- 27% increase 2014-2018
- 41% growth in capacity 2014-2018
- License closures: 20 in 2014; 40 in 2018
  - Is there regional data on closures? No, we don't have that information.
  - Do we know the reason for closures? Some of the closures actually reflect a change in ownership. Licensing is not expecting to see a similar increase in closures in 2019 data.
- Licensing actions: minimal change year to year. Percentage changes in licensing actions are reflective of program growth as a whole.

Future data

- Could we create maps showing existing license sites, and closures by geography?
- Could we explore the numbers for people with dementia utilizing adult day?
- Is there data (now or in the future) that could help us track disparities or how adult day programs are meeting the needs of people by race and ethnicity?

Who utilizes adult day?

- People who are no longer interested in full-time employment
    - For people accessing adult day through disability waivers, people could still be work part time and attend adult day part time.
- We shared more about the rationale behind adult day being focused on people 55 and older
    - Some cautioned that the movement of people with disabilities to a new service, alternatives to adult day, could impact business viability for certain adult day programs
- Stakeholders added:
    - Some people benefit from adult day during periods of grief and loss
    - Clinical and health care needs are increasing, and many adult day programs are providing more health related support
    - Some wondered about culturally-specific programs versus programs that can provide culturally competent services to a wide array of participants
    - Defining scope- When is adult day a medical model vs. a social model
    - What types of settings can people live in to receive adult day? Assisted living, own home, supported/independent living--not an institution

Discussion on Adult Day vision and goals: handout for remote participants

The following were ideas offered by stakeholders in response to the question: "What things would matter to you about an adult day service program if you were looking for a program for someone you love?" The ideas are grouped by major topic areas.

Topic	Stakeholder ideas
Physical / Program Space	- Safe, safety mechanisms - Conducive to supervision needs - Warm and welcoming atmosphere - Clean, comfortable, accommodating, safe space - Non-institutional, inviting - Welcoming, warm environment - Clean facility - Clean, welcoming, home-like space

Topic	Stakeholder ideas
	• Clean, welcoming, accessible • Space is inviting, more like a home • Pleasant and comfortable • Does not feel crowded • Space is inviting and comfortable – more like a home than facility. • There are spaces where people can take time to calm themselves or take a short nap. • Good physical and cosmetic condition • Well-located • Good location, physically accessible • Open space with good natural lighting • Handicap accessibility • Conducive to providing needed supports with discretion • Accommodates walkers and scooters • Promotes independence and choices • Promotes movement throughout the facility • Variety of spaces • Safe, yet home-like atmosphere • Warm, one level, natural light • Comfortable atmosphere with variety of seating types • Warm home like feel, but a little luxurious too • Enough space to be able to separate self from others if needed/desired • Clean, inviting. Comfortable seating. • Large bathrooms to accommodate walkers/wheelchairs easily. • Home-like. Comfortable, inviting space. • Clean, handicap accessible room for different activities to happen at once • Welcoming, warm environment with areas for games, relaxation, and socialization • Designated space for medication passing. • Accessible, private space for cares and restroom. • Engaging facility. Not a large empty room with tables.
Staff	• Cheerful, laughs, smiles • High level of staff retention • Staff have time to focus on clients and aren't overwhelmed by paperwork • Consistent staff, and enough staff • Staff who are solution-focused • Staff who are engaging and encouraging • Compassionate • Good communication with family caregivers • Kind, patient, good listeners, understanding, flexible, and empathetic • Positive • Competent and caring • Great customer service skills • Authentic relationships with participants • Strength- and ability-focused

Topic	Stakeholder ideas
	• Filled with joy • Quick response times by phone, email, etc. • Good staff-client boundaries • Professional conduct • Nursing services on-site • Happy and well-trained staff • Competent staff, from social workers to nurses to activities staff • Caring, trained staff who enjoy the work and are adequately compensated • Staff that are well trained • Qualified staff meeting the needs of diverse participants • Dementia-trained staff • Dementia training / competency • Staff with demonstrated skills for the work • If a person is upset there is enough staff to take the time to comfort them or defuse the situation. • Staff are kind, patient, good listeners, understanding, flexible, and empathetic about how a participant is feeling. • Staff treat each participant with dignity and respect as they would want to be treated. • Staff do not enter into power struggles with participants. They are trained enough to handle any challenging situations or behaviors. • Staff know what is important to each participant and have read and understood each care plan and abuse prevention plan so that they are familiar with the support needed to keep them happy and safe. • Competent, friendly, personable, warm – a blend of customer service and "good friend," combined with knowledgeable professional • Friendly, able to be contacted easily during day. • Friendly, knowledgeable • Enough staff • Nurse on staff • Competent, trained, positive attitude, compassionate, life-long learner.
Services and Activities	• People have the opportunity to engage in whatever activity is desired or that makes them happy. • People are offered options and choices. • Activities are offered for all levels of ability. • Therapeutic activities are offered to improve or maintain physical, cognitive and emotional health. • Lots of partnerships/resources for services/activities so that not all are provided by the AD provider (e.g. foot care, support groups, etc.) • Variety of services for persons with different interests. • Bathing available • Activities appropriate for people with dementia or people with Traumatic Brain Injury • Nurse on staff

Topic	Stakeholder ideas
	- Medical monitoring - Various activities for people of different ages and level of function - Service animals, therapy dogs - Music, games - Cultural specific activities - Massage therapy, physical/occupational therapy - Age appropriate / generation-appropriate - Varied activities- relevant to the person - Happy participants doing stuff. Not just sitting around. - Ability to choose different activities - Volunteer opportunities / opportunities to serve - Activities one cannot do at home / activities involving other people - Peoples' needs taken into account for service planning - Services that are tailored to the group, well planned, and communicated to participants in advance. - Activities that align with interests of clients - Activities that are relevant to people, that people like - Honors those served - Encourages participant involvement - Fun activities - Therapeutic / purposeful activities - Activities and services that reflect people served - Intergenerational - Exercise - Mental stimulation - Skill-retaining classes / activities - Respectful - Access to personal cares, grooming, bathing - Consistent daily routine / schedule - Variety of food / good food - Offer therapeutic activities to improve or maintain physical, cognitive, and emotional health. - Promote relationship-building - Food that feels "home cooked"
Community Engagement	- Choice - Opportunity to contribute - Intergenerational options - Transportation for community events - Opportunities that align with the clients' interests and fit with their physical capabilities. - Opportunities for community members to come to the adult day program. - Options variety of in house and community opportunities for engagement – varied days for participants on set days get opportunity to attend - Offer daily opportunities in the community.

Topic	Stakeholder ideas
	• Build relationships in the community (i.e., librarian, barber, fire station, and store clerks). • Actively participate in the community. • Opportunity to volunteer. • Possibly involvement with local schools or youth groups where younger people may come in and interact with seniors. • Small groups • Some people consider going to adult day as being in the community • Leisure shopping, opportunity to go to Target/grocery store, seasonal activities • Volunteer engagement both in the building and out in the community. • Outings to community places everyone in the community goes. • Sight-seeing • Engaging community speakers • "Going to Adult Day is my community engagement."
Participant Rights	• Participants are informed of rights and rules • Clear, accessible path to express grievances • Communication • Ability to give feedback on services provided. • Have opportunity for recognition • Free from bullying – by staff and other participants • Ability to choose which activities to participate in and who they choose to spend time with. • The person's voice is recognized and heard. • Able to advocate for themselves, and make a change/difference. • Treated with dignity and respect (x 3) • Have opportunity for recognition. • Able to advocate for themselves and make changes/difference. • Opportunity to give feedback on services provided. • Opportunity to make changes for client rights. Their voice is recognized and heard. • Access to detailed processes, procedures, and participant rights for those attending and families. • Everyone treated with dignity and respect, the ability to choose which activities to participate in and who they choose to spend their time with.
Service Planning and Delivery	• Reflective of person's interests and needs • Health specific goals • Transportation • Access to meals • Participant comfort • Helpful, compassionate, non-judgmental • One stop shopping for services: hair care, bathing/showers, social services assistance, therapies, nursing (clinical) • Detailed abuse prevention plan and service plan. • Annual team meetings with quarterly reviews of progress made.

Topic	Stakeholder ideas
	- Creative ways for loved one to present care plan to IDT (i.e., PowerPoint, pictures, art, etc.). - Participant is involved or able to share ideas about service planning and delivery –good communication of service delivery key. - Clear understanding of the recipient's needs. - Involving the individual as much as possible in addition to consulting family/friends and professionals that truly know the person.
Other	- ADS as a community hub for aging (e.g. caregiver support, information and resources). - Caregiver education, support and connectedness - Stability in the services delivered, and the staff delivering them - Ensuring consistency in service provision and case management of participants - Access to transportation - Sharing activity calendar, events, program information - Newsletters to keep participants and family informed - They enjoy the program and are happy with services. If my loved one is happy then I am happy. - Quarterly newsletters stay keep updated with the program. - Share activity calendar, events, and program information. - Important to those I love to be with like-minded/like-ability people. My father in law would not attend our AD because "All those people have Dementia". - Meals to meet dietary needs of individuals. - Ensuring that there is stability in the services provided and the people that are doing so. Avoiding case management and service providers that are regularly changing and losing continuity of care.

Discussion on "Staff":

Stakeholder comments:
- Difficulty finding staff that are trainable, reliable—how do we create a system to retain staff
- Workforce shortage
- Wages do not accommodate high expectations—is there any other incentive (working during the day, benefits, flexibility, child care, etc..)

DHS comments:

- Generational differences with technology—barrier to engaging with people

Discussion on "Services and Activities":

DHS comments:
- Activities were highlighted more than services (e.g. bath)

- A lot of feedback regarding person-centered focused care—how do we strike the balance between person-centered and being too prescriptive with the new regulations
- Solicit ideas from people receiving services instead of provider developed

Discussion on "Community Engagement":

Stakeholder comments:
- Amount of staffing to provide regular opportunities
- Transportation is costly, flexibility is concerning when arranging for transportation, etc…
- Finding culturally specific community opportunities (non-English speaking)—Engagement is very limiting when there is a language barrier