

## Immediate Solution to the Direct Care Worker Shortage: Build a Sustainable Training Infrastructure

**Background:** A critical shortage of direct care workers (DCWs) is threatening critical services to individuals with disabilities and those who are in the behavioral health and long-term care systems. The shortage is due to multiple factors, primarily that DCW jobs are characterized by low wages/benefits and a lack of guaranteed hours, training, and respect. It affects all of us, the economy, workforce and economic development, health systems, housing, and non-healthcare businesses. Employers are now shuttering their doors, cutting back services, and turning clients away due to the DCW workforce shortage, which is putting peoples' lives at risk.

**Solutions:** Study after study makes it clear that addressing the shortage must include raising wages/benefits, and professionalizing this workforce by establishing quality standards, comprehensive training, credentials, and career pathways. It is also clear that success requires a strategic, coordinated, statewide plan that takes all these solutions into consideration. These measures are known to reduce turnover and lead to higher quality care with better outcomes. Michigan desperately needs an infrastructure to support a sustainable, stable, high-quality direct care workforce. Immediate action can be taken on one key component of this infrastructure: Training. We have an unprecedented, extraordinary opportunity because of strategic foundational work already in motion. There is now an active statewide MDHHS/AASA DCW Advisory Committee, a statewide DCW Coalition, and other organizations working together across boundaries. A key goal among many stakeholders is to establish a statewide DCW Training Infrastructure that improves care for Michiganders.

IMPART Alliance ([www.impartalliance.org](http://www.impartalliance.org)), with multiple partners, has jointly developed a proposal to establish such a training infrastructure with ARPA funding, and submitted it to the MDHHS leadership. IMPART, formed in 2016 with Michigan Health Endowment Fund support, is committed to helping Michigan build this workforce in a systematic, integrated, sustainable way. It has a strong history of funding for developing evidence-based DCW training and engaging in advocacy on behalf of DCWs, most of which has been in partnership with MDHHS/Aging and Adult Services Agency (AASA), providers, and multiple community organizations. Its institutional home is in the College of Osteopathic Medicine at Michigan State University.

While ARPA funding is comprised of one-time-only dollars, a modest 2.8M would provide the opportunity to establish a solid DCW training infrastructure that we believe is essential to professionalizing and stabilizing this workforce. Effective, competency-based training, that maps to competencies endorsed by the MDHHS DCW Advisory Committee and aligns with CMS competencies, will elevate the role of DCWs, reduce turnover rates, contribute to solid career pathways, and result in higher wages for DCWs. The goal is to make comprehensive training opportunities accessible, affordable and result in credentials that help DCWs advance in both their work and incomes. We are in discussion with Director Massey and MDHHS leadership about the proposal. The next step is to work with legislators to include the proposal in the supplemental appropriations budget.

**Proposal Details and Deliverables:** Initial funding would support the following:

1. Finalizing comprehensive, person-centered, model DCW and Trainer curricula that train DCWs to provide core supports and services with any population, in any setting, and through any program or payor.
2. Developing a structure, with two key components, that we recommend exist outside of state government.
  - a. **A training arm** through which curricula is delivered to as many potential DCWS as possible and advances DCW career pathways, especially for non-traditional students. We envision a centralized administrative unit with trainings being delivered at the local level through MI Works! Agencies, Area Agencies on Aging, community colleges and other training providers.
  - b. **A credentialing arm** with capacity to issue credentials based on specific criteria and proven competencies that lead to better client outcomes.

The success of the proposed Training Infrastructure requires that several actions be taken simultaneously, which would also be supported by the initial funding. These include 1) dramatically increasing the pool of qualified instructors who can teach the model curricula as soon as it is available, 2) developing a plan to assure that DCWs and providers will have access to affordable training, 3) establishing a program to connect trained DCWs with employers, and 4) mounting an aggressive marketing plan to recruit Trainer Candidates, rebrand this workforce as a profession, and implement recruiting strategies to scale.

**Outcomes, Timeline, Cost and Sustainability:** We anticipate that these outcomes can be completed for 2.8M, within 2 years of funding, and sustained financially thereafter by an affordable fee for service access model.