

# Supporting Direct Care Workers through Training and Stipends: Insights for California Stakeholders

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## TAKEAWAYS

- In California, like in most states, direct care workers (DCWs) are responsible for the majority of hands-on care for older adults and people with physical, cognitive, and intellectual/developmental disabilities. They fill a critical role, which will only increase as the population ages.
- This essential workforce, however, is vastly underpaid, has scant opportunities for training or career advancement, and experiences high turnover.
- The California Department of Aging is engaging in planning to better support DCWs through a cross-agency DCW Training and Stipend Program, funded through the federal American Rescue Plan Act.
- This brief summarizes insights from California stakeholders to help guide effective design and implementation of a DCW Training and Stipend Program.

**I**n response to the numerous challenges direct care workers (DCWs) face in California and the dire situation regarding its shortage, the California Department of Aging (CDA) has received \$150 million through federal American Rescue Plan Act (ARPA) funds to create and implement a DCW (non-In-Home Supportive Services [IHSS]) Training and Stipend Program. Under this federal funding, CDA will coordinate with several other departments within the California Health and Human Services Agency that are implementing initiatives to bolster the direct care workforce (see *Exhibit 1, page 3*).

To help inform program design, the Center for Health Care Strategies (CHCS) conducted a landscape assessment — including interviews with providers and associations that administer Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), and Program for All-Inclusive Care for the Elderly (PACE) programs in California. This brief summarizes the issues facing DCWs and the direct care workforce in California and synthesizes insights from informational interviews and research to



outline what would be most beneficial in a DCW Training and Stipend Program as well as related initiatives.

## Background

Across the United States, DCWs are responsible for most of the hands-on care for older adults and people with physical, cognitive, and intellectual/developmental disabilities. These individuals have a variety of job titles: certified nurse aides, direct support professionals, home health aides, self-directed home care workers, home care companions, hospice care aides, personal care assistants, and/or psychiatric aides.<sup>1</sup> DCWs may be employed in home- and community-based (HCBS) settings, adult day centers, and long-term care facilities, among others, and perform tasks such as bathing, dressing, housekeeping, meal preparation, medication management, and more intensive medical care and assistance. These workers provide essential support for older adults and people with disabilities who may not have family or informal caregivers to provide the day-to-day care they need.<sup>2</sup>

California, like many other states, has been grappling for years with challenges to meaningfully support DCWs — many of whom are women, people of color, and living at or near the poverty level.<sup>3</sup> The COVID-19 pandemic heightened the need to attract new workers to the field and strengthen the direct care workforce,<sup>4</sup> especially as more older adults and people with disabilities seek to avoid institutions to live in home- and community-based settings.<sup>5,6,7</sup>

The challenges DCWs face are significant. First, DCWs are highly underpaid — in part due to low Medicaid reimbursement rates — but also because of a deeply rooted undervaluing of the work within the health care system.<sup>8</sup> Pay is so low (nationally the median wage for DCWs is \$12.80 and median annual earnings are \$20,300<sup>9</sup>) that 45 percent of DCWs live near or below the poverty line<sup>10</sup> and 47 percent of DCWs qualify for publicly funded programs such as SNAP and Medicaid.<sup>11</sup> Due to low wages, long hours, and the demanding nature of the work, there is a high rate of DCW turnover, with many

### Who are Direct Care Workers?

Direct care workers (DCWs) provide essential services through behavioral health, community mental health, and long-term care systems to support individuals with physical, cognitive, and intellectual/developmental disabilities and older adults in a range of long-term care settings including their own homes. Most DCWs are paid through Medicaid, but their services may also be covered by private insurance, Medicare, directly by their clients, or through other sources of funding.

DCWs typically have a core set of responsibilities that include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, rehabilitation, and habilitation. DCWs may also engage in vocational assistance, skills development, community integration, crisis prevention and navigation, and other tasks contributing to an individual's highest possible level of independence and quality of life.

moving on to jobs with fewer hours and higher pay in other industries such as hospitals, retail, and fast food.<sup>12</sup> The COVID-19 pandemic has also exacerbated high turnover because DCWs often lacked access to paid time off if they became infected, had to quarantine, or lost reliable child care.<sup>13</sup>

Second, while California is committed to implementing training for DCWs, many employers in the state struggle to find consistent ways to provide comprehensive and flexible training for DCWs. While some employers require a certain number of hours for basic certification, there are few federal training requirements and DCWs often perform tasks outside their limited training.<sup>14</sup>

Finally, DCWs and the work they provide to individuals in California are essential — but are not always viewed as such by society.<sup>15</sup> Advocacy for DCWs is strong in California, but a concerted culture shift is needed across the broader health care system and the public, in general, to recognize DCWs for the skilled work they perform as health care professionals.

**Exhibit 1: Direct Care Workforce Programs in California’s HCBS Spending Plan<sup>16</sup>**

PROGRAM NAME	DESCRIPTION	BUDGET
<b>IHSS Career Pathways</b>	California Department of Social Services (CDSS) will expand voluntary training opportunities (including an incentive structure) to IHSS providers with a focus on behavioral health, cognitive impairments, and severely impaired consumers.	\$295.1 million
<b>Direct Care Workforce Training and Stipends</b>	CDA will expand voluntary training opportunities to non-IHSS HCBS providers to help build-up and expand the direct care workforce and to create career ladders to other health care/home care jobs.	\$150 million
<b>IHSS HCBS Care Economy Payments</b>	CDSS will provide IHSS providers who worked at least two months between March 2020 and March 2021 a \$500 one-time stipend. (This is happening retroactively).	\$274.6 million
<b>Non-IHSS Care Economy Payments</b>	California Department of Health Care Services (DHCS) will provide non-IHSS HCBS providers who worked at least two months between March 2020 and March 2021 a \$500 one-time stipend. (This is happening retroactively).	\$12.5 million
<b>Increasing HCBS Clinical Workforce</b>	California’s Office of Statewide Health Planning and Development will increase the HCBS clinical care workforce, including Home Health aide, Certified Nursing Assistant, Licensed Vocational Nurse, and Registered Nurse, in Medi-Cal for children with complex needs and people with disabilities. Grants may be used for loan repayment, sign-on bonuses, training, and certification costs.	\$75 million
<b>PATH Funds for Homeless &amp; CHBS Direct Care Providers</b>	DHCS will lead a multi-year effort to shift the delivery system including expanding access to DCWs who can work with people experiencing homelessness as well people with disability.	\$100 million
<b>Traumatic Brain Injury (TBI) Program</b>	California’s Department of Rehabilitation will expand capacity of six existing TBI sites and stand-up six new sites in unserved/underserved areas to increase independent living skills.	\$5 million

## The Direct Care Workforce in California

There are an estimated 696,000 DCWs in California, with the direct care workforce outnumbering every other profession in the state.<sup>17</sup> Similar to across the country, the vast majority of DCWs in California are women (81 percent), people of color (77 percent), and immigrants (47 percent).<sup>18</sup> The median hourly wage for DCWs in California is \$13.18 — adjusted for inflation, the wage *decreased* by 86 cents between 2009 and 2019.<sup>19</sup> (In comparison, housekeepers and gardeners earn \$17.71 and \$19.35, respectively.<sup>20</sup>) The annual median income for California’s DCWs is \$17,200.<sup>21</sup> Because of these desperately low wages, 44 percent of the state’s direct care workforce lives in or near poverty, 49 percent rely on some form of public assistance, and 19 percent do not have health coverage.<sup>22</sup> Estimates suggest a shortage of anywhere from 600,000 to as many as 3.2 million DCWs.<sup>23</sup> This is evidenced by the average California nursing home having more than 50 percent nursing staff turnover.<sup>24</sup> (See Exhibit 2, below, for a comparison of DCWs nationally versus in California.)

### DCW (Non-IHSS) Training and Stipend Program in HCBS Spending Plan

Excerpt from the [California DHCS Medicaid Home- and Community-Based Services \(HCBS\) Spending Plan](#) submitted to CMS, October 29, 2021.

ARPA Funding: \$150 million

Lead Department(s): California Department of Aging, with the Department of Health Care Services, California Department of Social Services, Department of Health Care Access and Information

Training and stipends will be available to Direct Care Workforce (non-IHSS) that provide services to Medicaid participants in a range of HCBS settings, to both improve care quality, respond to severe worker shortages in the sector, and prevent unnecessary institutionalization. These training and stipends for Direct Care Workers (non-IHSS) that serve people who are participating in Medicaid and receiving services to remain living in the home and community and avoid institutions will improve the skills, stipend compensation, and retention of direct care workforce sector that is either employed by Medicaid HCBS waiver programs (e.g., CBAS, MSSP, PACE) or delivering the direct care services to Medicaid participants that referenced in [Appendix B](#) [of the SMD Letter #21-003].

**Exhibit 2: National DCWs Compared to California DCWs**

CATEGORY	NATIONAL <sup>25,26</sup>	CALIFORNIA <sup>27</sup>
<b>Total number of DCWs</b>	4.5 million	696,000
<b>Hourly median wage</b>	\$12.80	\$13.18
<b>Annual median income</b>	\$20,300	\$17,200
<b>% living in or near poverty line</b>	45 percent	44 percent
<b>% relying on public assistance</b>	47 percent	49 percent
<b>% without health coverage</b>	15 percent	19 percent

## Challenges for Supporting Direct Care Workers

From our interviews with leaders from CBAS, MSSP, and PACE, we consistently heard key challenges around hiring DCWs, retaining long-term employees in DCW positions, and training. Following is a synthesis of the challenges we heard from those in the field.

- **Recruitment and retention challenges.** Across all programs (e.g., CBAS, MSSP, and PACE) interviewees noted significant challenges both recruiting and retaining DCWs. Low wages and inconsistent/part-time hours were cited as the most common challenges. Additional challenges included the difficult nature of the work and that clientele often have increasingly complex needs (e.g., multiple chronic conditions, behavioral health issues, homelessness). One interviewee noted that employees at his center must speak Korean, so that dramatically decreases the recruitment pool. Another interviewee noted that over the last two years, she has hired every nurse she has interviewed regardless of fit — due to the dire need to fill positions.
- **Training challenges.** Interviewees noted they often lack the time to update trainings or look for newer versions. There is not a mechanism in place for the various programs (e.g., CBAS, MSSP, and PACE) to exchange or share trainings, which interviewees feel could be helpful. In terms of providing trainings, the program directors are thoughtful about how and when to offer trainings (e.g., off hours, virtually, multiple times so all DCWs can access), but noted it can be challenging to identify and pay trainers. In many cases, DCWs receive on-the-job training where they shadow an existing employee to learn the ropes — and the existing employee is not offered additional compensation for that time.

# Considerations for Developing Training and Stipend Programs

Leaders from CBAS, MSSP, and PACE suggested the following considerations regarding training, stipends, recruitment and retention, implementation, funding, equity, and evaluation:

## Training

- **Types of trainings needed.** Interviewees suggested a robust set of training topics that are currently missing from their curricula that would help support DCWs and further strengthen their skills:
  - Person-centered care;
  - Caring for people with behavioral health and/or substance use disorders (Note: Interviewees across all programs reported that have begun serving much younger clients with behavioral health needs);
  - Medi-Cal and HCBS 101 (mostly for MSSP care managers);
  - Medicare benefits (e.g., help clients choose a Medicare Advantage plan or offer basic benefits overview);
  - Dementia care training;
  - English proficiency for charting and writing emails (especially for programs that serve monolingual clients and have staff who have limited English proficiency);
  - Bilingual certification;
  - Activity coordinator certification;
  - MSSP home visit/safety training;
  - Cultural competency;
  - Infection prevention (especially important during the COVID pandemic); and
  - Program specific training (e.g., MSSP community resources that should be used before the program pays for services out of its budget. Note that one agency trains staff to use 211 or NCOA’s “Benefits Check-up”).
- **Focus on Equity and Language Access.** Many CBAS, MSSP, and PACE programs serve clients with limited English proficiency or are monolingual in non-English languages. Thus, these programs are focused on recruiting DCWs who are bilingual.
  - *Support training in multiple languages.* Providing training in multiple languages is critical for accommodating and recruiting staff who are bilingual.

- *Provide stipend for bilingual staff.* Offering an additional stipend for bilingual certified staff would elevate the importance of this skill and help recruit more bilingual staff.

## Stipends

- **Stipends for Training.** Interviewees noted a variety of opportunities to develop stipends to encourage DCWs to pursue training:
  - *Consider stipends for staff who complete trainings.* Interviewees noted that some of their agencies offer monthly in-service training to staff. Thus, with a training and stipend program, staff would be receiving a monthly stipend upon completion of these trainings. Interviewees thought this could be a strong recruitment point/strategy and could be a way to offset low hourly wages.
  - *Offer stipends for staff administering trainings.* As mentioned previously, many programs do not have formal training mechanisms when new staff come on board, and simply have them shadow more experienced staff. Interviewees saw an opportunity for stipends to be provided to “master trainers” who mentor new employees and allow them to shadow. Additional thoughts on this model included:
    - Trainers would be paid for the extra time they are spending training new employees;
    - Create an “outcomes based” component by providing an additional stipend to the trainer if the trainee demonstrates the competencies via testing; and
    - This could help with retention of staff feeling overworked because they are doing both their own job AND supervising trainees.
  - *Use stipends to pay outside experts to provide trainings for staff.* One interviewee commented that there is more interest in trainings that are provided by outside faculty. In some cases, existing staff do not have the expertise around certain topics and would benefit from hiring an expert to offer the training virtually or in-person.
  - *Provide stipends for organizations that create or update trainings.* Interviewees noted the need to update trainings but lacked the time to do so. Therefore, they recommended providing a stipend to providers or associations that update or develop new trainings with a recommended amount of \$1,000 per training.



- **Sharing effective trainings across agencies and programs.** Interviewees suggested opportunities to share training resources to support economies of scale as well as standardization.
  - *Create a Training Resource/Library:* Given that there is a need for both additional training and the means to share the trainings that currently exist, many stakeholders suggested that part of the initiative could include an effort by CDA to create a Training Resource/Library that would be accessible to all programs and agencies to promote shared learning. To develop this resource, CDA could put out a “call for trainings” where agencies and programs are asked to submit their most effective training tools.
  - *Develop Learning Collaboratives.* One potential strategy to share trainings with a wide range of DCWs is a learning collaborative, where stipends are made available to program staff who host a virtual session on a select topic (e.g., helping older persons with vaccine hesitancy). Five to 10 sites could join virtually with all participating agencies committing to hosting at least one virtual session. As a result, staff who participate from their agency then become the trainers for their agency or program on that topic.

## Recruitment and Retention

- **Hiring and retention bonuses.** In addition to stipends for administering and attending trainings, the following considerations would be helpful for programs to recruit and retain staff.
  - *Offer stipends to support staff work-related needs.* \$400/month stipends could support workers with health insurance, auto insurance (very important in rural areas), or student loan repayment. One CBAS agency in Los Angeles, for example, provides a \$400 month payment to all employees in lieu of health insurance.
  - *Provide retention bonuses.* Interviewees noted that retention bonuses are ideal because they help mitigate the problems of “churn” with workers moving on to new positions to collect a new hiring bonus.
  - *Prioritize flexibility.* Agencies interviewed noted the need for flexibility to determine the amount of any bonuses and whether they would provide it to all staff, low paid staff, or staff who are the hardest to recruit. One CBAS site, for example, said they would need to provide bonuses to all staff, while another said they would want to focus on the staff who are not making a living wage.



- **Promote career ladder and “portability.”** In an environment of extreme workforce shortages, many interviewees expressed reservations about using trainings to promote “portability” as part of a career ladder, as they were concerned that it might increase turnover among their current employees who might use the enhanced skills to find new higher-paying jobs. That said, there was acknowledgement that promoting a career ladder and portability, though not a short-term solution, would attract and retain more individuals to the workforce, which in the long term would benefit their programs. Some suggestions include:
  - *Allow programs to pay stipends* for those who complete Certified Nursing Assistant, Licensed Vocational Nurse, Registered Nurse, or gerontology certificates on their own time;
  - *Include a stipulation for employees to pay back* the money if they leave within the year to avoid employees from leaving in the immediate future;
  - *Pay employees for the time spent training* or allow employees time to do training at work;
  - *Pay for tuition for existing workers to complete certain trainings*, through either a tuition allowance (that may also be used for textbooks) or direct reimbursement;
  - *Support specific high-priority training* that would allow an individual worker to advance to a managerial or supervisory position within the same organization, including, for example, program leadership skills trainings; and
  - *Partner with local colleges to ensure that all trainings qualify clinical staff for CEU.*
- **Engage in training that attracts new workers into the aging and disability sector.** In addition to recruitment and retention, there is also a need to bring workers into the field. The following considerations could be helpful in that regard:
  - *Offer paid internships.* Paid internships could support MSW students or other students earning clinical degrees to encourage more people to seek jobs in the aging field upon graduation. Some agencies already work with social work programs to provide paid internships to students. One interviewee mentioned that hosting an intern costs the agency about \$4,000 per year and many interns continue working with the agency after they complete their internship.
  - *Think creatively about new workforce training opportunities.* As community health workers (CHWs) become funded by Medi-Cal,<sup>28</sup> there might be an opportunity to provide training for current DCWs to become CHWs or to employ existing CHWs.

## Implementation and Evaluation

- **Ensure flexibility by program:** Since interviewees from the various programs raised distinct pain points related to recruitment, retention, and training, they would benefit from the ability to use funds flexibly to meet their unique needs. For example, some programs would only want workers who make less than \$20/hour to receive stipends, whereas others may want to provide stipends to all DCWs. Following are a variety of strategies to support funding flexibility:
  - Allow each program a certain budget and access to CDA’s “training library”;
  - Ask each program to develop an annual plan that outlines how they will spend the money on DCW stipends and training. Require agencies to report on funds used at the end of the year;
  - Provide requirements to ensure that agencies are supporting DCW “career ladder” trainings; and
  - Allow programs to decide which DCW staff are eligible for stipends.
- **Gather DCW input to inform implementation.** In addition to information gleaned for this brief from interviews with program leadership at CBAS, MSSP, and PACE, understanding the first-hand experiences of DCWs will be critical to help inform the implementation and finalization of a DCW Training and Stipend Program. California will gather input from DCWs to capture their unique perspectives to help shape the program.
- **Evaluate the impact of training and stipend activities:** Interviewees expressed interest in learning the outcomes of training and stipend approaches, including whether activities result in a measurable increase in DCWs, less turnover, and staff who are better trained and compensated. This will be especially important at the end of the initiative time frame when deciding whether to extend the intervention. To do this, CDA can conduct a pre/post-test design evaluation, and continue stakeholder interviews (with providers and DCWs) to ensure that program impact, implementation lessons, and ideas for course correction are well documented.

### State Example: Minnesota

As California develops its approach to better support DCWs, it can look to other state models. For example, the Minnesota Department of Human Services runs the state’s Enhanced Rate and Stipend Program for DCWs. To qualify for an enhanced rate (7.5%), the DCW must complete qualifying trainings and provide services to a person who receives Personal Care Aide (PCA) services or participates in either the Consumer Directed Community Supports (CDCS) or Consumer Support Grant (CSG) program. Similarly, to qualify for stipends, a DCW must complete qualifying trainings and provide services to a person who receives PCA services, CDCS, or CSG. DCWs may receive up to two \$500 stipends until the state’s \$1 million stipend funding is exhausted or June 30, 2023, whichever occurs first.<sup>29</sup>

## Conclusion

California is investing over \$150 million of its American Rescue Plan Act funding into a DCW Training and Stipend program and related initiatives to empower and expand the direct care workforce. California’s Department of Aging seeks to improve training and increase compensation for DCWs through a formal training program. Additional initiatives are being developed through several departments within California’s Health and Human Services Agency. Stakeholders identified several factors that are critical to effective program design, such as flexibility, shared learning, and the importance of incentivizing retention while also creating a career ladder. Interviews also stressed the importance of evaluating the program’s impact to ensure that best practices can be identified and sustained. California should continue to gather input from DCWs to shape the stipend and training program to ensure it will truly meet their needs.



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## ENDNOTES

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