

# DIRECT CARE WORKFORCE CONSULTANCY PROJECT

VERMONT CERTIFIED PUBLIC MANAGER COURSE 2020-2022

CONSULTANCY TEAM: ELLE O'CASEY, CHIEF MARKETING OFFICER; TRACY COLLIER, PROGRAM ADMINISTRATOR, VERMONT EMERGENCY RENTAL ASSISTANCE PROGRAM; AND JULIA SCHEIER, EMERGING ISSUES SPECIALIST, AGENCY OF AGRICULTURE, FOOD, AND MARKETS

SPONSOR: ANGELA SMITH-DIENG, ADULT SERVICES DIVISION DIRECTOR AND JESSICA BERNARD, DEPUTY DIRECTOR OF PAYMENT REFORM, DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING

April 27, 2022



*"It's a joyful time to help someone to build their best life and I find that incredibly satisfying and that's why I do it."*

Contents

Acknowledgements ..... 3

Glossary ..... 4

Executive Summary..... 5

Background and Context..... 6

Research Approach and Limitations ..... 7

Survey Results ..... 8

Focus Group Summary ..... 11

Recommendations ..... 15

Next Steps ..... 17

References ..... 17

Appendix A: Survey Question ..... 19

Appendix B: Survey Summary ..... 20

Appendix C: Stakeholder Session Prompts ..... 25

Appendix D: Client Agreement ..... 26

## Acknowledgements

The Vermont Certified Manager Program (VCPM) Consultancy team would like to thank Angela Smith-Dieng and Jessica Bernard at the Department of Disabilities, Aging, and Independent Living (DAIL) for sponsoring this project and for their ongoing support of our project and dedication to ensuring we capture as many voices as possible. We also thank those in the direct care workforce for taking the time to fill out the survey or spend part of their evening joining the stakeholder listening session. We greatly value the tremendous support they offer to Vermonters who rely on their care every day.

## Glossary

<b>COVID-19</b>	COVID-19 (coronavirus disease 2019) is a disease caused by a virus named SARS-CoV-2 and was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world. <a href="#">Basics of COVID-19   CDC</a>
<b>DA</b>	Designated Agencies are located in each geographic region of Vermont and are responsible for ensuring needed services are available through local planning, service coordination, and monitoring outcomes within their region.
<b>DAIL</b>	Disabilities, Aging, and Independent Living is a State of Vermont department charged to protect Vermont's most vulnerable and assist Vermonters of all ages and abilities to live independently.
<b>DCW</b>	Direct Care Workers are individuals who provide assistance to elders.
<b>DSP</b>	Direct Support Professionals are individuals who work to support people with intellectual and developmental disabilities.
<b>PTO</b>	Paid time off
<b>SSA</b>	Specialized Service Agencies are contracted by DAIL to provide developmental disabilities services.
<b>VCPM</b>	Vermont Certified Public Manager program is a two-year, multi-course learning experience for current and emerging leaders in Vermont Government and municipalities. <a href="#">Vermont Certified Public Manager® Program   Department of Human Resources</a>

## Executive Summary

In Vermont, the State's Department of Aging and Independent Living (DAIL) has been impacted by severe staffing shortages. Adequate and consistent staffing is critical for Vermont's medically vulnerable individuals to have access to the support services they need, which significantly impacts their quality of life, as well as their families.

This report was developed after reviewing the national context and approaches other regions have taken to address the worker shortage, meeting with DAIL staff, administering a survey, and hosting a focus group with direct care workers.

The report offers seven recommendations for policymakers, agencies, and organizations to consider:

1. **Compensation:** Adopt a multipronged approach to increase wages for direct care workers in Vermont.
2. **Benefits:** Offer benefits that reflect the realities of the job and incentivize workers to stay in their positions long-term. This could include things like higher mileage stipends, paid time for cleaning vehicles, shared work vehicles, and flexible options to do appropriate work from home.
3. **Vacancy Savings and Overtime:** Use vacancy savings from unfilled positions to offer overtime pay to Direct Support Professionals (DSPs) working extra hours or unable to take paid time off due to staffing shortages.
4. **Culture of excellence:** Build and sustain a strong network of DSPs across the state to foster community, share learning amongst workers, and combat isolation.
5. **Leverage the expertise of current workers:** DSPs are eager to be engaged and brought into the conversation policymakers, government officials, and community leaders are having about the state's workforce issues. Find ways to include their expertise in the conversation.
6. **Align recruitment and retention best practices with concurrent State of Vermont work:** DAIL should present these findings and recommendations to the monthly interagency workforce development meetings to streamline approaches, strengthen partnerships with statewide training programs to equip prospective workers with the skills necessary to become a DSP, and engage the State Director of Racial Equity to explore ways to address equity within this work.
7. **Collaborate with partners:** DAIL should identify which areas to improve first and consult with another state that has succeeded in addressing similar challenges. DAIL could also hire a consultant to do this research and synthesize lessons learned into an action plan.

## Background and Context

As is the case with many professions, labor shortages are impacting the direct care workforce in the United States—a situation that has only been exacerbated by the ongoing COVID-19 pandemic. As cited in a 2021 Leading Age article, direct care workers as defined as “professional caregivers,” such as nursing assistants, home health aides, or personal care aids and provide the “majority of hands-on care” to those needing support, including those in residential or congregate living settings.<sup>1</sup>

A national report published in 2020 describes the characteristics of the 4.6 million direct care workers as predominantly female (85-90%), people of color (54-62%), attaining high school education or less (46-54%), lacking affordable housing (31-39%), and earning on average \$12.12-\$13.90 per hour.<sup>2</sup> The pandemic has exacerbated hiring and retention practices in all health care fields and direct care is no exception. Another study found that approximately 280,000 direct care workers across the country left the profession between the period of March through May of 2020,<sup>3</sup> and there continue to be short-term and long-term implications of this diminishing workforce. This labor phenomenon is having a negative effect on older adults and those with disabilities (and their families) who rely on the direct care workforce for their day-to-day support and wellbeing. Despite providing critical care to a wide array of individuals in various settings, direct care workers are often not valued or adequately compensated for their skillset. One national article noted that much of the public, including policymakers, “lack awareness of the complex nature of professional caregiving jobs, and the significant technical and interpersonal competencies” these workers employ every day. As such, they are often regarded as “low wage and low skill,” even though this work includes physical and emotional components of caregiving and relationship-building, often amid stressful health or behavioral support needs of clients.<sup>4</sup>

While Vermont demographics may differ from national trends, the Department of Aging and Independent Living (DAIL) notes severe staffing issues across many programs and settings, from entry-level staff to supervisors and case managers. Adequate and consistent staffing is critical for Vermont’s medically vulnerable individuals to have access to the support services they need, which significantly impact their quality of life, as well as their families.

National entities have proposed various solutions to this growing workforce crisis, although they are notably long-term solutions that often require significant investments or shifts in public perception. Major themes from national journal articles include an expanded pipeline of workers, enhanced training opportunities, meaningful career advancements, increased compensation, cross-train universal workers, and reform of the financing system that could increase staff payment and insurance reimbursements.<sup>5</sup>

---

<sup>1</sup> Stone, Robyn I. and Natasha Bryant (2021). *Feeling Valued Because They Are Valued: A Vision for Professionalizing the Caregiving Workforce in the Field of Long-Term Services and Supports*. Leading Age. [https://leadingage.org/sites/default/files/Workforce%20Vision%20Paper\\_FINAL.pdf](https://leadingage.org/sites/default/files/Workforce%20Vision%20Paper_FINAL.pdf)

<sup>2</sup> Winters, A., Block, L., Maxey, H, Medlock, C., Ruane, K., and Hockenberry, S. (2021). *State Strategies for Sector Growth and Retention for the Direct Care Health Workforce*. National Governors Association Center for Best Practices. [https://www.nga.org/wp-content/uploads/2021/10/NGA\\_SectorGrowth-DirectCare\\_report.pdf](https://www.nga.org/wp-content/uploads/2021/10/NGA_SectorGrowth-DirectCare_report.pdf)

<sup>3</sup> Campbell, Stephen, Angelina Del Rio Drake, Robert Espinoza, and Kezia Scales. (2021). *Caring for the Future: The Power and Potential of America’s Direct Care Workforce*. PHI. <https://phinational.org/resource/caring-for-the-future-the-power-andpotential-of-americas-direct-care-workforce/>

<sup>4</sup> Stone and Bryant (2021).

<sup>5</sup> Ibid.

While these solutions are all meaningful and needed, DAIL noted the challenges of creating long-term change in these avenues and sought support to better understand the current context and best next steps. Part of DAIL's process to better understand context and a path forward involved reaching out to the VCPM Consultancy group to provide some research and recommendations to recruit and retain direct care workers in Vermont.

## Research Approach and Limitations

The VCPM Consultancy team began with a literature review of two major articles provided by DAIL on national contexts and approaches to the worker shortage. Additionally, the team met with the DAIL team to hear more of their needs, perspectives, and hopes for the consultancy project.

After confirming a final scope of work, the VCPM team drafted a survey to be sent out to the direct care workforce to glean various information about demographics, job satisfaction, challenges, and sector needs. Moreover, the team created a small stakeholder listening session to ask key questions to workforce professionals and gain a deeper understanding of the workforce and its needs. The survey questions and stakeholder questions can be found in the Appendices at the end of this report.

To solicit participation from the direct care workforce, DAIL invited all Home Health Agencies, Brain Injury Providers, Designated Agencies and Specialized Service Agencies to take the survey and/or attend a focus group. DAIL also asked their leadership to share with the appropriate staff. Additionally, DAIL created a flyer that was sent via the payroll system to all self-directed/surrogate-directed employees with a QR code for the survey, which was mailed in January 2022.

The VCPM group collected qualitative information (provided by DAIL and workers in the field) and quantitative data (including a large response to the survey). The survey also included the opportunity for respondents to indicate their interest in the focus group. DAIL and the VCPM team contacted those who expressed interest in the focus group and sent them an invitation to join.

However, this data gathered to inform this report only includes a portion of the state's direct care workforce. There were others who were unable to join the stakeholder call but would have liked to offer their valuable input. Much of the invitation was sent with a quick turn-around and over a few holidays in December, which may have limited responses. While the survey reached a wide audience of professionals, only DSPs that engage in direct service, and not from long-term care community, participated in the focus group.

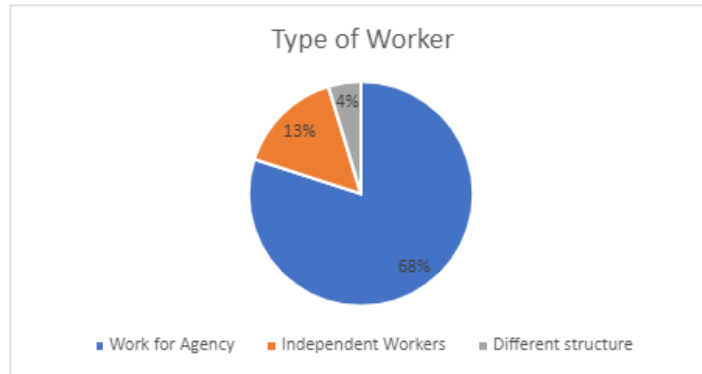
Although we are pleased with the level of interest and information sharing, there are likely many other important voices and recommendations that are not captured in this report. We would have liked to speak to additional State of Vermont agencies that contract with workers or are involved in higher-level issues of minimum wage, affordable housing, insurance reimbursement protocols, etc., so that some of those opportunities and challenges could have been included.

Additionally, this report will be finalized towards the end of the 2022 legislative session and thus the findings will not be able to have a significant impact on this year's legislative agendas, although the team was able to share the survey summary and raw data with DAIL. We hope that this will be a jumping-off point for DAIL to continue to expand the conversation and help shape future legislative requests.

## Survey Results

385 individuals responded to the survey in December 2021 and January 2022. The aggregated results are examined below.

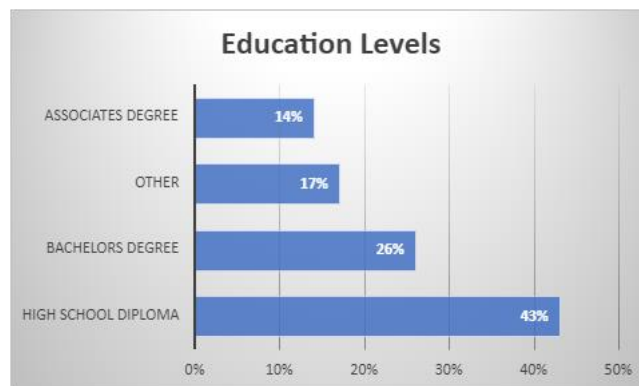
### Respondent Demographics



Regarding how they provide direct services, 68% of respondents work for an agency, 13% work independently, 14% work for both an agency and independently and 4% work for a different structure.

Respondents came from all counties of Vermont, except for Essex.

Regarding education, 43% of respondents have a high school diploma, 14% have an associate's degree, 26% have a bachelor's, and 17% have another level of education. The survey results are in line with



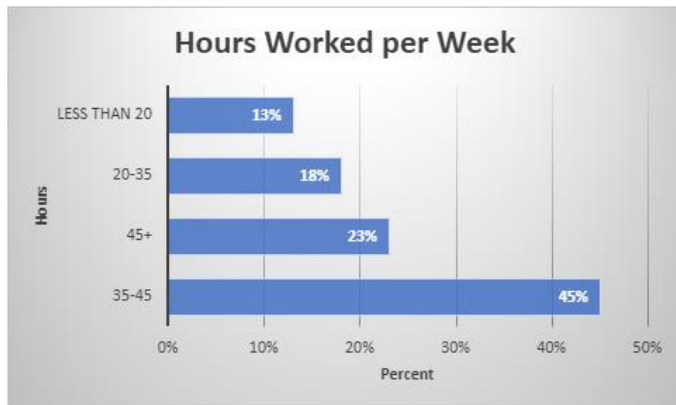
national trends. Research done by Zippia determined that 25.1% of direct care workers have a bachelor's degree.<sup>6</sup>

Hours worked per week range from less than 20 hours (13%), 20-35 hours (18%), 35-45 hours (45%), and more than 45 hours (23%).

---

<sup>6</sup> Zippia (2021). *How to Become a Direct Care Worker*. <https://www.zippia.com/direct-care-worker-jobs/>

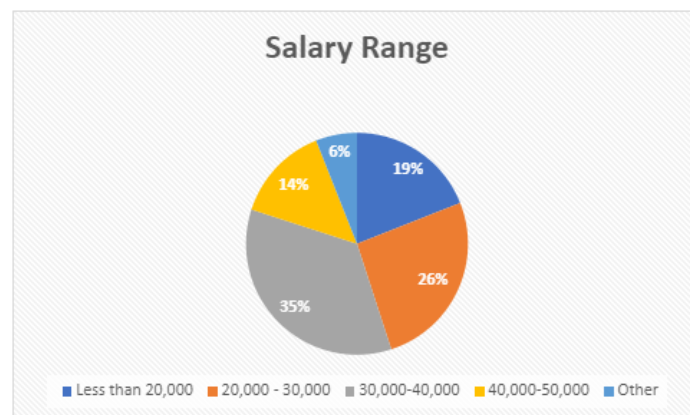




79% of respondents identified as female, 14% identified as male, and 7% noted either non-binary, prefer not to say, or other. Regarding ethnicity, 90% identified as white, 3% noted they would prefer not to say, and less than 3% each noted Hispanic/Latino, Black/African American, Native American, and Asian/Pacific Islander.

### Benefits of Job

Regarding annual salary ranges, the majority of respondents selected that they were earning an annual salary range between \$30,000 and \$40,000. The national average salary for direct care workers reported by Zippia is \$27,448.00 with slight increases for additional education achievements.<sup>7</sup>



Salary.com reports that the median income for direct care workers with a bachelor's degree falls into a salary range between \$25,546- \$26,431 slightly lower than reported by Vermont respondents at that educational level, as shown below:<sup>8</sup>

Direct Care Worker with the following degree	Will likely fall in this salary range
High School Diploma or Technical Certificate	\$24,945 - \$26,178
Associate's Degree	\$25,198 - \$26,431
Bachelor's Degree	\$25,546 - \$26,805
Master's Degree or MBA	\$25,862 - \$27,248
JD, MD, PhD or Equivalent	\$26,178 - \$27,692

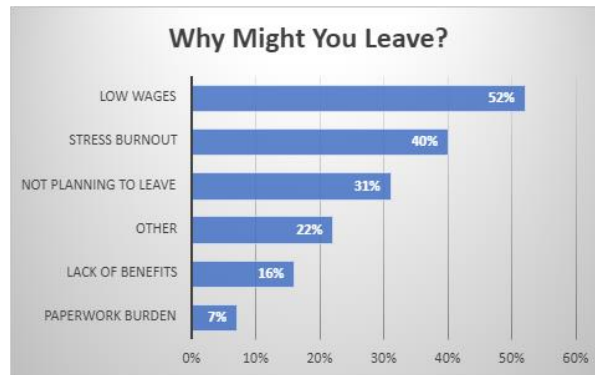
<sup>7</sup> Zippia (2021). *How to Become a Direct Care Worker*. <https://www.zippia.com/direct-care-worker-jobs/>

<sup>8</sup> Salary.com. (2022) *Salaries for Direct Care Worker with a Bachelor's Degree*. <https://www1.salary.com/Salaries-for-direct-care-worker-with-a-Bachelors-Degree>

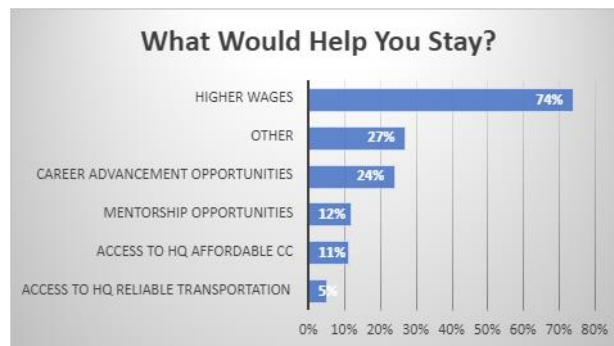
On a scale of 1 (not satisfied) to 6 (very satisfied), respondents had an average score of 3.35 level of satisfaction with healthcare benefits and 3.84 level of satisfaction with paid time off provided by their employer.

### Retention Outlook

When asked why they may choose to leave this career, 31% noted they are not planning to leave. 52% noted low wages, 17% noted lack of benefits, 16% noted few advancement opportunities, 40% noted stress/burnout, 7% noted too much paper, and 22% noted “other.”



When asked what would help them remain in this field, 74% of respondents noted higher wages. 24% noted career advancement opportunities, 21% noted training opportunities, and 12% noted professional mentorship opportunities. Additionally, 11% noted access to affordable and high-quality childcare, 5% noted access to reliable transportation, and 27% picked “other.”



## Focus Group Summary

The focus group with direct care workers was held on January 19, 2022. It was conducted virtually via Microsoft Teams from 7:00-8:00 pm with 11 direct care workers. Attendees included service coordinators, disability support professionals, employment advisors, and community and home support roles. DAIL and VCPM team members provided welcomes, introductions, project scope, and appreciation for everyone's time. The team asked four main questions:

1. What's one thing the State, high school, technical centers, and/or colleges could do to recruit more people into this line of work?
2. What are specific issues, concerns, or problems you've faced in this field?
3. What positive experiences or outcomes have you had in this field?
4. Is there anything we should have talked about, but didn't? What else do you want us to know?

The group noted six significant challenges regarding retention: transportation, compensation, educational attainment, burnout and stress, labor shortages, and job respect. The following are not ranked in any particular order but rather interconnected elements that would help strengthen workforce recruitment and retention:

- **Transportation:** Since these workers usually receive low pay in comparison to other jobs in health care, access to reliable vehicles and maintaining reliable vehicles needed for driving to rural homes in Vermont is very difficult. Additionally, many direct care professionals support clients that require transportation and often have wheelchairs, medical equipment, or other items that need to be transported. This requires the DSP to have a vehicle large enough to transport these items. There is also a need to fully disinfect the car in between uses and this can be quite labor-intensive. Many noted they are not paid for cleaning supplies or for the time needed to properly clean their car, even though these are required components of their job. The vehicle requirement— including all costs for tires, wear and tear— paired with low entry-level wages may also be a barrier for people interested in this work.

*"Having access to cars and being able to maintain a safe car in Vermont, with 8 tires a year, heavy winter wear and tear on your car, is a huge barrier. It affects retention."*

*"It would be great if [cleaning the vehicle] was built into the day's tasks and part of the hours I work."*

- **Compensation:** Compensation—including base pay, overtime, and benefits—was a major topic of discussion. Participants noted that individuals will work in this field for a bit and then move on to higher paying vocations. One individual noted that she is interested in advancing her career but was dismayed to learn that the potential promotion in her agency pays the same rate as she currently makes, but comes with a higher workload, providing little incentive to advance. Another person noted that the national low-income housing coalition notes that an individual in Vermont renting a typical 2-bedroom needs \$23.68/hour.<sup>9</sup> At least 90% of survey respondents

---

<sup>9</sup> National Low Income Housing Coalition (2021). *Out of Reach: The High Cost of Housing*. [https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach\\_2021.pdf](https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf)

made under that amount, with only 20% noting they can live on their salary. Many noted a second income in the household is required just to make ends meet.

*"The staff shortage will not improve, and retention will not improve until the wage issue is addressed."*

*"We get younger people applying, but they end up taking a different job because they're looking to make more money."*

- **Educational attainment:** Many indicated that they had accrued a great amount of student debt to attain their degree but did not feel the degree was necessary to be successful in their field. The high cost of attaining a degree coupled with the relatively low wages contributed to DSPs moving on to other professions to cover their student loan payments.

*"Folks without degrees are more than capable of working in positions like this. A degree shouldn't matter. The amount of debt people get from college is so intense and adds to the retention issue, with people looking for other jobs with higher compensation [to cover student loan debt]."*

- **Burnout and stress:** The workers noted that although they love their work and care for their clients, it is certainly a very difficult career. There is physical stress of caring for someone else's needs and the emotional stress of supporting an individual who has some form of disability or complex needs. One DSP noted that she came to the focus group not only to provide information but to connect with others in her field, as she often works one-on-one with clients and desires a stronger connection with other workers.

*"My client introduces me as her best friend. To put us in positions where we can't stay breaks my heart because I care about her and her family and they've been through a lot this year, I'd like to continue to be in her life. We are so important to each other at this point. We should be compensated in a way that allows us to stay in their lives. We're like family members to these people so when we have to leave the positions because we're not being compensated adequately, it takes such a toll on both parties."*

- **Labor shortage:** With the labor shortage, workers are constantly being bombarded with requests to cover other shifts and work extra hours, often without extra pay or time accrual for those substitute hours. They noted a strong sense of guilt for saying no to open shifts or covering a coworker. It also is quite disruptive to a client's life and their support system when there are shortages or changes in staff; they may lose their jobs or miss appointments if they don't have reliable transport support. This can lead to further dysregulation and stress for the client, which then requires more skill and support from the worker.

*"I feel guilty because I want to [cover that shift] but I can't fill every role. I can barely fill my role and can't help with everything else."*

*"DSPs aren't able to take time off. It may have accrued but we can't take it because we can't find people to cover our shifts. People haven't had breaks or vacations in too long, and this contributes to the continuous cycle of burnout and people leaving."*

- **Job respect:** Individuals noted that direct care workers are viewed as “less than,” while in reality, they are a highly skilled group of people. The job requires them to provide emotional care, clean a home, provide medical attention, offer support to clients to ensure they eat nutritiously, and complete lengthy paperwork if someone is hurt or gets sick. One noted there is a much higher degree of skill and responsibility than working at a fast-food restaurant, but often they are paid less.

*“You can go to Burger King and make \$15/hour to start, whereas we are starting at less than that in our work.”*

*“The emotional load of working with clients is so taxing and with increased caseloads, it makes it even harder, bringing mental and physical exhaustion. On top of everything else, we are also asked to provide coverage to other clients and are being priced out of our homes at the same time.”*

The group noted some ideas for increasing recruitment and retention:

- **Build a statewide recruitment strategy that targets specific groups.** Participants mentioned ways to promote job opportunities to high school students and technical colleges, as well as focusing on recruiting former teachers.

*“Our local high schools do a short internship with my agency and job shadow with DSP's and Job Coaches.”*

*“As a care coordinator for adolescents, I used to have contacts at various programs at UVM and Champlain College who would share a job post with students once or twice each year. It would be great to have this as a more formal pipeline.”*

*“[Teachers] have the personality type and skillset that works well with helping people with developmental disabilities.”*

*“Partner with the organizations that work with New Americans and with organizations that support people with disabilities who might want a job in human services [to promote DSP as a career].”*

- **Promoting meaningful careers:** All individuals noted with great enthusiasm their love for their job and the people they serve. They spoke about their joy when their client reaches a milestone or has a positive event in their life. They spoke about how their clients are often labeled as solely their disability in many circles. They also reiterated the importance of treating each client as a whole person, worthy of respect and dignity. Some noted a positive culture at their workplace, with the staff working closely as a team and supporting each other through difficulty.

*“It’s so rewarding to see the growth over time of our clients. It’s one of the best parts about doing treatment plans – to get to sit with a client and look back at what they’ve accomplished over a year and use that to help them set their goals going forward.”*

*“Clients come to our office knowing they will be treated respectfully. Many of the people we serve are treated badly in society, and with us, they are treated as a person with a chronic*

*condition and not as that chronic condition; they give us the same respect and bring us great joy.”*

*“It’s a joyful time to help someone to build their best life and I find that incredibly satisfying and that’s why I do it.”*

- **Higher pay or more flexible work arrangements:** One noted that the pay is the same for those taking a client out to the mall and for someone providing nursing-level support to someone in a group home. They noted there could be a wage scale for different types of work, in addition to higher wages and better benefits overall. Another noted that the longer you have worked there, the more skills you gain, but that is not reflected in annual raises. Another noted that she would like to be able to finish paperwork at home if she is having a childcare issue, or to be able to access the office in off-hours to complete work, but only program managers or supervisors have those privileges, and it would be helpful to receive the same level of trust and flexibility.

*“I’d love to have the flexibility to do paperwork at home without needing to take PTO, for example, when my child is home from school. Offering telework would offer parents more flexibility and prevent them from having to leave the workforce.”*

## Recommendations

Below are some of the key ideas and recommendations determined over the course of this analysis, listed in alphabetical order:

**Align recruitment and retention best practices with concurrent State of Vermont work:** DAIL should present findings in this report to the monthly interagency workforce development meeting to further understand workforce needs and align approaches within their three Divisions, as well as The Department of Labor, Economic Services, and Career and Technology Centers.

The Individual Career Advancement Network (ICAN) and Reach Up are both programs that have training and apprenticeships that would allow for folks to receive the skills needed to enter the field. A collaboration with these projects may be a way to identify interested individuals looking to enter the workforce.

Another possibility is to work with the State Director of Equity to explore ways to address equity within this work, knowing it is traditionally done by women, BIPOC individuals, and folks with lower incomes or education. How can the state enhance the value and equity behind this work and/or reach out in meaningful ways to those communities who may be interested in doing this work, ie New Americans or individuals who have disabilities themselves?

**Benefits:** In addition to an increase in base pay, workers noted that an increase in benefits would be support longevity in their positions. Benefits could include a higher mileage stipend, paid time for cleaning vehicles, shared work vehicles, cleaning supplies for vehicles, options to do appropriate work from home, and expanded access to the office. Professional development, training, tuition reimbursement, and access to college classes to advance careers was also noted as a desired benefit.

**Collaborate with partners:** DAIL could identify which areas it wants to improve on first and consult with another state that has done that successfully. The State could hire a consultant to do this research and synthesize lessons learned into an action plan.

Additionally, the State could collaborate with high schools and career and technology centers to engage potential workers as they are making career decisions. Use the health and human services programs to engage students and encourage them to work in the field. Collaboration with Community College of Vermont, Northern Vermont University, and Vermont Technical College to build strategies that will build the career ladder that will encourage folks to choose these positions as the start of the career path. Perhaps there could be streamlined certification programs that would allow for specific training with a minimal level of debt specifically for this career path.

State groups and the legislature could additionally ensure they are utilizing all creative funding streams through current and proposed legislation. More information and background can be found at the Center for Health Care Strategies.<sup>10</sup> The State could implement a wider strategy for how to support such conversations at a state and federal level.

---

<sup>10</sup> [https://www.chcs.org/four-ways-to-strengthen-the-direct-care-workforce/?utm\\_source=CHCS+Email+Updates&utm\\_campaign=fa43a3df0e-DCW+Follow+Up+Blog+Post+-+1%2F26%2F2022&utm\\_medium=email&utm\\_term=0\\_bbc451bf-fa43a3df0e-152147989](https://www.chcs.org/four-ways-to-strengthen-the-direct-care-workforce/?utm_source=CHCS+Email+Updates&utm_campaign=fa43a3df0e-DCW+Follow+Up+Blog+Post+-+1%2F26%2F2022&utm_medium=email&utm_term=0_bbc451bf-fa43a3df0e-152147989)

**Compensation:** This consultancy team recommends an increase in wages for direct care workers in Vermont. A multi-pronged approach is necessary to retain and recruit staff and fill and maintain workers in critical positions. The multi-pronged approach includes increasing the entry wage and existing wages, working with state and national advocacy groups around changes to the Medicaid reimbursements and insurance payments, and other initiatives geared toward educating the general public and legislators about the crises. Other ideas include a more structured pay scale for different levels of care that include higher wages for more skilled positions including compensation for years in service. Additionally, participants noted that per diem and overtime are not guaranteed, so a different structure to hours worked would help create more stability in terms of scheduling and pay.

**Culture of excellence:** DSPs value the mission, their clients, and find the work they do tremendously rewarding. They believe in this work and are proud of the work they do. DSPs cited the desire to feel more connected to other DSPs doing this work across the state. There is a sense of isolation that has increased since the pandemic; this is coupled with a sense of secondhand trauma from some of the clients. The Agencies and State could offer more networking and collaborative support opportunities to provide ways for DSPs to build professional relationships with other DSPs, furthering a sense of collaboration, teamwork, and a community of excellence.

**Leveraging the expertise of current workers:** The large response rate for survey respondents and the energetic voices of those who attended the stakeholder listening session indicated that these workers are eager to be engaged and brought into the conversation. Additionally, multiple individuals asked for an overview of key findings shortly after participating in the focus group and wanted to ensure they received a copy of the final report. This indicates that there may be a need for more comprehensive data around the current state and future needs of this workforce, especially as the state explores workforce investments in other sectors impacted by the COVID-19 pandemic.

This consultancy team highly encourages DAIL to expand the conversation to learn other ways to support this industry, especially at such a difficult time as now, with a huge labor shortage and ongoing stress of the COVID-19 pandemic. This will not only help the individual workers but can also help bring together a variety of advocacy groups to provide synthesized and meaningful information to the Legislature to help promote statewide changes.

Additionally, there is a need for a more comprehensive understanding of the workforce and its challenges and successes in this field. Taking into account privacy concerns, a workforce registry and opt-in contact list for the state of Vermont may prove useful on many levels. An automated system would allow for the registry to be maintained with minimal effort. There is a desire for connection with other workers, as many work one-on-one with clients. The registry could be used to monitor the workforce levels, connect workers, and enhance and provide networking connections between workers at different agencies or areas of the state.

We recommend conducting an annual retention and recruitment survey of the direct care workforce to understand retention and satisfaction over time. It may be helpful to review survey and survey data from the work of Children's Integrated Services, at the Child Development Division. The workforce needs are similar and focus on retention has been a priority for several years. Questions should be geared towards gathering information that would be action-oriented or support the legislature's understanding of most pertinent issues and viable solutions.



**Vacancy Savings and Overtime:** One potential short-term solution is to use the wages from current staff vacancies to provide extra pay to those currently working extra hours or unable to take vacation time due to staffing shortages.

## Next Steps

The VCPM team acknowledges that there are many complex, intersecting elements of the direct care workforce and concerns around recruitment and retention in Vermont. The team suggests that DAIL create a prioritization matrix of the above recommendations and map out immediate changes needed, longer-term projects, and what support or research is needed to help make those decisions. The legislature also seems interested in addressing the workforce shortage, especially in this field, and further advocacy may help advance some of these solutions.

The VCPM team was impressed by the interest and high level of engagement of the workforce in both the survey and focus group. A high value should be placed on the individuals who are providing direct care services in Vermont. Wage disparity is both the most needed and the most complicated area of focus. When considering the overall expense or savings of staff vacancies, it is imperative to include the impact on employee morale, burnout due to increased workload and the inability to effectively carry out the job duties supporting the mission of the program/agency. The vacancy savings must be calculated<sup>11</sup>, monitored, and used when advocating for additional funding, higher pay rates, or mapping out the strategies that will be implemented to recruit and retain the direct care workforce.

While this project was able to collect a large amount of valuable information, those who hold the greatest wealth of knowledge are the direct care workers themselves. The VCPM team highly encourages DAIL to continue gathering feedback and hosting conversations with DSPs to discuss strategies and implement possible solutions together.

## References

Campbell, Stephen, Angelina Del Rio Drake, Robert Espinoza, and Kezia Scales. (2021). *Caring for the Future: The Power and Potential of America's Direct Care Workforce*. PHI.

<https://phinational.org/resource/caring-for-the-future-the-power-andpotential-of-americas-direct-care-workforce/>

National Low Income Housing Coalition (2021). *Out of Reach: The High Cost of Housing*.

[https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach\\_2021.pdf](https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf)

Salary.com. (2022) *Salaries for Direct Care Worker with a Bachelor's Degree*.

<https://www1.salary.com/Salaries-for-direct-care-worker-with-a-Bachelors-Degree>

Stone, Robyn I. and Natasha Bryant (2021). *Feeling Valued Because They Are Valued: A Vision for Professionalizing the Caregiving Workforce in the Field of Long-Term Services and Supports*.

Leading Age. [https://leadingage.org/sites/default/files/Workforce%20Vision%20Paper\\_FINAL.pdf](https://leadingage.org/sites/default/files/Workforce%20Vision%20Paper_FINAL.pdf)

Winters, A., Block, L., Maxey, H, Medlock, C., Ruane, K., and Hockenberry, S. (2021). *State Strategies for*

---

<sup>11</sup> An example of a calculator can be found here: <https://builtin.com/recruiting/cost-of-vacancy>

*Sector Growth and Retention for the Direct Care Health Workforce.* National Governors Association Center for Best Practices. [https://www.nga.org/wp-content/uploads/2021/10/NGA\\_SectorGrowth-DirectCare\\_report.pdf](https://www.nga.org/wp-content/uploads/2021/10/NGA_SectorGrowth-DirectCare_report.pdf)

Zippia (2021). *How to Become a Direct Care Worker.* <https://www.zippia.com/direct-care-worker-jobs/>

## Appendix A: Survey Question

1. What is your current job title?
2. How did you find out about the position you are currently in?
3. Tell us how you provide direct care services?
4. What area(s) of the state do you work in?
5. What is the highest degree you have obtained?
6. How many hours do you work in an average week?
7. What range matches your current annual gross salary?
8. I can live on my salary.
9. I am satisfied with the healthcare benefits provided by my employer.
10. I am satisfied with the paid time off provided by my employer.
11. Please select the reasons you choose to work in this field.
12. Please rate your current satisfaction with your career as a direct care provider.
13. List any "other" benefits your workplace provides that makes it possible for you to remain in this line of work.
14. Why might you choose to leave this career?
15. What would help you remain in the direct care field of work?
16. I have time to attend trainings that I need.
17. What would you suggest we focus on to encourage folks to seek this type of employment?
18. What is your age?
19. What gender do you identify with?
20. Specify your ethnicity.

## Appendix B: Survey Summary

### Vermont Direct Care Workforce, Recruitment and Retention Survey

385

Responses

12:41

Average time to complete

Closed

Status

1. What is your current job title?

385

Responses

Latest Responses

"Direct Care Worker "

"Caretaker"

"Personal care attendant"

2. How did you find out about the position you are currently in?

385

Responses

Latest Responses

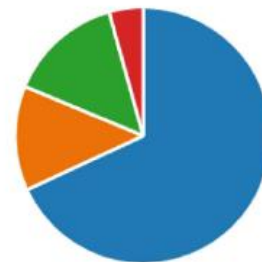
"was asked by employer"

"My aunt has Alzheimer's & lives with me. So the position was not opti...

"My son is disabled and has various needs in self-care, everyday living,...

3. Tell us how you provide direct care services?

<span style="color: blue;">●</span> I work for an agency.	269
<span style="color: orange;">●</span> I work independently.	52
<span style="color: green;">●</span> I work for both an agency and...	57
<span style="color: red;">●</span> Other	17



4. What area(s) of the state do you work in?

385

Responses

Latest Responses

"Southern VT"

"Barre"

"Chittenden County"

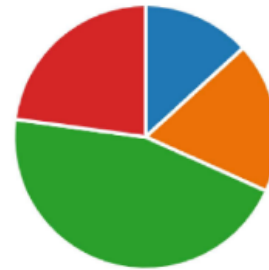
5. What is the highest degree you have obtained?

<span style="color: blue;">●</span> High school Diploma	165
<span style="color: orange;">●</span> Associates Degree	53
<span style="color: green;">●</span> Bachelors Degree	100
<span style="color: red;">●</span> Other	67



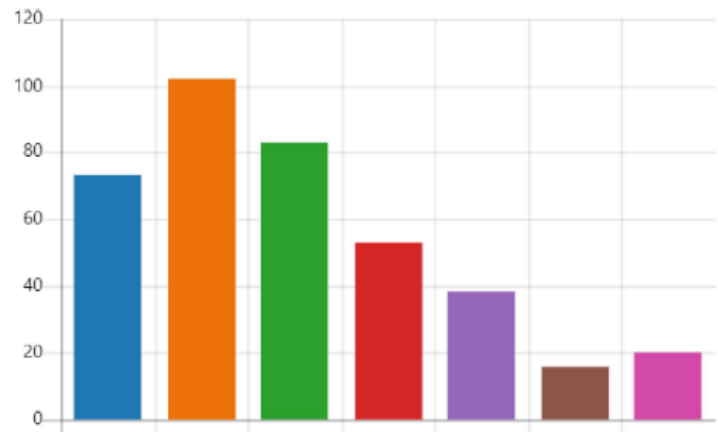
6. How many hours do you work in an average week?

<span style="color: blue;">●</span> Less than 20	51
<span style="color: orange;">●</span> 20-35	71
<span style="color: green;">●</span> 35-45	175
<span style="color: red;">●</span> More than 45	88



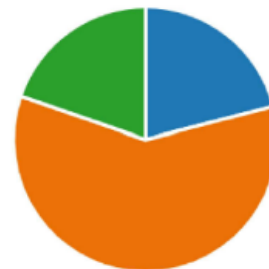
7. What range matches your current annual gross salary?

<span style="color: blue;">●</span> Less than \$20,000	73
<span style="color: orange;">●</span> \$20,000-\$30,000	102
<span style="color: green;">●</span> \$30,000- \$35,000	83
<span style="color: red;">●</span> \$35,000 - \$40,000	53
<span style="color: purple;">●</span> \$40,000 - \$45,000	38
<span style="color: brown;">●</span> \$45,000 - \$50,000	16
<span style="color: pink;">●</span> Other	20



8. I can live on my salary.

<span style="color: blue;">●</span> Yes	81
<span style="color: orange;">●</span> No	228
<span style="color: green;">●</span> Other	76



9. I am satisfied with the healthcare benefits provided by my employer. ( Select 1 if not satisfied and 6 if very satisfied)

385

Responses

3.35

Average Number

10. I am satisfied with the paid time off provided by my employer. (Select 1 if not satisfied and 6 if very satisfied)

385

Responses

3.84

Average Number

11. Please select the reasons you choose to work in this field.

<span style="color: blue;">●</span> To help people	302
<span style="color: orange;">●</span> A career	87
<span style="color: green;">●</span> Personal calling	119
<span style="color: red;">●</span> It's a step towards a related ca...	21
<span style="color: purple;">●</span> Other	47



12. Please rate your current satisfaction with your career as a direct care provider.

385

Responses



3.83 Average Rating

13. List any "other" benefits your workplace provides that makes it possible for you to remain in this line of work.

248

Responses

Latest Responses

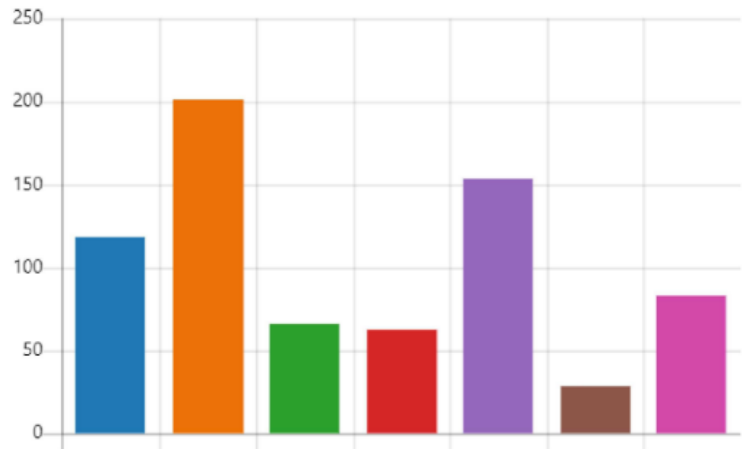
"I receive no benefits"

"I receive no benefits. "

"I like the flexibility of the pay rate, the flexibility in the schedule, and t..."

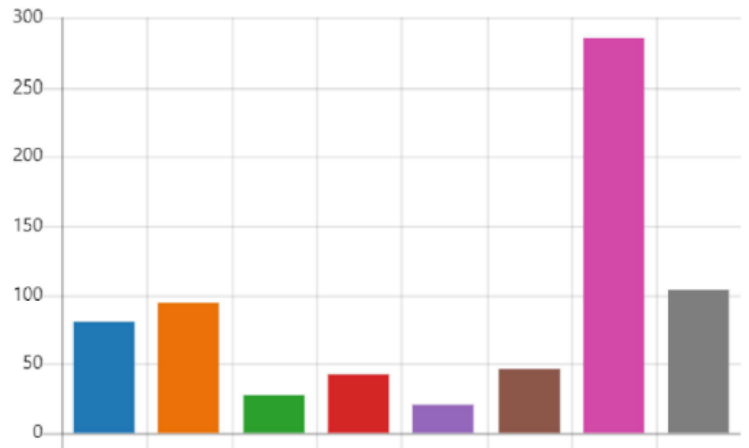
#### 14. Why might you choose to leave this career?

I am not planning to leave	118
Low wages	201
Lack of benefits	66
Few opportunities to advance	63
Stress Burnout	153
Too much paperwork	28
Other	83



#### 15. What would help you remain in the direct care field of work?

Training opportunities	81
Career advancement opportu...	94
Lower caseload	27
Access to affordable high qual...	42
Access to reliable transportati...	20
Professional mentorship oppo...	46
Higher wages	285
Other	103



#### 16. I have time to attend trainings that I need?

Yes	221
No	90
Other	74



17. What would you suggest we focus on to encourage folks to seek this type of employment?

315  
Responses

Latest Responses

"Encourage retired people,"

"I'd have the state take a look at what they pay for someone to be plac..."

"To help Direct Care Workers who work in isolation, and clients who ar..."

18. What is your age?

385  
Responses

Latest Responses

"66"

"49"

"65"

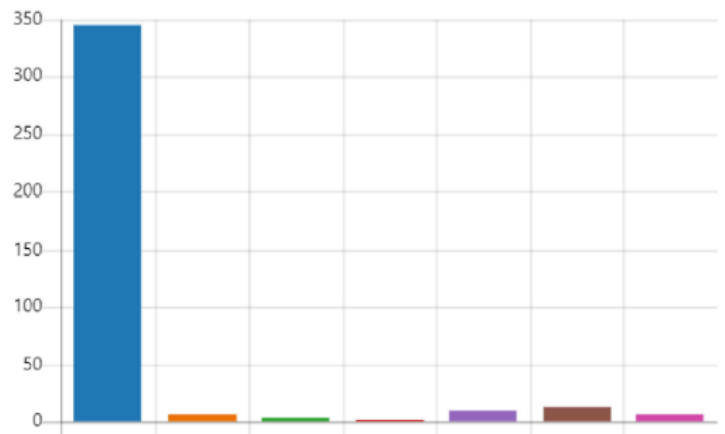
19. What gender do you identify with?

● Male	67
● Female	304
● Non-Binary	4
● Prefer not to say	6
● Other	4



20. Specify your ethnicity:

● White	345
● Hispanic or Latino	7
● Black or African American	3
● Native American	1
● Asian / Pacific Islander	9
● Prefer not to say	13
● Other	7





## Appendix C: Stakeholder Session Prompts

1. Could you share your name and title, how you got into this line of work, and why you wanted to join today's conversation?
2. What's one thing the State, high school, technical centers, and/or colleges could do to recruit more people into this line of work?
3. What are specific issues, concerns, or problems you've faced in this field?
4. What positive experiences or outcomes have you had in this field?
5. Is there anything we should have talked about, but didn't? What else do you want us to know?

## Appendix D: Client Agreement

### Vermont Certified Public Manager Program (VCPM) - Consulting Skills Project

#### Client/Consultant Agreement

**Client Department:** DAIL, AHS

**Client Contact:** Angela Smith-Dieng and TBD DDS contact

**Client Address:** HC2 South, 280 State Drive, Waterbury, VT 05671

**Telephone:** 802-241-0306 and 802-989-0454

**Email:** [angela.smith-dieng@vermont.gov](mailto:angela.smith-dieng@vermont.gov)

#### Standard Contract for Services

1. **Parties** This is a contract for services between AHS/DAIL and VCPM participants Tracy Collier, Julia Scheier, and Elle O'Casey Resources, (hereinafter called "Contractor").
2. **Subject Matter.** The subject matter of this contract is services relating to direct care workforce shortages.
3. **Contract Term.** The period of Contractor's performance shall begin on November 17, 2021 and end on May 6, 2022.
4. **Amendment.** No changes, modifications, or amendments in the terms and conditions of this contract shall be effective unless reduced to writing, numbered and signed by the duly authorized representative of AHS/DAIL and Contractor.

**Project Name:** Strengthening Vermont's Direct Care Workforce

#### Project Description:

Home and Community-Based Services (HCBS) and Long-Term Care (LTC) have experienced severe shortages in their direct care workforce across DAIL programs and settings. This situation has been exacerbated by the COVID-19 pandemic. Gaps currently exist at every level of these programs, from entry-level staff to higher-level positions, such as supervisors and case managers. And without these direct care workers, Vermont's medically vulnerable communities are significantly impacted.

DAIL requires strategic consulting about workforce recruitment and retention to solve this issue and prevent it going forward. In other words, the HCBS and LTC workforce scheme must become resilient to broader societal shocks, such as global pandemics, natural disasters, or sudden demographic shifts.

DAIL is seeking recommendations from the Contractor team to increase recruitment and retention of their direct-care workforce so that the state can continue to provide quality care to medically vulnerable communities.

**Project Objective(s):**

Our project has four high level objectives, outlined below:

1. Analyze overarching national trends in direct care workers and explore current best practices to increase retention and recruitment nationally.
2. Gather stakeholder input to understand which of those best practices would be best to initially focus on in Vermont.
3. Provide high level recommendations for implementing that best practice in Vermont
4. Provide general next steps for implementing additional short-term and long-term solutions for Vermont.

**Project Deliverable(s):**

In support of our Project Objectives, the Contractor has developed the following Project Deliverables.

1. Survey high level national trends for the direct care workforce and best practices for recruitment and retention.
2. Gather voices from state workers and the direct care workforce to determine which best practice area would be best to focus on initially. This would include:
  - a. Recruitment and retention survey of the field, modeled off of Children's Integrated Services survey
  - b. Virtual meeting with DAIL workers to further understand Vermont's context
3. Provide a final report and presentation analyzing findings and providing recommendations.

**Project Timeline:**

- November 2021: Finalize contract and workplan
- November 2021: Background research on national trends
  - o Contractor to review two articles to assess current climate and best practices for recruitment and retention of the direct care workforce nationwide
- November-December 2021: Survey the Vermont direct care workforce
  - o Contractor will create survey
  - o Client will distribute survey to workforce
- November-December 2021: Data gathering from small stakeholder group, including Client, to understand current context in Vermont
  - o Client will offer contacts for who should be invited to a virtual discussion
  - o Contractor will craft agenda, organize, and facilitate
- December-January 2021: Contractor will analyze data from field survey and stakeholder conversation and pick 1-2 actionable items to focus on in report recommendation(s)
- February 1, 2021: Draft report to VCPM Instructor
  - o Contractor may request additional time or data gathering from Client if necessary
- April 1, 2022: Final draft to VCPM Instructor
- By May 2, 2022: Final report and presentation to Client

**Contractor team will provide:**

- A team of three consultants in their second year of the VCPM program, who have expertise in leadership, change management, data analysis, and program planning.
- Professional engagement, including prompt responses to inquiries, a formal report including synthesis of information and recommendations, and actionable next steps that are applicable to Vermont's DAIL context.

**Client will provide:**

- Contact person(s) who either has a role in upper level management or the ability to liaison between the Contractor and leadership at DAIL. The person should provide information, communication, and feedback, knowing that the Contractor team are not subject-matter experts but rather in a learning experience.
- Access to relevant data sources, both inside and outside AHS, for current trends and conditions in a Vermont context
- Specific time requests include:
  - o Reasonably timely responses to email inquiries
  - o Attendance at meetings to discuss progress and answer questions
  - o Capacity to send a survey out to the workforce
  - o Offer contacts for and attend a small stakeholder group to convene in November/December 2021
  - o Time in February and March to respond to final needs or information needed for a final report
  - o Attendance at a final presentation from Contractor no later than May 2, 2021